

# **GOVERNOR'S BEHAVIORAL HEALTH SERVICES PLANNING COUNCIL**



## **JUSTICE INVOLVED YOUTH AND ADULTS – SUBCOMMITTEE REPORT**

**2014**

Report presented to:  
Governor's Behavioral Health Services Planning Council

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## INTRODUCTION

The interface between the mental health and criminal justice systems is substantial. The increased involvement of people with mental illness in the criminal justice system has been a serious problem for state and local governments for some time.

To address issues and problems facing Kansans with mental illness in or at risk of entering the criminal justice system, the Governor's Mental Health Services Planning Council (GMHSPC) and Kansas Reentry Policy Council (KRPC) independently convened a group of stakeholders such as law enforcement, courts, jails and prisons to join with consumers and family members in addressing this troublesome situation.

For several years, both groups have met to prioritize goals and activities around transforming policies, programs, and funding. Areas of focus have included:

- Community-based strategies such as the Crisis Intervention Team (CIT) model, specialty courts (drug courts, Mental Health Courts), and post-arrest diversion programs.
- Capacity building to include cross training for law enforcement agencies and mental health centers
- Access to timely and appropriate services for individuals detained in a forensic hospital, jail and prison, and reentry to reduce recidivism
- Continuity of care with prescription medications
- Increasing capacity of community-based competency evaluators
- Resource allocation at State Mental Health Authority to create a Forensics Coordinator to expand forensic services and programming across the state
- Data collection on pressing concerns and needs of jails regarding detainees with mental illness

***This Year's Goals (3/2014):*** The 2014 Charter of the JIYA Subcommittee sets forth the following goals:

1. Develop a strategic plan to identify goals and objectives for state level change through policy and planning.
2. Formulate and prioritize strategies to achieve objectives of the strategic plan.
3. Implement strategies through workgroups, including timeline for completion.
4. Develop project management process for monitoring of the strategic plan.
5. Issue annual policy recommendations and planning to the Secretary from the Departments on Aging and Disability Services and Corrections.

## **MEMBERSHIP**

Randall Allen, *Kansas Association of Counties*

Lori Ammons, *UKP, KDOC Mental Health Program Administrator*

Charles Bartlett, *KDADS*

Teresa Beaudry, *Consumer/Family Member*

Kristi Bergeron, *Johnson County DA's office*

Randy Bowman, *Director of Community Programs, KDOC – Juvenile Services*

Rick Cagan, *NAMI Kansas*

Lesia Dipman, *Administrative Director, Larned State Security Program*

Mark Gleeson, *Office of Judicial Administration*

Kathleen Graves, *KDOC, Parole and Community Corrections*

Jason Hess, *Executive Director, Heartland RADAC*

Sandy Horton, *Kansas Sherriff's Association*

Steve Kearney, *Association of District Attorneys*

Ed Klump, *Local law enforcement*

Patricia Long, *Department for Children and Families*

Dulcinea Rakestraw, *KS Association of Addiction Professionals*

Viola Riggin, *UKP, KDOC Director of Health Care*

Nancy Ross, *Consumer/Family Member*

Talaya Schwartz, *The Center for Counseling*

Sheli Sweeney, *Association of CMHC's*

Dennis Tenpenny, *Community Support Services Director, Valeo Behavioral Healthcare*

Wes Cole, *GBHTF Liaison*

**I. LIST OUTSTANDING ACCOMPLISHMENTS/MILESTONES DURING FY2014**

1. Establishment and buy-in from JIYA Subcommittee Membership
2. Identification and prioritization of key issues by membership – Survey of Key Issues
3. Defined four priority issues and established tasks of workgroups
4. Identifying leads and members for workgroups
5. Formal Workgroup Kick-off Meeting
6. Initial Meetings of Individual Workgroups

<b><i>Milestone #1: Convened first JIYA Subcommittee Meeting</i></b>		
<b>Goals</b>	<b>Objectives</b>	<b>Target Date for Completion</b>
Invite and engage subcommittee members from CMHC's, Substance Use Disorder Treatment, KDOC, KDADS, DCF, Office of Judicial Administration, NAMI, District Attorneys, Law Enforcement, Consumers/Family Members, and the Kansas Association of Counties.	<ul style="list-style-type: none"> <li>• Solicited representatives from each of these entities for active participation in the JIYA Subcommittee</li> <li>• Began identifying gaps within all areas represented.</li> </ul>	July 16, 2013 – Convened first Subcommittee Meeting.
<b><i>Milestone #2 &amp; 3: Surveyed Key Issues and Defined Four Priority Topics</i></b>		
Surveyed subcommittee members and identified key issues of focus.	<ul style="list-style-type: none"> <li>• Solicited gaps within all areas represented through the Sequential Intercept Model (Law enforcement, Initial court hearings, Jails/Courts, Reentry, Community Corrections).</li> <li>• Conducted Survey</li> <li>• Identified four priority areas</li> </ul>	September 9, 2013
Priorities Established: 1) Diversion & Prevention 2) Access to Care 3) Systems Coordination and Collaboration 4) Medical Suspension	<ul style="list-style-type: none"> <li>• Defined each problem</li> <li>• Established tasks for each Workgroup</li> <li>• Defined approach to proceed with individual workgroups</li> </ul>	September 9, 2013 December 11, 2013
<b><i>Milestone #3: Defined Membership for Workgroups</i></b>		
Defined Membership for four Workgroups	<ul style="list-style-type: none"> <li>• Defined needed workgroup members for each subgroup.</li> <li>• Established shared document for subcommittee members.</li> <li>• Subcommittee members solicited additional workgroup representatives via formal letter of invitation.</li> </ul>	March 7, 2014 April 24, 2014

Defined leadership for each workgroup	<ul style="list-style-type: none"> <li>• Designated chairs for each workgroup</li> </ul>	June 10, 2014
<b><i>Milestone #4: Formal Workgroup Kickoff Meeting</i></b>		
Brought all subcommittee and workgroup members together to formally kickoff groups.	<ul style="list-style-type: none"> <li>• Discussed history of JIYA</li> <li>• Reviewed workgroup tasks and outcomes</li> <li>• Break-out sessions with each Workgroup and leaders</li> </ul>	June 10, 2014

## II. GOALS FOR FY 2015

### A. ACCESS TO CARE

#### *Workgroup Goals for FY 2015:*

- There is a perceived gap of behavioral health services and support for offenders with serious mental illness (SMI) and/or dually diagnosed individuals following release from prisons, jails, and forensic hospitals. The workgroup is tasked with identifying the nature of this problem.
- Provide recommendations to address accessing services for offenders who are within this gap of covered services, yet show the need for mental health support for a successful reentry. Recommendations may include specifically what types of support or services are necessary to prevent recidivism. Consider the special needs of the justice-involved individual, possibly including poor motivation for treatment, addressing high risk/need areas for recidivism, and cognitive behavioral interventions or other support needs to address high risk areas. Provide recommendations to address one or more of these issues (ie: plant correctional support specialists in CMHC's).

#### *Objectives/Activities:*

The Access to Care workgroup has determined they will look at both juvenile and adult issues, as well as the differences in resources available to those designated as having a Serious and Persistent Mental Illness and a Serious Mental Illness. The group defined the following key issues:

- Need for more collaboration by programs and agencies
- Alignment of policy of all organizations
- Need for funding recommendations in the future from the group
- Medication access in the community
- Criminal thinking /cognitive approaches for the MH population with Criminal History and Motivational enhancement
- Employment and Housing

The group plans to meet every-other month.

### B. SUSPENSION OF MEDICAID

#### *Workgroup Goals for FY 2015:*

- Track the implementation of the KEES system with the DOC population.
- Explore replication of the plan with the county jails and city lock-ups. Develop a plan for implementation.
- Explore replication of the plan with Larned State Hospital for the sexual predator and psychiatric units when medical hospitalization occurs.

Group members are involved with a grant received to obtain VINE (Victim Information and Notification Everyday), the National Victim Notification Network. This service allows accessing reliable information about criminal cases and the custody status of offenders 24 hours a day. The grant was established through the Department of Labor and in collaboration with KCJIS, KDADS, and KDHE. If all agencies have access to this network, Medicaid will know when to turn off eligibility for incarcerated offenders.

*Objectives/Activities:*

The next areas of focus for this workgroup are:

- Turning on eligibility upon offender discharge into the community needs to be the next area of focus following the implementation of the grant.
- Medicaid eligibility during incarceration following sentencing for offenders hospitalized over 24 hours.

### C. SYSTEMS COORDINATION & COLLABORATION

*Workgroup Goals for FY 2015:*

- Determine specific community entities that would benefit from increased collaboration and care coordination. Write a statement of the problem that is supported by measurable facts.
- Develop a plan of focus, with one or two goals/outcomes of the collaboration. Consider necessary training required to support the focus. Address policy issues needed to facilitate the change.
- Establish an implementation plan to accomplish the collaboration and outcomes. How will the outcomes be measured?

*Objectives/Activities:*

The Systems Coordination and Collaboration workgroup established co-chairs. They defined the following key issues:

- Culture and Sustainability
- Information sharing and access to information
- How do we sustain the work of coordination processes
- Identifying models –Sub cabinet on down
- Change focus to front instead of the back
- Triage model at every entry point
- State in coordination of all 10 counties and 31 judicial districts
- What policies must happen to make it work

Plan to meet monthly. There is some recruitment of members needed.

### D. DIVERSION & PREVENTION

*Workgroup Goals for FY 2015:*

- Determine which types of diversion programs are shown to have the best outcomes.
- Provide recommendations regarding which type of diversion program to be implemented and steps for implementation of the plan. What types of resources / collaboration among state entities will be necessary?
- Design outcome measures as part of the implementation plan.

*Objectives/Activities:*

The Diversion and Prevention workgroup defined three areas of focus:

1. Data collection
  - CIT outcome numbers needed urban vs. rural and frontier
2. Diversion Programs

- Definition of types of prevention programs
  - What is working in MH
3. Specialty Courts
- What are their special practice-standards
  - Access to care funding
- Plan to meet monthly.

### **III. SUMMARY**

The primary outcome of the JIYA for this fiscal year was the development of a strong foundation to launch the Workgroups of this Subcommittee. Subcommittee members solicited representatives from all corners throughout Kansas and received a positive response for participation. The workgroups are officially starting to meet and have delineated objectives for each of their goals/tasks for the year. We are paying particular focus toward access to care for justice involved individuals with serious mental illness, integrating ‘criminal thinking’ high risk areas into an individual’s plan to reduce recidivism, coordinating efforts regarding information sharing and identifying barriers which need to be addressed at higher levels of administration, and defining diversion programs and specialty courts which have outcomes proven to work in Kansas. It is our desire to continue our momentum through the next fiscal year and provide positive recommendations to the GBHSPC with our findings.