"Law Enforcement & Certified Community Behavioral Health Clinics: Increasing Access to Treatment, Decreasing Recidivism"
December 4, 2018

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Congressional Staff Briefing Testimony

Thank you for inviting me to be with you today. I'm glad to be able to tell you about the work our department has done with our local Certified Community Behavioral Health Clinic and how it has lowered incarceration rates in our community. Before I get started, I'd like to thank Senator Blunt for his support of Missouri's behavioral health system and law enforcement officers. We are grateful for his hard work to bring the CCBHC model to life.

I'm the Chief of Police in Springfield, Missouri and I also serve as Vice Chair for the board of Burrell Behavioral Health. Burrell's corporate offices are located in Springfield, Missouri, the third largest city in the state with a population of 167,000. About 463,000 people live in the Springfield metro area. Springfield is about an hour away from Arkansas and Oklahoma, and within 200 miles of both Kansas City and St. Louis, which creates a diverse and growing population with people coming into our metro area from a variety of backgrounds. Our Police Department has 352 officers. About 20 percent of the calls we respond to involve a person experiencing a mental health and/or substance use crisis, and that percentage has been steadily increasing over the years.

Today, 20 percent of our force has received Crisis Intervention Training (CIT) so they can better respond to calls involving a person with mental illness—and our CIT-trained officers go out on patrol equipped with tablets that connect them directly to mental health clinicians who can help de-escalate situations involving a mentally ill person in crisis. As a result, most of these individuals now end up in treatment and recovery instead of jail or the hospital.

But it wasn't always this way.

About eight years ago, it came to light that our county jail was essentially operating as the largest mental health facility in the county, since about 85 percent of the people who had been incarcerated were diagnosed with mental illness and/or drug and alcohol addiction. And the problem was exacerbated by the fact that the jail was at capacity, without room for more inmates. We know that people are better off getting treatment to help them stay out of trouble than they are going into the criminal justice system. Diverting these non-violent or persistent offenders from jail and emergency rooms became our two primary goals.

When I came to Springfield in 2010, there wasn't much of a relationship between our Police Department and Burrell Behavioral Health. We have worked hard since to build a partnership between our two organizations and with the local hospitals. One idea I had seen work well in my previous department in Tulsa, Oklahoma was a crisis drop-in center that provided a place where police officers could bring a person in crisis to be seen and evaluated by a licensed mental health professional. But Springfield didn't have the resources to launch that kind of a facility.

Instead, we worked together with Burrell to launch a small pilot program in 2012 that equipped 16 of my officers with tablets they could bring with them on patrol. The tablets had Skype installed on them, and on the other end of the Skype connection was round-the-clock access to a mental health clinician employed by Burrell. At first, we didn't know how folks experiencing a mental health episode would react to being handed a tablet. Would they want to talk to the clinician on the other end, or would they throw it across the room?

I'm pleased to report that the tablets were a big success. Not only did individuals want to talk to the clinicians, the clinicians were able to help us de-escalate the situation and identify whether this was a person who truly needed immediate care, whether they could be connected to outpatient treatment the next day, or whether they were not experiencing a mental health issue and could be treated like any other offender.

All of this resulted in fewer folks being taken to the emergency room or the jail. In a study we conducted in 2017, of the people who received access to the tablets, 87 percent were diverted from inpatient psychiatric hospitalization, only 16 percent were referred to an emergency department, and none were incarcerated. That is a massive improvement over the status quo, when the default outcome was taking them to jail or the hospital.

The Springfield Police Department and Burrell jointly funded this small effort with what little funding we had available. After seeing its incredible success, we applied for grants to continue and expand our work but were unsuccessful. The program looked like it would wither on the vine until the CCBHC demonstration came along.

The CCBHC demonstration changed everything. Once Burrell became a CCBHC, they had more resources for staffing to support the round-the-clock crisis response line on our tablets and Burrell had enough funds to upgrade to a more secure telehealth platform on the tablets. They were able to invest more time in community outreach and partnership building, as well as increasing access to their services and reducing wait times for people who needed outpatient care. The work they do with individuals who otherwise would have ended up in jail could be continued and expanded.

Because of these new resources, we were able to expand and improve the partnership program. We rolled out 50 tablets on September 1 of this year. Now every patrol officer who is CIT-trained has a tablet. At the end of the first 90 days of the new rollout, we'll conduct an evaluation and have some more data about the success rate of our expanded program.

This collaboration is a perfect example of how the CCBHC program helped to sustain and expand a local innovation that was at risk of terminating due to lack of grant funds – in particular, a crisis service, which is the greatest mental health need and strain on services, not to mention a community's health. While Burrell and the Springfield Police Department continue to support the effort with other external resources, we can leverage it further because of the new staff, treatment capacity, and technology that Burrell is able to provide. Best of all, we have been able to seamlessly integrate our work into an emergency room diversion program that Burrell is leading with our local hospitals, also supported by the CCBHC demonstration.

This is having a major impact on people's lives in a very positive way. It's keeping them out of the criminal justice system, which benefits all of us in our communities.

My biggest concern now is that the CCBHC program will end and Burrell won't have the resources it needs to continue this partnership. In Missouri, the CCBHC demonstration will expire in June of next year. Our state is working with Centers for Medicare and Medicaid Services on a State Plan Amendment to keep the program going, but there's no guarantee it will be approved by then.

We are asking Congress to please take swift action and extend this important demonstration program. Senator Blunt and his colleagues have introduced a bipartisan bill that would do just that. It's called the Excellence in Mental Health and Addiction Treatment Expansion Act. That legislation would not only give us more time in Missouri to solidify the early successes of CCBHCs like Burrell, it would also allow more states to adopt the innovations that have helped us so much in Springfield.

Please help us continue these successes by extending the CCBHC demonstration.

Thank you.