

Community Mental Health Liaisons



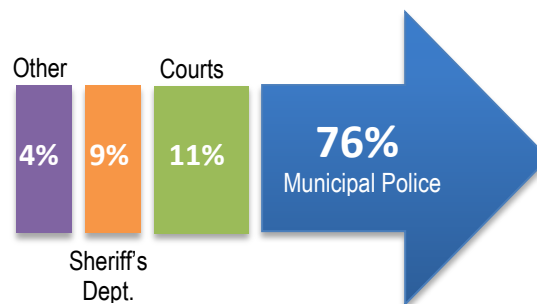
Role of the Community Mental Health Liaison:

- Answer general questions about mental health issues, diagnoses and treatments.
- Connect people with needed treatments and supports.
- Assist law enforcement and courts in locating inpatient psychiatric beds for involuntary commitments.
- Facilitate access to behavioral health services.
- Identify and address structural barriers, miscommunications and consistent patterns that reduce access to behavioral health services.
- Provide or coordinate trainings on mental health issues, substance use disorders, civil commitment, Mental Health First Aid, and suicide prevention.
- Collaborate with Mental Health, Treatment and Veterans courts, as well as other specialty courts as needed.
- Participate in meetings for other court initiatives (JDAI, FCI, etc.).
- Participate or assist in development of Crisis Intervention Teams (CIT) or other initiatives that assist law enforcement in helping individuals with behavioral health needs.

The new Community Mental Health Liaison (CMHL) program is part of the Strengthening Missouri's Mental Health Initiative. Thirty-one CMHLs work across the state to assist law enforcement and courts to link people with behavioral health needs to treatment.

The goal is to form better community partnerships between Community Mental Health Centers, law enforcement, and courts to **save** valuable resources that might otherwise be expended on unnecessary jail, prison, and hospital stays and to **improve outcomes** for individuals with behavioral health issues. Liaisons also follow-up with Missourians referred to them in order to track progress and ensure success. Through the CMHL program, people with behavioral health issues who have frequent interaction with law enforcement and the courts will have improved access to behavioral health treatment.

12,961 REFERRALS
from law enforcement & courts*



Primary Presenting Need at Time of Referral

Currently Suicidal **25%**
Psychosis/Delusional **20%**
Harm or Threat of Harm to Self OR Others **16%**

MAKING THE CONNECTION

69% of the referrals to CMHLs were **not** known to be receiving behavioral health services at the time of the referral.

67% of the referrals to CMHLs were **referred to community based services**.

85% of those referrals were **made to behavioral health treatment**.

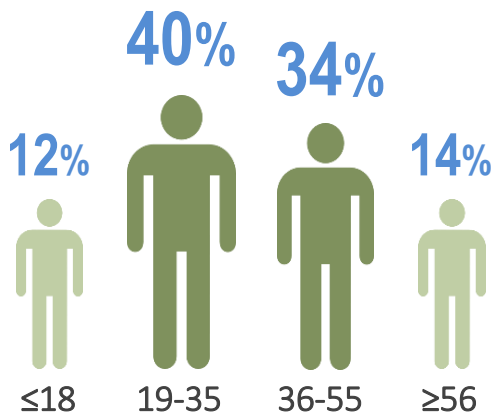
60% of the referrals have a behavioral health history or diagnosis of one or more of the following:

- Depression
- Bipolar
- Schizophrenia/Schizoaffective
- Substance Use Disorder

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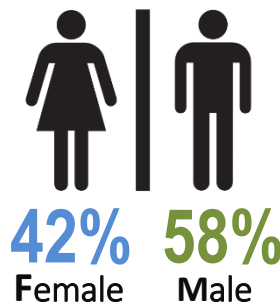
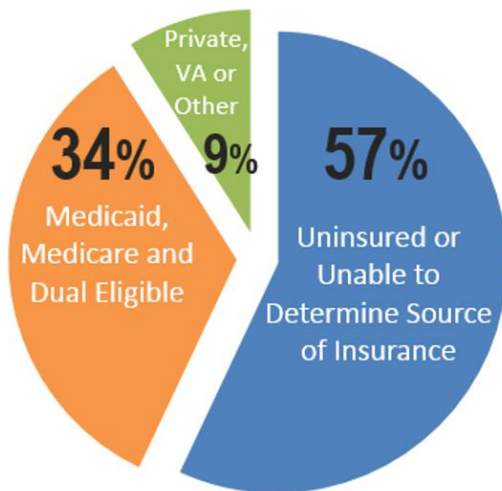
Age of REFERRALS



Demographics of REFERRALS

Caucasian **74%**
African American or Black **20%**
Other or Unknown **6%**

MAKING THE DIFFERENCE



**Free POST Approved
Behavioral Health
Training for
LAW ENFORCEMENT**

290 TRAININGS
3,500 OFFICERS



POST Trainings provided to law enforcement include:

- ✓ Understanding Mental Health
- ✓ Understanding Co-Occurring Conditions: Mental Health & Substance Use Disorders
- ✓ Recognizing Warning Signs of Suicide and Self-Harm
- ✓ Understanding Civil Involuntary Detention (96 Hour Holds) & Hospital Procedures
- ✓ De-Escalation: Responding to Individuals in a Mental Health Crisis
- ✓ Resiliency and Battlemind: How Officers Cope

FINDING HOPE: A CMHL Links an Individual to *Successful* Treatment!

Prior to any CMHL involvement, Lindsey, a woman with severe mental illness, had been repeatedly calling 911, and she was hospitalized 16 times. Lindsey had daily suicidal ideation, often combative with EMS and law enforcement and would barricade herself in her closet with a weapon. Due to the frequency of emergency calls, law enforcement was considering charging Lindsey with abuse of emergency services.

Once the referral was made to the CMHL in December 2013, a group meeting was set-up with all service providers (including her psychiatrist, community support, developmental services, 24/7 home aides, guardian, law enforcement, etc.) to discuss how to best help Lindsey. At the meeting, specific steps were identified to allow for realistic change. Following the meeting, coordination of care among treatment providers was continuously maintained, there have not been any more calls to 911, criminal charges were not filed, and Lindsey has received more effective treatment interventions. Since it has been close to two years (October 2015), Lindsey's case is a true success story of the CMHL program!