

2019 CCJ/COSCA Mid-West Region Summit

Improving the Court and Community Response to those with Mental Illness

October 23-25, 2019 | The Lodge at Deadwood | Deadwood, South Dakota

State Action Plans

Eleven (11) states participated in the 2019 CCJ/COSCA Mid-West Region Summit on *Improving the Court and Community Response to those with Mental Illness*. While every state is grappling with similar issues, the states, and especially the state judiciaries are involved in very different ways. In some states the courts are a central player in convening constituent groups and facilitating solutions. In other states the issue is only front and center now because of successful lawsuits, and the courts are only peripherally involved.

Nonetheless, the elements of the state action plans developed on the final day matched the themes heard throughout the summit – the role of the judiciary as convener, adoption of the Sequential Intercept Model (SIM), the importance of diversion from the traditional criminal justice system, meaningful data collection, and the importance of innovative wrap-around services.

Iowa

- Bring all three branches of government together to make this issue a priority
- Have communities go through the SIM process to identify and address gaps
- Convene a statewide summit
 - Bring in national and Iowa speakers to address why this is a priority
 - Eliminate/reduce the criminalization of mental illness
 - Provide resources and infrastructure for people with mental illness to improve their quality of life and maintain their dignity
 - Gather and present Iowa specific data
 - Develop awareness of existing efforts and harmonize those efforts
 - Generate support and create a movement for change
- Issue a joint letter to convene mental health and substance abuse stakeholder task force, members appointed by Governor, Speaker of House, Senate President, and Chief Justice
 - Co-chairs from different branches
 - Wide and diverse representation
 - Seek national experts to serve on the task force
 - Identify staffing for the task force

Indiana

- Change the system from an inpatient to outpatient model, building on strengths and lessons learned from Indiana's National Judicial Opioid Task Force, evidence-based decision making, and pretrial initiatives
 - Conduct statewide/regional SIM-focused assessments to identify systemic gaps, including legal framework, provider resources, and training



Conference of
CHIEF JUSTICES



- Begin changing culture/perspective by doing more extensive outreach, including regional summits on behavioral health issues, including the idea of “No Wrong Door” – leading up to a statewide summit in a future year
 - Explore possibilities for innovative non-criminal legal pathways for individuals with behavioral health issues who encounter the justice system
- Expand CIT using an online model
 - Review and compare quality and feasibility of a partial online model with the current five-day in-person model
 - Explore other stakeholders—e.g., parks and recreation employees—who frequently interact with individuals who have behavioral health issues and would benefit from CIT training
- Review and revise the competency restoration framework
 - Explore alternative models to competency evaluation and restoration, including online treatment services
 - Assess options for incentivizing professional resources/providers to competency evaluation and treatment, especially in rural areas
- Identify data sharing points and gaps to support cross-system identification and supervision of individuals with behavioral health issues
 - Continue to develop data-sharing agreements and procedures through Children’s Commission and JRAC projects; explore adding in behavioral health data stakeholders
 - Identify quantifiable measures of performance and effectiveness for behavioral health framework applicable to current and future model; begin tracking to establish baseline and outcomes

Illinois

- Bring stakeholders to the table and develop a task force
 - Identify stakeholders
 - Identify other initiatives already in existence
 - Develop relationships
 - Convene listening sessions across the state and develop questions
 - Set goals for task force – improving the court and community response to mental illness
 - Set regular meetings for task force
 - Develop priorities
 - Develop an action plan
 - Develop timeline
- Data development
 - What data do we collect?
 - By whom?
 - What agency is collecting what?
 - What additional data do we need?
 - What populations are we going to track?
 - Partner with university
 - What current data collection/evaluation is being done currently?
 - Information sharing agreements
 - Management information system identification
- Statewide summit
 - Plan and execute

- Content of summit
- Goals and tasks to do in each community
- Follow up/accountability
- This group to set next meeting and next steps
 - Chief Justice and Administrative Office of the Illinois Courts to find possible dates for phone call
 - Set date for phone call to develop next steps
 - Each person at mental health summit to identify potential list of stakeholders to discuss during the phone call – what skills sets, disciplines, agencies, specific people
 - Develop a task list, timeline and budget for project – estimated two years plus additional years to implement specific priorities

Kansas

- Gather information on current state activity
 - Exchange information with team members by the end of the year
- Ask for help (advice/funding) from organizations and individuals who have already begun the process
 - Follow up with conference speakers
 - Complete revised action plan and request funding and assistance
- Develop a data plan
- Begin discussions between the highest officials in each branch regarding the possibility of a multi-branch effort to reform the current status

Michigan

- Competency – develop a docket coordinator for each region/county to coordinate between the Forensic Center, the courts and the jail, and CMH to prioritize persons on the wait list
- Take misdemeanants out of the IST framework; instead, refer to CMH
- Specialty courts and diversion – combine dockets for specialty courts
- Modify diversion statutes so that they do not require a conviction, do not bar violent offenders, subject to prosecutorial discretion, and permit participation in all specialty courts more than once, subject to prosecutorial discretion
- Require each CMH to employ an individual to consult with the county prosecutor, county sheriff and chief judge of the court in developing a diversion plan for persons with SMI, SUD and IDD
- Communication between police and CMH – law enforcement should be able to communicate with community mental health to determine if an individual has a history with CMH as well as permitting law enforcement to notify CMH when they've had contact in the community with someone who may have a behavioral health issue; use LEAD model (Law Enforcement Assisted Diversion) for persons with SMI/SUD & IDD; enables law enforcement officer to divert a low-level offense to a case manager instead of incarceration

Minnesota

- Develop an inter-disciplinary statewide committee
 - Letter sent to the Governor by the Chief Justice
 - Base the committee on the assessment information
 - Provide the recommendations of the workgroup to the Judicial Council and the competency task force

- Convene a summit to inspire and create urgency
- Training
 - Perhaps online
 - Bias training for evaluators
 - Law enforcement, courts, probation, and DHS each to determine their own training
- Statewide assessment
 - First task to complete
 - Dependent on a State Justice Institute grant
 - Look at necessary statute and rule changes
 - National Alliance on Mental Illness proposal
 - Rules committee

Missouri

- Enhance community resources for mental health intervention treatment
 - Talk with Nora B about developing rural ACT teams or ACT Light programs (DMH/CMHC)
 - Consider use of telehealth services
 - Feasibility study for regional crisis centers and rehab step down
- Expedited access for criminally involved individuals (forensic)
 - DMH requesting legislation amending 552 requiring return to jail within 5 days of competency restoration (with 30 days of meds and scripts for up to 60 days additional meds-funding assistant if necessary); hearing regarding competency to occur within 30 days
 - Standard competency determination order with notice to DMH
 - eFiling of competency determination with request to proceed
- Expedited access for criminally involved individuals (non-forensic)
 - DMH review of contracts with CMHC, and what constitutes a priority population designation
- Service for SMI clients upon release from prison
 - Board will review case by case for potential release (prior to maximum release date) of level 4 and 5 clients with time remaining on sentence in order to take advantage of transitional services with community mental health
 - Develop strategic plan for use of DOC dollars (MH3 and MH4 funding) to maximize service provision
- Education meds for jail personnel
 - Training to be provided by DMH to jail administrators with assistance from DPS
- Training for leadership
 - Miami training in March; train-the-trainer on Community Mapping-April 30-May 1
- Training for judges
 - MAPACJ-CMHL
 - Judicial college – competency/community mapping
 - PJ meeting agenda if not on judicial college
- Review of probate code with focus on AOT
 - Review by probate judges (MAPACJ)
 - Use of current language to allow court to order long-term AOT

Nebraska

- Statewide committee – move JBHC Committee to a three-branch initiative with support from all stakeholders
 - Start discussions with Chief Justice, Governor, and Speaker of Legislature
 - Review current work from NCSC and other states with this structure
 - Data review and determine who, what, where data needs to be collected and reviewed/shared
 - Mapping of system and what is out there for services and what is not
 - Review mental health hold statute
- Pre-trial initiatives support “Stepping Up” initiative and expansion across the state
 - Get with NACO to see what needs there are and get probation staff in local areas to garner local support
 - Have “region” partners also get supported
- Competency evaluation and restoration process
 - Support the GAINS Initiative
 - Help system to prepare for passed legislation that goes into effect in 2021 on outpatient evaluation process
- Review of Mental Health Board process
 - Review process
 - Explore the utilization of AOT in Mental Health Board process
- Uniform jail screening for mental health
 - Meet with jail standards to see how to push forward across the state
- Mobile crisis response
 - Educate legislature on importance and need to garner continued funding

North Dakota

- Focus on early intervention
 - Education of all participants
 - Work with group at this summit to establish a mental health training as well as provide individual training to specific groups
 - Within six months to a year
 - 1915i (Medicaid expansion that goes to housing, employment, etc.) – buildout of the framework
 - Involvement of community groups
 - Crisis response expansion
 - Resource guide (catalog of services needed) and doing more PR on programs available
 - Nine months from July 2019
 - Establish data collection/miner
 - Continue to work on guardianship issues (expedited process)
 - Continue and strengthen relationships between stakeholders in the system by having quarterly meetings to continue to try and address issues
- Competency evaluations and criminal responsibility
 - Review statutes to determine necessity of revisions; be BOLD ENOUGH to drop charges on misdemeanors when competency is a concern
 - Work should be completed before next legislative session
 - Continued education for judges, court personnel, and criminal justice players to increase understanding
 - Collect data

- Data collection
 - Specialty dockets collecting data
 - Sending participant info to the Ohio Pharmacy Board
 - Connect to Health Information Exchange
 - Sharing data with InnovateOhio
 - What is the data that is needed?
 - What is the technological solution?
- Legislative – we are criminalizing people with mental illness
 - Pink slip criteria – 5th criteria to allow hospitalization
 - Expand nurse practitioners allowed to testify in pink slip
 - Change ILC – soft-hand off
 - Reform restoration of misdemeanants
 - Medicaid regs to reform ED stay longer than 14 days, if needed
- Needs assessments – social determinants
 - One-stop shop with standardized screening and assessment tool and evidence-based services
 - Franklin County developing a pilot with Dr. Balfour’s assistance
 - Respite services
 - Expand teleservices
 - Housing – if in jail can lose housing
 - Transportation
 - LEAN process, civil, criminal, and medical
 - Integration of SUD and MI
 - Jail continue prescriptions
 - Expand mental health out-patient services
- Education
 - Probation officer CIT training
 - Peer mentors (have vet’s peer mentor)
 - Case managers – warm hand-off – stability of the workforce – implicit bias and bridges of poverty
 - Annual specialty dockets conference – mental health focus – current has teleservices and implicit bias
 - Law enforcement training on process and diverting people to crisis centers rather than jail
 - Ohio delegation to Miami in March

South Dakota

- Competency restoration timeliness
 - Statutory changes to allow jail-based and outpatient restoration
 - Allow bond for incompetent defendants, to facilitate community treatment
- Diversion
 - Early identification
 - Direct file to civil process
 - Divert misdemeanors from the competency process
- Telehealth
- Early Identification
 - In schools
 - Use National Alliance on Mental Illness, meet with committees

- Training
 - Annual mental health summit
 - Circuit-based meetings
 - Engage National Alliance on Mental Illness
 - SIM model
 - Judicial training