Engaging People with Mental Illnesses in Your Planning Efforts
April 2018

#StepUp4MentalHealth
www.StepUpTogether.org
We are Stepping Up!
Resources Toolkit

- Monthly webinars and networking calls
- Educational workshops at NACo and partner conferences
- Quarterly calls of smaller networking groups of rural, mid-size and large/urban counties that have passed Stepping Up resolutions
- A project coordinator handbook
- Guidance on measuring the number of people with mental illnesses in jail
- Written and online tools that are companions to the Six Questions report that present the latest research and case studies for county officials

www.StepUpTogether.org/Toolkit
Upcoming Stepping Up Activities

Webinar: Four Key Measures #1: Reducing the Number of People with Mental Illnesses Booked into Jails
June 7, 2pm ET

Stepping Up Day of Action
May 16

www.StepUpTogether.org
Stepping Up Day of Action

You’re Invited!
Stepping Up Day of Action
May 16, 2018

WHERE:
YOUR Community

WHO:
Stepping Up Champions in YOUR County

FIND OUT MORE:
www.StepUpTogether.org/Events
Today’s Webinar

Melissa Baldwin
Director of Criminal Justice Reform
Mental Health Association Oklahoma

Laura Usher
Senior Manager
Criminal Justice & Advocacy
National Alliance on Mental Illness

Kimberly Cummings
Peer Advocate and Director of
Information Technology
Mental Health Association Oklahoma

Kimberly Brothers
Vice President of Adult Services
Centerstone Kentucky
Louisville Jefferson County Metro, Ky.
Speaker: Laura Usher

Laura Usher
Senior Manager
Criminal Justice & Advocacy
National Alliance on Mental Illness
Including Peers and Families in Your Stepping Up Initiative

Laura Usher
Senior Manager, Criminal Justice and Advocacy, NAMI

Stepping Up Webinar

April 26, 2018
Ten Ways to Engage People Affected by Mental Illness in Your Community

INDIVIDUALS LIVING WITH MENTAL ILLNESSES and their family members should play a key role on your county planning teams and in your collaborative efforts to reduce the number of people with mental illnesses in jails. They can be strong allies in building goodwill with the broader community, getting positive media attention for your efforts, and adviser on strategies that work for advancing mental health recovery. They also can assist in training criminal justice professionals, providing peer support to individuals and families in crisis, and identifying the impact your Stepping Up work is having.

Although each county or community has its distinct needs and challenges, county leaders and partners can broadly engage individuals or family members in this initiative by taking the following steps:

1. **Identify local mental health organizations** that provide some combination of support, education, and advocacy for people affected by mental illness (e.g., local chapters of the National Alliance on Mental Illness or NAMI) and co-occurring substance use disorders. Cataloging these organizations can help you direct individuals to self-help groups that can provide an important adjunct to treatment. Join the mailing lists of local mental health and substance use recovery organizations and attend a

Download: Ten Ways to Engage People Affected by Mental Illness in Your Community
Including Peers, Families and Advocates: 
10 Steps

1. Identify mental health advocacy organizations.
2. Share information about your initiative and engage advocacy partners in getting media attention.
3. Invite peers and family members to your Stepping Up county team.
4. Build on existing programs already spearheaded by local advocacy groups, like CIT.
5. Learn about education and training opportunities offered by advocacy organizations.

6. Designate a county staff member to be the liaison to peers and families.

7. Engage peers and families directly in treatment planning.

8. Involve peer specialists to support people in crisis and to help navigate the system.
Including Peers, Families and Advocates: 10 Steps

9. Work with advocates, peers and families to understand how the mental health parity law is being implemented in your community.

10. Work with advocates to honor mental health and criminal justice professionals who are making a difference.
NAMI, the National Alliance on Mental Illness, is the nation’s largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.

Visit www.nami.org/local to connect.
Resources on Crisis Intervention Teams

www.nami.org/cit
Education and Training

• Public awareness presentations
• Mental health training for criminal justice professionals
• Education and support programs for people living with mental illness and family members

Learn more at www.nami.org/education
Mental Health Parity Law

Despite federal parity law, the promise of parity remains out of reach for people with mental illness.

www.nami.org/parityreport
Advocating for Mental Health Services
Thank you!

Contact Laura Usher at lusher@nami.org

For more information, visit www.nami.org
Speakers: Melissa Baldwin and Kimberly Cummings

Melissa Baldwin
Director of Criminal Justice Reform
Mental Health Association Oklahoma

Kimberly Cummings
Peer Advocate and Director of Information Technology
Mental Health Association Oklahoma
Advocates & Peers in Planning Efforts

Nothing About Us Without Us!
Mental Health Association Oklahoma

Mission & Vision

• **Mission** - Dedicated to promoting mental health, preventing mental disorders and achieving victory over mental illness through advocacy, education, research, service and housing.

• **Vision** - Envisions a just, humane and healthy society in which all people are accorded respect, dignity and the opportunity to achieve their full potential, free from stigma and prejudice.

Roots

“Cast from shackles which bound them, this bell shall ring out hope for the mentally ill and victory over mental illness.”

– Incription on the Mental Health Bell
Employee Culture: Rooted in Peers

200 Employees:
History of: Mental Illness 55% Addiction 36%

20% Yes
“Have you ever been convicted of a felony?”

28% Yes
“Have you ever been homeless?”

12% Yes
“Do you currently reside in Association housing?”

40% Yes
“Have you ever experienced more than one of the following at the same time: mental illness, felony conviction, major physical illness, addiction, homelessness?”

buildinglives
preventing mental disorders promoting wellness
Mental Health Association Oklahoma

Programs

- Housing First
  - 25 apartments / 1,500 units
- Peer-Run Drop-In Center
- Mental Health Education & Advocacy
  - Zarrow Symposium: Innovations in Mental Health October 4\textsuperscript{th} - 5\textsuperscript{th}
    - http://zarrowsymposium.org/
- Homeless Outreach
- Employment First
- Pro bono counseling & service navigation
- Criminal Justice Reform
Community Context: Tulsa, Oklahoma

- 46th in mental health care spending
- Ranks consistently in top states for the highest prevalence
- Per capita spending $53 vs national average $120
- Only 1 in 3 have access to treatment
- Tulsans with mental illness die 27 years earlier

- Tulsa County’s incarceration rate increased more than 150% in last 25 years
- OK prison population estimated to grow by 25% and cost the state nearly $2 billion
- OK ranks #2 for overall incarceration and #1 for female
Advocate’s Role

- Relationships & Collaboration
  - Cross-system interaction and relationship building

- Pressure and Glue
  - Moving from talk to action

- Context and Process
  - Tap dancing, judo, and karate

- Two Pronged Approach
  - Progress is real but slow
Advocate’s Role

• Build Consensus
  – Nonpartisan
  – Common objective: better costs and lower outcomes

• Values and Culture
  – Person-first
  – Recovery is possible
  – Stronger together
Community Accomplishments

The relationships formed, silos broken, and intense collaboration is having ripple effects throughout the community and multiple endeavors.

**Diversion & Warm Hand-Off**

- Municipal Court – Peer advocacy
- CIT Training
- CARES / CRT – Client satisfaction
- Sobering Center
- First Responder Screen in Field
- Brief Jail Mental Health Screen

**Related Research & Planning**

- Vera Institute for Justice
  - [https://tulsacounty.org/documents/vera2017.pdf](https://tulsacounty.org/documents/vera2017.pdf)
- Sequential Intercept Mapping
  - [https://tulsacounty.org/TulsaCounty/dynamic.aspx?id=15795](https://tulsacounty.org/TulsaCounty/dynamic.aspx?id=15795)
- Tulsa Mental Health Plan
  - [www.tulsamentalhealth.org](http://www.tulsamentalhealth.org)
Peers and Advocates in Planning Efforts: Let’s Get Real
Thank You!

Melissa Baldwin  
Director of Criminal Justice Reform  
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Kimberly Cummings  
Peer Advocate and Director of Information Technology  
kcummins@mhoak.org
Speaker: Kimberly Brothers

Kimberly Brothers
Vice President of Adult Services
Centerstone Kentucky
Louisville Jefferson County Metro, Ky.
• Louisville, Kentucky largest city in the Commonwealth of Kentucky
• 397 square miles
• Population of 765,352
• Merged city/county government
Dual Diagnosis Cross-Functional Team (DDCFT)

DDCFT convened to focus on identifying innovative and systemic solutions for coordinating care for individuals with co-occurring mental health and substance use disorders.

First Metro cross-functional team to involve local government representatives along with participants from community-based medical, mental health and substance abuse treatment agencies.

Charged with developing a range of options and alternate resources to be used by community first responders on an immediate basis to divert individuals away from the jail and/or emergency room.
The Living Room

• Consumer operated
• Pre-arrest diversion
• 24/7/365
• 4 minute police drop off time
• Louisville Metro and KY Dept. of Behavioral Health funded
• Collaboration with Centerstone of Ky., Police, Health Department, & Detention Center
• Steering Committee
• Up to 23 hour stay
The Living Room

- Roll Call attendance
- Officer “sort”
- Peer Workforce Development & Sustainability
- Co-located “House of Recovery” services
- Capacity
- Expanded utility - urgent services
- Technical assistance
The Living Room – Initial Demonstration Data

<table>
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<tr>
<th>Deferment</th>
<th>Hospital</th>
<th>Jail</th>
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<tbody>
<tr>
<td>December</td>
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<td>February</td>
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<td>46</td>
</tr>
<tr>
<td>March</td>
<td>34</td>
<td>76</td>
</tr>
</tbody>
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**Disposition**
- Centerstone ASET: 2%
- Centerstone CARC/JDAC: 2%
- Centerstone Crisis: 1%
- Centerstone homeless: 5%
- Centerstone Outpt: 3%
- Crisis Diverted: 59%
- Declined Services: 4%
- EMS: 2%
- Mental Health Evaluation: 1%
- Null: 11%
- Other: 9%
- Psych Needs Hospital: 1%

**Volume by month**
- 17-Dec: 20 (7%)
- 18-Jan: 70 (26%)
- 18-Feb: 64 (24%)
- 18-Mar: 117 (43%)
Questions?
Polling Questions
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