

THE COMMUNITY MENTAL HEALTH LIAISON (CMHL) INITIATIVE: SUPPORTING LAW ENFORCEMENT & COURTS

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A photograph of a beach at sunset. The sky is filled with warm, orange and yellow hues. A large wave is crashing onto the shore in the background, with white foam and spray. In the foreground, the wet sand is glistening with the sunlight. The word "Welcome" is overlaid in a large, white, cursive font.

Welcome

BACKGROUND: HOW WE GOT HERE

- ▶ Understanding that peace officers are often the **first responders** to a behavioral health crisis.
- ▶ Increasing evidence that providing **mental health training and clinical assistance** to peace officers **results** in better outcomes for individuals with behavioral health issues.
- ▶ Recognition that **specialty courts can provide more appropriate dispositions** for individuals with mental health and substance abuse issues.
- ▶ Seeing the need for a dedicated “**boundary spanner**” between the mental health and the criminal justice systems.
- ▶ A Governor who demanded more coordinated and effective services.

GOVERNOR NIXON'S STRENGTHENING MISSOURI'S MENTAL HEALTH INITIATIVE

3 Aspects:

- ▶ Reducing stigma and increasing understanding by expanding Mental Health First Aid training.
- ▶ Increasing resources for psychiatric emergencies by funding emergency room enhancement projects in 7 areas of the state.
- ▶ Enhancing family and community resources by expanding Crisis Intervention Training (for law enforcement) and adding **Community Mental Health Liaisons** statewide to work with courts and law enforcement.



COMMUNITY MENTAL HEALTH LIAISON INITIATIVE

- ▶ The CMHLs are funded by the DMH and employed by the CMHCs.
- ▶ The CMHLs will assist courts and law enforcement in addressing the behavioral health (mental health and substance abuse) issues of those who come to the attention of the justice system.
- ▶ The CMHLs provide coverage state-wide.
- ▶ The CMHLs do not replace the Access Crisis System (ACI).
 - ▶ Instead, they supplement it by working in coordination with the ACI.
- ▶ The CMHLs are the boundary spanners between the mental health and criminal justice systems.

GOAL OF THE INITIATIVE

1. To form better **community partnerships** with crisis systems, law enforcement agencies, and the courts in order to **save** valuable state and local **resources** that might otherwise be expended on unnecessary jail, prison, and hospital stays.
2. **Improve outcomes** for individuals with behavioral health disorders who come into contact with the legal system.



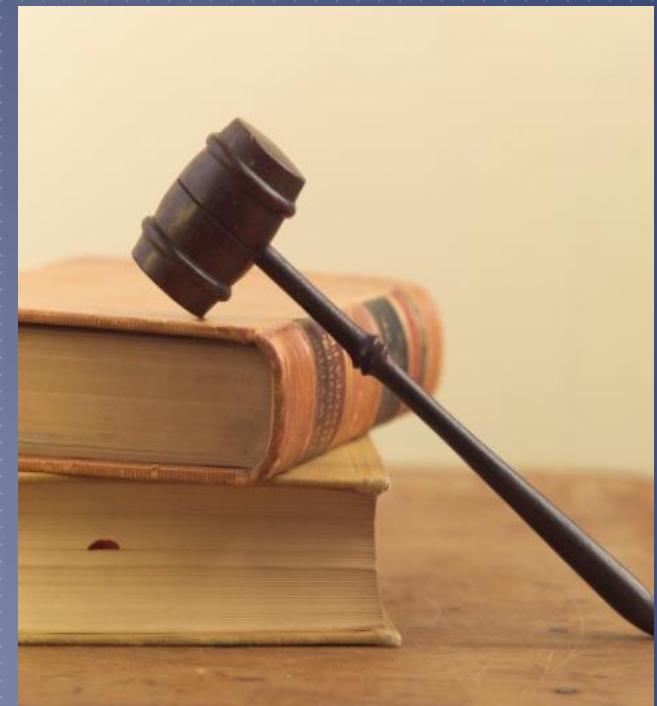
ROLL-OUT OF THE INITIATIVE: STATE LEVEL

- ▶ Partnership with the Executive Directors of the Missouri Sheriffs' Association and the Missouri Police Chiefs Association
 - Mass email announcing the initiative to all Missouri Sheriffs and Police Chiefs
 - Presentation to the Boards and members at a meeting
- ▶ Partnership with the Missouri State Highway Patrol
 - Presentation to leadership at the MSHP HQ
 - Resulting in requests for Trooper training including the MSHP SWAT team



ROLL-OUT OF THE INITIATIVE: STATE LEVEL

- ▶ Partnership with the Office of State Courts Administrator (OSCA)
 - Mass mailing to all Judges, Court Clerks, Juvenile Officers.
 - Presentation at the 2014 Presiding Judges Meeting.
 - Presentation at the 2014 MADCP Mental Health Court Training.
 - Presentation at meeting of Juvenile Detention Superintendents.

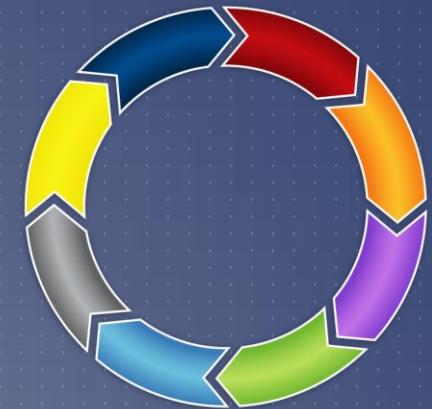


ROLL-OUT OF THE INITIATIVE: LOCAL

- ▶ CMHL meetings with every local law enforcement agency and every local court.
- ▶ CMHL integration in CIT councils and CIT training.
 - Where local CIT councils do not exist, partnered with law enforcement to explore possibility of creating one.
- ▶ CMHL development of behavioral health training for law enforcement that is Peace Officer Standards and Training (POST) certified.
- ▶ CMHL assistance in various specialty courts.
- ▶ CMHLs have done ride-alongs with law enforcement and hold “office hours” in local police/sheriff departments.

ROLE OF THE CMHL

- ▶ Provide **consultation** regarding mental health questions.
- ▶ Help **navigate access** to mental health services.
- ▶ **Assist** with civil commitment procedures.
- ▶ Provide or coordinate **training** on mental health topics.
- ▶ Answer questions about **available CMHC resources & services** to address behavioral health issues.
- ▶ **Screen** potential and existing clients for behavioral health needs and following their cases to **monitor treatment**.
- ▶ For people with repeat involvement, consulting with case managers to **improve coordination of care**.



ROLE OF THE CMHL CONTINUED

- ▶ Assist law enforcement and the courts in locating **inpatient psychiatric beds** for court-ordered involuntary detentions.
- ▶ Explore opportunities for use of **outpatient commitments**.
- ▶ Collaborate with local partners in **specialty/diversion courts** dealing with behavioral health issues.
- ▶ Identify and address **structural barriers**, **miscommunications**, and consistent patterns that reduce access to services.
- ▶ Collect **data** about behavioral health issues that affect law enforcement and the courts.



FOCUS WITHIN THE JUDICIARY

- ▶ **Probate Court:**
 - ▶ Mental Health: 96 hour, 21 day, 90 day, 180 day, and 1 year.
 - ▶ Substance Abuse: 30 day and 90 day.
- ▶ **Treatment/Specialty Courts:**
 - ▶ Drug/DUI Court
 - ▶ Mental Health Court
 - ▶ Veterans Court
- ▶ **Juvenile Court:**
 - ▶ Focus is on structural issues and training.
 - ▶ Can help link youth to services.
 - ▶ Cannot attend individual juvenile team meetings.



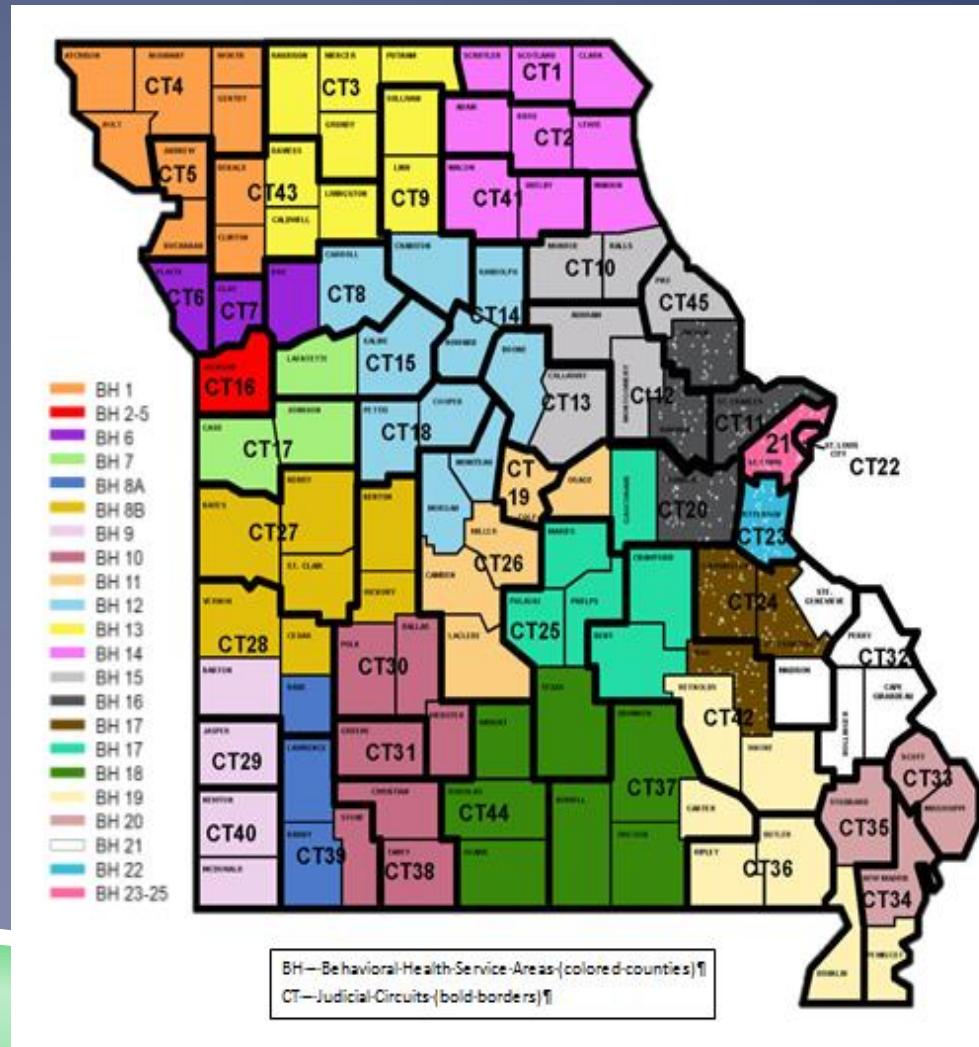
FOCUS WITH LAW ENFORCEMENT

- ▶ CIT Councils and CIT Training.
- ▶ Mental Health 101 POST Certified Training.
- ▶ Consultation on specific cases, with an emphasis on those who frequently come into contact with law enforcement as the result of behavioral health issues.
- ▶ Joint response with law enforcement.
- ▶ Follow-up on cases at the request of law enforcement.
- ▶ Coordination with existing systems of care for those who come into contact with law enforcement for 30 days.



MAP OF CMHLs

► 30 CMHLs
located in Community
Mental Health Centers
across the state.



EASTERN REGIONAL APPROACH

- ▶ 8 CMHLs (including one Regional Coordinator)
- ▶ Cooperative agreement between:
 - ▶ Behavioral Health Response (BHR)
 - ▶ BJC Behavioral Health
 - ▶ Crider Health Center
 - ▶ COMTREA
 - ▶ Hopewell
- ▶ 24/7/365 response from a CMHL or Mobile Outreach
for law enforcement and court personnel



WORD OF CAUTION

- ▶ **The creation of the CMHL position is a good first step.**
 - However, they cannot create beds that do not exist, and they cannot get people into services that don't exist.
 - The CMHLs cannot provide coverage 24/7.
 - What they can do is follow-up with people referred to them to reduce the failure in the linkage between law enforcement, courts, hospitals, inpatient treatment, and outpatient treatment.
- ▶ **Ultimately, we need more community based mental health services.**

DATA

- ▶ There is **no statewide data** that captures the extent of law enforcement involvement with people who have behavioral health issues (mental health and substance abuse issues).
- ▶ CMHLs will now collect this data statewide.
- ▶ **Data that is being collected:**
 - ▶ CMHL contacts/interactions with law enforcement and court personnel.
 - ▶ Individuals referred.
 - ▶ CMHL law enforcement and court observations.
 - ▶ CMHL trainings provided.
 - ▶ CMHL community, law enforcement and court meetings attended.
- ▶ Goal is to link the CMHL data with DMH and OSCA JIS data.
- ▶ As of May 1, 2014, there have been over **5,500 CMHL contacts with law enforcement and court personnel and almost 1,500 referrals**.

CMHL SUCCESS STORIES: MOVING MENTALLY ILL INTO MORE APPROPRIATE SETTINGS

- ▶ While touring the Camden jail, the CMHL noticed a gentleman who was very mentally ill. He was told that he had been in jail for 2 to 3 months. The individual was expensive to hold in jail, because he needed to be secluded from the other inmates. Among other things, the man talked to folks that weren't there, and at times defecated and urinated all over his cell. In addition to using a lot of staff time, the jail staff didn't feel qualified to deal with his problems. The charges were destruction of his parents' property (he was living with them and got mad and did some damage in the home). Since his parents put a restraining order against him, he wasn't allowed to be at his home. It was apparent to jail personnel and to the prosecutor that he would not be able to live by himself (no financial means and likely not able to care for himself).
- ▶ The CMHL got involved in trying to find a therapeutic setting for this gentleman. His guardian was Nancy Douglas, the Camden County PA, and she was also trying to find him a placement. While working on plans to see a psychiatrist at Pathways to stabilize him, the CMHL explored placement in a behavioral unit in nursing homes. About the same time, Nancy Douglas called the CMHL and said that, if we could get the client 96ed to St. Alexis hospital, the hospital would give him a level 2 screening (necessary to qualify a person for placement in a nursing home), and we could get him placed in a behavioral unit, which involves him getting treatment in a lock-down setting. Treatment would consist of therapy and meds, and they'd work with him to try and help him be able to function in an RCF (he'd have to do well in the behavioral unit before they'd step him down). This would be a long-term placement. The CMHL talked to Nancy about her ability to admit him (a 96 wasn't necessary since she, as his guardian, could admit him). Then the CMHL mainly worked with Nancy and Lt. Shawn Gerdiman, who supervises the jail, to get him admitted to St. Alexis. This involved a lot of coordinating and involved some work with the prosecutor, who had to OK his transport to a hospital (the judge also needed to sign off). This was a real team effort. Nancy did a ton to make this happen, as did the jail, as did the prosecutor, and I helped coordinate/streamline the process. The client was taken to St. Alexis in late Feb. and kept there for some weeks. As of today, he is in a lock-down behavioral unit in a nursing home in Hannibal, MO, is on his meds, and is doing well (very cooperative and manageable). Everybody involved is really happy with the outcome.

CMHL SUCCESS STORIES:

- ▶ Son is schizophrenic, in his mid 20's. He was living with Dad. Son had several run-ins with law enforcement, has fought with law enforcement... JCPD referred him to the CMHL, and gave me Dad's contact information. Son had (just before referral) accumulated charges for inappropriately calling 911. CMHL talked with Dad on the phone, and then went to their house, where the CMHL met Dad and son. Son had a hard time following normal conversation, and said many things that made no sense, and referred to people that weren't there. Son was insistent that Dad bring him alcohol and tobacco. There was a lot of tension between Dad and son. Dad was doing his best to take care of son, but son was a major handful with his symptoms. Son also had let his benefits (I believe Medicaid) expire, so he had no insurance. CMHL asked, and he said he doesn't want any insurance. He'd been prescribed meds but wasn't taking them and didn't want to take any meds.
- ▶ CMHL talked to Dad after. Dad started to look into guardianship as the CMHL got involved in the case. CMHL reiterated that guardianship seemed a good idea and that continuing with son in his house and not on meds seemed like it would go nowhere.
- ▶ With encouragement, Dad did get guardianship and then signed his son into St. Mary's (law enforcement brought him there). St. Mary's found a long-term facility (Pathways – Dupont) that would take him for likely a few months. CMHL called Dupont and advocated that they take his case, because this young man could really use their help. After a stay at St. Mary's for over a week, son was transferred to Pathways – Dupont. He immediately left on his own. Police were called and brought him back there. Dad called me not knowing what to do if son left again. Police told him that, if son left again, they wouldn't pick him up again, because he is not breaking the law by leaving. But, fortunately, son is still there as of today and apparently doing well. Treatment is for mental illness and substance abuse both, and he's being given his meds.

CMHL SUCCESS STORIES: PROVIDING TRAINING & BUILDING RELATIONSHIPS

- ▶ I [a CMHL] provided two one day trainings to a total of 71 law enforcement officers at Fulton Police Department. Chief Myers asked for some training at one of our first meetings. My colleague and I presented a training on the following topics: common mental health diagnoses and symptoms, QPR (suicide prevention), mental health services/treatments/resources, and professional wellness.
- ▶ This training was well received. The competency level in the pre-survey was an average of 3.6 on a scale of 1 (no knowledge/skill) to 7 (lots of knowledge/skill) and post survey showed an improved average competency level score of 6.3. The last item asked was “Overall this course was...” The average score was a 6.6 out of 7 where (7) was very helpful and (1) was not helpful.
- ▶ More important than the survey scores, were two training initiatives that come out of this training. One, the Missouri Intergovernmental Risk Management Association (MIRMA) has asked that we conduct this training in 5 other locations across the state for municipal police and city employees. Arthur Center and MIRMA are currently negotiating dates for these trainings. Additionally, there were several Law Enforcement officers that were interested in starting a regional CIT council. Since then 2 deputies and I have attended a CIT introductory meeting and are now gathering support for CIT locally.

CMHL SUCCESS STORIES: RESOLVING STRUCTURAL ISSUES

- ▶ The CMHL was able to organize a meeting in one of my counties with the hospital Executive, Medical Director, ED Charge Nurse, County Probate Judge, County Sheriff, Police Chief, and Ambulance Supervisor. The issue was trying to develop a procedure for evaluating and transporting clients from this county to an inpatient mental health facility.
- ▶ The two-hour meeting ended with an agreement in developing a procedure to determine who was going to transport in which situations. Everybody left the meeting with a more stable plan of helping people who come through the hospital.
- ▶ Update: an agreement is now in place that the jail will transport and will be compensated.

CMHL SUCCESS STORIES: COLLABORATION TO GET AN INDIVIDUAL TREATMENT

- ▶ The officers requested assistance in helping an individual who struggled with severe alcoholism. The officers had been meeting with this individual several times per week since January 2014. The consumer has had numerous calls to the police for domestic disputes and had been arrested numerous times. The individual had been on a severe 6 day drinking binge and had been talking to trees in his yard.
- ▶ When we arrived at the individual's house, he had already been drinking beer. He had consumed 3-32 oz beers that day and admitted to being drunk. He reported that his drinking binge started after he kicked his girlfriend out of his home. After talking with us, he admitted that he needed help and was ready to get help now. CMHL and the officers assisted the individual in gathering things for the hospital and arranged for transport to the hospital for medical detox from alcohol. CMHL and the officers advocated with hospital staff for admission until he could get placement at a residential substance abuse treatment. The CMHL spoke with hospital social workers for follow up once the individual was admitted.
- ▶ The individual contacted CMHL the day after he was admitted and shared that his detox was going better than expected and he had a placement at a treatment facility. The hospital social worker confirmed that the individual would remain at the hospital until he was picked up by the treatment facility. CMHL and the police will follow up with consumer once he is discharged from treatment. The police were happy with this outcome as it was a successful end to a very difficult case.

QUESTIONS



CONTACT INFORMATION FOR CMHL INITIATIVE

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**Thank
you**