



# Improving Behavioral Health Services for Individuals with SMI in Rural and Remote Communities

## Mental Health & Law Enforcement in Rural and Remote Areas

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### GRANT STATEMENT

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## Mental Health & Law Enforcement in Rural and Remote Areas

The U.S. jail census has nearly quadrupled since 1970, with admissions reaching 11 million annually. According to research from the Vera Institute of Justice, much of this growth is driven by admissions in small and mid-sized counties, “which now make up more than 75% of the U.S. jail population” (Peckover, 2014). Of the 11 million admitted annually, an estimated 2 million of those individuals have an SMI, with nearly 75% having a co-occurring substance use disorder. “Once incarcerated, these individuals tend to stay longer in jail, and upon release are at a higher risk” of recidivism than those without a mental illness and co-occurring disorder (Peckover, 2014).

Individuals with mental illnesses often end up in jails and prisons because law enforcement and the courts, especially those in rural and remote areas, are not equipped with the knowledge and resources to divert individuals to more appropriate care.

While it is ideal for officers to not respond to mental health crises, it is not always feasible, especially in rural and remote areas where there are few mobile crisis response teams. However, best practices have been established to reduce reliance on law enforcement, and trainings exist to educate law enforcement, first responders, and the court system on how to divert individuals away from jails and into more appropriate levels of care.

The Stepping Up Initiative is “a national effort led by American counties to change the way we respond to individuals with mental illnesses and substance use disorders in a more humane and cost-effective manner. It involves all levels of county government, from elected county officials (e.g., county commissioners, sheriffs’ departments, and prosecutors) to county behavioral health providers and county staff” (Walsh, 2019). Law enforcement officers encounter a large number of individuals with mental illness, and are “often tasked with providing front-line mental health services and making decisions about the future care of the individual” (Bureau of Justice Statistics, 2019). Law enforcement officers are not experts in mental health; it is inappropriate for them to be making these decisions, and it reduces their ability to tend to other public safety concerns.



### **Key Lessons for Policymakers:**

- » Encourage collaboration between law enforcement, elected officials, providers, and other stakeholders. This will help divert individuals from the criminal justice system to appropriate care and reduce the stigma associated with behavioral health needs in rural and remote areas.
- » Support the expansion of community-based services to ensure that appropriate services are available, and that jails and emergency rooms are not the default place for law enforcement to bring someone experiencing a crisis.
- » Suspend, rather than terminate, Medicaid benefits during incarceration.

### **Key Lessons for Providers:**

- » Work with law enforcement and other stakeholders (including elected officials and advocacy organizations) to collaborate and better understand the needs of each group. This will help divert individuals in behavioral health crisis to appropriate care and lessen the stigma associated with behavioral health needs in rural and remote areas.
- » Train first responders to assess for suicide risk with the Columbia Suicide Severity Rating Scale (CSS-RS), which allows LEO to quickly assess for risk.
- » Work with local law enforcement to train officers and jail staff on [Mental Health First Aid](#).

One quarter of people killed by police each year are thought to have been experiencing a behavioral health crisis (Fuller, December 2015). Another initiative to improve law enforcement response is the implementation of Crisis Intervention Teams (CIT). The CIT approach was developed in Memphis, Tennessee, born out of a need to respond more effectively and safely to mental health crisis encounter. According to a March 2021 report released by the National Police Foundation, 30 percent of rural agencies have at least one officer certified in CIT, and approximately half of rural agencies report being part of a regional CIT partnership. These partnerships enable small, rural law enforcement agencies to access “highly skilled law enforcement and mental health staff” (Davis, et al., 2020).

Officers trained in CIT are equipped with skills to work as a team to calm individuals with mental illness who are in crisis and divert them to mental health services rather than incarceration. The objectives of CIT are to reduce injuries to the officers, reduce the risk of harm to individuals in crisis, promote decriminalizing individuals with a mental illness, and reduce stigma. Comprehensive CIT training consists of one week-long course that consists of 15 training modules, covering such topics as mental health clinical issues, psychotropic medications, substance use and co-occurring disorders, post-traumatic stress disorder, cultural awareness, suicide prevention, rights and civil commitment laws, family and consumer perspectives, traumatic brain injury, childhood developmental disorders, verbal techniques, borderline and other personality disorders, de-escalation techniques, and community resources (Jines, 2013).

Montana includes CIT training at its law enforcement academy and makes CIT training available to sheriffs’ departments through mobile training units. These efforts, offered throughout an officer’s career, help shift the culture in the state surrounding law enforcement’s response to mental illness (Rosston, K., personal communication, December 17, 2021). Our Expert Panel also encouraged a peer-to-peer training approach to improve the culture of responding to mental health crises, by having law enforcement personnel train other law enforcement personnel on how to address mental health issues (Dole, R., personal communication, December 17, 2021).

Another approach to reducing reliance on law enforcement and criminal justice systems for individuals with mental illness is the Sequential Intercept Model. [SAMHSA’s GAINS Center](#) developed the five-point Sequential Intercept Model, which identifies five opportunities along the criminal justice continuum to divert individuals with mental illness from the criminal justice system and prevent them from becoming further involved in the system. The original five “intercepts” include: 1) Law Enforcement (including calls to 911); 2) Initial Court Hearings/Initial Detention; 3) Jails and Courts; 4) Re-entry; and 5) Community-based criminal justice supervision with behavioral health supports (SAMHSA, 2021). Recently, a new intercept, Intercept Zero, has gained support, encouraging system alignment to connect individuals with care before a behavioral health crisis emerges (Fouts, n.d.). Intercept Zero includes community services, peer warm lines, and crisis lines.

The following Spotlights highlight innovative approaches to reducing law enforcement involvement in mental health events and improving law enforcement and court response when law enforcement and justice involvement is necessary.



### ***Spotlight on Texas’s Clinician-Officer Remote Evaluation (CORE) Program***

In rural and remote areas, law enforcement officers are often first on the scene to reach a community resident experiencing a mental health crisis. To support law enforcement officers during these events, the Texas Health and Human Services Commission partnered with Local Mental Health Authorities (LMHAs) and law enforcement agencies to create a single point-of-contact coordinating system for triaging a mental health crisis. Law enforcement officers responding to a rural resident in mental health crisis are equipped with video technology that allows for real-time psychiatric assessments and screenings by a psychiatrist who is located off-site. This immediate access to psychiatric services ensures that residents are getting the appropriate level of care, which may include LMHAs following up with the resident or their family for further evaluation. Some law enforcement officers access broadband for telemedicine services through satellite internet, fixed wireless, or mobile hotspots to overcome sporadic broadband access.

### ***Spotlight on Johnson County, Iowa’s Jail Alternatives Program***

Johnson County, Iowa implements the Sequential Intercept Model to reduce the number of people with mental illness in its jail and ensure that they are diverted to more appropriate settings for treatment. The Jail Alternatives Program began in 2005 in an effort to reduce overcrowding in the Johnson County jail, and community demand for treatment alternatives to incarceration (Peckover, 2014). The program connects participating individuals to behavioral health services, medication assistance, crisis intervention services, vocational rehabilitation, case management services, integrated home health services, residential care facilities, supportive community living services, and transitional housing. The County developed a jail screening process and hired two jail alternatives coordinators to refer individuals with mental illness to more appropriate settings and provide case management services to facilitate their behavioral healthcare needs. To be eligible for the jail alternatives program, individuals must: be 18 years or older; voluntarily agree to participate in the program; have a mental health or co-occurring disorder or traumatic brain injury; and be determined to be legally eligible for participation based on agreement between the county attorney, defense attorney, Jail Alternatives staff, and the presiding judge. (Gould, 2021).



The program has been successful in reducing the number of inmates and jail-bed days, and the associated costs. As of 2014, the Johnson County jail reported a decrease in the average daily population by 6.1 fewer inmates per day, and a potential savings of 27,126 jail-bed days, which is a potential cost savings of \$71 per day, for a total savings just under \$2 million. According to Johnson County, in addition to a reduced jail census and cost savings, other realized benefits include reduced “violations, victimizations, lawsuits, and psychiatric hospitalizations” as well as “increased employment and housing for individual participants, improved public health, improved community wellness, greater public safety,” and an overall enhanced quality of life for the community (Peckover, 2014).

As discussed in the Financing section, more people in rural areas rely on public funding, like Medicaid and Medicare, for behavioral health care services. Once an individual is incarcerated, their Medicaid and Medicare benefits are either terminated or suspended. According to NACo, 34 states reinstate Medicaid and Medicare benefits after release from incarceration. However, the remaining 16 states (Delaware, Georgia, Hawaii, Idaho, Illinois, Kansas, Minnesota, Mississippi, Missouri, North Carolina, North Dakota, Oklahoma, Utah, Vermont, Wisconsin, and Wyoming) do not allow offenders to regain Medicaid benefits after release. These policies significantly affect individuals with behavioral health needs in rural and remote areas, as “individuals entering county jails have disproportionately high rates of chronic health conditions, infectious diseases, and behavioral health disorders that include substance addictions” (Bryant, 20 February 2019). Suspending, rather than terminating,

Medicaid coverage during incarceration helps ensure “a continuum of care for individuals leaving jails that boosts local economies, improves the health of communities, and reduces the risk of mortality and recidivism for this population” (Bryant, 20 February 2019).

***Mental Health and Law Enforcement in Rural and Remote Areas Key Lessons:***

- » Find ways to collaborate across stakeholder groups, including local elected officials, behavioral health providers, and law enforcement. This creates a relationship where each stakeholder can rely on another to ensure that available resources are utilized efficiently, and there is not one stakeholder group bearing the burden of care. Through these relationships, law enforcement can better understand where people can be diverted to care, while reducing the burden on their limited resources. In addition, these relationships and knowledge dissemination can help reduce the stigma certain stakeholder groups may have about people experiencing mental illness and substance use disorders.
- » Expand the accessibility of community services, and ensure officers have an available crisis center to which they can bring individuals experiencing a mental health emergency.
- » Train jail staff on the administration of the CSS-RS to assess for suicide risk, as well as Mental Health First Aid, which enables jail staff to converse with and decrease imminent threats for at-risk individuals.
- » Suspend, rather than terminate Medicaid benefits during incarceration. This helps to ensure that individuals, upon release, can re-engage with community mental health services. Currently, only 15 states offer this as an option (Washington, Oregon, California, Colorado, New Mexico, Texas, Minnesota, Iowa, Illinois, Florida, Ohio, North Carolina, Maryland, New York, and Massachusetts).

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