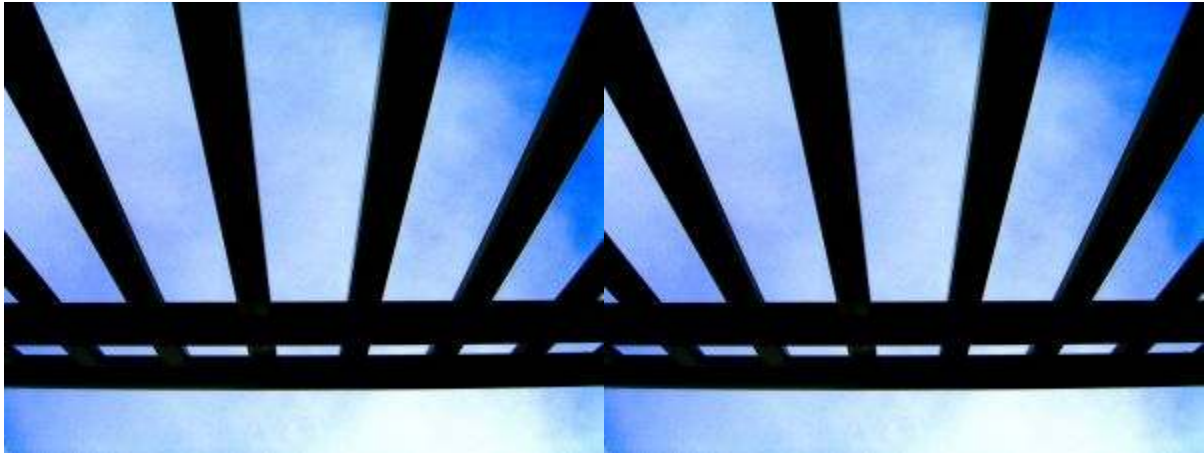


MENTAL HEALTH AND CRIMINAL JUSTICE INTERCEPT PROJECT REPORT



A COMMUNITY PLANNING PROCESS IN JOHNSON COUNTY, KANSAS, TO IMPROVE THE
RESPONSE TO ADULTS WITH MENTAL ILLNESS IN THE CRIMINAL JUSTICE SYSTEM

DECEMBER 31, 2010

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This project was supported with funding from the Health Care Foundation of Greater Kansas City. Please direct questions and comments regarding the report to United Community Services of Johnson County. The report can be viewed at www.ucsjoco.org.

About United Community Services of Johnson County

For more than 40 years UCS has spearheaded efforts to make vital human services available to individuals and families in Johnson County, especially those facing challenges. This neutral, nonprofit organization brings together human service providers, policymakers, funders and community leaders to address issues impacting the well-being of residents. These partnerships ensure that the collective human service impact in Johnson County is far greater than the accomplishments individual organizations can achieve working alone. In addition to providing leadership for community-based planning, UCS provides information and trend analysis while playing a vital role in securing funding for the area's human service organizations.

www.ucsjoco.org

UCS is United Way of Greater Kansas City's Planning Partner in Johnson County.



Table of Contents

Foreword	iv
Executive Summary	1
I. Introduction and Background	5
II. Project Description	7
III. Findings	11
IV. Barriers, Goals and Recommendations	14
V. Principles and Key Elements	24
VI. The Future	26
Appendix	
A. List of Partners	27
B. Sequential Intercept Model	28
C. Target Population	29
D. System Maps	30
E. Consumer Comments and Observations	36
F. Data that Informed Planning Process	37
G. Abbreviations and Acronyms	40

Foreword

In Johnson County, Kansas, and across the United States too often men and women with mental illness land in jail. The Johnson County Mental Health and Criminal Justice Intercept Project Report is the result of nineteen months of planning to address this problem. The project involved leaders and staff from eleven organizations that have accepted the responsibility for improving our community's response to adults with mental health needs who come in contact with the criminal justice system.

This collaborative effort was the first to bring professionals from Johnson County mental health and criminal justice systems together to examine issues and develop a set of recommendations for improvement.

We thank the organizations that made a commitment to work together and forge new partnerships. We thank all the dedicated individuals who contributed their time and energy to this project. And we thank the Council of State Governments Justice Center for its valuable assistance.

An initiative of this scope and complexity never gets past the concept phase without funding support. We thank the funder who made this possible -- the Health Care Foundation of Greater Kansas City. Its investment provided United Community Services (UCS) of Johnson County with the resources to lead this planning project.

UCS especially thanks Rise Haneberg, Johnson County Criminal Justice Coordinator, and David Wiebe, Executive Director of Johnson County Mental Health Center, for their faith in UCS as a neutral community convener and for engaging us to facilitate this project.

Finally, UCS thanks the many criminal justice and mental health professionals who work to provide better lives for the people in our community. We hope this report will serve as a guide for our community's ongoing efforts to improve its response to adults with mental health needs who come in contact with the criminal justice system. We believe it can also serve as a resource for other communities undertaking similar work.



Karen Wulfkuhle

Executive Director, United Community Services of Johnson County (www.ucsjoco.org)



Brad Stratton

President, Board of Directors, United Community Services of Johnson County

December 31, 2010

Mental Health and Criminal Justice Intercept Project Report

Executive Summary

That people with mental illness land in the criminal justice system at an alarming rate has been recognized in recent years by leaders of Johnson County's mental health and criminal justice systems. During 2008 seventeen percent of the inmate population (17,637 men and women) in the Johnson County Adult Detention Center was on psychotropic medications during incarceration. One-third of residents in facilities operated by the County Department of Corrections received on-site psychiatric services. Courts and correctional agencies were the third most frequent source of referral to the Johnson County Mental Health Center.

Leaders of both systems -- mental health and criminal justice -- believed that by working collaboratively, strategies could be identified and applied that would reduce the number of persons with mental illness who are involved in the criminal justice system. In the spring of 2009 United Community Services of Johnson County (UCS) was asked to facilitate a planning process with key organizations that would result in productive recommendations.

With a planning grant awarded to UCS from the Health Care Foundation of Greater Kansas City, UCS embarked on the project. Technical assistance was provided from the Council of State Governments (CSG) Justice Center. The planning project used the "Sequential Intercept Model," a product of the National GAINS Center,* as a framework to develop targeted strategies that appropriately intercept adults with mental illness when they come in contact with the criminal justice system.

The project had eleven partner organizations: Johnson County Mental Health Center, Johnson County Manager's Office, Johnson County Office of the District Attorney, 10th Judicial District Court and Court Services, Johnson County Department of Corrections, Johnson County Sheriff's Office, 10th Judicial District Public Defender's Office, National Alliance on Mental Illness Johnson County (NAMI), and Overland Park and Lenexa Police Departments. In addition to those key partners, serving in an advisory capacity were Mental Health America of the Heartland, Kansas Department of Corrections/Re-Entry Policy Council, Mid-America Regional Council, State Representative Pat Colloton, and the Kansas Department of Corrections Parole Office.

Partner organizations spent more than 500 hours in small work group meetings and regularly held work team and leadership team meetings. Through these facilitated meetings, and in consultation with the Council of State Governments Justice Center, the current systems were mapped. Barriers and issues were identified. Data were collected and analyzed. Evidence-based practices were considered. Principles and key elements were developed, and project recommendations were agreed to by all partners.

*The U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) National GAINS Center has operated since 1995 as a national locus for the collection and dissemination of information about effective mental health and substance abuse services for people with co-occurring disorders in contact with the justice system.

This report (with an appendix) is divided into six sections:

- 1) Introduction and background
- 2) Project description including participants, model used, planning process, mapping and identification of issues
- 3) Findings
- 4) Barriers, goals and recommendations
- 5) Guiding principles, key elements
- 6) The future

Recommendations

The project recommendations, arrived at by consensus, are intended as a guide for organizations, both individually and collectively. The goal is a system that intervenes at the earliest point possible and also helps incarcerated adults with mental illness prepare for safe and successful transition to the community. Essential to intervening at the earliest point is a mental health system with adequate capacity to serve those who need help.

Recommendations are presented for the six key intercept points that were investigated. (Intercept points, indicated in bold italics throughout the report, are when opportunities occur for preventative services to keep individuals from going deeper into the criminal justice system.) While every recommendation is important for overall systems improvement, a small number are identified as priorities. Common themes for every system include education about mental illness, cross-training of staff, and the involvement of family members and loved ones of persons with mental illness.

For ***Law Enforcement*** the recommendations focus on preventing unnecessary entry of persons with mental illness into the criminal justice system. Recommendations include enhanced training of dispatchers and officers, and developing alternatives to arrest.

District Court Pre-Trial and Adjudication improvements center around screening and evaluation, and alternative forms of prosecution. Key recommendations are:

- 1) Consistently screening individuals for mental illness.
- 2) Providing mental health information when appropriate in pretrial hearings and for use in dispositional alternatives (bond, diversion).
- 3) Expanding mental health diversion.
- 4) Assigning a specific attorney in the District Attorney's Office as a contact for offenders with mental illness.
- 5) Providing mentally ill defendants on diversion with information about how to comply with the rules of diversion and how to obtain community support.

For ***Sentencing and Supervised Release*** the recommended improvements focus on finding more sentencing options and connecting inmates with community-based resources and assistance at the time of release. Other recommendations have to do with ensuring that probation officers are working with offenders' natural community of support, collecting and

analyzing data to help determine when a mental health court is warranted, implementing a review board, and strengthening Johnson County Mental Health Center's ties with Wyandot Center for Community Behavioral Healthcare, Inc.

Adult Detention Center recommendations call for using information about inmates' mental health condition to develop plans for treatment, housing and programming, as well as reducing the amount of time an inmate goes without access to medication, and offering evidence-based treatment programs within the Detention Center.

The recommendations for the **Residential Center** include implementation of a "Modified Therapeutic Community" to address co-occurrence of substance abuse and mental illness, and assigning released inmates who are under court supervision to probation officers with specialized training.

For **Reentry** the recommendations call for successful transitioning of individuals to the community, including mental health services and treatment, and a 30-day supply of medication upon release.

What happens now? From the project's start, system improvements began to take place. The simple act of meeting and opening channels of communication resulted in heightened awareness of the issue and changes in processes. Clear ideas began to take shape about program and process improvements. The eleven partner organizations committed to use the guiding principles, key elements, and recommendations as the framework for continuing to work together to improve system interaction for better outcomes for individuals with mental illness. Partners will meet on a periodic basis to assess progress. Partners recognize that cooperation, coordination, and collaboration alone are not enough to achieve long-lasting system improvements. In most cases implementation of new procedures and programs will require additional resources. Currently resources are not adequate to achieve the ideal system. Project partners committed themselves to identifying and securing dedicated funding that would bring success. The Johnson County Criminal Justice Advisory Council (CJAC) assumes responsibility for moving the project forward. CJAC will collect and monitor data in order to measure the effectiveness of implemented changes and to assess progress.

Mental Health and Criminal Justice Intercept Project Report

I. Introduction and Background

The purpose of the Mental Health and Criminal Justice Intercept Project was to find ways that Johnson County, Kansas, mental health and criminal justice systems might improve their responses to adults who have a mental illness and who are involved -- or at risk of involvement -- in the criminal justice system.

Everywhere in the United States the criminal justice system has grown dramatically in the past several decades. In Johnson County the average number of individuals housed daily in the county jail has risen from 499 in 1998 to 774 in 2009, a 55 percent increase. During 2008 the average daily number of adults under Johnson County Court Services probation was nearly 2,000. The County Department of Corrections (residential and intensive supervision) served a total of 2,245 men and women in 2008, up 22 percent in 10 years.

Similar growth has occurred throughout the U.S. The number of individuals in U.S. prisons and jails rose from 1.3 million in 1993 to almost 2.6 million in 2006. According to the National GAINS Center* this rise has resulted from changes in drug laws and law enforcement practices, but also from the loss of public services for people who have a mental illness, the homeless, and those living in poverty. An increasing number of individuals in jails, prisons, and in community mental health settings have a mental illness and abuse substances.

Data from Johnson County, Kansas, offer evidence of the problem. During 2008 seventeen percent of the inmate population (17,637 men and women) at the Johnson County Adult Detention Center was on psychotropic medications during incarceration. The Johnson County Department of Corrections reports that one-third of its residents that year received on-site psychiatric services. In 2008 mental health professionals provided 11,230 units of service to inmates in Johnson County correction facilities. Courts and correctional agencies are the third most frequent source of referral to the Johnson County Mental Health Center.

Each year Johnson County Mental Health Center receives more than 15,000 emergency and after hours calls. About 5,000 are for police consultations. During 2009 law enforcement recorded an estimated 2,760 calls for service involving suicide or a psychiatric or mental health incident. For adults with mental illness in the criminal justice system trying to live in the community, probation officers identify the lack of comprehensive support services and housing as primary barriers to success.

*The U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) National GAINS Center has operated since 1995 as a national locus for the collection and dissemination of information about effective mental health and substance abuse services for people with co-occurring disorders in contact with the justice system.

For many years leaders of Johnson County's criminal justice and mental health systems had been concerned about how to better address the growing number of people with mental illness in these systems. They knew improvement was needed, but there was no process for collaborative effort. They sensed that strategies based on evidence of success might hold promise for this community. Probation officers were frustrated at supervising people with mental illness who couldn't or wouldn't comply with conditions of probation. Officers needed options for handling people with mental illness. They sought help from the staff of the Johnson County Mental Health Center. A committee was established to examine issues and share information. At about the same time, the Kansas Law Enforcement CIT Council (Johnson County) was addressing how to sustain funding and to increase the number of crisis intervention team (CIT) trainings, as well as the number of trained officers in each law enforcement agency. (CIT is a program that trains law enforcement to understand mental illness and to respond in less confrontational ways to crises involving people with mental illness.)

Key organizations needed to confront these various challenges together. Easier said than done. The criminal justice system in Johnson County involves city and county government, state offices, and other agencies. The county consists of 20 municipalities and six unincorporated areas. Most cities have their own police departments. County government operations include the sheriff's office and two jail facilities, the Johnson County Department of Corrections with residential facilities for adults and for juveniles, and the district attorney's office. State-level entities include the Kansas 10th Judicial District Court and Court Services (probation) and the Kansas Department of Corrections (parole). There are a number of mental health and health-related agencies and institutions connecting the mental health and criminal justice system, including Johnson County Mental Health Center, area hospitals, and various metropolitan substance abuse programs.

In the spring of 2009 United Community Services (UCS) of Johnson County* was asked to coordinate planning efforts for improving mental health and criminal justice services, provided funding could be secured for the work. UCS was awarded a planning grant from the Health Care Foundation of Greater Kansas City in July of that year. UCS embarked on the project with technical assistance from the Council of State Governments (CSG) Justice Center.

The project was accomplished with the active participation of 11 key partner organizations. They are Johnson County Mental Health Center, Johnson County Manager's Office, Office of the Johnson County District Attorney, Kansas 10th Judicial District Court and Court Services, Johnson County Department of Corrections, Johnson County Sheriff's Office, 10th Judicial District Public Defender's Office, National Alliance on Mental Illness Johnson County (NAMI), and the Overland Park and Lenexa Police Departments. In addition to those key partners, serving in an advisory capacity were Mental Health America of the Heartland, Mid-America Regional Council,

*Founded in 1967, UCS is a nonprofit planning organization that provides coordination and leadership for meeting the most critical human needs in Johnson County, Kansas and surrounding communities.

Kansas Department of Corrections/Re-Entry Policy Council, Representative Pat Colloton, and the Kansas Department of Corrections Parole Office. (*Appendix A*)

The Sequential Intercept Model, developed by the SAMHSA National GAINS Center, provided the conceptual framework for this planning project. The model envisions a series of points where individuals can be prevented from entering or progressing further into the criminal justice system. The goal is for people to be assisted early. (*Appendix B*)

The Johnson County planning process adapted the GAINS Sequential Intercept Model to reflect the flow of the criminal justice system. The Intercept Model was used as a framework to develop targeted strategies to intercept people with mental illness when they come in contact with the criminal justice system.

The Health Care Foundation grant enabled United Community Services to contract with the Council of State Governments (CSG) Justice Center for technical expertise. The CSG Justice Center engaged C. Terence McCormick, CEO of CARES, LLC, to consult on the Johnson County project, along with Justice Center staff member Hallie Fader-Towe. The technical expertise of the Council of State Governments Justice Center brought a national perspective to Johnson County, and continues to be a valuable resource for the ongoing work in Johnson County around mental health and criminal justice.

The Council of State Governments Justice Center coordinates the Criminal Justice / Mental Health Consensus Project. It represents a national effort to help local, state, and federal policymakers and criminal justice and mental health professionals improve the response to people with mental illnesses who come in contact with the criminal justice system. The Consensus Project publication “Criminal Justice/Mental Health” was an important tool for our work (www.consensusproject.org). The Justice Center works closely with the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance (BJA) on a number of criminal justice/mental health issues.

II. Project Description

Project Development

Initially the Mental Health and Criminal Justice Intercept Project was to be completed within 12 months. However, it was extended by seven months because through the Council of State Governments (CSG) with funding from the U.S. Department of Justice,* Johnson County was named a national pilot site demonstrating how a county can use data analysis to improve outcomes for people with mental illness in the county’s criminal justice system.

*Office of Justice Programs, Bureau of Justice Assistance

Leadership Team, Work Team, Steering Committee

The project's leadership team was responsible for overseeing all project activities and approving the final plan and recommendations. They committed organizational resources (staff time) to develop the comprehensive plan and are now working to put parts of the plan into operation. Each key partner named a management and/or program level staff member to serve on a work team.

Members of the leadership team included top representatives (CEO, executive director, chief, sheriff, district attorney, etc.) from key organizations in the local mental health and criminal justice systems. They committed to four meetings. The work team agreed to meet monthly over the initial 12 months of the project. Several work groups (including a small group focused on data) were formed as needed. More than 500 staff hours were spent in some 25 meetings of the leadership team, work team and sub-committees to carry out assignments. The steering committee included the Johnson County criminal justice coordinator, the case manager of the forensic services unit of Johnson County Mental Health Center, the UCS executive director and UCS community initiatives director.

Target Population

The leadership team approved the following target population: individuals whose behavior – not diagnosis alone – reflects some type of severe or serious mental illness. In addition, the target population for this project includes individuals who exhibit symptoms of brain injury, coexisting developmental disability, or co-occurring substance abuse problems. The target population excludes individuals who exhibit symptoms of character disorder, age-related mental illness (i.e. dementia), developmental disability or substance abuse only. (*Appendix C*)

Current System

To make recommendations for improving systems, there needed to be a common understanding of the systems and how people with mental illness move through them. With the Sequential Intercept Model as a guide, the work team developed a visual flow chart (maps) of the current systems and a narrative for the maps. (*Appendix D*) This was a fluid process. The maps changed during the planning, as new information was added from work team discussions of issues and opportunities. The Johnson County system planning focused on six components/intercepts:

- ***Contact with Law Enforcement***
- ***District Pre-Trial and Adjudication***
- ***Sentencing and Supervised Release***
- ***Adult Detention Center*** (jail)
- ***Residential Center***
- ***Kansas State Prison and Reentry***

The leadership team and work team identified opportunities for intervention within each map. Project partners agreed that decisions must be driven by available data. Data were gathered and analyzed to help determine how many people with mental illness could be affected at different points in the system through various initiatives, and to lead to final recommendations.

As part of the most important tasks, the teams identified gaps, barriers and challenges within the systems and intercepts, and shared their hopes for what the project would accomplish.

Consumer Comments and Observations

Early in the project UCS facilitated focus groups involving individuals associated with National Alliance on Mental Illness Johnson County and clients of Johnson County Mental Health Center. Focus groups provided an opportunity to hear peoples' stories and learn how they could have been better helped. UCS also convened a focus group of law enforcement officers who were CIT (Crisis Intervention Team) trained in order to learn of their experiences and hear their recommendations for how to improve the system at the first intercept (encounter with law enforcement). After project recommendations were drafted, UCS sought comment from two groups -- Pathway To Hope and Families for Mental Health -- in order to learn what they thought about the project's recommendations. (*Appendix E*)

Identification of Issues

Using the system maps, the work team discussed opportunities for strengthening intervention responses at each intercept. UCS drafted a document of "Issues to Address" based upon comment received at meetings and asked CSG consultants to address the issues on their first visit.

Consultants from CSG helped organize leadership and work team meetings that focused on the project's "Priority Issues" (a shortened list of the "Issues to Address"). The consultants provided information about evidence-based programs that could impact the issues identified. They suggested the work team determine whether those evidence-based programs could or should be used. The evidence-based programs in use were then added to the maps to help the work team find gaps, and to determine need and extent of current usage and capacity.

The teams also began to identify legislative issues that might need to be investigated (such as information sharing between law enforcement officers and Johnson County Mental Health Center, and individuals' access to public benefits).

Data Development

Primary research for the plan included a survey of law enforcement entities, a one-way data match between the Johnson County Mental Health Center and the county's justice information management system, and an analysis of the number of people entering the county jail who were referred to mental health services within the jail. Results of the findings, as well as other data, are in *Appendix F*.

Law Enforcement Survey

Police departments and the Johnson County Sheriff's Office were asked to complete a survey of how often in 2009 they engaged in mental health calls (frequency of contact and length of contact). Following the 2009 survey, a group of law enforcement and mental health staff provided suggestions for revisions to the 2010 survey.

Data Match between Criminal Justice and Mental Health

In order to determine the number of mental health center clients (current and previous five years) who were currently, or in the past, involved in the county's criminal justice system, there was a one-way transfer from the Johnson County Justice Information Management System (JIMS) to the Johnson County Mental Health Center's data system (LUCI – Look Up Client Information).

Mental Health Flag

With input from the CSG, as part of their national pilot site demonstrating how a county can use data to maximize the impact of an effort to improve outcomes, as of January 1, 2010, a mental health referral flag (meaning that a referral had been made, not that a person had a mental illness) was added in the Johnson County Justice Information Management System (JIMS). The flag was used to determine the number of people entering the jail who were referred to the mental health team at the jail. Data about people with this mental health referral flag were used to develop a cohort group (January through March). CSG analyzed the data for another three months in order to determine disposition, noting factors such as average length of stay, gender, and residency (Johnson County and non-Johnson County). This information helped the teams to develop recommendations.

Because people with substance abuse issues and anyone screened as suicidal are referred to mental health services within the jail, the mental health flag is not a perfect indicator of individuals with mental illness, but it is a valuable tool for planning and assessing needs. If further mental health intervention is deemed unnecessary by the psychologist after the inmate is evaluated, the mental health referral flag is removed.

Identification of System Changes

Positive changes in the systems occurred even before the teams drafted recommendations for system improvement. As people on the teams, particularly the work team, examined issues and solutions, they started to build the trust necessary to work together in new ways. Some of the actions that were taken included:

- Cross-system sharing of information about resources in the community.
- Work began on improving the screening processes at jail and at pre-adjudication (bond screening), and collaboration among jail screeners improved.
- In an effort to ensure that Johnson County Mental Health Center staff is aware of need to follow-up, CIT officers agreed to call the Mental Health Center's crisis line when the officer becomes involved in any mental health call -- including when the officer resolves the situation without help from the Mental Health Center. (This also

will provide aggregate data about volume and frequency of calls involving persons who may have a mental illness.)

- A few key leaders explored information sharing issues by meeting with Johnson County's legal consultant on HIPAA.
- The sheriff and the criminal justice coordinator met with Kansas Department of Social and Rehabilitation Services (SRS) about Medicaid benefits and the need to begin inmates' application process while still in jail.
- Leadership from Johnson County Mental Health Center and the Johnson County Office of the District Attorney discussed how mental health diversion might be expanded.
- Resources and tools (model forms, strategies) available through various NAMI organizations around the country were identified.
- Discussion with a municipal court judge about issues facing the municipal court when person with mental illness comes before the municipal court.
- Discussion was held with Shawnee Mission Medical Center about processes and policies for handling situations that involve law enforcement and people with a mental illness.
- Contact was made with University of Kansas Medical Center to inquire about the possibility of reestablishing a crisis stabilization unit.
- Johnson County government applied for a federal grant to implement two of the project's recommendations (expanded diversion and co-response between law enforcement and community mental health), and the grant was awarded.

III. Findings

General Findings

Recommendations focus largely on the role of the criminal justice system. To do what needs to be done, the mental health system needs more staff and increased resources. The capacity of Johnson County Mental Health Center (JCMHC) is not adequate to serve all people who need services in a timely manner, including those coming in through contact with law enforcement, as well as those seeking help on their own. Rainbow Mental Health Facility, an inpatient psychiatric hospital for adults, is a vital resource to this community. To successfully address the needs of people with mental illness, both Rainbow and JCMHC need expanded capacity -- staff and resources.

The community needs to bolster early intervention services to reach people before a situation becomes a crisis. There needs to be greater effort to address substance abuse and other co-occurring disorders with mental illness, and to provide trauma-informed care. More work should be done to dispel the stigma of mental illness that prevents people from seeking help.

Key partners are committed to making improvements, but many of the improvements require resources. Greater financial support is needed from government grants and private foundations.

Going forward, the strategy of justice reinvestment -- a data driven approach to decreasing corrections spending and reinvesting in strategies that reduce crime -- needs to be considered locally. The Council of State Governments Justice Center is working with a handful of states to implement justice reinvestment strategies. These states, which include Kansas, are designing policies to manage the growth of the corrections system, improve the accountability and integration of resources concentrated in particular communities, and reinvest a portion of the savings generated from these efforts to make communities receiving the majority of people released from prison safer, stronger, and healthier.

In Kansas, following the analysis of the prison population, leaders in the state legislature established a bipartisan legislative task force and worked with the CSG Justice Center to identify policy options that would increase public safety by reducing recidivism and avert as much of the projected prison growth as possible. According to the Justice Center, for the state of Kansas to realize the objectives in the legislative package, state and local government officials will need to address several challenges.

For Johnson County, state and county lines create complications and barriers. During the Mental Health and Criminal Justice Intercept Project planning process, the initial focus was on Johnson County residents, but ideally, community-wide improvements should be addressed, and the recommendations include strengthening ties across county and state lines. Further, some of the strategies considered but not recommended at this time, such as a crisis stabilization center (based upon a medical model), should continue to be examined in bi-county or multiple-county discussion.

Research helped inform planning. Teams were encouraged to make decisions based upon facts, not opinions. The Council of State Governments Justice Center data analysis and guidance were very valuable; in particular, the analyses of residency, frequency, repeat offenders, length of stay, gender, and first-time inmates. For example, as a result of data analysis, recommendations were added that include the following:

- Strengthening connections with other counties in the metropolitan area (especially Wyandotte County).
- Urging the bond supervision officers to connect offenders who leave (bond out) with mental health services (when appropriate).
- Examining what can be done to prevent people with apparent mental illness from repeatedly being incarcerated.
- Preventing first-time offenders charged with misdemeanors from being incarcerated.

Several strategies under discussion when the planning process began -- e.g. mental health courts and crisis stabilization drop-off sites -- were not supported by available data and a lack of resources in funding and people. Analysis of the 2009 Law Enforcement survey resulted in an awareness that a crisis stabilization center (based on a medical model) was not justified at this time, given the cost and the relatively low number of 2009 mental health calls that law enforcement reported on the survey. However, mental health related incidents may have been

under-reported on the survey and warrant monitoring. (Law enforcement departments do not collect the same data, and most do not collect mental health specific data.)

According to the Council of State Governments Justice Center in its publication “Mental Health Courts: A Guide to Informed Policy and Practice,” many unanswered questions remain about mental health courts. For policymakers and practitioners to be able to design the most effective courts, empirical evidence is needed about which aspects of mental health courts have the greatest positive effects, why, and for whom. Therefore, given limited national research on mental health courts, and the cost of implementation, this strategy is not recommended at this time. With additional local data that capture the number of cases involving people who have a mental illness, and with additional national research and resources, this approach should be reconsidered in the future. At this time in Johnson County expanding mental health diversion is preferred to implementing a mental health court.

In summary, Johnson County should continue collecting and monitoring data to determine future cost and benefit of establishing a mental health court and crisis stabilization center. The county should be in a position to pursue funding opportunities when available. Further, Johnson County should continue to monitor national research on mental health courts.

Training

There are significant training needs, both within single systems and across multiple systems. A coordinated effort and funding support are needed to implement most training. Often people in one system do not understand how the other system works. There needs to be cross-training about systems and training about mental illness in general. Mental Health First Aid and Promoting Engagement for Risk Reduction in Kansas (PERKS), a statewide training opportunity focused on reentry, are two examples of specific training programs that Johnson County is considering. By training more dispatchers and law enforcement officers about dealing with people who have a mental illness, by informing judges, defense counsel, prosecutors, and probation officers about the causes, symptoms and treatment of mental illness, by clearly describing mental illness and the stigma of this disease to public officials, we will be able to deal more successfully with people who have a mental illness and exhibit criminal behavior.

Barriers

Barriers exist that need to be explored further, and may require legislative/policy remedies. Three in particular were identified in this planning project. They were:

- Information sharing between Johnson County Mental Health Center and law enforcement.
- The inability of inmates approaching release to apply for public benefits (such as food assistance and Medicaid) while incarcerated.
- The significant amount of time in between a court order for an intensive mental health evaluation (which must be completed at Larned State Hospital) and the completion of the evaluation.

Role of Community and Families

The broader community needs to be engaged in this plan, such as the therapeutic community of nonprofit and private providers, and the Johnson County Bar Association. It is projected that a significant number of persons with mental illness who come in contact with the criminal justice system, or who are at risk of such contact, are patients of private providers and not clients of JCMHC. This plan focused almost exclusively on the role of the community mental health center.

Family members have a crucial interest in what happens to a loved-one with mental illness who becomes involved in the criminal justice system. Much can be learned from family members and others who form a natural community of support for persons with mental illness. Still more can be learned from people with mental illness who have been touched by the criminal justice system. (*Appendix E*)

IV. Barriers, Project Goals and Recommendations

There was clear recognition that to make all the improvements identified would require significant additional resources, and the reality is that resources are limited. Therefore, while acknowledging the resource limitation, the teams wanted to offer recommendations for an ideal system - - what the community should strive for.

As a first step, UCS drafted preliminary recommendations. The work team suggested revisions and rated each recommendation. Using the ratings, the steering committee developed suggested priorities based upon the need to have recommendations spread out among organizations. The need for additional or shifting resources was also taken into account.

After further discussion among both work team and leadership team, and subsequent revisions, consensus was reached regarding the recommendations.

Every recommendation is important for overall systems improvement. The recommendations listed as “priority” are considered to be key to achieving significant systems improvement, and in some cases will require additional resources in order to fully implement. Identifying a small number of recommendations as priorities can help organizations determine where to invest current and future resources. The barriers listed above each goal were identified early in the project planning.

Below the priority recommendations for each intercept, the recommendations are numbered for ease of identification; the numbers do not imply order of importance.

Law Enforcement (LE): Police Departments and Sheriff's Office

Barriers

- Officer dispatched to call may not know person has history of mental illness.
- Officers lack options when responding to crime or incident that involves persons with mental illness.
- CIT implementation varies across law enforcement agencies.
- Law enforcement departments use variety of systems for collecting and tracking information.
- Cumbersome process for involuntary commitment; time consuming for officer. (No Crisis Stabilization Center; Johnson County Mental Health Center crisis beds reserved for current JCMHC clients.)
- Person with mental illness may not have timely access to mental health services.
- On-scene crisis response by Johnson County Mental Health Center is limited.
- Lack of information sharing between law enforcement and Johnson County Mental Health Center.
- No consistent mechanism for family members who want to be engaged.
- Johnson County Mental Health Center lacks internal process to review arrest reports and take action.

Goal: Ensure that response from law enforcement (LE) prevents unwarranted involvement of persons with mental illness in the criminal justice system.

Recommendations

Priority Recommendations

- Enhance training of law enforcement dispatchers and officers.
 - a. Provide dispatchers with tools to determine whether mental illness may be a factor in a call and if it is, dispatch the call to a CIT (Crisis Intervention Team) trained officer when one is available. Increase percentage of dispatchers that is CIT trained.
 - b. Increase patrol officers' understanding of mental illness (signs and symptoms) and how to respond.
 - i) Increase percentage of patrol officers that is CIT trained.
 - ii) Consider training through other programs such as Mental Health First Aid.
 - iii) Enhance mental health training at the Police Academy.
- Increase capacity of Johnson County Mental Health Center's community-based services in order to be responsive to law enforcement including mobile on-site response 24/7 (co-responder approach by Johnson County Mental Health Center and law enforcement) when called upon by law enforcement.

Additional Recommendations

1. Provide responding law enforcement officers with information that enables them to implement an appropriate response (including alternatives to arrest) based upon the nature of the incident, the behavior of person with mental illness, and available resources.
 - a. Develop process that informs officers if pending call has a history of mental illness or violence.
 - b. Develop policies that allow more open communication between law enforcement officers and Johnson County Mental Health Center, and guidelines regarding the nature of the communication.
 - c. When appropriate, engage the family/significant others in impending response.
 - i) Develop hand-outs and/or cards for law enforcement officers to give to consumers/families.
 - * Community resource information
 - * Law enforcement process information (what to expect)
 - ii) Develop information form that consumer or family could give to law enforcement officers.
2. To promote accountability and enhance service delivery, develop process for consistent law enforcement data collection that 1) documents police contacts with people whose mental illness was a factor in an incident, and 2) provides meaningful information for future planning.
3. Create collaborative processes to further develop alternatives to arrest and to reduce the need for subsequent contacts between people with mental illness and law enforcement.
 - a. Investigate how commitment process can be streamlined.
 - b. Develop policies and process which facilitate and expedite hospital admissions when warranted, and to help make appropriate case decisions regarding the use of the civil system in lieu of criminal case filing.
 - c. Support retention and increased capacity of Rainbow Mental Health facility (increase number of beds).
 - d. Monitor extent of calls for service which result in law enforcement officer transporting someone to the hospital due to probable psychiatric or mental health disorder. When data validates need for specialized response such as a designated drop-off for law enforcement (Crisis Stabilization Center, a medical facility with mental health crisis beds), investigate opportunities.

District Court Pre-Trial and Adjudication

Barriers

- Lack of information sharing between various screeners.
- Mental health diversion limited to offenders who have Severe Persistent Mental Illness (SPMI).
- Multiple judges hear cases involving defendants who have a mental illness.
- Defense attorneys, attorneys within the Johnson County Office of the District Attorney, and judges have different levels of knowledge about mental illness and resources available.
- Some people with mental illness leave (bond-out) before meeting with Johnson County Mental Health Center staff at the Adult Detention Center (ADC).

Goal: Use a consistent approach to screen individuals for mental illness upon initial detention, and make referrals as appropriate for follow-up assessment and/or evaluation. Maximize the use of timely alternative forms of prosecution through diversion for appropriate cases involving persons with mental illness. Promote alternatives proactively and encourage timely utilization.

Recommendations

Priority Recommendations

- Improve mechanisms that provide for screening and identification of mental illness (including co-occurring substance abuse disorders), connection to mental health services, and inform judges.
 - a. Adopt new brief screening tool, design and implement consolidated screening form on JIMS (Justice Information Management System), revise mental health event form, and develop an assessment inventory on JIMS. Ensure screening is gender-sensitive. Include option of recommendation for further mental health evaluation when appropriate.
 - b. For persons who are booked-in for the first time and flagged with referral to mental health services within the Detention Center, the first supervising officer should confirm that connection is made with mental health services.
 - c. For Johnson and Wyandotte County residents who are flagged with a referral to mental health services in the Detention Center, and have 15 or more bookings or a diagnosis of SPMI, additional screening process(es) should be completed as appropriate (including assessment for SPMI, if not diagnosed as such), and joint case planning should be conducted that includes the resident's mental health provider (if existing relationship), or community mental health center, and when possible, family/significant other(s).
 - d. Work with judiciary to better identify when psychological evaluations are warranted.

- Maintain expertise and consistency within the Office of District Attorney (DA) through training all staff about mental illness (see No. 1 below); assign specific attorney(s) as the designated person for initial contact regarding offenders who may have mental illness.
- Expand current mental health diversion program operated through the Office of District Attorney.
 - a. Review guidelines on eligibility, compliance and termination policies that recognize needs and capabilities of people with mental illness.
 - b. Provide defendants with mental illness who are on diversion information about complying with conditions of diversion and supportive resources in the community (e.g. JCMHC Community Support Services, National Alliance on Mental Illness, Pathway To Hope, Families for Mental Health, Mental Health America of the Heartland, etc.).

Additional Recommendations

1. Develop materials and training program for defense counsel, judges and prosecutor that include information about mental illness, community mental health resources, and recent legal decisions that may affect the client with mental illness.
2. Facilitate the release of mental health information where appropriate for use in pretrial hearing and for use in a dispositional alternative (diversion, bond).
 - a. Aid defense counsel in identifying mental health status of their client as soon as possible, and identify alternatives to incarceration in appropriate cases for clients with mental illness.
 - b. In appropriate cases, ensure prosecutor has applicable mental health information for use in diversion decisions.
3. In appropriate cases involving people with mental illness, maximize the use of alternatives to prosecution.
 - a. Develop bonding options (personal recognizance, etc.) to address inability of persons with mental illness to bond out due to lack of money and/or waiting for mental health evaluation/assessment, while protecting public safety.
4. Expand options available to municipal courts when people with mental illness are involved in the municipal system.
5. Increase timely access to evaluation and treatment at state level beds in Larned State Hospital, Osawatomie and/or other state facilities.
 - a. For the Larned facility in particular, pursue state policies that would require all jurisdictions to complete evaluations at the local level when possible in an effort to keep the Larned facility available for more intensive levels of evaluation and treatment purposes.
 - b. Increase capacity at all state facilities.

Sentencing and Supervised Release

Barriers

- Even when mental health issues are identified prior to screening, full mental health evaluation and formation of appropriate recommendations to aid court may not be available.
- Lack of joint case planning and supervision between probation and Johnson County Mental Health Center; person may have multiple case managers.
- Some interest in mental health court, but data not available at the time to determine if warranted for Johnson County, especially given limited resources and need for more national research.
- Officers providing supervised release do not receive training about mental illness, and probation conditions may not address individual issues presented by offender with mental illness.

Goal: Maximize the use of sentencing options in appropriate cases for offenders with mental illness. When incarcerated, ensure inmate is connected to community-based resources and supports upon release, and assist offenders with mental illness in complying with conditions of supervised release.

Recommendations

Priority Recommendations

- Ensure probation officers are working with offenders' natural community of support such as family /significant others, National Alliance on Mental Illness (NAMI), Pathway To Hope, Families for Mental Health, Mental Health America of the Heartland, mental health provider, and/or other support organizations.
- In order to determine if future strategies such as a mental health court are warranted, monitor success of early intervention strategies, and continue to collect and analyze additional pertinent data. Include the monitoring of sanctions to compel compliance with conditions of release, especially outcome of the review board (see No. 5 below).

Additional Recommendations

Sentencing

1. When mental health issues are identified prior to screening, strive to complete full mental health evaluation and formation of appropriate recommendations to properly aid the court at the time of sentencing.

Supervised Release

1. Develop ongoing opportunities for JCMHC, Court Services, and Corrections to cross-train about systems, resources, and mental illness.
2. Assign offenders with mental illness who are on probation to officers with specialized training and provide officer with offender's mental health discharge form (completed by Detention Center forensic staff). Maintain case loads at effective officer-to-client ratios. Ensure offenders with SPMI (Severe Persistent Mental Illness) or PRE (Psychiatric Rehabilitation Eligibility) are referred for assessment of services to community support services within their county's community mental health center. For residents of Johnson County, conduct joint case planning and supervision between probation and JCMHC. Identify one person as the primary case manager. If offender is client of JCMHC Community Support Services (CSS), and it is possible given safety considerations, there should be strong consideration given to designating CSS as the primary case worker.
3. Strengthen ties with Wyandot Center for Community Behavioral Healthcare (Wyandotte County's designated community mental health center) and Kansas Department of Corrections. Detention Center forensic staff should provide the mental health discharge form to these entities when appropriate.
4. Develop probation conditions that are realistic and address the relevant individual issues presented by offender with mental illness. Probation and mental health providers should work together to encourage and support offenders with mental illness in following their treatment plans and working toward meeting their goals so that violations of probation are avoided.
5. Develop guidelines on compliance and violation policies regarding offenders with mental illness, including range of sanctions to compel (and incentives to encourage) compliance with conditions of release, including the development of a review board.

Adult Detention Center (ADC)

Barriers

- Lack of information sharing between mental health case managers, jail personnel and family.
- Can take 2-10 days to get medication (as of February, 2010).
- Inmate may refuse medication. Judge may order competency evaluation which could lead to court order for medication, but there is long wait time for the evaluation.
- Johnson County Mental Health Center lacks capacity to respond to all mental health needs presented at ADC.
- Lack of adequate programming at ADC to address co-occurrence of substance abuse and mental illness, and to connect inmate with support in community when released.

Goal: Use information from mental health assessment and/or evaluation to develop and implement treatment, housing, and programming plans which also protect the inmate from harm.

Recommendations

Priority Recommendations

- Streamline approval process in order to reduce time inmate goes without access to medication.
- Evidence-based treatment program(s) or promising practice should be offered within the Detention Center that include peer support and connect inmate to continued support (treatment) available in the community upon release, including dual recovery support groups.
 - a. Utilize expertise of current clinical psychologist who is trained in co-occurring disorders of substance abuse and mental illness.
 - b. Consider implementing Double Trouble (self-help for those with co-occurring disorders of substance abuse and mental illness) or Peer to Peer (nine-week recovery course taught by team of trained mentors who are personally experienced at living well with mental illness).

Additional Recommendations

1. Establish process to cross-reference the county's Justice Information Management System and the Mental Health Center's database in order to identify newly admitted inmates (within last 24 hours) with prior or current involvement with JCMHC, and inform JCMHC forensic staff that inmate has such involvement. This information may be pertinent in classification and case staffing decisions, as well as medication management and psychiatric treatment.
2. Decisions regarding appropriate mental health treatment, including psychotropic medications, should be made by the mental health clinical team in the Adult Detention Center (ADC), and in compliance with ADC policy. The mental health clinical team should consist of the following staff: psychiatrist, psychologist, attending nurse and the mental health case manager.
3. JCMHC clinical staff should be on-site at the Detention Center seven days/week.
4. All deputies in the Detention Center should be trained to recognize symptoms of mental illness and to respond appropriately to people with mental illness, and advanced training should be provided to deputies assigned to work specifically with inmates with mental illness.
5. Develop process that enables families to provide jail personnel with information about inmate's mental illness, medication, treatment, behavior, etc.

Residential Center

Barriers

- Lack of co-occurrence model at Residential Center (substance abuse and mental illness).
- Staff need training about mental illness and community resources.
- Need to strengthen release planning.
- Released inmate may return to Residential Center for prescription, but must pay for the medication.

Goal: Use information from assessments, including the mental health assessment and/or evaluation, to develop case plan which includes treatment for mental illness and substance abuse (when applicable), and promotes protection from harm. Ensure that clinical expertise and familiarity with community-based mental health resources inform treatment and release planning.

Recommendations

Priority Recommendations

- Initiate implementation of “Modified Therapeutic Community” at Residential Center (an evidence-based program model for individuals with co-occurring disorders).
- Inmates with mental illness who are released from Residential Center under court supervision should be assigned to officers with specialized training; case loads should be maintained at effective officer to client ratios. Ensure offenders with SPMI (Severe and Persistent Mental Illness) or PRE (Psychiatric Rehabilitation Eligibility) are referred to community support services within their county’s community mental health center. For residents of Johnson County, conduct joint case planning and supervision between probation and JCMHC. Identify one person as the primary case manager. If offender is client of JCMHC Community Support Services (CSS) and it is safe to do so, strong consideration should be given to designating CSS as the primary case worker.

Additional Recommendations

1. Promote system and services integration for co-occurring mental health and substance abuse disorders, including utilization of community mental health agencies to provide evidence-based treatment programming that addresses co-occurrence.
2. Residential Center staff should be trained to recognize symptoms of mental illness and to respond appropriately to people with mental illness, and advanced training should be provided to staff assigned to work specifically with people with mental illness.

3. In order to effect the safe and seamless transition of people with mental illness from the Residential Center to community-based services, develop process for ongoing communication about community services (including support groups), between staff of JCMHC Community Support Service and the Residential Center.

Reentry

The Johnson County Criminal Justice Advisory Council created a separate Reentry Task Force that is responsible for the development of reentry planning. Their proposed plan includes provisions for the identification of the offender who is mentally ill, and specific program components to address the needs for the successful reentry of those inmates to the community after having served their sentence. Therefore, the Mental Health and Criminal Justice Intercept Project did not thoroughly examine reentry and defers to the Reentry Task Force for additional recommendations.

Barriers

- Access (timing) to mental health services in community (intake, treatment, medication).
- Access to public benefits (Food Assistance, Medicaid).
- Release planning may not adequately address all the issues an inmate will face.
- Parole officers may lack information about mental illness and community resources.

Goal: Support successful reentry and reduced recidivism by transitioning individuals to housing and employment, and facilitating engagement in community-based supports, including mental health services and treatment.

Recommendations

Priority Recommendations

- Strengthen release planning to better address mental health issues by:
 - a. Involving all relevant parties who will assist in carrying out the transition plan, including family/significant others, in the development of the plan.
 - b. Enhancing discharge planning by extensive coordination with community treatment provider to ensure inmate receives services and resources specified in community reintegration plan.
- Inmates should be released with 30 day supply of medication, or voucher to pay for 30 day supply.

Additional Recommendations

1. Through state-level change, ensure eligible inmate has access to public benefits immediately after release.
 - a. Allow retention of Medicaid by suspending rather than terminating benefits during incarceration. (Supplemental Security Income is suspended, not terminated, if incarceration is more than 30 days but less than 1 year.)

- b. Allow inmate to apply to Kansas Department of Social and Rehabilitation Services for general assistance and food assistance (formerly known as food stamps) before release.
2. Strengthen release planning to better address mental health issues.
 - a. Integrate housing support services into the transition plan.
 - b. Provide training and access to Johnson County Caseworker Resource Center for all parties involved in reentry, including Kansas State Department of Corrections.
3. Inmates who have mental illness and meet the criteria for the Johnson County Reentry Project should be encouraged to participate in this reentry program.

V. Principles and Key Elements

Along with recommendations, the teams developed a statement of Principles and Key Elements. This was the first time a statement of principles and key elements was codified by key leadership in both mental health and criminal justice systems, and as the planning process comes to an end, and more implementation occurs, this statement serves as an important guide.

The principles and key elements represent the ideals that project partners will strive to achieve. By adopting these, the project partners committed to continuing to work together to improve the system interaction for better outcomes for individuals with mental illness. Cooperation, coordination and collaboration are important components in the successful implementation of the recommendations.

The project partners recognized that cooperation, coordination and collaboration alone are not enough to achieve long-lasting system improvements. In most cases, implementation of new procedures and programs will require additional resources. Currently, resources are not adequate to achieve the ideal system. Project partners committed to working to identify and secure dedicated funding in order to achieve the principles and key elements, and to implement the recommendations.

Project Goal: Improve outcomes for people with mental illness who come in contact with the Johnson County, Kansas criminal justice system.

Principles

1) People with mental illness should have access to comprehensive, individualized mental health services and social supports to enable them to lead successful lives in the community, and thereby reduce the likelihood of involvement with the criminal justice system.

- 2) The criminal justice system and the mental health system should work cooperatively at primary contact points -- law enforcement, courts and corrections -- to more efficiently and effectively respond.
- 3) In appropriate cases the use of diversion from the criminal justice system should be maximized in order to help people with mental illness obtain treatment and support services.
- 4) Offenders with mental illness who are incarcerated should be protected from harm and offered therapeutic care and discharge planning.
- 5) Offenders with mental illness under community-based supervision should be offered therapeutic care and discharge planning.

Key elements of a Johnson County system that is responsive to persons with mental illness who come in contact with the criminal justice system.

1) Collaboration

- a. When collaboration includes resource sharing, formalize relationships between system partners through contracts.
- b. Develop protocols and processes for information sharing between criminal justice and mental health without infringing on individual's civil liberties. Each partner determines their own investment in the collaborative work and what resources they will make available to respond jointly.

2) Resources and Funding

- a. Each partner organization will work to advance its specific mission and allocate its resources accordingly. At the same time, each partner organization will recognize the interrelation between mental illness and criminal justice, and the benefits of strategic allocation of resources to various intercepts.
- b. Seek to identify and secure funding dedicated to implementation of recommendations developed through cooperative planning.
- c. As system interventions are implemented, develop a process to determine the benefits of shifting costs within and between partners. Earlier intervention at various intercepts may reduce costs at later points.

3) Training/education within and across systems

- a. Train criminal justice personnel to recognize symptoms of mental illness and to respond appropriately to people with mental illness.
- b. Train mental health professionals who work with the criminal justice system. (Training should include trauma treatment and support, the influence of criminogenic factors, and criminal justice processes.)
- c. Make training available to families and community partners who work with people with mental illness who are in the criminal justice system. Help them understand the legal and behavioral health vocabularies, processes, and available resources.

4) Screening

- a. Assure mechanisms are in place to provide for screening that includes risk to reoffend, mental illness, substance abuse, and other medical issues.
- b. Use information from screening/assessment to make appropriate decisions regarding placement, programming, and/or level of supervision.

5) Evidence-based practices and promising approaches

- a. Promote the use of evidence-based practices and promising approaches in programs and services delivered by every system partner.
- b. Deliver services in culturally competent and gender-sensitive manner.

6) Data-driven decision making

- a. Capture data to assess the value and efficacy of activities/programs and use data to make decisions for system improvement and resource allocation.

VI. The Future

From the project's start, system improvements began to take place. The simple act of meeting and opening channels of communication resulted in heightened awareness of the issue and changes in processes. Clear ideas began to take shape about program and process improvements. Subsequently a request was submitted to the U.S. Department of Justice, Bureau of Justice Assistance, for a Justice and Mental Health Collaboration Program grant. In the fall of 2010, a two-year grant totaling \$249,761 was awarded to Johnson County government for expanding mental health diversion with the District Attorney's Office, and implementing mobile crisis rapid response, a pilot program with Olathe Police Department and Johnson County Mental Health Center. The first component of the grant is a planning phase, followed by program implementation.

The eleven partner organizations committed to use the guiding principles, key elements and recommendations as the framework for continuing to work together to improve system interaction for better outcomes for individuals with mental illness. There was agreement to continue to meet on a periodic basis in order to review implementation and assess progress.

During the November 2, 2010, meeting of the Johnson County Criminal Justice Advisory Council (CJAC), the Mental Health and Criminal Justice Intercept Project recommendations were endorsed. CJAC agreed to assume responsibility for moving the recommendations forward and to collect and monitor data in an effort to measure the effectiveness of the implemented changes and to assess progress.

Johnson County Mental Health and Criminal Justice Intercept Project
Project Partners

Entity/Organization	Leadership Team	Work Team
Johnson County Sheriff's Office	Sheriff Frank Denning	Cpt. Daryl Reece Sgt. Erin O'Donnell
Lenexa Police Dept.	Chief Ellen Hanson	Lt. Gerry Cullumber
Overland Park Police Dept.	Chief John Douglass Lieutenant Colonel Mark Kessler	Major Ed Salazar
Johnson County District Attorney's Office	Steve Howe	Brad Burke
10 th Judicial District Court	Chief Judge Thomas Foster Judge Stephen Tatum	
10 th Judicial District Court Services	Kathleen Rieth	David Thomas
Johnson County Department of Corrections	Betsy Gillespie	Karla Hontz, Amy Rozelle
Johnson County Mental Health Center	David Wiebe	Ron McNish, Tim DeWeese, Mike Brouwer, Matt Botkin, Cindy Henderson, Susan Rome
Johnson County Manager's Office, Criminal Justice Coordinator	Rise Haneberg	Rise Haneberg
10 th Judicial District Public Defender's Office	Michael McCulloch	Michael McCulloch
National Alliance on Mental Illness Johnson County (NAMI)	Sharon Manson	Sandy Renz

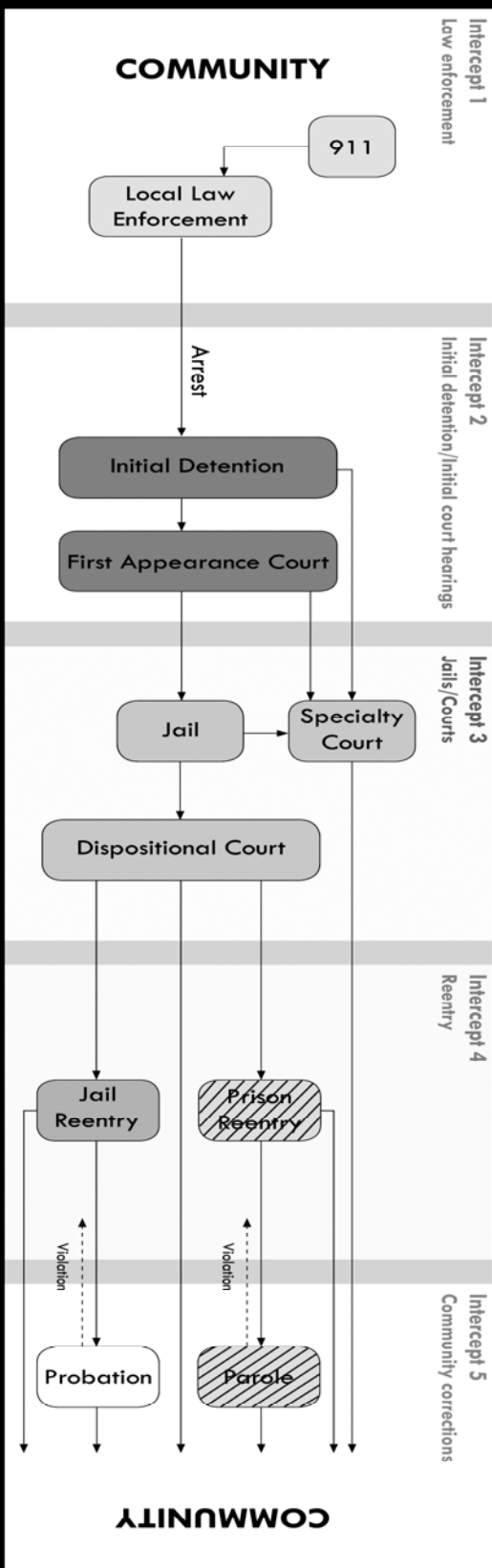
Advisory Entities:		
Mid-America Regional Council (MARC)	Dean Katerndahl	
Ks. Dept. of Corrections, Re-Entry Policy Council	Marilyn Scafe	
Mental Health America of the Heartland		Susan Crain Lewis
Kansas Department of Corrections Parole Office		Jeremy Thomas
Justice Information Management System, 10 th Judicial District	Tim Mulcahy	
Jo. Co. Criminal Justice Advisory Council; State Legislature	Representative Pat Colloton	

Project facilitation by United Community Services of Johnson County (www.ucsjoco.org)
Karen Wulfschuhle and Marya Schott

Sequential Intercepts for Developing CJ–MH Partnerships

Action for System-Level Change

- Develop a comprehensive state plan for mental health/criminal justice collaboration
- Legislate task forces/commissions comprising mental health, substance abuse, criminal justice, and other stakeholders to legitimize addressing the issues
- Encourage and support collaboration among stakeholders through joint projects, blended funding, information sharing, and cross-training
- Institute statewide crisis intervention services, bringing together stakeholders from mental health, substance abuse, and criminal justice to prevent inappropriate involvement of persons with mental illness in the criminal justice system
- Take legislative action establishing jail diversion programs for people with mental illness
- Improve access to benefits through state-level change; allow retention of Medicaid/SSI by suspending rather than terminating benefits during incarceration; help people who lack benefits apply for same prior to release
- Make housing for persons with mental illness and criminal justice involvement a priority; remove constraints that exclude persons formerly incarcerated from housing or services
- Expand access to treatment; provide comprehensive and evidence-based services; integrate treatment of mental illness and substance use disorders
- Expand supportive services to sustain recovery efforts, such as supported housing, education and training, supportive employment, and peer advocacy
- Ensure constitutionally adequate services in jails and prisons for physical and mental health; individualize transition plans to support individuals in the community
- Ensure all systems and services are culturally competent, gender specific, and trauma informed – with specific interventions for women, men, and veterans



Action Steps for Service-Level Change at Each Intercept

- **911:** Train dispatchers to identify calls involving persons with mental illness and refer to designated, trained respondents
- **Police:** Train officers to respond to calls where mental illness may be a factor
- **Documentation:** Document police contacts with persons with mental illness
- **Emergency/Crisis Response:** Provide police-friendly drop off at local hospital, crisis unit, or triage center
- **Follow Up:** Provide service linkages and follow-up services to individuals who are not hospitalized and those leaving the hospital
- **Evaluation:** Monitor and evaluate services through regular stakeholder meetings for continuous quality improvement

- **Screening:** Screen for mental illness at earliest opportunity; initiate process that identifies those eligible for diversion or needing treatment in jail; use validated, simple instrument or matching management information systems; screen at jail or at court by prosecution, defense, judge/court staff or service providers
- **Pre-jail Diversion:** Maximize opportunities for pretrial release and assist defendants with mental illness in complying with conditions of pretrial diversion
- **Service Linkage:** Link to comprehensive services, including care coordination, access to medication, integrated dual disorder treatment (IDDT) as appropriate; prompt access to benefits, health care, and housing; IDDT is an essential evidence-based practice (EBP)

- **Screening:** Inform diversion opportunities and need for treatment in jail with screening information from Intercept 2
- **Court Coordination:** Maximize potential for diversion in a mental health court or non-specialty court
- **Service Linkage:** Link to comprehensive services, including care coordination, access to medication, IDDT as appropriate; prompt access to benefits, health care, and housing
- **Court Feedback:** Monitor progress with scheduled appearances (typically directly by court); promote communication and information sharing between non-specialty courts and service providers by establishing clear policies and procedures
- **Jail-Based Services:** Provide services consistent with community and public health standards, including appropriate psychiatric medications; coordinate care with community providers

- **Assess clinical and social needs and public safety risks;** boundary spanner position (e.g., discharge coordinator, transition planner) can coordinate institutional with community mental health and community supervision agencies
- **Plan for treatment and services that address needs:** GAINS Reentry Checklist (available from <http://www.gainscenter.samhsa.gov/html/resources/reentry.asp>) documents treatment plan and communicates it to community providers and supervision agencies – domains include prompt access to medication, mental health and health services, benefits, and housing
- **Identify required community and correctional programs** responsible for post-release services; best practices include re-engage in employment and specialized case management teams
- **Coordinate** transition plans to avoid gaps in care with community-based services

- **Screening:** Screen all individuals under community supervision for mental illness and co-occurring substance use disorders; link to necessary services
- **Maintain a Community of Care:** Connect individuals to employment, including supportive employment; facilitate engagement in IDT and supportive health services; link to housing; facilitate collaboration between community corrections and service providers; establish policies and procedures that promote communication and information sharing
- **Implement a Supervision Strategy:** Concentrate supervision immediately after release; adjust strategies as needed; change; implement specialized caseholds and cross-systems training
- **Graduated Responses & Modification of Conditions of Supervision:** Ensure a range of options for community corrections officers to reinforce positive behavior and effectively address violations or noncompliance with conditions of release

Johnson County Mental Health and Criminal Justice Intercept Project

Definition of the Target Population*

Individuals whose behavior -- not diagnosis alone -- reflects some type of severe or serious mental illness. In addition, the target population for this project includes individuals who exhibit symptoms of brain injury, coexisting developmental disability, or co-occurring substance abuse problems. The target population excludes individuals who exhibit symptoms of character disorder, mental illness relating to aging (i.e. dementia), developmental disability or substance abuse only.

The age of the target population is adult, with two exceptions.

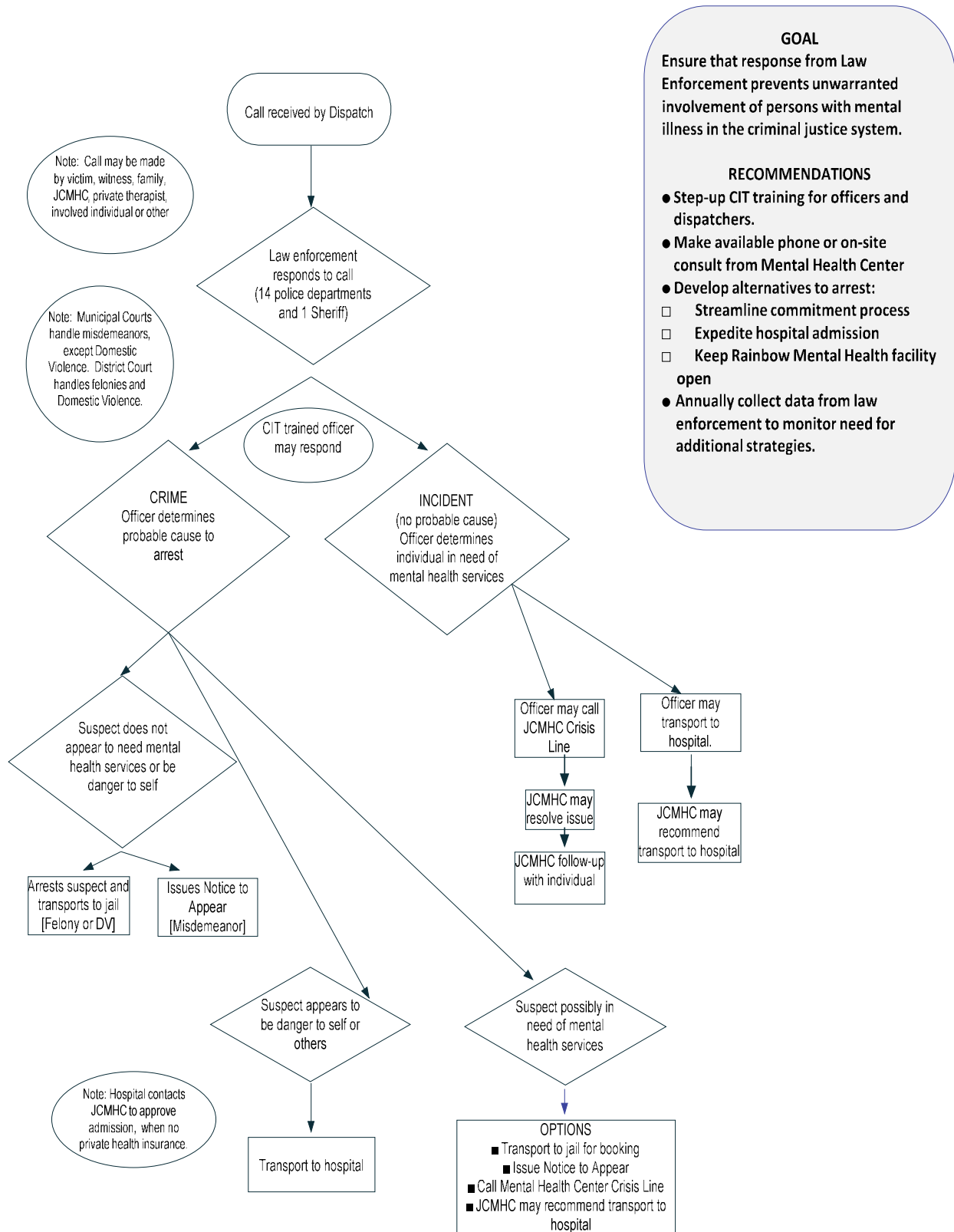
- 1) when age is not immediately apparent to an officer
- 2) juveniles incarcerated in adult correctional facilities.

Mental Illness – Term that refers collectively to all diagnosable mental disorders. Mental disorders are health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning.

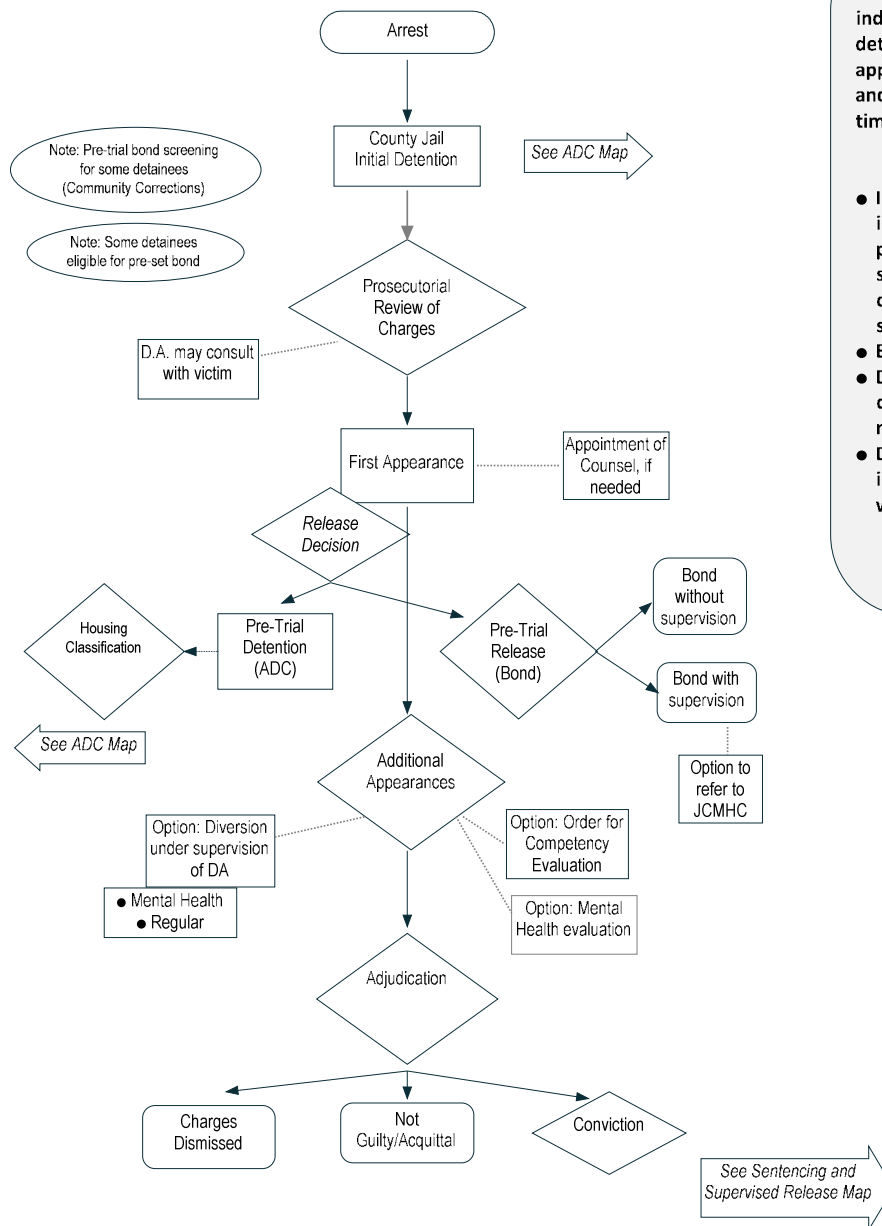
- ▶ **Serious mental illness** – A term defined by federal regulations that generally applies to mental disorders that interfere with some area of social functioning.
- ▶ **Severe mental illness** – A term that applies to more seriously affected individuals. This category includes schizophrenia, bipolar disorder, other severe forms of depression, panic disorder, and obsessive-compulsive disorder.
- ▶ **Severe and persistent mental illness** – A term that incorporates the concepts of chronicity or recurrence with the definition above, often used to describe clients with a high level of need.

**As approved by Leadership Team*

Contact with Law Enforcement System Map with Recommendations



District Court Pre-Trial and Adjudication System Map with Recommendations



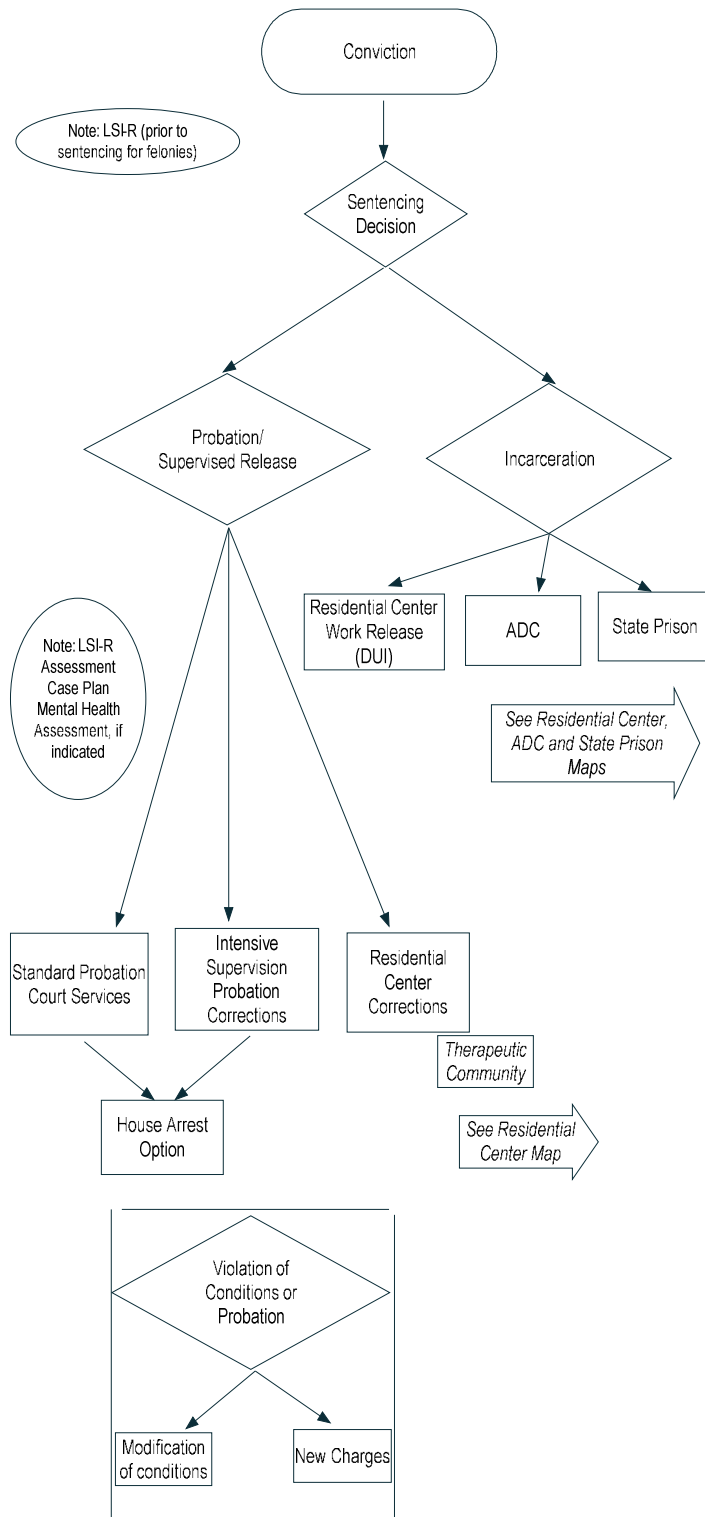
GOAL

Use a consistent approach to screen individuals for mental illness upon initial detention, and make referrals as appropriate for follow-up assessment and/or evaluation. Maximize the use of timely alternative forms of prosecution.

RECOMMENDATIONS

- Improve screening and sharing of information for jail classification, programming, court decisions and strengthen offender's connection to community-based mental health services.
- Expand Mental Health Diversion.
- Develop and provide training to D.A., defense counsel and judges about mental illness and resources.
- D.A. should designate an attorney for initial contact regarding an offender who may have a mental illness.

Sentencing and Supervised Release System Map with Recommendations



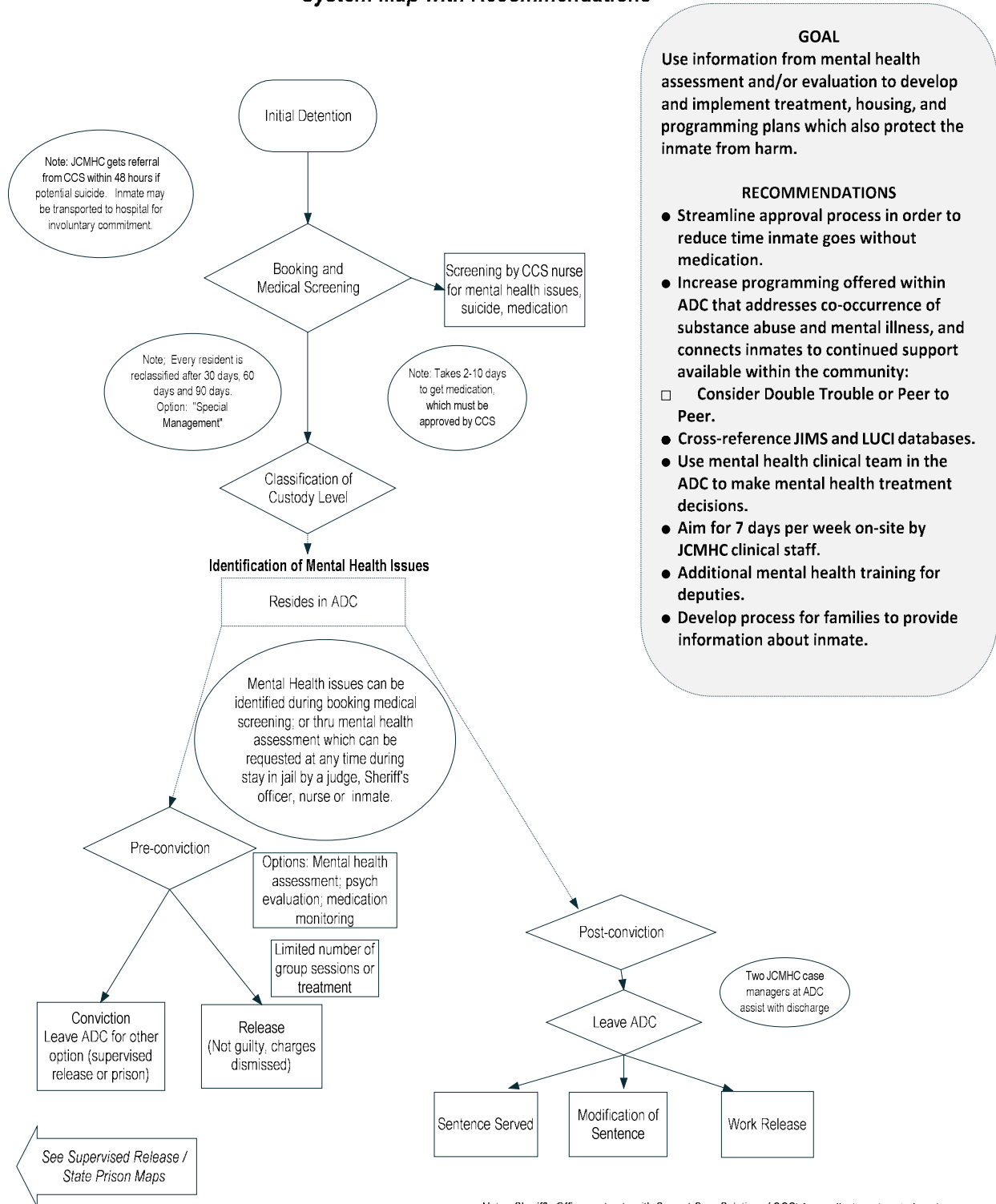
GOAL

Maximize the use of sentencing options in appropriate cases. When incarcerated, connect inmate to community-based resources and supports upon release, and assist in complying with conditions of supervised release.

RECOMMENDATIONS

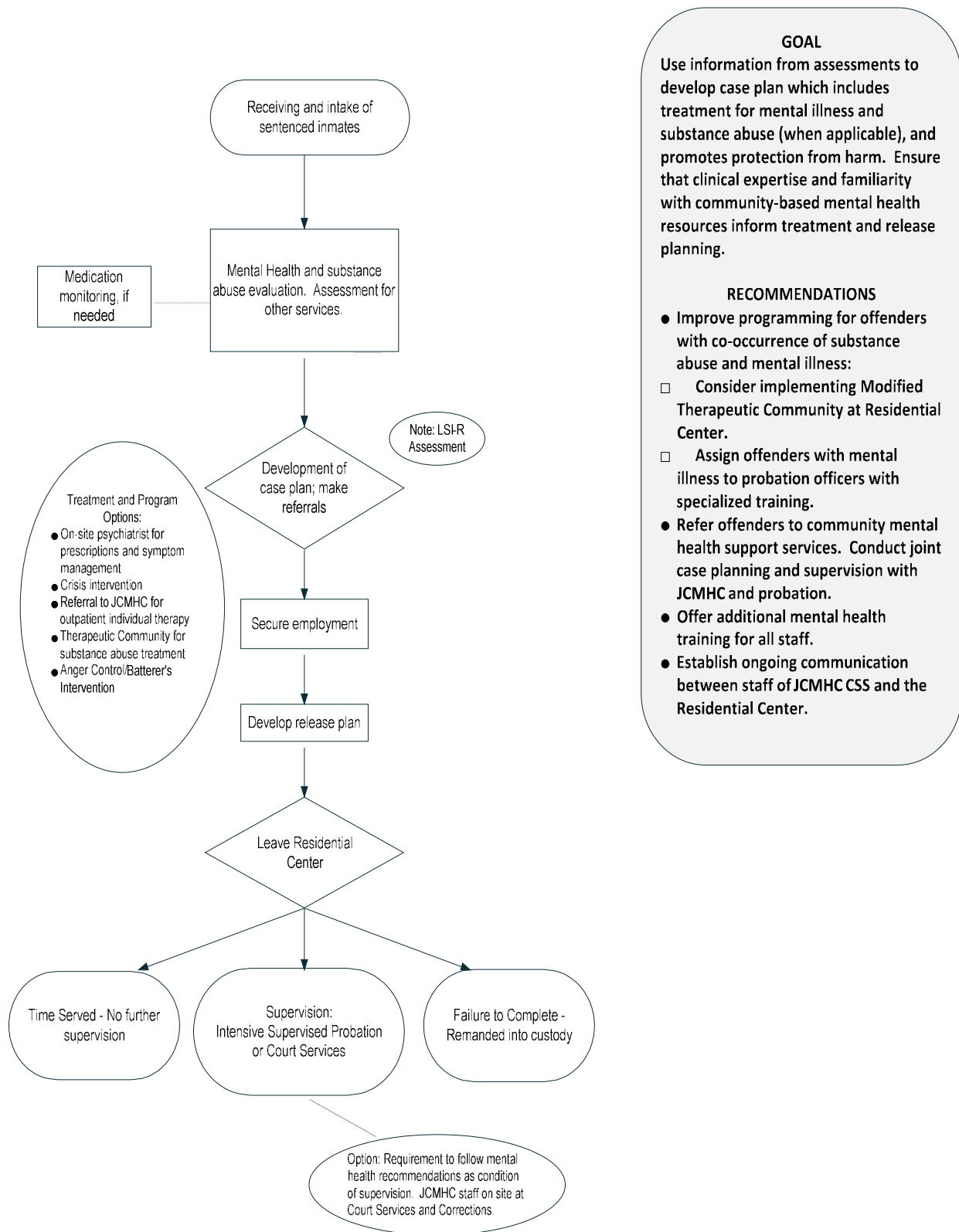
- Probation officers should assist offenders with mental illness in complying with conditions of supervised release by working with offender's natural community of support and considering offender's individual issues.
- Monitor success of early intervention strategies, and outcome of new Review Panel:
 - Use findings to assess future need for Mental Health Court.
- Aid court at time of sentencing by providing mental health evaluation and recommendations.
- Develop opportunities for cross-training.
- Assign offenders with mental illness who are on probation to officers with specialized training.
- Conduct joint case planning and supervision between probation and JCMHC.
- Use "Mental Health Discharge Form" to provide information to Wyandotte Center and KS Dept. of Corrections.
- Develop realistic probation conditions, and guidelines on compliance and violation policies.

Johnson County Adult Detention Center (ADC) System Map with Recommendations



Note: Sheriff's Office contracts with Correct Care Solutions (CCS) for medical services to inmates. Johnson County Mental Health Center (JCMHC) provides mental health services

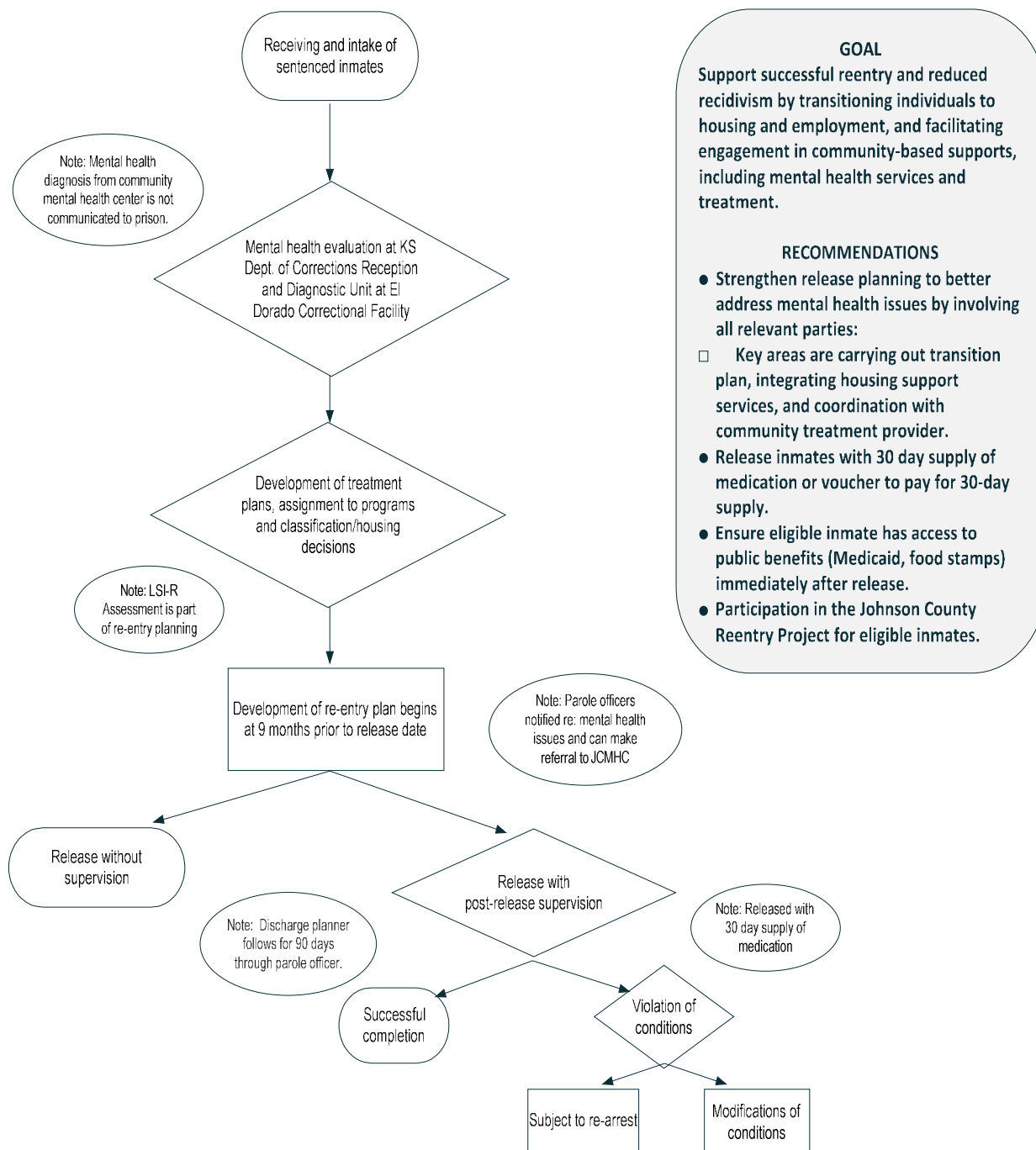
Residential Center System Map with Recommendations



Kansas State Prison

System Map with Reentry Recommendations

Reentry goals and recommendations also reflect reentry from serving sentence in Johnson County ADC and Residential Center



Note: Sentence is determined by the Court. Typically, felons are incarcerated in prison and a sentence includes requirements for post-release supervision.

Appendix E

Consumer Comments and Observations

While gathering information from groups and individuals who use mental health services, differing comments and observations were heard that warrant the attention of anyone who wants to improve the effectiveness of those services. Without tabulation or consensus, and without representing UCS or the project partners' point of view, these are some of those comments:

- Treat people with respect and dignity. Talk to people and listen; don't judge.
- Increase early detection and intervention. Screen people for mental illness at a younger age so help may be given early in life and involvement in the justice system is avoided.
- Assist people who are transitioning back to the community to become successful; involve business people, landlords, and others who can provide employment and housing.
- Be aware of potential misdiagnosis (brain injury, for example).
- Train more law enforcement officers to serve on Crisis Intervention Teams.
- Train more dispatchers and paramedics (first responders) about mental illness.
- Improve medication delivery to those incarcerated.
- Use as little force as possible.
- Introduce more grace and compassion into the criminal justice system.
- Expand and improve communication between law enforcement officers, jail officials, families, and the Johnson County Mental Health Center.
- Allow parents of adults with mental illness to stay involved with their children's treatment and programming.
- Facilities should be willing to utilize third party information for inmate's care. Some adults with mental illness who are incarcerated are unable to navigate the system (especially if they lack medication).
- Release inmates with enough medication to last until they can get prescriptions filled.
- Johnson County Mental Health Center should respond with law enforcement when a call involves someone with mental illness.
- Provide defense counsel with mental health status of clients and information about alternatives to incarceration.
- Need more programs for treatment of co-occurrence of mental illness and substance abuse.
- Reducing programs at Johnson County Department of Corrections Residential Center (life-skills and outside programs) will have negative impact upon people.
- Assign more resources to women.
- For successful reintegration, it's critical to be connected with services in the community.
- Educate jail staff and supervising officers about mental illness. Increase their sensitivity to people with mental illness.

Data that Informed Planning Process

2009 Law Enforcement Survey Results

The primary purpose of the 2009 survey was to determine how often officers responded to calls involving mental health issues. We also wanted to know how many of the officers were Crisis Intervention Team (CIT) trained officers. Sixteen law enforcement agencies responded. However some responses were partial. Caution should be used when viewing the combined responses. Data are not tracked in a standard way across entities. In many cases, survey responses are based on estimates. Survey questions may also have been interpreted differently across entities. For this report some numbers have been rounded. The Johnson County Chiefs' and Sheriff's Association has committed to completing an annual survey beginning in 2010.

- **285,000 total calls for service were reported in 2009.** (Two entities did not report total calls.)
- **2,760 of the calls for service in 2009 involved a suicide, psychiatric or mental health incident, or 1 percent of all non-accident calls for service** (based on responses from 15 entities).
- **348 of the 2,760 calls resulted in transport to a hospital emergency room** due to a psychiatric or mental health evaluation, or .1 percent of the total calls for service.
- In the event of transport to a hospital emergency room, **the average time estimated for an officer to spend on the call for service was 3.4 hours. Of that time, the officer spent an average of 1.4 hours in the emergency room.**
- The total number of officers on 14 city forces, Johnson County Park Police, and the Johnson County Sheriff's Office was reported to be 1,371. **Seventeen percent (233) of the officers were CIT trained. Eight forces had 10 percent or less trained, and three had 30 percent or more trained.**

Data from Administrative Records

- There were 17,642 adult arrests during 2008; 13,591 inmates were jailed; 7,746 inmates (57 percent) were from Johnson County; 3,600 of the bookings were screened for follow-up mental health services.
- About 30 percent of the Johnson County residents who were jailed in 2008 were also clients of the community mental health center at some time over the past five years.
- During 2008 there were 447 suicide assessments completed at the Adult Detention Center.

- An average daily population of 600 persons was on bond supervision each month during 2008, of which there were an estimated 120 persons with mental illness.
- During 2008, of inmates who stayed in jail past the initial 72 hours, the average length of stay was 44 days. However, for the inmate who had a mental illness and stayed past 72 hours at the Adult Detention Center (ADC), the average length of stay was 96 days.
- The average daily population at ADC during 2008 was 715. Of these, 120 inmates or 17 percent received prescribed medication for mental health treatment. An average of 19 or 16 percent of those receiving medication, presented with a severe and persistent mental illness (SPMI).
- During 2009 seven people were approved for and actively participated in the mental health diversion program, plus five people completed diversion who began the program in 2008. As of October 31, 2010, 12 people were approved for diversion and actively participating. Only individuals diagnosed with severe and persistent mental illness (SPMI) and who meet other criteria, were offered mental health diversion. A diagnosis of SPMI ensures a Medicaid funding stream for the mental health case manager assigned to the caseload.
- On March 23, 2009, there were 584 adults on parole in Johnson County, of those an estimated 115 parolees utilized mental health services.
- On March 23, 2009, there were 2,727 individuals on probation in Johnson County, of those nearly 25 percent, an estimated 670 persons, utilized mental health services.
- Since the inception of Crisis Intervention Team training in 2005, involuntary commitment hearings have steadily increased from 114 in 2005 to 176 in 2009.
- Johnson County Mental Health Center emergency response system currently provides consultation with police by phone, which typically takes an average of 45 minutes. During 2009 law enforcement made approximately 1,300 calls/consultation requests to the Mental Health Center's crisis line.

The Council of State Governments Justice Center analyzed an admissions cohort which included all bookings into the Johnson County Adult Detention Center (ADC) from January 1 through March 31, 2010. Using the mental health referral flag as an indicator, findings included the following:

- There were 4,233 total bookings (average of 1,411/month) at ADC. Ninety-six percent were released; 70 percent had district level disposition.
- Of 1,411/month, 817 (58 percent) were Johnson County residents; 42 percent of all ADC admissions were not residents of Johnson County.

- 17.2 percent of Johnson County resident bookings at the Adult Detention Center screened for a referral to mental health services at ADC; 15.3 percent of all booked (Johnson County and others) screened for referral to mental health services.
- 20 percent (29) of Johnson County residents held at the ADC and who were screened for a referral to mental health, left (bonded-out) jail and never saw a mental health professional. 2.8 percent (four) received mental health diversion.
- Approximately 25 Johnson County residents per month in the Adult Detention Center who were referred to mental health were in jail for the first time, and 75 percent of those were charged with misdemeanor.
- 21 percent of Johnson County residents who were jailed for a misdemeanor or felony were referred to mental health services. Of inmates who stayed in jail past the initial 72 hours, the average length of stay for misdemeanants with the mental health referral flag was twice that of misdemeanants without a flag.
- Individuals with a mental health referral flag made up a significant percentage of people who had been frequently jailed.
 - For Johnson County residents who had been in jail 10 or more times, individuals with the mental health referral flag made up 25 percent of misdemeanor bookings and 23 percent of felony bookings.
 - For residents with 20 or more prior bookings, individuals with the mental health referral flag made up 45 percent of misdemeanor bookings and 46 percent of felony bookings.
- There are gender differences. Nearly one-third of Johnson County females that were booked for a misdemeanor had a mental health referral flag, whereas 3 percent of Johnson County men charged with misdemeanor had a mental health flag. Women, with or without the flag, have shorter stays than men, but both males and females with the flag stay longer than their non-flagged gender.
- Non-resident women charged with a felony who had the mental health referral flag, stayed in jail twice as long as resident women charged with felony who had flag.
 - The average length of stay for a non-resident female with mental health referral flag and charged with felony was 25.8 days. For female residents with flag and felony charge it was 12.2 days.
- Of men arrested for a misdemeanor, the length of stay varies significantly between men with the mental health flag, and those with no flag.
 - Non-residents: 17.2 days for those with flag, and 8.5 for those without.
 - Residents: 14.4 days for those with flag, and 7.8 for those without a flag.

Appendix G

Abbreviations and Acronyms

Abbreviation/ Acronym	Meaning/Description
ADC	Adult Detention Center
BJA	Bureau of Justice Assistance
CCS	Correct Care Solutions
CIT	Crisis Intervention Team
CMHS	Center for Mental Health Services
CJAC	Criminal Justice Advisory Council
CSG	Council of State Governments
CSS	Community Support Services - A division of Jo. Co. Mental Health Center
DA	District Attorney
DUI	Driving Under Influence
DV	Domestic Violence
HIPAA	Health Insurance Portability and Accountability Act
GAINS	SAMHSA CMHS National GAINS Center: <u>G</u> athering information, <u>A</u> ssessing what works, <u>I</u> nterpreting/integrating the facts, <u>S</u> timulating change
JCMH and JCMHC	Johnson County Mental Health Center
JIMS	Justice Information Management System
Jo. Co.	Johnson County
LSI-R	Level of Services Inventory-Revised
LUCI	Look up Client Information - Jo. Co. Mental Health Center's database
NAMI	National Alliance on Mental Illness
PERKS	Promoting Engagement For Risk Reduction in Kansas
PR	Personal Recognizance
PRE	Psychiatric Rehabilitation Eligibility
SAMHSA	Substance Abuse and Mental Health Services Administration
SPMI	Severe and Persistent Mental Illness
SRS	Kansas Department of Social and Rehabilitation Services
SSI	Supplemental Security Income
UCS	United Community Services of Johnson County



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