

## Community Mental Health Liaisons



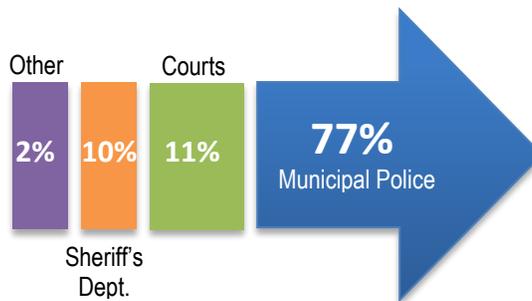
The Community Mental Health Liaison (CMHL) program is part of the Strengthening Missouri's Mental Health Initiative. Thirty-one CMHLs work across the state to assist law enforcement and courts to link people with behavioral health needs to treatment.

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.

### 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.

**28,252** REFERRALS  
from law enforcement & courts\*



### Primary Presenting Need at Time of Referral

- Currently Suicidal **30%**
- Psychosis/Delusional **21%**
- Harm or Threat of Harm to Self or Others **13%**

### MAKING THE CONNECTION

**67%** of the referrals to CMHLs were **not** known to be receiving behavioral health services at the time of the referral.

**57%** of the referrals to CMHLs were **referred to community based services.**

**79%** 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:

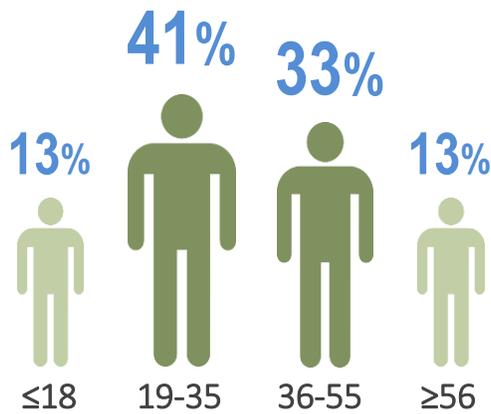
- Depression
- Bipolar
- Schizophrenia
- Substance Use Disorder

# Community Mental Health Liaisons



MISSOURI'S COMMUNITY MENTAL HEALTH LIAISONS

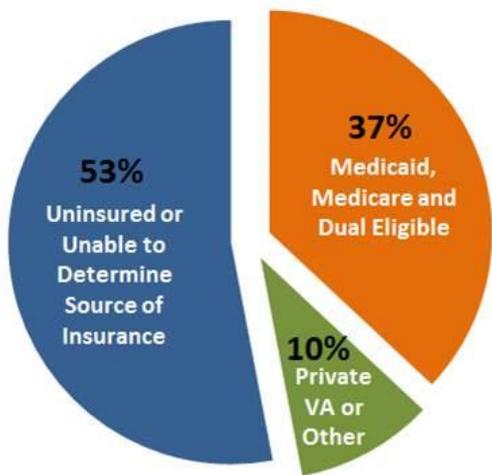
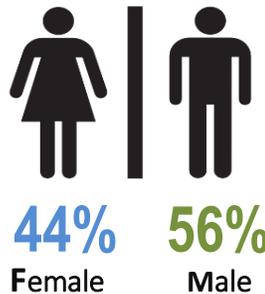
## Age of REFERRALS



## Demographics of REFERRALS



## MAKING THE DIFFERENCE



**Free POST Approved Behavioral Health Training for Law Enforcement**

**568** TRAININGS

**8,023** OFFICERS

POST Trainings provided to law enforcement include:

- ✓ Understanding Mental Health
- ✓ Understanding Mental Health in Youth
- ✓ 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
- ✓ Recognizing Trauma, Stress Responses, and PTSD

## Behavioral Health Services Assist Individual in Her Road to Recovery

A CMHL was enlisted by police to assist in engaging with 'Julie' after Julie walked into the police station making demands. She was ultimately arrested that day for assaulting a police officer. The CMHL met Julie in detention and began the process of building rapport in hopes to engage Julie in behavioral health services. A month after the incident, Julie had been admitted to the hospital on several occasions and became eligible for the Emergency Room Enhancement program (ERE). Together, the CMHL, ERE case manager, and the police continued to support Julie as she struggled with a manic phase of her bipolar diagnosis. Julie had over eight arrests during a two-month period for trespassing, disorderly conduct, and interference with police. In response, the CMHL would meet with Julie in detention or the hospital in hopes of engaging her in outpatient treatment. After multiple attempts by the CMHL and a 30-day stay in a respite house, Julie agreed to participate in outpatient services including therapy, medication management, and Healthcare Home. The pivotal moment in Julie's recovery was a referral to the Mental Health Court, where she was mandated to participate in treatment services. As a participant, Julie did not miss a single treatment session. She attended all of her court appearances and she maintained her own independent housing.

Since completing Mental Health Court, Julie continues to receive services, lives independently, and enjoys spending time with her friends and family. Julie also successfully quit smoking and has continued to stay smoke free. Julie's success is in part due to the many individuals and wrap around services that supported Julie during the ups and downs of her illness; the adage "It takes a village" is truly the result of her success. We are so proud of Julie and of how far she has come in her recovery!