CRIMINAL JUSTICE AND MENTAL HEALTH CLIENTS

Successful collaboration in a rural community
CRIMINAL JUSTICE intersects MENTAL HEALTHCARE

Collaborative initiatives to ensure community safety and justice.
Llano County (Rural)

- Tension point with death of an inmate at the county jail.

  - Sheriff’s Department
  - Prosecutor and County Government
  - Local Mental Health Provider
  - Local emergency room
Llano County Solution

• **Medicaid 1115 Waiver Project**
  - County Judge and 1 Commissioner
  - County Attorney
  - Local hospital
  - Sheriff’s Department
  - Local Mental Health Provider
  - Other Agencies/Departments (CPS, APS, ISD, probation, etc....)

• Committed ambulance assets to perform “wellness checks” on high risk citizens with underlying mental health concerns.

• Published the “Llano County Community Resource Guide”

• Established the “Llano County Mental Health Coalition”
MENTAL HEALTH COALITION

• Met quarterly for ~ 2 years
  – Combined Community Resource Coordination Group (CRCG) with Mental Health Coalition and meet 2-4 X year.
  – CRCG addresses youth as well as adult needs.

• Hill Country MHDD grants
  – Mental Health Deputy for Llano County
  – Tele-psych services for Llano County Jail
  – Contracts 3 private hospitals for emergency admissions when the Crisis Stabilization Unit is not available.

• County created new relationships to network with MHDD and access their regional resources to assist with juvenile/CPS youth (i.e. San Marcos center)
MANAGING EXPECTATIONS

• Understand and respect partners’ statutory and contractual obligations and limitations:
  
  – Law Enforcement
    – Training requirements
    – Jail Standards
    – Law Enforcement Emergency Detention Orders
    – Transporting individuals with mental health concerns
    – _______________________
  
  – Prosecutor/Judge
    – Mental Health Commitments
    – Bond Considerations
    – Prosecutorial discretion
MANAGING EXPECTATIONS

- Mental Health & Developmental Disabilities
  - Contractual Requirements (What they can and can’t do)
  - CSU limitations on admissions
  - Inability to provide transportation (Health and Safety Code)

- Local Hospital/ER
  - EMTALA
  - Limited “security”
TIPS FOR SUCCESSFUL COLLABORATION

PARTNERSHIP
- Start where you’re at
- Build trust and address stigma
- Cross refer—allow others to be expert
- Reassess with change and growth

FINANCIAL MOTIVATION
- Shared resources—cost effective
- Funder encourage partnerships
- Partners share search for funders

SHARED MISSION
- Share understandings
- Feeling of connection and belonging
- Proactive—schools, churches, resources centers, county and city officials, law enforcement, LMHA
THE BOTTOM LINE

• A person in psychiatric crisis did not “ask” to be in the crisis!
• A mental illness is a physical illness
• A person with acute mental illness is a person in need
• A person with mental illness is not “yours” or “mine”, but someone who deserves a coordinated and caring response!
PROCESS

• IDENTIFY “INDIVIDUAL IN CRISIS” at Jail Intake

• NOTIFY MENTAL HEALTH DEPUTY

• CALL “MHDD CRISIS HOTLINE”
  - Local MHDD will receive notification
  - On-call provider will meet “client/defendant” in jail
COMMON FRUSTRATIONS

- Law Enforcement alerts MHDD ... “We have your person...”

- Officers may have been misled in recent trainings that it is acceptable to “drop” individuals off at psych hospitals.

- Tele-psych screens are underutilized

- County partners need to collaborate to address “individual” needs prior to crisis.

- Shift focus to “Can Do” vs “Can’t Do”