Emerging Issues: Behavioral Health & the Criminal Justice System

2:30pm – 3:30pm

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Thank You to our Hill Day 2019 Partners
The Behavioral Health + Economics Network (BHECON) is an initiative of the National Council for Behavioral Health, uniting diverse stakeholders to examine and advance policy reforms that strengthen states’ behavioral health delivery systems.
Overview

- Current Landscape
- Case Studies in Advocacy Success
- Criminal Justice at Hill Day
- Answering your Questions
State of Play for MH/SUD

• **1 in 5 adult Americans** have a mental illness. **1 in 4 had to choose** between getting treatment and paying for daily necessities

• 57% of adults with a mental illness **received no treatment** in the previous year

• **20.3 Million Americans** age 12 and older had a Substance Use Disorder in 2018

• **1.4 Million American adults** **attempted suicide** in 2018

• **53 Average life expectancy** of a person with serious mental illness, compared to 78 years among all Americans

• **130 daily deaths** from opioid overdoses in the United States
State of Play for MH/SUD + Criminal Justice

- 383,200 Americans with serious mental illnesses are living in jails and prisons (10 times more than the number living in state hospitals)
- More than half of incarcerated individuals live with mental illness.
- Approximately 75 percent of incarcerated American with SMI also have a co-occurring substance use disorder.
- The first two weeks after release from incarceration, a person is at the highest risk for an overdose, being roughly 129 times more likely to die of a drug overdose during this time compared to the general population.
Missouri Mental Health/Criminal Justice Initiatives

I. Community Mental Health Liaisons
II. Missouri Crisis Intervention Team Model
III. Justice Reinvestment Initiative
IV. Missouri Treatment Courts
V. Missouri MAT/Jail Pre-Release Program
VI. Recent Legislation
Community Mental Health Liaisons (CMHLs)

• The CMHL program launched in 2013 as part of the Strengthening Missouri’s Mental Health Initiative. 5 areas of funding in response to national shooting tragedies (can’t touch guns as a public policy issue in Missouri):
  – CMHLs - $3.2 million
  – Emergency Room Enhancement - $6 million
  – Crisis Intervention Team - $125,000
  – NAMI Family to Family Training - $65,000
  – Mental Health First Aid - $296,000
Community Mental Health Liaisons (CMHLs)

- Under this program, **31 CMHLs** are employed by community behavioral health organizations across the state to assist law enforcement and courts to link individuals with behavioral health needs to appropriate treatment. CMHLs also follow-up with Missourians referred to them in order to track progress and ensure a successful transition of care.
Community Mental Health Liaisons (CMHLs)

- CMHL Outcomes:

  Over 13,000

  Referrals to CMHLs from law enforcement and courts

  calendar year 2018

  • 75% Municipal Police
  • 10% Sheriff
  • 8% Courts
  • 7% Other
  • 11% Probation/Parole
  • 13% Homeless
  • 82% Unemployed
Community Mental Health Liaisons (CMHLs)

- CMHL Outcomes: Post Trainings Offered to Law Enforcement
  - De-Escalation: Responding to Individuals in a Mental Health Crisis
  - Recognizing Trauma, Stress Responses, and PTSD
  - Recognizing Warning Signs of Suicide and Self-Harm
  - Resiliency and Battlemind: How Officers Cope
  - Understanding Autism Spectrum Disorder
  - Understanding Dementia & Alzheimer’s
  - Understanding Depression, Bipolar Disorder, and Stigma
  - Understanding Guardianship
  - Understanding Mental Health
  - Understanding Mental Health in Youth
  - Understanding Psychosis
  - Understanding Civil Involuntary Detention (96-Hour Holds) & Hospital Procedures
  - Understanding Co-Occurring Conditions: Mental Health & Substance Use Disorders

886
POST Trainings Provided

13,109
Officers Trained

as of Aug 2019
Community Mental Health Liaisons (CMHLs)

• Success Story:
  – About a year ago, the CMHL was doing CIT visits with an officer and they were asked to go to a local school that was on "lockdown" because a student made some vague threats about "shooting up" the school. The CMHL and the officer went to the school and talked to the student. He was very angry about things happening at school. As they talked, he was able to calm down. They took him to the hospital that day and facilitated follow up outpatient treatment.

• VOCA - $7.8 Million for additional connections between schools, law enforcement, and behavioral health providers.

• Next Steps – Rural Respite/Crisis Centers; Make the map blue!!
The Missouri Model of CIT is a collective effort amongst law enforcement and other first responders, behavioral health providers, hospitals, courts, individuals with lived experience and community partners to collaborate for the greater good of serving individuals in crisis – Memphis model plus:

- Standardized state curriculum
- Expertise informs practice (lived experience valued)
- Emphasis on stronger, diverse partnerships
- Innovative training opportunities
- Wellness for law enforcement and other first responders
- State CIT Coordinator (Detective Jason Klaus)
Missouri Model of Crisis Intervention Teams

EXPECTED OUTCOMES:

➢ Diversion from criminal justice system
➢ Increased officer and citizen safety
➢ Higher success rate in crisis situations
➢ Extended skills of officers
➢ Reduced recidivism
➢ Increased community resources for officers
➢ Decreased liability and litigation for LE
➢ Improved community relations
Missouri Model of Crisis Intervention Teams (CIT)

MO CIT Conference:
- 600+ Law Enforcement & BH Providers
- Fill up to 3 MH First Aid Classes
- State Directors of Public Safety & MH
- 3 Keynotes; 17 special topic sessions
- 2 Missouri CIT International Awardees

CIT International
Best CIT Pin Award
2018
Council of State Government’s Justice Center concluded in 2018:

➢ Missouri’s prison population was growing at 7%; two new prisons would be required within 2 years.

➢ With smart policy changes and investments, $350 million in new prison construction and $54 million in annual prison operating costs avoided.

➢ Report calls for an annual investment of $41.5 million in new community behavioral health spending by FY 2023.

➢ FY 19 with a $5 million investment; FY 20 $6 million total investment

➢ Services should include wrap services like housing, employment, etc.
Why Treatment Courts?

- Proven cost-effective method of diverting offenders from incarceration in prisons
- Lower the recidivism rate of offenders when compared with either incarceration or probation
- Allow offenders to remain in the community, to work, pay taxes, support families
- Reduce the number of babies born prenatally exposed to drugs/alcohol, saving the state millions of dollars in lifetime costs
- Reduce crime and the need for foster care
- Help ensure child support payments are made
MISSOURI TREATMENT COURT HISTORY

1993
Jackson County
The first treatment court started in 1993 in Jackson County

1998
First Legislation
The first legislation for Missouri treatment court passed in 1998

2010
DWI Court
Legislation was passed in 2010 to establish DWI court docket which allowed for limited driving privileges to be issued to participants and graduates of a DWI court in Missouri

2013
Veterans Treatment Courts
Legislation was passed in 2013 to establish veterans treatment courts

2018
Treatment Court Standards
Legislation was passed in 2018 to further define all treatment court models and provide for the development of treatment court standards

MISSOURI TREATMENT COURT PROGRAMS

As of June 2019, 45 judicial circuits had the following treatment court programs:

**Juvenile Treatment Courts**
- Serving 5 counties
- 4 programs

**DWI Courts**
- Serving 29 counties
- 23 programs

**Adult Treatment Courts**
- Serving 101 counties
- 80 programs

**Veterans Treatment Courts**
- Serving 39 counties
- 14 programs

**Family Treatment Courts**
- Serving 20 counties
- 15 programs

SAVE LIVES

- +5,100 current active participants
- +21,400 treatment court graduates
- 919 drug-free babies born to treatment court participants

ADDRESS ISSUES

In 2017, 351 Missourians lost their lives to an opioid overdose (includes heroin and prescription opioids). Source: Department of Health and Senior Services

As of December 31, 2016, there were 32,461 offenders in Missouri state prisons. Of these, 7,422 had drug or DWI convictions. Source: Missouri DOC Annual Report 2016

HILLDAY

10 Mental Health Courts -*
Not funded from Treatment Court Resources Fund; therefore no mandated state reporting required

Biggest growth in Veterans

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HILLDAY

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Biggest growth in Veterans

Hill Day 19
Other Missouri Initiatives

• Offenders with Serious Mental Illness Program (OSMI)
  – Offenders with history of involuntary mediation or currently prescribed anti-psychotic medication
  – History of violence towards self or others during incarceration or in the community
  – History of violent crimes; assaults within the institution, and/or
  – History of suicide attempt
Other Missouri Initiatives

• Offenders with Serious Mental Illness Program (OSMI)
  – Referrals made directly from a Department of Corrections institution to the Missouri Coalition for Community Behavioral Healthcare
  – Coalition staff then direct and assign consumer to the appropriate behavioral health agency
  – Annually, the Coalition refers an average of 75 consumers into CPR service

• Community Mental Health Treatment Program (CMHT)
  – Target population of individuals experiencing marked impairment in social or occupational functioning due to a suspected mental illness
  – Referrals are made directly from Probation & Parole to Coalition provider

• Pre-Release Vivitrol/Naltrexone Program St. Louis City Jail

➢ Changes the termination of MO HealthNet benefits of offenders in correctional facilities and jails to suspension:
  ➢ Previously terminated and new application timely and often difficult
  ➢ Difficult transitions of care and unnecessary interruptions in services

➢ Medication Assisted Treatment (MAT) no prior authorization and compliance with parity rules and regulations

➢ Continued CCBHC investment and provider rate increases
Kearney and Associates, Inc.

• Full service government affairs and association management company
• Clients include
  – Association of Community Mental Health Centers of Kansas
  – Kansas Association of Addiction Professionals
  – Kansas Association of Court Services Officers
  – Kansas County and District Attorneys Association
  – Kansas Psychiatric Society
  – Kansas State Troopers Association
  – Kansas Technical Colleges
  – Physician Hospitals of Kansas
  – Saint Francis Ministries
Recent Kansas Behavioral Health Criminal Justice Reform Efforts

• SB 123
• Crisis Intervention Act
• Medicaid Suspension vs. Termination
• Kansas Criminal Justice Reform Commission
• Juvenile Crisis Intervention Centers
• Juvenile Justice Reform
SB 123

- Passed originally in 2003
- Essentially treatment in lieu of incarceration
- Provides certified substance abuse treatment services for offenders convicted of drug possession who are nonviolent adult offenders
- Under community corrections supervision
- Changes have been made to increase the eligible population over time, however funding has lagged
Crisis Intervention Act

- Passed in 2017 as HB 2053
- Provides for creation of Crisis Intervention Centers
- Emergency observation and treatment for those 18 years of age and above
- “72 hour hold”
- No funding from the State
- No regulations have been issued by the State
- None have been created since passage of the bill
Medicaid Suspension vs. Termination

• 2018 SB 195, not passed, but provisions of the bill were added to the State budget
• Established a suspended eligibility status for some Medicaid recipients
  – Admission to a state hospital
  – Incarceration in any correctional facility or jail or placement in any juvenile correctional facility
• Many states have similar policies
Kansas Criminal Justice Reform Commission

• Passed in 2019 as HB 2290
  – Contained the provisions to create the Commission
• Topics of study will include
  – Analyze the sentencing guideline grids for drug and nondrug crimes
  – Analyze diversion programs and recommend options to expand diversion programs
  – Study and make recommendations for specialty courts statewide
  – Survey and make recommendations regarding available evidence-based programming
  – Study and make recommendations for specialty facilities, to include geriatric, healthcare, and substance abuse facilities
• Interim report due later this year, final report due in December of 2020
Juvenile Crisis Intervention Centers (JCICs)

- Passed in 2018 as SB 179 allowed for the creation of JCICs
- Provides short term observation, assessment, treatment, case planning, and referral for any juvenile who is experiencing a mental health crisis and is likely to cause harm to self or others
- Would serve youth under the age of 18
- 30 day length of stay maximum
- Coordination with local community mental health center
- $2 million in annual funding from juvenile justice reform funds
- None have been created since passage of the bill
Juvenile Justice Reform

• Passed in 2016 as SB 367 with overwhelming bipartisan support
• Reflects national trend of trying to reduce detention for juvenile offenders...this is a good thing
• Savings would be reinvested into services in the community
• Resulted in systemic changes as to how offenders would be treated
  – Detention and out of home placement has gone down
  – Low risk offenders have less involvement
Juvenile Justice Reform

• Perception by law enforcement that there are no immediate consequences for low/moderate risk...this can elevate behaviors of some juveniles

• Offenders with moderate/severe behavioral disorders are caught in a services vacuum
  – For these youth not getting served adequately, the juvenile justice system has moved this population into state custody
Juvenile Justice Reform, Crossover Population

• Youth with juvenile justice and child welfare involvement
  – We refer to this as the “Crossover Population” and it is approaching 10% of youth in state custody according to preliminary data

• Juvenile Justice reforms neglected the impact to foster care
  – Follow on effect is that this pressures mental health professionals, but these youth need more cognitive behavioral interventions

• Child welfare and mental health systems were not designed for this influx of violent juvenile offenders
Juvenile Justice Reform

- Juvenile Justice reform is a great effort
  - Needs to be pursued
  - Great goals (we don’t want low/high risk offenders mixing)
- Pew model of reform has yet to account for the impact to child welfare
- Some lessons learned so far
  - Savings should follow the child
  - Capacity at state level to implement evidenced based practices should happen immediately
  - Multi-system data sharing should be the first step, not last
Juvenile Justice Reform, What We have Learned

• You need to be at the table if juvenile justice reforms are being discussed in your state

• Behavioral disorders of these offenders can’t be solved with more traditional mental health interventions
  – Cognitive behavioral interventions are needed

• We are just beginning to get into the data, but it is clear that we need to look at measurables from a variety of viewpoints
  – Can’t just look at reduced costs and reduced detention
Questions

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Medicaid Reentry Act (H.R. 1329)

✓ This legislation allows states to use Medicaid to cover services for incarcerated individuals during the 30 days prior to their release, establishing a source of care for them to easily access upon re-entry to the community.

✓ The criminal justice system has become the largest de facto mental health and addiction treatment provider in the country.

✓ Investment upstream will help to foster healthier, drug-free lives for formerly incarcerated populations.

✓ **Sponsors include:** Reps. Tonko (NY), Turner (OH) and Sensenbrenner (WI)
Questions?