

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



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

**2017**

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

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Members of the Justice Involved Youth and Adults Subcommittee

## **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 remains a difficulty for both state and local governments.

The JIYA Subcommittee convenes 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.

### **JUSTICE INVOLVED YOUTH AND ADULTS SUBCOMMITTEE CHARTER**

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.
5. Issue annual policy recommendations and planning to the Secretary from the Departments for Aging and Disability Services (KDADS), Children and Families (DCF), and Corrections (KDOC).

### **VISION AND MISSION**

The vision and mission of the JIYA is as follows:

#### ***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**

Randall Allen, *Kansas Association of Counties*

Lori Ammons, PsyD, *KU Medical Center, KDOC Behavioral Health Program Director*

Charles Bartlett, *Kansas Department of Aging and Disability Services*

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

Mike Brouwer, *Douglas County Sheriff's Office*

Rick Cagan, *NAMI Kansas*

Bill Cochran, *Captain, Topeka Police Department*

Wes Cole, *GBHSPC Liaison*

Hope Cooper, *Deputy Secretary, KDOC*

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

Jeffrey Easter, *Sedgwick County Sheriff's Office*

Nathan Eberline, *Kansas Association of Counties*

Letitia Ferwalt, *Johnson County DA's office*

Sally Frey, *KDOC, Southern Parole Region Director*

Jason Hess, *Executive Director, Heartland RADAC*

Sandy Horton, *Kansas Sheriff's Association*

Ted Jester, *Director, Johnson County Juvenile Detention Center*

Ed Klumpp, *Local law enforcement*

Dan Livingston, *Johnson County Mental Health*

Benet Magnuson, *Executive Director, Kansas Appleseed*

Marie McNeal, *KDOC Director Community Corrections*

Chris Mechler, *OJA*

Bill Persinger, *CEO, Valeo Behavioral Health*

Usha Reddi, *Manhattan City Commission*

Viola Riggins, *KU Medical Center, KDOC Director of Health Care*

Jennifer Roth, *Criminal Defense Attorney*

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

Jess Sholin, *Department of Children and Families*

Jennifer Truman, *Mirror, Inc.*

Susan Wallace, *Family Member*

## **SUBCOMMITTEE AND WORKGROUP SUMMARIES**

Through FY 2016 – 2017, the Justice Involved Youth and Adults Subcommittee (JIYA) reviewed ongoing work and revised/realigned workgroups for the present year. The approach the Subcommittee used involved breaking current priority topics into two separate workgroups. Ad Hoc workgroups would be added as needed. The two overarching topic areas included Program/Best Practices and Systemic Issues.

Broad areas identified as topics to address for the Programs/Best Practice workgroup included the following:

- Crisis Intervention Training – Pre-Arrest
  - Co-Responders
  - Crisis Centers Expansion
- Training and Technical Assistance
- Mental Health Diversion – District Attorney
  - Mental Health Courts
- Assessment/Readiness for Counties
- Juvenile Services

Broad areas identified as topics to address for the Systemic Issues workgroup included the following:

- Funding/Policy
  - Formalizing Agency Relationships
- Kansas Offender Database / KEES (Ad Hoc)
- Data Sharing
- Standard of Care During Incarceration
- Competency
- Discharge Planning
  - Continuity/Care Coordination
  - Both Adults and Juveniles

The workgroups defined new goals and objectives for the year. This report will address each workgroup's recommendations as supported by the JIYA.

### **Best Practice Workgroup**

*Workgroup Goals and Objectives:*

1. Identify and gather data on the prevalence of mental illness in our jails.
2. Identify what process and assessment to use to measure gaps in communities wanting to explore best practice programming for this population. Identify a pilot site.
3. Identify priorities for which we would like to have the CIT/VA Coordinator position advocate towards our goals.

4. Development of fact sheet for Drug Courts/Mental Health Courts to be placed on KDADS website.

Current Status:

1. Assessment in Jails
  - A. This is step two of the six steps recommended by the Stepping Up Initiative to reduce the number of mentally ill people in jails.
  - B. Asked Johnson County (large jail), Douglas County (medium jail) and Reno County (small jail) to participate in establishing a *Proposed Criteria for “Gold Standard” Screening and Assessment Process:*
    - i. *Jail screening for mental illness is based on a definition of serious mental illness aligned with community/state definitions of mental illness*
    - ii. *Jails use a valid screening process on all persons entering jails for mental illness, regardless of the day of the week, time of day, or reason for/pathway of admission*
    - iii. *For those individuals staying 72 hours or longer, at least 80% of persons screened positive for mental illness are assessed by a licensed mental health professional*
    - iv. *All persons assessed as having a serious mental illness are flagged or tracked in an administrative database*
    - v. *The jail is able to query this data at any time to provide a daily, weekly, or monthly census of people with mental illnesses in jail.*
    - vi. **Serious Mental Illness Definition: “Psychotic, Bipolar, and Major Depressive Disorders and any other diagnosed mental disorder (excluding substance use disorders) associated with serious behavioral impairment as evidenced by examples of acute decompensation, self-injurious behaviors, multiple major rule infractions, and mental health emergencies that require an individualized treatment plan by a qualified mental health professional.”**
  - C. Council for State Governments: Justice Center is the technical advisor for this project
    - i. They have increased the frequency of webinars and started quarterly conference calls for counties based on size; small, medium, large.
    - ii. Many counties in Kansas are doing significant work, but few have passed resolutions to join the Initiative. Goal should be to increase participating counties.
    - iii. For counties considering initiatives related to reducing the number of people with mental illness in jail, this is an untapped resource.
  - D. Intercept model – Shawnee County. Complex model.

- E. Lead agency – Would like to identify some pilot communities. Discussed identifying a community that may have buy-in often requires a precipitating event to get the community leaders activated to solving a particular problem. Short list includes:
  - a. Pittsburg – may also be a possible site
  - b. Reno – highest crime rate, but may already have gone through the process.
  - c. Manhattan – active discussion regarding the development of a crisis/stabilization center and peripherally CIT.
  - d. Hays – may have had a precipitating event. Police shooting back in August.
- 2. Justice Assistance Grant to look at an “event”/funding to do some planning activity.
- 3. Jail Study – Consider combining with Stepping Up Initiative

**RECOMMENDATIONS:**

- Identify next steps on exploring the possibility of the Justice Assistance Grant having money earmarked for a community planning sight to do a pilot project for the assessment process.
- Continue to follow the Stepping Up Initiative, Step 2 with pilot communities to establish best practices in Screening and Assessment in jails.

Systemic Issues Workgroup

*Workgroup Goals and Objectives:*

- 1. Research the process of Competency in Kansas.
  - a. Review the previous Competency Ad Hoc Workgroup’s questions regarding Competency.
  - b. Research current questions via presentation from the state hospital staff.
- 2. Establish an efficient model for Data Sharing:
  - a. Determine which agencies are interested in sharing information.
  - b. Establish how the information flows from each agency.
  - c. Determine what information is needed from each agency.
  - d. Review models from other agencies or states.
  - e. Determine what kind of information is available electronically.
  - f. Determine current obstacles for 3 agencies in sharing information. Make recommendations to solve such barriers.

Current Status:

- I. Data Sharing
  - a. Five broad areas were identified regarding data sharing, including:
    - i. Which AGENCIES share necessary data / What is the flow?
    - ii. What information is AVAILABLE among agencies
    - iii. What information is USEFUL
    - iv. What are the OBSTACLES in sharing the data/information?
    - v. What is the MECHANISM for sharing the data/information?

- b. AGENCIES:
  - i. KDOC
  - ii. Jails
  - iii. Hospitals
  - iv. Community Corrections / Parole
  - v. CMHC's
  - vi. DCF – children of incarcerated offenders
  - vii. SUD Treatment
  - viii. KDADS / MH Database
  - ix. KS Jail Inventory Data System (live data)
- c. FLOW of information / Continuity of care
  - i. Community Corrections / Parole to CMHC's
  - ii. Jail/KDOC to Probation
  - iii. Probation to the Community, etc.
  - iv. Resources where care was received previously
  - v. Prescription history – Which medications worked the best for the individual offender? Consistency in formularies.
- d. USEFUL Information:
  - i. Jails
    - 1. Need prescription history / Similar formularies
    - 2. *Known medical problems; Medical history*
    - 3. *History of Medicare/Medicaid/Disability benefits and whether benefits were suspended.*
  - ii. Parole/Community Corrections – particularly for Care Coordinators
    - 1. Those who are Seriously Mentally Ill
    - 2. Previous resources where offenders have received services – such as CMHC contacts
    - 3. History of psychiatric hospitalizations
  - iii. DCF (to KDOC)
    - 1. Primarily for female offenders
    - 2. Is it realistic or healthy to connect/visit with the offender's children?
    - 3. Who has the offender's children?
  - iv. KDOC – *From jails to KDOC; From Community BH Providers (CMHC's) to KDOC*
    - 1. Previous resources where offenders have received services – such as CMHC's/state hospitals
    - 2. Medical history
    - 3. Family contacts
    - 4. Prescription history
    - 5. History of benefits – SSI/SSDI; (*KDHE?*).
    - 6. Available resources for housing / discharge planning
  - v. State Hospitals
    - 1. Available resources for housing / discharge planning

- 2. History of medical issues
    - 3. Family contacts
  - vi. Need information from CMHC's, SUD providers, Hospital/Emergency departments, and the VA.
- e. OBSTACLES:
- i. HIPAA – Legal obstacles; Special laws regarding behavioral health and SUD information. *There is a question regarding what information can be provided to law enforcement.*
  - ii. Security of sharing the information
  - iii. Accessibility of the information – electronic vs. hard chart. How to share information and in what format?
  - iv. Political hurdles for entities to share what they own
  - v. *Releases of Information- Agreements between agencies may alleviate obstacles of sharing information.*
- f. MODELS from other agencies or states.
- i. Reviewed “The Criminal Justice Coordinating Council Network Mini-Guide Series: Three Approaches to Integrated Data Systems.” February 2013 by the Justice Management Institute.
  - ii. Reviewed the Johnson County Data System (Presentation by Robert Sullivan)
  - iii. We know it can be accomplished. All systems reviewed served specific objectives of the involved agencies.
- g. RECOMMENDATIONS
- i. **Engaging community partners.** The workgroup is moving forward with pinpointing 3 pilot communities. Involvement would initially involve KDOC, Parole, CMHC's, & Substance Use Disorders providers.
    - 1. We propose targeting three Community Mental Health Centers to begin the discussion where information sharing would be beneficial.
      - a. We will possibly model after Shawnee County/Valeo partnership where a multi-disciplinary team meets regarding high acuity patients coming up for release with KDOC and possible jailed offenders.
      - b. We also need to find ways to include those treating offenders with substance use.
    - 2. We propose targeting three of the following areas:
      - a. Wyandotte County – There are increased KDOC re-entry services (K-SHOP) and Oxford houses available in this area.
      - b. Sedgwick County (ComCare is an active re-entry partner)
      - c. Ellis County (working with High Plains Mental Health),



- d. Central Kansas Mental Health (including Saline County, Dickinson, Ellsworth, Lincoln, and Ottawa), and/or
- e. Compass Community Mental Health Centers (Dodge City/Liberal - Finney, Ford, Grant, Gray, Greeley, Hamilton, Hodgeman, Kearny, Lane, Morton, Scott, Stanton, Wichita County).

**ii. Adult Continuum of Care Subcommittee (GBHSPC)**

- 1. We propose making a recommendation for the GBHSPC to endorse and focus on the issue of high behavioral health acuity releases from KDOC and any other jail entity.
- 2. Primary issues include:
  - a. Integration of services from incarcerated status to community; Focus on high acuity need individuals who may be difficult to house with SPMI (ie: sexual offenders, offenders with poor impulse control); Offenders who have been screened for civil commitment/alternatives to commitment. Substance use treatment upon release.

**II. Competency**

- a. The workgroup reviewed the previous Competency Ad Hoc Workgroup's questions regarding Competency. The Larned State Hospital provided a presentation to the workgroup and responded to questions regarding the process of Competency. No recommendations to the GBHSPC are ready to be presented at this time.

**SUMMARY**

In summary, the JIYA, through its diverse members of the subcommittee and workgroups, provides a unique avenue for members to come together to collaborate, analyze, and create recommendations for the GBHSPC. The Best Practices workgroup members will continue with their current goals of establishing a best practice in the screening and assessment of mentally ill offenders in jails, as well as review resources for funding, including grant opportunities. Additionally, the Systemic Issues workgroup members will engage communities interested in partnerships for data sharing opportunities and to establish a model to facilitate sharing of information among criminal justice entities, community mental health centers, substance use disorder providers, and any other interested agency/entity.

As a final note, Co-Chairs Rick Cagan and Lori Ammons jointly decided to solicit new Co-Chairs to lead the JIYA through the next year's activities. Both will continue to serve on the JIYA. Bill Persinger, CEO of Valeo Behavioral Health and Ted Jester, Director of Juvenile Services Center, Johnson County, agreed to serve as the new Co-Chairs for the upcoming year.