

**Leadership:** Rick Cagan (NAMI - Kansas) and Lori Ammons (Kansas Department of Corrections) - Co-Chairs

**Introduction & Overview:** The interface between the mental health and criminal justice systems is significant. 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

**Accomplishments:** Kansas has experienced significant accomplishments in mental health legislation, programs and services - some of which have been influenced by both groups:

- Adoption of HCR 5032 by the Kansas House and Senate in 2012 recognizing CIT as a best practice for law enforcement intervention with persons who have a mental illness
- Significant growth in the number of officers trained in CIT, with more than 900 law enforcement officers trained statewide.
- CIT programs are established in seven Kansas communities, with a statewide CIT Leadership Group convening to support expansion of CIT efforts across the state.
- State resource allocation supports a Forensic Coordinator position at KDADS Behavioral Health Services, as well as cross-training of law enforcement and behavioral health providers; and, reimbursement of competency evaluations performed by Community Mental Health Centers (CMHCs)
- Johnson, Shawnee, Ford & Finney Counties have implemented PERKS (Promoting Engagement for Risk Reduction in Kansas), a multi-agency collaboration to provide cross training to criminal justice agencies and community mental health centers.
- A 2012 Mental Health and Criminal Justice Issues Policy Forum was held on September 10, 2012 in Topeka, followed by the 6<sup>th</sup> Annual Kansas CIT Summit. Over 200 constituents representing law enforcement, criminal justice staff, consumer and family members, and behavioral health professionals attended both events.
- In 2013, the Kansas Senate and House approved \$25,000 for an annual contract with the Kansas Law Enforcement Training Center for Crisis Intervention Training for FY 2014.

In October 2012, the Governor's Behavioral Health Services Planning Council (GBHSPC), formerly the Governor's Mental Health Services Planning Council (GMHSPC), issued a Charter with the recommendation to merge the GBHSPC Forensic Subcommittee and Kansas Reentry Policy Council (KRPC) Mental Health Task Force. The merger was in response to numerous concerns over the years regarding the overlap of these two groups in the form of target population, tasks and membership that address issues and problems facing Kansans with mental illness in or at risk of entering the criminal justice system.

In January 2013, leadership of both groups convened to develop a Charter to consolidate the work of the two groups to streamline information sharing and recommendations to inform public policy. This work gave birth to the newly formed Justice Involved Youth and Adult (JIYA) Subcommittee of the GBHSPC.

The JIYA Subcommittee will convene constituents at a policy level to carry out the vision and mission with the intent to promote actions for state level change through policy recommendations and planning.

***Vision***

Justice involved Youth and Adults with behavioral health needs will achieve recovery.

***Mission***

To promote a recovery oriented system of care for individuals with behavioral health needs in or at risk for involvement in the justice system through policy recommendations and planning focused on prevention, diversion, treatment and reentry.

Membership will consist of constituents representing behavioral health services, juvenile and adult corrections, law enforcement, courts, education, consumers and families, regional prevention centers, and treatment providers.

Co-chairs will convene and facilitate quarterly meetings of the Membership to execute and monitor tasks to be carried out through formal workgroups. Formal workgroups will be established with specific focus as identified and report back to Membership on an ongoing basis. The first meeting is scheduled for July.

**Explanation of This Year's Goals:** The Charter of the JIAY 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 will show their commitment to continuous improvement by reviewing the Charter on an annual basis.