

BOONE COUNTY JUDICIAL & LAW ENFORCEMENT TASK FORCE

MEETING MINUTES NOVEMBER 12, 2014

The task force met from 4:30-5:45 PM in the commission chambers at the Government Center.

The meeting was a presentation about the Community Mental Liaison Program. The program is designed to provide assistance to law enforcement agencies and the courts for individuals who have behavioral health care issues. The program was presented by Dr. Richard Gowdy, Deputy Director, Division of Behavioral Health, Department of Mental Health, Christine Patterson, Community Liaison Coordinator with the Missouri Coalition for Community Behavioral Healthcare and Jessica Cox, Community Mental Health Liaison for Burrell Behavioral Health.

Program documents are attached to the minutes.

Rusty Antel, Chair

COMMUNITY MENTAL HEALTH LIAISONS



WHO WE ARE

Richard N. Gowdy, Ph.D.
Deputy Director of Behavioral Health
Missouri Department of Mental Health

Jessica Cox, M.S., PLPC
Community Mental Health Liaison
Burrell Behavioral Health

Christine Patterson, Ph.D.
Community Liaison Coordinator
Missouri Coalition for Community
Behavioral Healthcare

GOVERNOR NIXON'S STRENGTHENING MISSOURI'S MENTAL HEALTH INITIATIVE

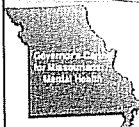
3 Aspects:

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



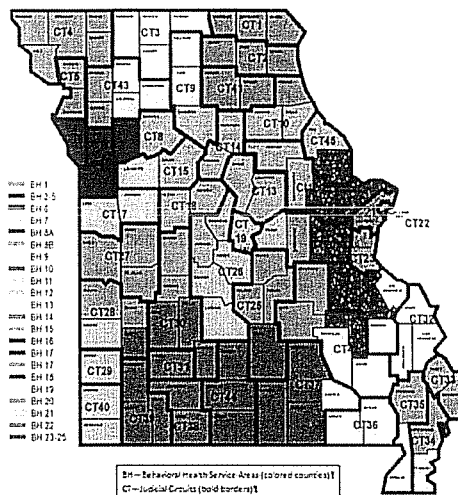
BACKGROUND FOR CMHLs

- ▶ A Governor who demanded more coordinated and effective services.
- ▶ 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 use issues.
- ▶ Seeing the need for a dedicated "boundary spanner" between the mental health and the criminal justice systems.



MAP OF CMHLs

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



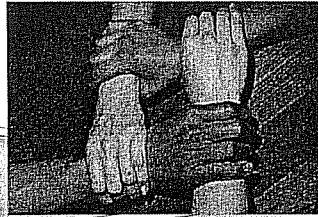
COMMUNITY MENTAL HEALTH LIAISON INITIATIVE

- ▶ The CMHLs are funded by the Department of Mental Health and employed by the Community Mental Health Centers.
- ▶ The CMHLs assist courts and law enforcement in addressing the behavioral health (mental health and substance use) 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.



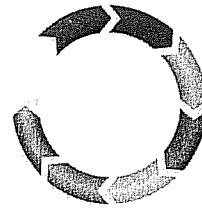
GOAL OF THE INITIATIVE

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.



ROLE OF THE CMHL

- ▶ Provide consultation regarding mental health questions.
- ▶ Answer questions about available CMHC resources & services to address behavioral health issues.
- ▶ Help navigate access to mental health services.
- ▶ 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.
- ▶ Provide or coordinate training on mental health topics.



ROLE OF THE CMHL CONTINUED

- ▶ Assist with civil commitment procedures.
- ▶ Assist law enforcement and the courts in locating inpatient psychiatric beds for court-ordered involuntary detentions.
- ▶ 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.



9

FOCUS WITHIN THE JUDICIARY

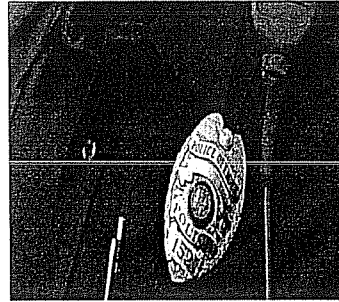
- ▶ Probate Court:
 - ▶ Mental Health: 96 hour, 21 day, 90 day, 180 day, and 1 year.
 - ▶ Substance Use: 30 day and 90 day.
- ▶ Treatment/Specialty Courts:
 - ▶ Drug/DUI Court
 - ▶ Mental Health Court
 - ▶ Veterans Court
- ▶ Juvenile Court:
 - ▶ Focus is on structural issues and training.
 - ▶ Can help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



10

FOCUS WITH LAW ENFORCEMENT

- ▶ All peace officers:
 - Municipal Police
 - Sheriffs' Department
 - Highway Patrol
- ▶ Partnering with CIT Councils, where available.
- ▶ Consultation on specific cases, with an emphasis on those who frequently come into contact with law enforcement as the result of behavioral health issues.
- ▶ Follow-up on cases at the request of law enforcement.
- ▶ Coordination with existing systems of care for 30 days for those who come into contact with law enforcement.
- ▶ Mental Health 101 P.O.S.T. Certified Training.
- ▶ CMHLs have done ride-alongs, residency checks with law enforcement, and hold "office hours" in local police/sheriff departments.



CMHL DATA

- ▶ There is no statewide data that captures the extent of law enforcement involvement with people who have behavioral health issues.
- ▶ CMHLs will now collect this data statewide.
- ▶ Data that is being collected:
 - ▶ CMHL contacts/interactions with law enforcement and court personnel.
 - ▶ Individuals referred.
 - ▶ CHML trainings provided.
- ▶ Goal is to link the CMHL data with DMH and OSCA JIS data.
- ▶ As of Sept 30, 2014, there have been over 11,000 CMHL contacts with law enforcement and court personnel.
- ▶ As of Sept 30, 2014, there have been almost 6,000 referrals.

A “TYPICAL” DAY FOR CMHL

- ▶ Review Crisis Call log to see if any law enforcement or court officials called.
- ▶ Follow up with any e-mails.
 - ▶ The majority of my referrals through e-mail, especially Columbia Police Department.
- ▶ Prepare for upcoming presentations that I have scheduled.
 - ▶ Give P.O.S.T. presentation.
- ▶ Get called by law enforcement to assist/consult in a situation.
- ▶ Attend a community meeting.
- ▶ VMCI/iPads.

SUCCESS STORY

- | | |
|---|---|
| <ul style="list-style-type: none"> ▶ Elderly person with alcoholism and dementia. ▶ Called 911 at least once a day, almost everyday for months. ▶ Brought her into ER Diversion. <ul style="list-style-type: none"> ▪ Had a caseworker and saw psychiatrist. | <ul style="list-style-type: none"> ▶ Held Community Meeting: CPD, EMS, MUPC, MU Hospital, Burrell and Phoenix Programs all represented. ▶ Worked with CPD and DHSS to build case for guardianship. ▶ Currently at an inpatient long term facility. |
|---|---|

SUCCESS STORY

- ▶ An individual that was involved in Drug Court (MH court not available in this county).
- ▶ On verge of being sent back to jail for various violations.
- ▶ Worked with Judge to make the referral.
- ▶ Connected to Services. (DD, Voc rehab, disability, Medicaid).
- ▶ Court asked CMHL and caseworker to be on drug court team so that there is a Mental Health focus as well.

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.



CONTACT INFORMATION

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P.O.S.T. APPROVED MENTAL HEALTH TRAININGS FOR LAW ENFORCEMENT

These interactive trainings were developed specifically for law enforcement and will include: discussion, video clips, modeling concepts, practice activities, and role-play. They are provided **free of charge**.

The trainings will be taught by the Community Mental Health Liaison (CMHL) in your area. All CMHLs have master's degrees and experience working with the mental health population.

Trainings can also be *customized* based on your needs.

To set up a training, please contact:

Jessica Cox, M.S.
Burrell Behavioral Health
573-239-1706
jessica.cox@burrellcenter.com

Upcoming Trainings 2015:

- *Domestic Violence*
- *Suicide by Cop*
- *Understanding Mental Health & Youth*

Background on CMHLs

The Community Mental Health program is part of Governor Nixon's new Strengthening Mental Health Initiative. Thirty CMHLs were hired across the state in late 2013 to assist law enforcement and courts.

The goal is to form better community partnerships between Community Mental Health Centers, law enforcement and the courts to save valuable resources. The program strives to reduce unnecessary jail, prison and hospital stays and improve outcomes for individuals with behavioral health issues.

July 2014

Understanding Mental Health

Training Length: 2 Hours (P.O.S.T. Certified). Available September, 2014.

This training provides an overview of the major mental health conditions that law enforcement is likely to encounter. A description of each condition will be provided along with tips for law enforcements' interactions with individuals experiencing that particular condition. Through an interactive experience, law enforcement will have the opportunity to experience psychosis and the challenges that it presents for individuals suffering from mental health conditions. Lastly, law enforcement will be provided with tools that will aid in making interactions with individuals easier and more efficient.

Understanding Co-Occurring Conditions: Mental Health & Substance Use Disorders

Training Length: 2 Hours (P.O.S.T. Certified). Available September, 2014.

This training focuses on mental health conditions and substance use disorders. Participants will gain knowledge about co-occurring conditions, mental health conditions, substance use, treatment of these conditions and the costs of treatment. Participants will learn how to interact with a person who has a mental health condition, and identify resources in the area to assist a person with a mental health condition or substance use disorder.

Recognizing Warning Signs of Suicide and Self Harm

Training Length: 3 Hours (P.O.S.T. Certified). Available September, 2014.

The first half of the training is *QPR*, which stands for *Question, Persuade and Refer*. It is a training that teaches law enforcement to recognize and respond positively to someone exhibiting suicide warning signs and behaviors. Like CPR, *QPR* uses a "chain of survival" approach in which the participant learns to recognize early suicide warning signs, *Question* their meaning to determine suicide intent or desire, *Persuade* the person to accept or seek help, and *Refer* the person to appropriate resources. The second half of this training takes *QPR* a step further by explaining non-suicidal self harm and identifying specific resources in your community which may provide assistance to individuals in need.

Understanding Civil Involuntary Detention (96 Hour Holds) & Hospital Procedures

Training Length: 3 Hours (P.O.S.T. Certified). Available September, 2014.

This training focuses on the Civil Involuntary Commitment (CID) process, also known as a 96-hour hold. This training is applicable to all law enforcement personnel, as the CID process can be complicated and sometimes confusing. This training will also provide time to discuss and ask questions about local procedures. Training topics include: differentiating types of risk, writing an effective affidavit, hospital procedures to encourage smooth hospitalizations, where to find a notary, and identify forms required for civil involuntary detention.

De-Escalation: Responding to Individuals in a Mental Health Crisis

Training Length: 2 Hours (P.O.S.T. Certified). Available September, 2014.

This training is designed for law enforcement officers who wish to respond more effectively to calls involving persons in a mental health crisis. Emphasis will be on using effective communication as the primary skill in any de-escalation effort. Participants will gain an understanding of the impact that mental health conditions can have on communication. Additionally, participants will identify factors that lead to the escalation of emotions and behavior, and will be introduced to communication skills which build rapport, de-escalate intense emotions and behavior, and result in better outcomes from the mental health crisis.

Resiliency and Battlemind: How Officers Cope

Training Length: 1 Hour (P.O.S.T. Certified). Available September, 2014.

This training is designed to teach law enforcement officers the concepts of battlemind and resiliency, unhealthy and healthy ways to cope, as well as the challenges and barriers to self care. Techniques to promote resiliency will also be taught and demonstrated.

Recognizing Trauma, Stress Responses, and PTSD

Training Length: 2 Hours (P.O.S.T. Certified). Available after November, 2014.

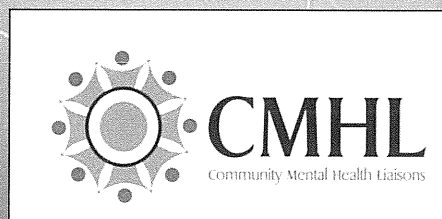
This training focuses on interacting with individuals who have witnessed or experienced a traumatic event. It is crucial to examine and recognize trauma, stress responses and PTSD in today's society. There are a multitude of traumatic events occurring, from natural disasters, terrorist attacks, and random school shootings to just experiencing the stressful activities that occur on a daily basis. These situations can all be overwhelming to everyday citizens and professionals alike. Training topics include: learning how to recognize the signs and symptoms of trauma and PTSD in adults and children, understanding the chemical responses in the brain to trauma, and identify healthy and unhealthy coping skills and how these affect our reactions to trauma. Lastly, the prevalence of PTSD in the U.S. and the law enforcement community will be discussed.

Missouri's

Community Mental Health Liaison

Linking Community and Service

Community Mental Health Liaison (CMHL) positions have been created by the Missouri Department of Mental Health. The goal of the initiative is to form better community partnerships with crisis systems, law enforcement agencies, and the courts to best utilize existing resources and improve access to behavioral health services and supports.



Your Community Mental Health Liaison Can Help You:

- Answer general questions about mental health issues, diagnoses and treatments.
- Connect people with needed treatments and supports.
- Assist law enforcement and courts in locating inpatient psychiatric beds for involuntary commitments.
- Facilitate access to behavioral health services.
- Identify and address structural barriers, miscommunications and consistent patterns that reduce access to behavioral health services.
- Provide or coordinate trainings on mental health issues, civil commitment, Mental Health First Aid, suicide prevention and guardianship process.
- Collaborate with Mental Health, Treatment and Veterans courts, as well as other specialty courts as needed.
- Participate in meetings for other court initiatives (JDAI, COYI).
- Participate or assist in development of Crisis Intervention Teams (CIT) or other initiatives that assist law enforcement in dealing with individuals with behavioral health needs.



CMHL CONTACT

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Crisis Line: 1-800-395-2132

Serving: Carroll, Chariton, Boone, Randolph, Howard, Saline, Pettis, Cooper, Moniteau, and Morgan Counties

