

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”