

Jail and Corrections Reform Task Force

Friday July 31, 2020

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KARP, Inc.

CMHCs Make All Communities Better

Community Mental Health Centers, Inc.

- Serve approximately 180,000 per year; 1 in 25 Kentuckians
 - Individuals with Intellectual and Developmental Disabilities
 - Individuals with Mental Illnesses
 - Individuals with Substance Use Disorders
- Employ approximately 8,000 individuals
- Led by 300 plus Volunteer Board Members

CMHCs make communities better through exceptional services and supports, great jobs and excellent community leadership.

Mental Health and Incarceration

Macro-Perspective

- The continuum from arrest and pre-trial diversion to services in jails and prisons, and finally, to re-entry post incarceration.

CMHCs Actions

- Crisis Intervention Training (CIT)
- Drug Courts
- Mental Health Courts and other specialty courts
- Jail Triage
- KY Department of Corrections Substance Use Disorders Intensive Outpatient Programs

Crisis Intervention Training

1. CIT is designed to train law enforcement officers to use de-escalation strategies when they are interacting with a person with mental illness.
2. This training has resulted in greater care for individuals, and equally important, increased safety for our law enforcement partners.
3. It should be noted that in some circumstances, after the crisis has been de-escalated, the individual may be taken to a crisis stabilization unit operated by the local CMHCs or a psychiatric hospital, rather than to jail.

Better Services Delivered Sooner Mean Better Outcomes.

Drug Courts

1. Drug courts are intended to use the influence and supervision of a local judge to keep individuals engaged in substance use treatment services and supports as opposed to incarceration.
2. Drug Courts are a data-driven model which produces positive outcomes for individuals.
Better Services Delivered Sooner Mean Better Outcomes.

Jail Triage

1. The program established a protocol for participating local jails to access telephonic services and supports focusing upon incarcerated individuals who may be at risk of attempting suicide.
2. This involved a standardized assessment tool completed by trained clinical staff in consultation with local jail staff and a referral to the local CMHC for services and supports, as necessary.

Better Services Delivered Sooner Mean Better Outcomes.

KY Department of Corrections Substance Use Intensive Outpatient Program

1. The Substance Use Intensive Outpatient (SU – IOP) program operated for individuals who have been paroled or are on probation from the Department of Corrections.
2. This program maintains the Substance Use Disorder services which they may have been receiving while incarcerated and extends them upon their re-entry to the community.

Better Services Delivered Sooner Mean Better Outcomes.

Heroin Expedited Addiction Recovery Treatment HEART

1. This program involves the Kenton and Boone Counties justice systems and NorthKey (the Community Mental Health Center serving Northern KY).
2. The process begins when the orders from the local court for substance use evaluations are sent directly to NorthKey.
3. NorthKey completes a substance use assessment at the facility where the individual is incarcerated. The assessment includes recommendations for substance use treatment and service levels of care including intensive outpatient, residential, or individual therapy.
4. Individuals recommended for intensive outpatient services are transported directly to NorthKey's office upon their release from jail.
5. During SFY 2020, 776 total court orders were received by NorthKey, 597 from Kenton County and 179 from Boone County.

Better Services Delivered Sooner Means Better Outcomes

Pennyroyal – Western KY Correctional Facility– Green River Correctional Facility

1. It is the intent of the program to have a Pennyroyal re-entry case manager at the facility to formalize the pre-release, re-entry, and transition process for individuals with an Opioid Use Disorder (OUD), Substance Use Disorder (SUD) and co-occurring disorders.
2. The re-entry case manager will work with individuals six (6) months prior to release and ninety (90) days post-release.
3. A prime objective is ensuring SUD, mental health and physical health appointments are scheduled prior to release and those appointments are kept upon release.
4. Other services include submitting Medicaid and SNAP benefit applications, completing applications for either schooling or employment, referring the individual to the CMHC in their area, identifying a primary care provider, etc.

Better Services Delivered Sooner Means Better Outcomes

Opportunity: SMI Waiver

1. One opportunity which will decrease the number of individuals with a severe mental illness who become justice-involved would be a Medicaid waiver designed to support individuals with severe mental illness.
2. The waiver services could provide stable housing, supported employment and medication management.
3. It should be noted that if an individual supported by the Supports for Community Living (SCL) waiver takes their medicine one hour past the scheduled time, it is reported to the DBHDID.
4. By contrast, if an individual with a severe mental illness does not take their medicine, there is no follow-up, no reporting and no action taken. Unfortunately, in many of these cases, the individual's behavior will become erratic and the first action taken will be a call to law enforcement and involvement with the criminal justice system.

Better Services Delivered Sooner Means Better Outcomes

Conclusion

- Let the Green River model show how to leave the criminal justice system and the HEART model show how to stay out of the criminal justice system.
- One particular participant, who had not been able to maintain compliance with mental health treatment due to legal involvement and repeated incarcerations, has now been recognized by the program for his accomplishments of staying sober for 1 year, purchasing his own truck, continuously making restitution payments, and being assigned “House Lead” in his sober living facility.