



MISSOURI MODEL OF CRISIS INTERVENTION

- Crisis Intervention Team (CIT) Program for Law Enforcement
- Community Mental Health Liaisons (CMHL)
- Emergency Room Enhancement Projects (ERE)
- Access Crisis Intervention (ACI) 24-hour hotline and mobile response
- Mental Health First Aid (MHFA)
- Certified Community Behavioral Health Clinics
- Local Initiatives:
 - ❖ Stepping Up: Pettis
 - ❖ Boone - Judicial & Law Enforcement Task Force (the "home" for Stepping Up).
 - ❖ [Kansas City Assessment and Triage Center \(KC-ATC\)](#)



MAP OF COMMUNITY MENTAL HEALTH LIAISONS (CMHLs)

- **31** CMHLs are employed by the Community Mental Health Centers.
- The CMHLs provide **coverage state-wide.**



CMHLs/SUDLS

February 2020



April 2019





CMHL

Secure | <https://www.mocalliance.org/community-mental-health-liaison>

MONROVIA COALITION FOR COMMUNITY MENTAL HEALTH SERVICES

HOME ABOUT US CLINICAL MEMBERS PUBLIC POLICY CONFERENCE

CMHL Community Mental Health Liaisons

The Community Mental Health Liaison (CMHL) program is part of the Strengthening Mental Health Initiative. Thirty-one CMHLs work across the state to expand law enforcement and courts.

The goal is to form better community partnerships between Community Mental Health Centers, law enforcement, and courts to save valuable resources that might otherwise be expended on unnecessary jail, prison, and hospital stays and to improve outcomes for individuals with behavioral health issues. Liaisons also follow-up with Missourians referred to them in order to track progress and ensure success. Through the CMHL program, people with behavioral health issues who have frequent interaction with law enforcement and the courts will have improved access to behavioral health resources.

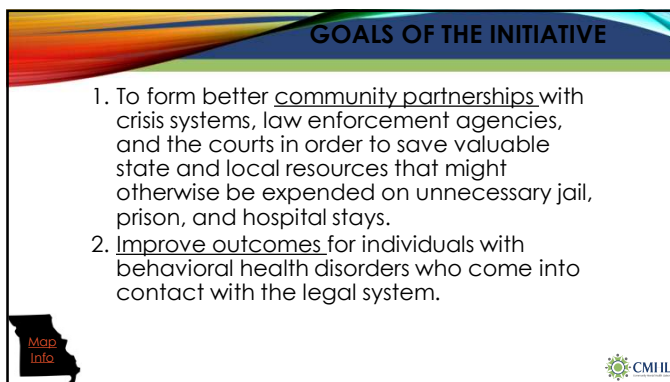
Role of the Community Mental Health Liaison:

- Answer general questions about mental health conditions and co-occurring disorders (including substance use, developmental disabilities, and mental health disorders).
- Answer questions about the available CMHC resources and services to address behavioral health issues.
- Assist law enforcement and the courts in locating inpatient psychiatric beds for court-ordered involuntary detentions.
- Work to facilitate access to behavioral health resources for pretrial and existing clients.
- Track requests, screen potential and existing clients for behavioral health needs, and follow their cases to monitor treatment.
- For people with repeat involvement: Consult with case managers to improve coordination of care.
- Explore opportunities for use of diversionary commitments.
- Participate in the annual state CMHL conference and community events, as well as in local courts, mental health organizations, and other community events.

April 2019

Map Info

CMHL

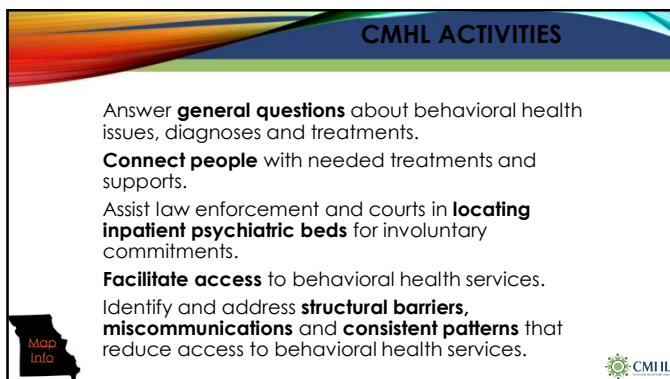


GOALS OF THE INITIATIVE

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.

Map Info

CMHL



CMHL ACTIVITIES

Answer **general questions** about behavioral 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.

Map Info

CMHL




CMHL ACTIVITIES

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 those who come into contact with law enforcement and courts for 30 days.

CMHLs participate in ride-alongs, residency checks with law enforcement, and hold "office hours" in local police/sheriff departments.

CMHL ACTIVITIES

Provide **trainings** on mental health and substance use disorders, civil commitment, Mental Health First Aid, and suicide prevention.

Collaborate with Mental Health, Treatment and Veterans courts, as well as other **specialty courts**.

Participate or assist in development of **Crisis Intervention Teams (CIT)** or other initiatives that assist law enforcement in helping individuals with behavioral health needs.



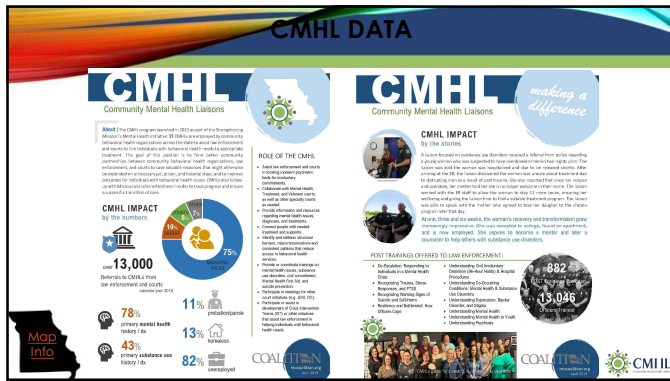


FUTURE OF THE CMHL INITIATIVE

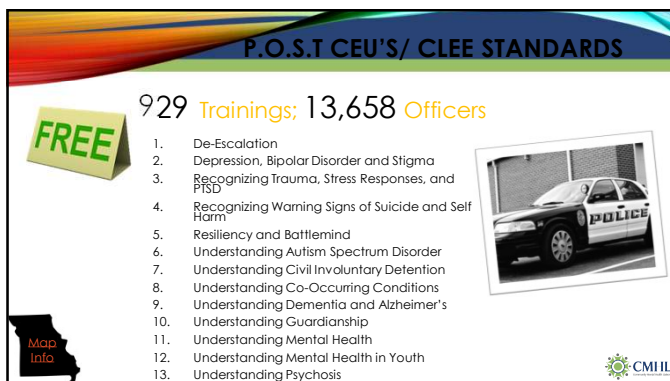
- Additional CMHL positions
- CMHL positions in the Jails or Courts
- SUDL: Substance Use Disorder Liaison Positions

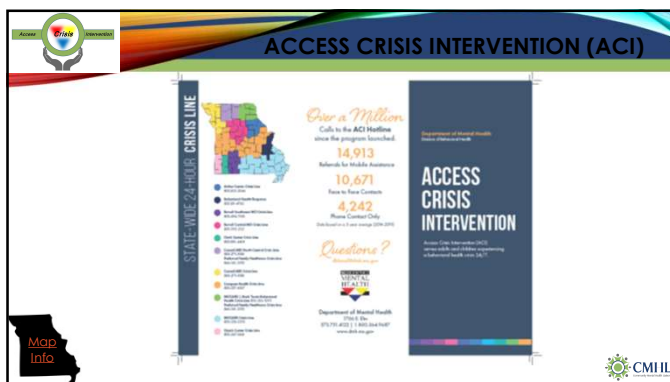
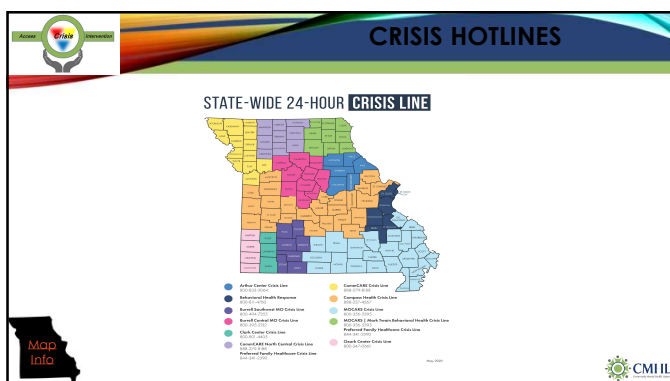




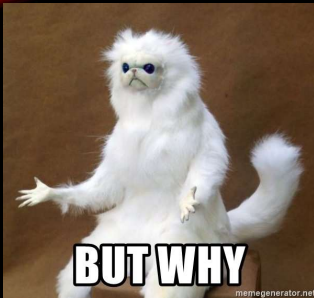






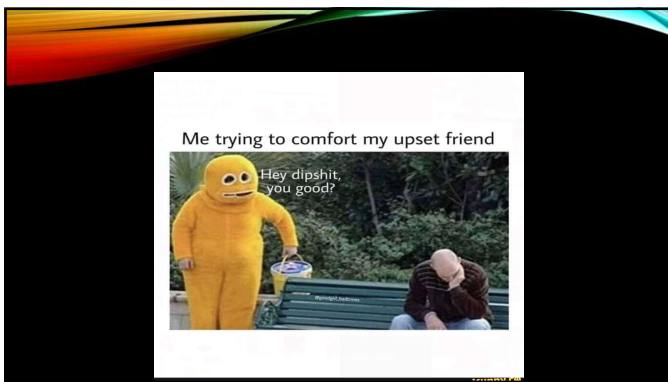
[illegible][illegible]

IMPROVING OUR RESPONSE:
MONTGOMERY COUNTY JAIL AND CMHL
COLLABORATION



VIDEO





HANDLING BEHAVIORAL HEALTH ISSUES

Then	Now
<ul style="list-style-type: none"> • Staff Frustration • Inmate Frustration • Additional Charges • Segregation/Holding Full • Suicide attempts increasing • Mental Health "Holding" Facility 	<ul style="list-style-type: none"> • Trained to screen and identify behavioral health issues • Able to access treatment resources • Heading off behaviors that will lead to new charges • Inmate screened a minimum of 2 times while in facility. Protocol on what to do with positive screenings. • Ability to manage or move out detainees with behavioral health issues is improved.

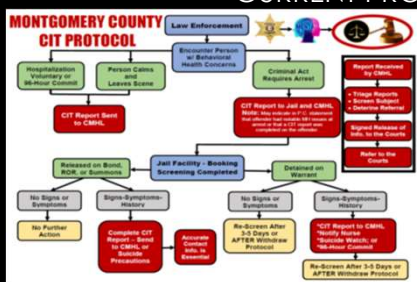
HOW DID WE GET HERE?

- East Central CIT Council was formed in 2015.
 - Established a relationship with CMHL: medical, jail administrator or assistant administrator are able to contact her with questions, requests for information or screening.
 - Established a CMHL jail screening form to quickly identify behavior health issues and make recommendations for stabilization while in jail and referrals for services after jail.
 - CMHL, Jail Nurse and Jail Physician work together to target symptoms and reduce need for hospitalization, segregation or use of force.
- Despite these steps, more needed to be done...

MOVING FORWARD...

- Jail and Road Deputies were training in the 40 hour BASIC CIT Course
- Road Deputies began filling out CIT Reports and making jail staff aware of any behavioral health issues at the scene or point of contact as needed.
- A second screening was developed to be administered by the Detention officers 3-5 days or 5-10 days after the initial booking screening was completed.
- All screenings are sent to our CMHL for review if indicated by scoring.

CURRENT PROTOCOL



[illegible][illegible][illegible]

3-5 DAY VERSUS 5-10 DAY

- We are going to re-screen EVERYONE (whether they have symptoms or a history or NOT) at 3-5 days.
- We will re-screen anyone who has been DETOXING from substances (ie: opiates, alcohol, benzodiazepines) again at 5-10 days due to once those substance leave the system completely, they may experience a severe dip in mood or acute resurgence of psychiatric symptoms.

THE BASIC INFORMATION

- Date/Time of Screening
- Detainee name, DOB, Gender
- Detainee booking #, arrest date, charges
- Court Case # and next court date
- Admission status

QUESTION 1: DO YOU CURRENTLY BELIEVE THAT SOMEONE CAN CONTROL YOUR MIND BY PUTTING THOUGHTS INTO YOUR HEAD OR TAKING THOUGHTS OUT OF YOUR HEAD?

- What are we looking for?
 - Evidence of Psychosis: Delusions, Hallucinations, Paranoia
- What is this indicative of?
 - Schizophrenia, Bi-polar Disorder, Amphetamine intoxication/addiction
- If "No" move on to question 2.
- If "Yes" say, "Tell me more about that." Make notes in "General Comments"
 - "Is it someone here?" "Do you wish to harm that person?"

QUESTION 2: DO YOU CURRENTLY FEEL THAT OTHER PEOPLE KNOW YOUR THOUGHTS AND CAN READ YOUR MIND?

- What are we looking for?
 - Evidence of Psychosis: Delusions, Thought Broadcasting, Paranoia
- What is this indicative of?
 - Schizophrenia, Bi-polar Disorder
- If "No" move on to question 3.
- If "Yes" say, "Tell me more about that." Make notes in "General Comments"
 - "Is it someone here?" "Do you wish to harm that person?" "Would that prevent you from answering these questions honestly?"

QUESTION 3: HAVE YOU EVER TRIED TO KILL YOURSELF? IF SO BY WHAT METHOD?

- What are we looking for?
 - Information on history of suicidal behavior and method they may be familiar or comfortable with.
- What is this indicative of?
 - Past attempts are a huge predictor of future attempts. People often attempt/complete in a way that they are familiar with.
- If "No" move on to question 4.
- If "Yes" say, "Tell me more about that." Make notes in "General Comments"
 - "How many attempts?" "When was the LAST time?"

QUESTION 4: HAVE YOU EVER BEEN HOSPITALIZED FOR EMOTIONAL OR MENTAL HEALTH PROBLEMS?

- What are we looking for?
 - Information on prior behaviors that were so severe they needed hospitalized. Possibly information so we can request records ASAP.
- What is this indicative of?
 - Behaviors that were so impairing that they needed hospitalization. This usually indicates either involuntary history or past suicidal or homicidal behavior.
- If "No" move on to question 5.
- If "Yes" say, "Tell me more about that." Make notes in "General Comments"
 - "How often?" "When was the LAST time?" "Where were you hospitalized?"

QUESTION 5: HAS THERE CURRENTLY BEEN A FEW WEEKS WHEN YOU FELT LIKE YOU WERE USELESS OR SINFUL?

- What are we looking for?
 - History of depression, feelings of worthlessness, feeling like they've fallen from grace/spiritual disruption.
- What is this indicative of?
 - These feelings are almost always present in people who attempt or end their lives by suicide. At a minimum, a person who answers affirmatively to this is experiencing an episode of dysthymia.
- If "No" move on to question 6.
- If "Yes" say, "Tell me more about that." Make notes in "General Comments"
 - "Why do you feel that way?" "How long have you been feeling that way?" "Do you feel that way now?"

QUESTION 6: ARE YOU CURRENTLY THINKING ABOUT KILLING OR HARMING YOURSELF?

- What are we looking for?
 - Suicidal intent/plans
- What is this indicative of?
 - An episode of depression, bi-polar disorder, anxiety, schizophrenia, or acute grief and loss. **THIS IS AN EMERGENCY, FOLLOW JAIL PROTOCOL.**
- If "No" move on to question 7.
- If "Yes" say, "Tell me more about that." Make notes in "General Comments"
 - "Do you have a plan on how you'd do that?" "When do you plan to kill yourself?" "I need you to be honest about how you are feeling so we can get you the right help" "I want you to live"

QUESTION 7: HAVE YOU EVER RECEIVED TREATMENT FOR AND/OR HAD WITHDRAWAL SYMPTOMS FROM DRUGS OR ALCOHOL USE?

- What are we looking for?
 - Substance use history
- What is this indicative of?
 - Difficulty coping with problems, a history of trauma, potential for big mood fluctuations, physical health concerns
- If "No" move on to question 8.
- If "Yes" say, "Tell me more about that." Make notes in "General Comments"
 - "When?" "What substances?" "How long have you been using?"

QUESTION 8: HAVE YOU EVER BEEN DIAGNOSED WITH A MENTAL ILLNESS?

- What are we looking for?
 - Evidence of diagnosis of a behavioral health disorder
- What is this indicative of?
 - People with previously diagnosed behavioral health issues have a higher risk of suicide. They may become unstable while incarcerated. Degree of insight.
- If "No" move on to question 9.
- If "Yes" say, "Tell me more about that." Make notes in "General Comments"
 - "When were you diagnosed?" "By who were you diagnosed?" "Do you agree with that diagnosis?"

QUESTION 9: ARE YOU CURRENTLY TAKING ANY MEDICATIONS PRESCRIBED FOR YOU BY A PHYSICIAN FOR ANY EMOTIONAL OR MENTAL HEALTH PROBLEMS?

- What are we looking for?
 - Evidence of treatment for a behavioral health disorder.
- What is this indicative of?
 - They have some level of insight, they have engaged in help seeking behaviors.
- If "No", the interview portion is complete.
- If "Yes" say, "Tell me more about that." Make notes in "General Comments"
 - "What are you taking?" "How long have you taken it?" "Is it effective?"

BEHAVIORS EVIDENT AT THE TIME OF SCREENING:

- Agitation
- Shaking or tremors
- Depressed
- Paranoia
- Confusion
- Disorganized speech
- Hallucinations
- Mania
- Belligerent or Uncooperative

SCORING THE SCREENING

- "No" on all questions—no further action, submit screening to medical
- "Yes" on questions 1, 2, 5, 7 or 9: Low Risk, but submit referral for MH screen (routine)
- "Yes" on questions 3, 4 and 8: Medium Risk, submit referral for MH screening (urgent)
- "Yes" on question 6: High Risk, initiate suicide watch protocol, submit for referral for MH screening (Emergent)

WHERE DO WE GO FROM HERE?

- Continue to collect screenings and data.
- Engaged in the 12th circuit's OSCA team for improving the courts response to behavioral health issues to work on a jail or community based pre-trial screening. This initiative proposes to:
 - Reduce the revolving door of persons with mental illness coming in contact with the criminal justice system.
 - Reduce the number of calls to LE and EMS, use of excessive force, injuries to responders or suspects, and arrests of chronically mentally ill people.
 - Increase connections and resources for persons with mental illness
 - Assist in providing information to the court prior to any determination of conditional release.
- Training in Sequential Intercept Mapping (SIM) so that we can more readily identify and respond to gaps in our system.

QUESTIONS?



thank you



CONTACT INFORMATION

- Laura Heitmann, LCSW, CMHL
Arthur Center Community Health
601 Commons Drive
Fulton, MO 65251
phone: (573)721-1143
email: lheitmann@arthurcenter.com
- Sheriff Craig Allison
Montgomery County Sheriff's Office
211 East 3rd Street
Montgomery City, MO 63361
Phone: (573)564-8084
Email: csallison@mcmo.us
