Criminal Justice

Response

To people with mental illness
Arrested or incarcerated in Tennessee

Module 4
Mental Health Services

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Module Four

Mental Health Services

Length of Presentation: 30 minutes to 1 hour

Handouts and Materials

4-1 Tennessee Public Mental Health System
4-2 Criminal Justice/ Mental Health Liaison Services
4-3 Crisis Response Services
4-3a Screening Process for Emergency Involuntary Hospitalization
4-4 Inpatient Psychiatric Treatment
4-5 Medication Management
4-6 Case Management
4-7 Psychotherapy & Counseling
4-8 Psychosocial Rehabilitation
4-9 Peer-Run Services, Drop-In Centers and Support Groups
4-10 Housing and Residential Services
4-11 Confidentiality and Privacy of Medical Information
4-12a Linking to Mental Health Services, Law Enforcement
4-12b Linking to Mental Health Services, Corrections
4-12c Linking to Mental Health Services, Courts
4-12d Linking to Mental Health Services, Probation
4-13 Response: Service Access
Speaker: See note below
Optional stickers: Gold stars
Red dots

*[**Note to Instructor:** The purpose of this module is to introduce participants to public mental health services for adults in Tennessee, including the structure of the Tennessee public managed behavioral health care system, service types, and access procedures.]*

***Recommendation:** Invite a mental health service provider to give a 15-minute talk describing service type and eligibility criteria and how to access the service. Facilitate a brief discussion between trainees and presenter on how to establish effective collaboration when mental health clients are in the justice system.*

Possible speaker types and topics:

- *Crisis Response Specialist: Roles of crisis team in community crisis calls, assessment in detention, crisis response to jail inmates;*
- *Case Manager: Maintaining continuity of care for incarcerated clients. Release planning and service referral follow up for released inmates. Communication methods with probation officer regarding treatment compliance for probationers sentenced to treatment as a condition of probation;*
- *Psychiatrist/nurse practitioner: Psychiatric medications, what they do, how they make prescription decisions for incarcerated clients;*

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- *Housing specialist: Obtaining housing for individuals due for release from long-term incarceration in jail;*
- *TennCare/BHO representative: Regulations/procedures for enrolling inmates due for release.]*

[Optional motivational exercise: ***Gold Stars and Red Dots:***
Among criminal justice personnel, feelings run high regarding some types of mental health services. This exercise encourages participants to ask good questions in a positive manner. Caution: ONLY do this exercise if you feel comfortable facilitating a sense of friendly kidding and good humor among participants.

At the beginning of the class, acknowledge that participants may have opinions regarding mental health service delivery. Encourage them to ask questions during the class, WITH THE FOLLOWING CONDITIONS:
- *Every time a participant asks a question or makes a comment in a positive, constructive manner the instructor will award a GOLD STAR.*
- *Every time a participant asks a question or makes a comment in a negative, critical manner the instructor will award a RED DOT.*

Encourage participants to ask questions, but ask them to be constructive.
- *The participant with the most gold stars at the end of the session will receive a prize from the collection of small prizes gathered for the training.*
- *The participant with the greatest number of red dots will be at the mercy of the class to decide a penalty. If the class seems merciless the instructor can decide a minor penalty such as a fake traffic ticket for being a "motor mouth".]*

Objectives
- To learn about types of mental health services for adults, their purpose and methods;
- To learn criteria for acceptance into mental health services;
- To learn about psychiatric medications;
- To build positive working relationships between criminal justice and mental health personnel.

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DISCUSSION
Mental Health Services

This session will describe mental health services in Tennessee, what they do and don't do, and how personnel from law enforcement, corrections, the courts and probation and parole can access services and supports for individuals with severe mental illness.

- Good working relations between mental health and criminal justice personnel are key to getting people with mental illness into treatment rather than the criminal justice system when no serious crime has been committed.
- Understanding the mandates and limitations of our respective duties will help everyone work more flexibly and effectively for these individuals.

Tennessee Mental Health Service System

Most individuals with mental illness live in the community and participate in treatment with community mental health providers.
Some are admitted to the psychiatric hospital for brief periods to:

- Resolve psychotic, suicidal or manic episodes; or
- Adjust medications in a controlled environment.

Very few require long-term hospitalization or residential treatment.
However, a 1999 national study by the Bureau of Justice Statistics shows that 23% of jail inmates with mental illness are incarcerated for public order offenses that could be connected to symptoms of mental illness.

Most public mental health services in Tennessee are funded through TennCare Partners, a managed care program using federal Medicaid funds and state funds.

[Refer to Handout 4-1, Tennessee Public Mental Health System.]

Eligibility criteria for TennCare Partners is based on being a:

- Medicaid recipient (TANF or SSI), OR
- Medically eligible:
  - Current assessment of severe and persistent mental illness;
  - Qualifying medical diagnosis;
  - Health insurance denial option (uninsurable);
  - Income no greater than 100% of poverty.

The state of Tennessee contracts with private "behavioral health organizations" (BHOs), to monitor and pay for mental health and substance abuse treatment services under TennCare Partners. Individuals may apply for TennCare Partners through the Department of Human Services (DHS).

TennCare services to individuals are authorized based on "medical necessity".
That means TennCare will only pay for services that are:

- Consistent with the symptoms, diagnosis and treatment of the illness;
- Appropriate with regards to good medical practice;

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- Not solely for the convenience of an enrollee, physician, institution or other provider; and
- The most appropriate level of services that can safely be provided to the enrollee. For inpatients, this means that services for the enrollee's symptoms cannot be safely provided on an outpatient basis.

When a TennCare enrollee is referred for services, assessment personnel must go by medical necessity criteria. If criteria are *not* met, the provider will not be paid for service.

Mental Health Coverage for Inmates:

- Federal law prohibits Medicaid (TennCare) funds from covering correctional inmates;
- Community mental health agencies are required to provide crisis response services to the public regardless of TennCare eligibility or insurance coverage, but payment is required for most other services;
- Most mental health services to inmates of county jails are the financial responsibility of the county;
- Counties decide:
  - Types and levels of care to be provided in correctional facilities,
  - Service payment arrangements include:
    - What the county pays for;
    - What the inmate or family pays for out of pocket or through private insurance.

Service is often interrupted when individuals are incarcerated.

- Partly due to difference between TennCare services provided to individuals in the community and service provided in correctional facilities;
- Disruption in care (especially medication) may exacerbate symptoms of mental illness and increase the individual's likelihood of misbehavior while incarcerated;
- When stabilized prior to release from jail, but not successfully linked to mental health services, symptoms may re-appear and the individual may cause a disturbance in the community, and be re-arrested.

Recommendations:

- Make every effort to continue the care provided prior to incarceration;
- Contact the individual's mental health provider before the individual's release to establish service linkage.

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Types of Mental Health Services

Handouts 4 –2 through 4-10 describe major types of mental health services provided to adults with severe mental illness.

- There will be a brief discussion of each service in class,
- Questions are encouraged,
- Handouts are provided for later reference.

[If speaker is available:]
Following the discussion, ***[name of speaker]*** is here to discuss ***[type of service]*** provided by ***[agency]*** to give a better understanding of what is provided and how to access service.

After the speaker there will be information on:

- How to access mental health services; and
- Confidentiality of medical and mental health information under the Health Insurance Portability and Accountability Act (HIPAA) and Title 33.

Criminal Justice/ Mental Health Liaisons

[Refer to Handout 4-2, Criminal Justice/Mental Health Liaison Services.]

- Boundary spanners available to criminal justice and mental health systems in 21 counties.

Community Activities:

- Identify system breakdowns that contribute to criminalization of mental illness;
- Developing resources that promote diversion of persons with mental illness.

Services:

- Identification of adults with mental illness in the criminal justice system;
- Jail diversion:
- Continuity of care:
- Release planning and follow-up:
- Consultation with court officials:
- Training/ education.

[Ask for questions regarding criminal justice/mental health liaison services. Give brief responses to the whole class. More in-depth questioning should be deferred to the break or after the presentation, when you can respond to the individual.]

[Optional: Award gold stars and red dots as deserved.]

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Crisis Response Services

[Refer to Handout 4-3, Crisis Response Services.]

Statewide 24 hour, 7 day per week response to psychiatric emergencies:

- Serves the general population, not just TennCare enrollees;
- Crisis telephone line is managed through a central location;
- Information is relayed to local crisis teams as appropriate;
- There is one statewide provider for children's mental health crisis teams.

In rural areas crisis response teams may take time because of travel time. In large urban areas crisis response may take time because of an overwhelming call load.

Some counties have provided mental health training to some or all of their police force to equip them to respond adequately to calls involving people with mental illness.

- Reduces the need to call crisis services.
- Allows prioritization so crisis response teams can go where most needed.

Some areas have a non-mobile crisis team where law enforcement officers can drop individuals off for assessment without having to wait until the evaluation is complete.

[Ask for questions regarding crisis response services. Give brief responses to the whole class. More in-depth questioning should be deferred to the break or after the presentation, when you can respond to the individual.]

[Optional: Award gold stars and red dots as deserved.]

In-Patient Psychiatric Treatment

[Refer to Handout 4-4, Inpatient Psychiatric Treatment.]

TennCare covers admission to 29 in-patient facilities across the state, five of which are Regional Mental Health Institutes operated by the Tennessee Department of Mental Health and Developmental Disabilities.
RMHIs are at or over capacity, so beds are reserved for involuntary admissions.
Most in-patient admissions are brief and may offer:

- Crisis stabilization,
- Observation for suicidal, self-injurious or aggressive behavior,
- Assessment and diagnosis,
- Medication management,
- Individual and group therapy and
- Release planning.
- Psychiatric hospitalization is NOT a long-term solution to inadequate housing.
- Psychiatric hospitalization RARELY offers a complete solution to the individual's needs. It is part of a continuum of services. No one is committed for life.

[Ask for questions regarding in-patient treatment. Give brief responses to the whole class. More in-depth questioning should be deferred to the break or after the presentation, when you can respond to the individual.]
[Optional: Award gold stars and red dots as deserved.]

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Medication Management

[Refer to Handout 4-5, Medication Management.]

Psychiatric medication may be prescribed by:

- Psychiatrist;
- Other medical doctor,
- Physician's assistant, or
- Nurse practitioner.
- Best if the prescribing professional has psychiatric training and expertise because these medications are powerful and must be monitored carefully.

TennCare covers costs for enrollees in the community:

- Diagnosis,
- Prescription,
- Pharmacy services,
- Administration of medication,
- Lab work.

For jail inmates medication costs are usually paid by the county of incarceration and/or by the individual, family or private insurance.

- Because of high medication costs, correctional facilities may not pay for some of the newer, more effective medications covered by TennCare. An abrupt change in medication may lead to increased symptoms and behavioral outbursts.
- The state of Tennessee has provisions by which county jails may purchase medications at reduced cost through the state contract. For further information call the State of Tennessee General Services: (615)-532-9857;
- Correctional facilities may be able to work with prescribing professionals to obtain samples or reduce costs in other ways.

[Refer to Handout 4-5a, Psychiatric Medication.]

Psychiatric medications are grouped by the symptoms they address. Those that alleviate symptoms of major mental illness are:

- Anti-depressant;
- Anti-anxiety;
- Mood stabilizing;
- Anti-psychotic.

Most psychiatric medications are powerful drugs that must be monitored:

- To ensure that they are actually improving the desired symptoms;
- To reduce side effects, many of which are uncomfortable and a few, harmful.

Some psychiatric medications, such as benzodiazepines and stimulants, can be abused, but most do not produce pleasant enough sensations to become street drugs. Because these drugs are powerful, switching from one to another, or reducing dosage should be done carefully to avoid adverse reactions.

[Ask for questions regarding medication management. Give brief responses to the whole class. More in-depth questioning should be deferred to a medical professional.]

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Case Management

[Refer to Handout 4-6, Case Management.]

Mental health case managers link individuals with severe mental illness to needed services and resources such as SSI/SSDI, housing and employment programs. TennCare case managers will have to terminate cases where the individual is incarcerated for more than 30 days.
Mental health agencies vary in their policies regarding continuity of care to incarcerated clients. However, with a signed consent to release information from the client, case managers can assist with:

- Jail diversion,
- Communicating treatment information to the correctional facility,
- Encouraging clients to participate in treatment while incarcerated, and
- Release planning and service linkage.

Other services provided by case managers include:

- Assessment and prioritization of needs;
- Service planning;
- Crisis response;
- Assistance in daily living;
- Linkage, referral, and advocacy to other community services; and
- Monitoring the overall service delivery plan.

[Ask for questions regarding case management. Give brief responses to the whole class. More in-depth questioning should be deferred to the break or after the presentation, when you can respond to the individual.]

[Optional: Award gold stars and red dots as deserved.]

Psychotherapy and Counseling

[Refer to Handout 4-7, Psychotherapy and Counseling.]

Psychotherapy and counseling, sometimes referred to as "talk therapy," helps individuals examine thoughts and feelings, and adopt more healthy modes of behavior. Psychotherapy is used in certain aspects of treatment for severe psychiatric disorders. It is also used in:

- Substance abuse treatment;
- Child and adolescent treatment;
- Resolution of situational issues, marital issues or family problems.

Most psychotherapy delivered in the TennCare Partners Program is brief, and solution-focused for individuals or families, and is conducted by masters level clinicians. Case managers provide supportive counseling to individuals with severe mental illness.

Types of psychotherapy are described on the handout.

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Because of the high prevalence of serious substance use disorders among the jail population, correctional facilities may choose to offer addiction counseling.

Prison-based sex offender treatment is the other major type of counseling offered in correctional facilities.

[Ask for questions regarding psychotherapy and counseling. Give brief responses to the whole class. More in-depth questioning should be deferred to the break or after the presentation, when you can respond to the individual.]

[Optional: Award gold stars and red dots as deserved.]

Psychosocial Rehabilitation

[Refer to Handout 4-8, Psychosocial Rehabilitation.]

Psychosocial rehabilitation is a group of services that use a strengths-based approach to help individuals with psychiatric disabilities gain skills necessary to successfully integrate into the community. Psychosocial rehabilitation helps the individual build on vocational, educational and interpersonal and living skills.

Psychosocial clubhouses provide a daily environment in which individuals learn entry-level employment skills in clerical, maintenance and food preparation fields. The clubhouse becomes a community and social support system for members.

Transitional employment provides entry-level employment opportunities in real job settings to individuals with severe mental illness. The psychosocial agency contracts for the position, then trains and places individual members in the position for several months. If the individual is not able to fill the job, another client is placed in the position.

Supported employment offers individuals the opportunity to work with a job coach to formulate employment goals and seek desired employment. Once the individual is employed, the job coach offers assistance to help the employee perform the work as expected.

Many psychosocial programs offer supported housing in the community with various levels of assistance to help the individual progress to stable, independent housing.

[Ask for questions regarding psychosocial rehabilitation. Give brief responses to the whole class. More in-depth questioning should be deferred to the break or after the presentation, when you can respond to the individual.]

[Optional: Award gold stars and red dots as deserved.]

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Peer Run Services

[Refer to Handout 4-9, Peer-Run Services.]

Several types of services are staffed by people with mental illnesses or family members, and offer peer-support, role modeling, peer-education and advocacy.

Drop-in centers exist across the state and offer gathering places for adults with mental illness during the day, evenings and weekends. Members plan and participate in activities and service projects. Food and transportation are usually provided by the center. Law enforcement may be called to a drop-in center if one of the members becomes aggressive or suicidal. Drop-in center staff have training in crisis de-escalation, but they are peers, not professionals, and will call for assistance from crisis response services or law enforcement when needed.

Support groups and peer-taught classes are offered to consumers by the Tennessee Mental Health Consumers Association (TMHCA), and to family members by the National Alliance for the Mentally Ill of Tennessee (NAMI-TN). Classes and support groups occur on a regular basis in most communities.

Peer taught classes have been successfully offered to probationers with mental illness and to drug court defendants who have co-occurring mental illness and substance use disorders. NAMI –TN has successfully offered social support and education to family members of individuals with mental illness who have been arrested and incarcerated.

[Ask for questions regarding peer-run services. Give brief responses to the whole class. More in-depth questioning should be deferred to the break or after the presentation, when you can respond to the individual.]

[Optional: Award gold stars and red dots as deserved.]

Housing and Residential Services

[Refer to Handout 4-10, Housing and Residential Services.]

People with mental illness can and do live successfully in the community. A continuum of decent, affordable housing options is under continual development through the Tennessee Department of Mental Health and Developmental Disabilities in cooperation with mental health agencies across the state. Eligibility for the various types of housing is based on the individual's need for supervision and assistance with living skills. Independent Living Assistance funds are available to supplement rent and utility costs.

From least to most independent, housing options include:

- Supervised group housing with on-site staff and 24-hour care;
- Partially supervised group housing with staff on-site as needed;
- Independent congregate housing;
- Rental housing with minimal staff support; and
- Home ownership.

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Housing specialists can assist individuals with criminal records to access subsidized housing through specific programs. Contact information is listed on the handout.

[Ask for questions regarding housing and residential ser vices. Give brief responses to the whole class. More in-depth questioning should be deferred to the break or after the presentation, when you can respond to the individual.]

[Optional: Award gold stars and red dots as deserved.]

Speaker

[15 – 20 minute limit.]

[Introduce the speaker, agency and service type. Ask the speaker to briefly describe:

- *What they offer,*
- *Who is eligible,*
- *Situations in which criminal justice personnel call upon the service; and*
- *Information on what the audience should know to access the service.*

Facilitate a brief discussion between trainees and presenter on how to establish effective collaboration when mental health clients are in the justice system. If there is a discussion seems likely to go overtime, make sure contact information is exchanged and arrangements are made to continue at another time.]

Confidentiality

[Refer to Handout 4-11 Confidentiality and Privacy of Medical Information.]

Mental health providers are bound by professional ethics and the law to protect confidentiality of information disclosed, and records maintained, in mental health treatment. Generally, mental health providers do not disclose whether the individual is a client of the agency, or anything about treatment unless the individual has signed a "Authorization to Release Information" document.

Privacy standards have become even more rigorous with the recent implementation of a federal law: The Health Insurance Portability and Accountability Act of 1996 (HIPAA). Exceptions to privacy standards do exist under HIPAA, some of which concern criminal justice situations. Because HIPAA is so new, mental health providers may be unsure of their duties and responsibilities when a client is involved in the criminal justice system. Handout 4-11 gives basic information, but each situation is different and should be subject to legal opinion.

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Linking to Mental Health Services

[Read Handout 12a, 12b, 12c ***OR*** *12d: Linking to Mental Health Services. Each handout address linkage for different types of criminal justice personnel.]*

Response: Service Access

*[**Notes to Instructor:***
Refer to Handout 4-13: ***Response:*** *Service Access*
Read two or three client scenarios to the class
(Choose those most appropriate to the audience.)

- *After each scenario is read, ask participants to suggest the best approach to linking the individual to supports and services.*
- *Discuss what services would be appropriate and what information should be given to the mental health providers.*
- *Ask participants to discuss alternative solutions. More than one approach usually exists.*
- *Distribute gold stars to each person who responds. See instructor notes at beginning of Module 4.]*

Conclusion

The goal of the public mental health system is to promote recovery of individuals with mental illness and their successful integration into the community as contributing members of society. The goal of the criminal justice system is to protect the safety of the community and promote justice within society. Goals of both systems are served when people with serious mental illness who have not committed serious crimes are re-directed to mental health services instead of arrest and incarceration. Cross training will promote understanding and good working relationships between criminal justice and mental health personnel, which, in turn, will increase re-direction of people with serious mental illness to the mental health system.

References

Tennessee Department of Mental Health and Developmental Disabilities (2003); Application for 2004 Community Mental Health Services Block Grant, Adult Services Plan, Criterion 1, Comprehensive community-based system of care, p.41.

Tennessee Department of Mental Health and Developmental Disabilities (2002); Criminal Justice/Mental Health Liaison Project Overview.

Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, 104th Congress.

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Handout 4-1
Tennessee Public Mental Health System

What is TennCare Partners?
TennCare Partners is the public managed behavioral health care program that provides medically necessary services to the 1.3 million enrollees in TennCare.

TennCare Partners Services:

- Inpatient psychiatric treatment;
- Outpatient mental health services;
- Inpatient and outpatient substance abuse treatment services;
- Pharmacy and laboratory services;
- Transportation to covered services;
- Mental health case management;
- 24-hour residential treatment;
- Housing/ residential care;
- Specialized outpatient and symptom management;
- Psychiatric rehabilitation.

Services are provided to TennCare enrollees based on **Medical Necessity**.
That means TennCare will only pay for services that are:

- Consistent with symptoms, diagnosis, treatment of the enrollee's illness;
- Appropriate with regards to good medical practice;
- Not solely for the convenience of an enrollee, physician, institution or other provider; and
- The most appropriate level of service that can safely be provided to the enrollee. For inpatients, this means that symptoms require that the services cannot be safely provided to the enrollee as an outpatient.

Problem: Health Coverage for Jail Inmates

- Federal law prohibits Medicaid funds from covering individuals incarcerated in jails, workhouses or prisons;
- Community mental health agencies are required to provide crisis response services to the public regardless of TennCare eligibility, but insurance coverage or payment is required for most other services;
- Most mental health services to inmates of county jails are the financial responsibility of the county;
- Differences between TennCare services and correctional facility services may disrupt the individual's care during booking and intake, exacerbating symptoms and the likelihood that the individual will misbehave;
- When stabilized prior to release from jail, but not successfully linked to community mental health services, symptoms may re-appear, the individual may cause a disturbance in the community, and be re-arrested.

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Handout 4-2
Criminal Justice/ Mental Health Liaison Services

Criminal Justice/Mental Health Liaison personnel are available in some judicial districts to facilitate coordination between the community, criminal justice and mental health systems; to promote diversion activities; and provide service linkage to adults with serious mental illness who are incarcerated or at risk of incarceration.

Community Activities

- Maintain contact with the various agencies and persons who are part of the criminal justice, mental health, community, family and consumer systems to assure collaborative efforts are effective;
- Identifying barriers to continuity of care and developing action plans;
- Identifying system gaps that prevent diversion from the criminal justice system;
- Developing resources that promote diversion of persons with mental illness;
- Monitor system interaction, provide solutions to system breakdowns;
- Identify system breakdowns that contribute to criminalization of mental illness.

Services

Identification:

- Daily contacts with arresting agency to identify arrested individuals with mental illness;
- Assess defendants exhibiting symptoms of mental illness as identified by criminal justice personnel.

Jail Diversion:

- Provide arresting agencies with viable diversion strategies such as hospitalization, respite, alternative housing, re-engaging with mental health services/case management, etc.;
- If diversion options are limited or not available, work with the community and mental health system to develop or improve diversion options.

Continuity of Care:

- Rapidly identify persons with mental illness who are arrested;
- Provide information on treatment needs to arresting agency;
- Contact mental health provider regarding defendant's legal status, gather information, encourage contact between mental health and criminal justice agencies;
- Assist jail to establish viable mental health care for inmates with mental illness.

Release Planning and Follow-up:

- Develop/ coordinate release plan with the defendant and mental health provider to ensure that services are in place;
- Contact the defendant and/or the mental health provider to ensure the services were accessed on release, to assist with barriers that may have occurred.

Consultation with Court Officials:

- Make recommendations concerning mental health needs of defendants with mental illness;
- Assist with release or sentencing plan that includes mental health services and community support;
- Aid defense counsel in recommending appropriate mental health assessments for an individual.

Training/ Education:

- Offer regular training sessions for criminal justice and mental health personnel.

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Handout 4-3
Crisis Response Services

Crisis response services consist of a statewide 24/7 response to psychiatric crises in the general population. Crisis response services function as the portal of entry into the mental health system, particularly for individuals who have not yet been identified as needing services.

- The crisis response telephone line is managed through a central location. Information is relayed to crisis response teams.
- Crisis response teams:
  - Go to the scene of the crisis, OR
  - Meet the individual at an emergency room to provide counseling and evaluation, OR
  - Meet the individual at a 24-hour walk in assessment facility or crisis stabilization unit.

If the individual with mental illness appears to need emergency involuntary hospitalization, generally, a mandatory pre-screening agent (MPA) designated by the Commissioner of TDMHDD (crisis response teams have one or more MPAs) must conduct an assessment to determine if the individual meets the criteria for emergency involuntary admission to an inpatient psychiatric facility or if other less restrictive services would be more appropriate.

To be eligible for emergency hospitalization, the individual must meet the following criteria (T.C.A. § 33-6-403):

(1) The person has a mental illness or serious emotional disturbance, AND
(2) The person poses an immediate substantial likelihood of serious harm** because of the mental illness or serious emotional disturbance, AND
(3) The person needs care, training, or treatment because of the mental illness or serious emotional disturbance, AND
(4) All available less drastic alternatives to placement in a hospital or treatment resource are unsuitable to meet the needs of the person.

**"Substantial likelihood of serious harm" means:

(1) A person has threatened or attempted suicide or to inflict serious bodily harm on such person, OR
(2) The person has threatened or attempted homicide or other violent behavior; OR
(3) The person has placed others in reasonable fear of violent behavior and serious physical harm to them, OR
(4) The person is unable to avoid severe impairment or injury from specific risk, AND
(5) There is substantial likelihood that such harm will occur unless the person is placed under involuntary treatment. (T.C.A. § 33-6-501)

Emergency involuntary admission is a serious process in which an individual's right to refuse treatment is temporarily suspended. The law mandates pre-screening and due process procedures to protect the individual's liberty.

If a crisis team determines that an individual *does not* meet emergency involuntary admission criteria, they must offer an alternative service. The crisis team must follow-up within 12 hours to find out what happened and take further steps if necessary.

If a crisis team determines that an individual *meets* criteria for emergency involuntary admission, the team will complete an initial certificate of need.

- The individual would be transported to the admitting facility where a physician conducts another evaluation to determine whether the individual meets criteria for emergency

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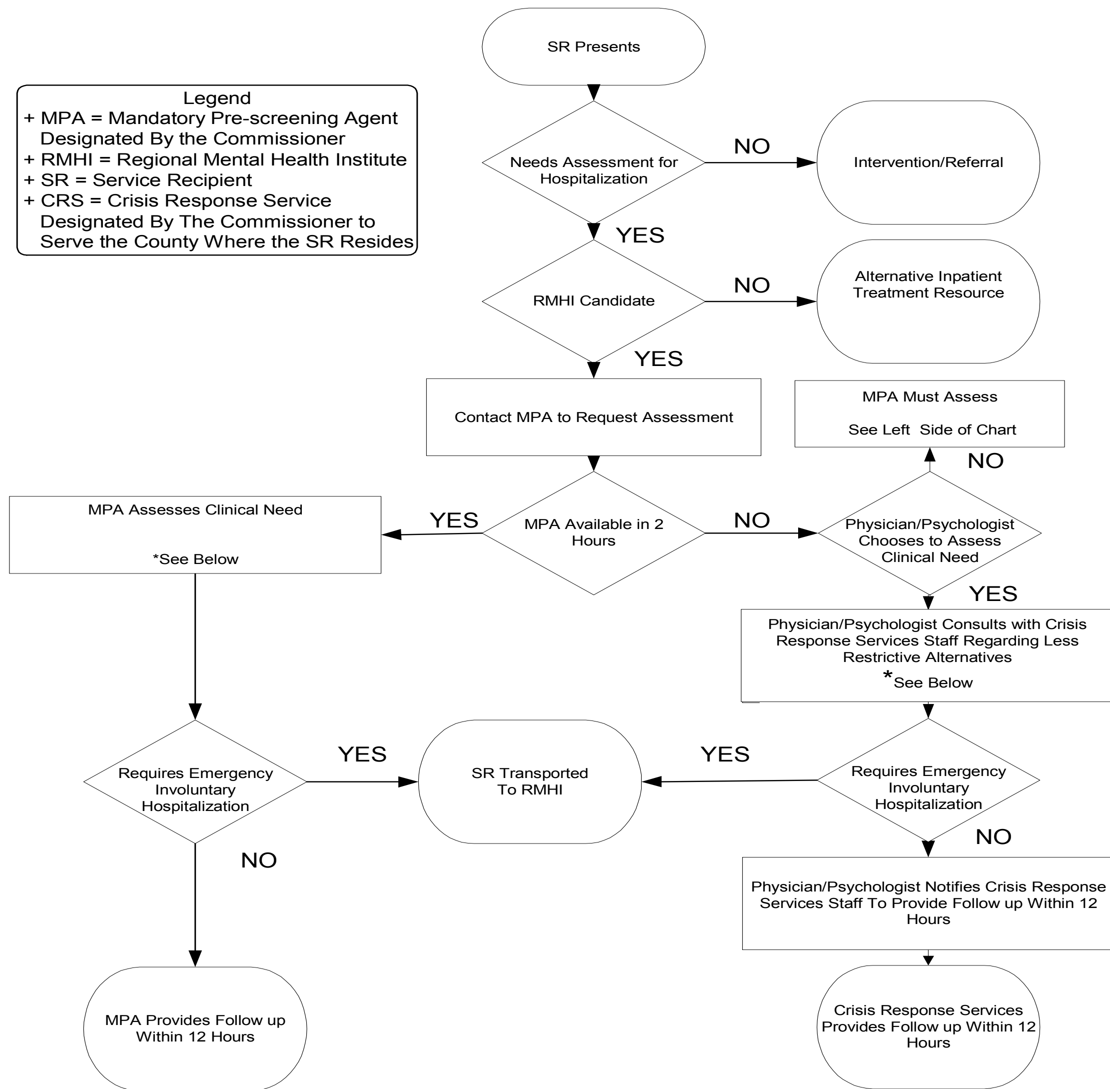
involuntary admission. If the individual still meets criteria the evaluator completes a second certificate of need. [TCA 33-6-407].

- If the second evaluator deems that the individual does *not* meet emergency involuntary admission criteria, the individual should be referred to a more appropriate service.
- Services that help individuals stabilize in the community include:
    - Crisis response services;
    - Respite care (accessed through crisis response services);
    - Crisis stabilization unit (Chattanooga);
    - 24 hour walk-in assessment (Knoxville, Nashville, Memphis);
    - Targeted Transitional Support Program (financial assistance with supports and services to effect timely discharge).

COMMUNITY BASED SCREENING PROCESS FOR EMERGENCY INVOLUNTARY HOSPITALIZATION RMHI



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* The Physician, Psychologist or MPA Shall also:
+ assess need for physical restraint or vehicle security, and
+ determine mode of transportation.

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Handout 4-4
Inpatient Psychiatric Treatment

TennCare Partners admits adults to 29 in-patient facilities across the state, five of which are Regional Mental Health Institutes operated by the Tennessee Department of Mental Health and Developmental Disabilities.

In-patient services include crisis stabilization, observation for suicidal, self-injurious or aggressive behavior, assessment and diagnosis, medication management, individual and group therapy and release planning. Individuals should only be released from inpatient treatment when the following needs are addressed: treatment (including medication management), case management, and if appropriate; housing, support groups, and consumer and family education.

Problem:

- The overall percentage of inpatient admissions *increased* by nearly 7% in 2002 - 2003.
- Adult admissions to the Regional Mental Health Institutes increased by 15% in 2002-2003. The RMHIs are a point of entry into the system for many persons who do not have TennCare or other insurance.
- Hospitalization is expensive and often more restrictive than necessary to meet the individual's needs.
- Because most of the RMHIs are at or over capacity, the vast majority of RMHI admissions are on an involuntary emergency basis.
- TennCare does cover voluntary admission to private psychiatric hospitals in the BHO network, however the RMHIs definitely admit jail inmates while private hospitals may choose whether or not to admit.
- In an effort to reduce hospitalization rates, RMHIs must scrutinize every admission closely, and must verify that the certificate of need still describes the individual accurately [TCA 33-6-404].
- Law enforcement officers transport individuals for admission to RMHIs only to have the RMHI refuse to admit the person because harm to self or others and need for inpatient treatment are no longer deemed to be an issue. Then law enforcement must transport the individual back to the community, a treatment agency or jail.

What psychiatric hospitalization is NOT

- Psychiatric hospitalization is NOT a long-term solution to inadequate housing. The Tennessee Department of Mental Health and Developmental Disabilities is currently developing a range of housing options across the state. Individuals with mental illness, even very serious and disabling mental illness, can and do live fulfilling lives in the community with a range of supports and services.
- Psychiatric hospitalization is rarely a complete solution to the individual's needs. It is part of a continuum of services and supports, most of which are best delivered in the community.

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Handout 4-5
Medication Management

Psychiatric medication is one of the most effective tools used to treat serious mental illness. In the past, psychiatric medications have involved uncomfortable and sometimes harmful side effects and it was common for individuals to refuse to take medication or not to take it as prescribed. Modern psychiatric medications are much more effective and comfortable, but most are very expensive.

Psychiatric medication may be prescribed by a psychiatrist, other medical doctor, physician's assistant, or nurse practitioner. Best practices indicate that the prescribing professional should have psychiatric training and expertise. TennCare covers cost of diagnosis, prescription, pharmacy services, administration and lab tests for enrollees. For individuals who are incarcerated, medication costs are usually paid by the county of incarceration and/or by the individual. Medication management involves the following personnel types:

Prescribing professional; psychiatrist, other medical doctor, physician's assistant, nurse practitioner: The prescribing professional must diagnose the individual through psychiatric interview, observation of behavior, and consideration of medical history. Medications are used to treat symptoms of psychiatric disorder. Therefore, more than one medication may be prescribed to an individual based on the pattern of symptoms presented. Diagnosis and prescription are part of an ongoing process. Changes in prescription may be due to factors such as changes in symptoms, changes in the effects of medication on the individual, or lack of tolerance for side effects.

Pharmacy: Medications may be purchased from a locally owned pharmacy, pharmacy franchise, wholesale pharmaceutical supplier, or a firm delivering a broader array of health services. The state of Tennessee also provides the option for county governments to utilize the state pharmaceutical contract at greatly reduced cost. (For more information contact General Services: 615-532-9857)

Medication administration: The vast majority of individuals with mental illness self-administer their medication. Some receive medications from a nurse. A nurse or other qualified professional must administer injections.

Medication monitoring: Medication for severe mental illness requires periodic monitoring by a nurse or prescribing professional to identify effects on symptoms, side effects, and compliance with prescription regimen. Part of medication monitoring may involve laboratory tests for level of medication in the individual's system, and presence of complicating biological factors.

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Handout 4-5a: Psychiatric Medication

Anti-Depressant Medication

Generic Name	Brand Name	Usual Dose (mg.)	Side Effects
SSRI: Most frequently prescribed type of anti-depressant			
fluoxetine	Prozac	20 - 40	Anxiety Nausea Headaches Weight Loss Activating rather than sedating; may trigger mania or psychosis. **All non-toxic.**
sertraline	Zoloft	50 - 200	
paroxetine	Paxil	10 - 50	
citalopram	Celexa	20 - 40	
escitalopram	Lexapro	10 –20	
Tri-cyclic			
desipramine	Norpramin Pertofrane	150 - 300	Dry mouth, tremors, blurred vision Bloating and weight gain, Urinary retention, lightheadedness on standing up suddenly, sweating Constipation, Change in sexual desire High dose: irregular heartbeat **Can be lethal: Use with caution**
imipramine	Tofranil	150 - 300	
nortriptyline	Aventyl Pamelor	75 - 100	
doxepin	Sinequan Adapin	150 - 300	
amitriptyline	Elavil	150 - 300	
MAOI: Stringent dietary restrictions, Use with caution!			
phenelzine	Nardil	45 - 90	Weight Gain Dizziness Sleep disturbances Impaired sexual functioning Swelling of legs and ankles
tranylcypromine	Parnate	20 - 60	
L-deprenyl	Eldepryl	10	
Other Anti-depressants			
buproprion	Welbutrin	150 - 450	Weight loss, agitation, risk of seizures.
trazodone	Desyrel	50 - 400	Very sedating; used in lower doses for insomnia.
venlafaxine	Effexor	37.5 - 300	Activating, headache,, sleepiness, nausea, constipation
nefazodone	Serzone	200 - 600	Headache, sleepiness, agitation, nausea, tremor, constipation
mirtazapine	Remeron	15 - 45	Increased appetite, weight gain, sleepiness, dizziness

Anti-Anxiety Medication

Generic Name	Brand Name	Usual Dose (mg.)	Side Effects
Benzodiazepines			
lorazepam	Ativan	2 - 6 mg. effective for 15 hrs.	Tolerance, Withdrawal syndrome, Does not mix with alcohol
alprazolam	Xanax	0.5 - 6 mg. effective for 12 hrs.	
diazepam	Valium	2 - 60 effective for 100 hrs.	
clonazepam	Klonopin	0.5 - 10 mg. effective 34 hrs.	
Other Anti-Anxiety Medications			
buspirone	BuSpar	15 to 60	Dizziness, headache, sleepiness, nausea
zolpidem	Ambien	10	
diphenhydramine	Benadryl	25 – 150	

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Handout 4-5b: Psychiatric Medication

Mood Stabilizing Medication

Generic Name	Brand Name	Usual Dose (mg.)	Side Effects
lithium carbonate	Eskalith Lithane Lithonate Lithobid Lithotabs	450 to 1500	Nausea, Lethargy, Thirst, Hand tremors, Weight gain, Acne, Increased urination Hypothyroidism Risk of Toxicity: Blood level monitoring required
Anti-Convulsant Medication: Effective for stabilizing moods			
divalproex sodium valproic acid	Depakote Depakene	500 -1500	Weight gain, nausea, indigestion, sedation; Liver damage (rare)
gabapentin	Neurontin	300 - 2400	Tiredness, dizziness, fatigue
lamotrigene	Lamictal	50 - 400	Dizziness, sleepiness, hazardous rash
carbemazepine	Tegretol	400 - 800	Nausea, clumsiness, Aplastic anemia (rare)
topiramate	Topimax	50 - 200	Fatigue, dizziness, sleepiness, tremor

Anti-Psychotic Medication

Generic Name	Brand Name	Usual Dose (mg.)	Side Effects
Typical Neuroleptics			
fluphenazine (Injectable)	Prolixin	10	Drowsiness, shakiness, Increased stiffness, Dizziness, sensitivity to sunburn, Muscular spasms, Mouth movements, Sexual difficulties **SERIOUS:** Tardive Dyskinesia, Neuroleptic malignant syndrome
haloperidol (Injectable)	Haldol	10	
thiothixene	Navane	20 X 2	
thioridazine	Mellaril	500 X50	
chlorpromazine	Thorazine	500 X50	
Atypical Antipsychotics			
clozapine	Clozaril	300 - 900	Weight gain, sedation salivation, seizures SERIOUS: low white blood cell count. Need blood tests.
risperdone	Risperdal	1 - 10	Weight gain, headache sedation, dizziness, low blood pressure, Parkinsonism, restlessness.
quetiapine	Seroquel	150 - 800	Sleepiness, low blood pressure.
olanzapine	Zyprexa Zidas	5 - 20	Sedation, weight gain, minimal anti-cholinergic effects.
ziprasidone	Geodon	20 - 80	Headache, sleepiness, irregular heartbeat, abnormal movements
aripiprazole	Abilify	20 – 30 mg.	Headache, insomnia, anxiety

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Handout 4-6
Case Management

TennCare mental health case managers link individuals with severe mental illness to mental health, primary health care, and other needed services. Individuals can be referred to case management by hospitals, crisis response services, community-based service providers, and can self-refer. Mental health case management services consist of the following components:

Assessment and prioritization of needs: Includes examination of the individual's strengths, current situation, aspirations, needs and prioritized goals in the life domains of behavioral health, physical health, living arrangements, financial and social support, vocation/education and recreation. Case managers use state standards to classify adult clients into clinically related groups (CRG) prioritizing those with the greatest need:

- *CRG 1:* Individuals diagnosed with a psychiatric disorder whose functioning is currently, or in the last 6 months has been severely impaired. The duration of their impairment totals six months or longer in the past year.
- *CRG 2:* Individuals diagnosed with a psychiatric disorder whose functioning is currently, or in the last six months has been severely impaired. The duration of their impairment totals less than six months in the past year.
- *CRG 3:* Individuals diagnosed with a psychiatric disorder whose functioning has not been severely impaired within the last 6 months, but has been severely impaired in the past. Services are needed to prevent relapse. The individual meets medical necessity criteria defined by the Behavioral Health Organizations.
- *CRG 4 & 5:* These individuals are not eligible for case management services.

Service planning: The case management service plan is a written action plan mutually developed by the case manager and the individual, and is part of an ongoing assessment/monitoring/evaluation process. It includes prioritized areas of service, needs and skill development; short and long term measurable goals; strategies to meet defined goals; identification of agencies and contacts necessary to accomplish strategies; and examination of barriers to service delivery.

Crisis response: Case managers provide direct crisis assistance during working hours, but are also available to work with crisis services to meet the individual's needs. Case managers help the individual develop skills that will enable them to deal effectively with crisis and prevent the need for more restrictive services.

Assistance in daily living: Assistance in daily living includes ongoing support and development of individual skills needed to enhance the individual's ability to live independently.

Linkage, referral, and advocacy to other community services: The case manager assesses and mobilizes resources to meet needs of the individual, including referring and insuring that needed services are provided. All types of resources and services are included such as income, housing, primary health care, social support and legal/criminal justice services.

Monitoring overall service delivery plan: The case manager is responsible for monitoring delivery of all services in the plan and assessing the extent to which services delivered are helping the individual achieve goals.

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Handout 4-7
Psychotherapy and Counseling

Most "talk therapy" delivered in the TennCare Partners Program is brief, solution-focused therapy for individuals or families conducted by masters level clinicians. Case managers provide supportive counseling to individuals with severe mental illness.

Supportive Psychotherapy:
Goal: To improve the client's self-acceptance and ability to perceive social situations accurately, to develop coping skills.
Methods: The therapist is a mentor. The therapist does not judge the client negatively for feelings or thoughts, but advises the client how to develop a healthy lifestyle.

Cognitive Therapy:
Goal: To uncover and change negative thinking patterns. Feelings and behavior are then much easier to change.
Methods: The cognitive therapist serves as a teacher and advisor who helps the client:

1) Uncover negative self-talk;
2) Explore whether the extent to which thought patterns reflect reality;
3) Consider reactions that follow negative self-talk;
4) Test the truth of assumptions that underlie negative thoughts.

Cognitive therapy is often combined with behavioral therapy.

Behavioral Therapy:
Goal: To help the client change dysfunctional behavior. This type of therapy focuses on changing behavior rather than deeply exploring motivation.
Methods: The therapist is a researcher and teacher. Initial assessment seeks to learn:

1) What are the problems and goals?
2) How can progress be measured and monitored?
3) What factors in the person's life are maintaining the problem?
4) Which interventions are likely to be effective?

Techniques used to help the client change behavior include systematic desensitization, flooding, behavior rehearsal, positive reinforcement, aversion therapy and social skills training.

Insight-Oriented Psychoanalytic Therapy:
Goal: The therapist helps the client realize what motivates problem thoughts, feelings and behaviors, to reach self-acceptance, and to achieve potential.
Methods: The therapist is an understanding listener and an authority figure. The client's response to the therapist brings insight about relationships, thoughts, feelings and behaviors. The therapist's acceptance helps the client grow toward self-acceptance and maturity. Psychoanalytic therapy usually takes a long time and is not commonly used in public managed care services.

Family Therapy
Goal: To help family members change unhealthy relationships and behavior patterns.
Methods: The therapist is an understanding listener and an advisor. Motivations, thoughts and feelings associated with family interactions are explored. The therapist teaches the family how to interact in a healthy manner.

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Handout 4-8
Psychosocial Rehabilitation

Psychosocial rehabilitation uses a client-centered, strengths-based approach to help individuals with severe mental illness gain or regain skills necessary to live independently in the community. In partnership with program staff, individuals form goals for skill development in the areas of vocational, educational and interpersonal growth that facilitate opportunities for employment and successful community integration.

Psychosocial clubhouses provide a daily environment in which individuals learn entry-level employment skills in clerical, maintenance and food preparation fields. Many functions of the clubhouse are client-operated, providing realistic opportunities to learn and use employment skills and to develop good work habits. Psychosocial clubhouses sponsor pre-vocational social and support activities as well as social and educational opportunities for working clients. The clubhouse becomes a community and natural support system. Clients are welcomed back for social events even after they have ceased to use formal services.

Transitional employment is an approach to vocational rehabilitation in which the agency negotiates with local businesses for paid entry-level positions to be filled by clients of the agency. Agency personnel work with the business to facilitate on-the-job training for clients who agree to fill the position for a pre-established period of time, usually 3 – 6 months. If an individual client/employee is not able to work on any particular day, another client or staff member of the agency does the job.

Supported employment is another approach to vocational rehabilitation in which individuals work with agency job coaches to form employment goals, obtain necessary training and/or education, and obtain and maintain employment in a chosen field. The individual continues in a supported employment placement as a regular employee without a specified time limit.

Many psychosocial programs sponsor **supported housing** to meet the need for a continuum of housing options as individuals gain the ability to live independently. For individuals who require services and supports in order to maintain housing the psychosocial program functions as the landlord. Agency residential personnel help individuals develop housekeeping skills, social interaction skills and financial responsibility. Most supported housing units are subsidized apartments where two or more individuals live as roommates.

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Handout 4-9
Peer-Run Services, Drop-In Centers and Support Groups

Drop-in centers offer gathering places for adults with severe and persistent mental illness. Members plan activities that provide opportunities for socialization, personal and educational enhancement, and emotional peer support. Drop-in center personnel are people with severe mental illness who have recovered to the point where they can function as role models to other members.

Drop-in centers usually have daytime, evening and weekend hours and offer:

- Leisure and recreational activities and outings;
- Peer counseling and support groups;
- Educational presentations on topics of interest to the membership;
- Assistance with advocating for services and supports;
- Meals and/or snacks;
- Transportation for those who need it.

Members of drop-in centers are encouraged and prepared to assume as much responsibility as possible for center activities and functions. Members frequently progress to employment as peer counselors when positions become available.

Consumer Education and Support
The Tennessee Mental Health Consumers Association (TMHCA) is a statewide advocacy organization run by and for people with severe mental illness. TMHCA offers the BRIDGES program consisting of a peer-taught course and ongoing peer-facilitated support group method. BRIDGES groups often occur in drop-in centers, but are also established in hospitals, churches, community centers and other locations.

Family Education and Support
The National Alliance for the Mentally Ill, Tennessee chapter, is a statewide advocacy organization of family members and individuals with severe mental illness. NAMI-TN offers educational presentations and support group meetings in communities across the state. The Journey of Hope program, sponsored by NAMI, consists of a family-taught course and support group method, and often occurs in conjunction with local NAMI affiliate activities.

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Handout 4-10
Housing and Residential Services

People with mental illness live successfully in the community when provided decent, affordable housing and appropriate services. Unfortunately, because these individuals are often impoverished by their disability, there is insufficient housing for individuals diagnosed with mental illness. Questionable conditions in low- income housing often exacerbate symptoms for individuals with mental illness.

In response to this need, the Tennessee Department of Mental Health and Developmental Disabilities supports the development of a flexible array of housing options through the Creating Homes Initiative (CHI). Through assertive and strategic partnerships with local communities funds are leveraged to create a continuum of housing options for people with mental illness. This continuum (listed below) provides a variety of housing options to meet the needs of people with mental illness depending upon their individual ability to live independently.

Since FY 2000/01, the CHI has developed more than 3,300 housing options of various levels on the continuum, across the state. For more information regarding CHI activities or for additional information on how to access housing information, contact the state office by telephone (615) 253-3051 or on the web at http://www.housingwithinreach.org.

Supervised group housing with on-site staff and 24-hour care: With on-site awake 24 hour care. Also often referred to as a Supportive Living Facility (SLF), Boarding House or Halfway House. These homes are licensed by the State of Tennessee, Office of Licensure and will have staff people on-site 24 hours a day, every day to assist residents with living needs. The number of people living in this type of home and the number occupying each bedroom may vary depending on a number of factors.

Partially supervised group housing with staff on-site as needed: Staff On-Site as needed. Also often referred to as a Supportive Living Facility (SLF), Boarding House or Halfway House. These homes have staff on-site, as needed by the residents. The number of people living in this type of home and the number occupying each bedroom may vary depending on a number of factors.

Independent congregate housing: No staff support is provided on site, but many residents have case management support. Individuals rent a room in a cooperative house or an apartment in a housing complex where other residents receive mental health services. These homes are not licensed by the State of Tennessee. The number of people living in each housing unit may vary depending on a number of factors.

Rental and subsidized housing with minimal staff support: This is typical rental housing where individuals with mental illness are fully integrated into the community. Few people who live in this type of housing receive case management services. No staff support is available on site and no licensing is required. The number of people living in the room or apartment varies according to the financial resources of the individual.

Home ownership: A number of resources are available to financially assist people with mental illness who are able to purchase a condominium or home. The goal is to locate decent, affordable housing that will contribute to the well being of the individual.

Independent Living Assistance: These funds provide initial/supplementary utility and rent deposits, enabling individuals with mental illness to maintain housing of their choice.

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Handout 4-11
Confidentiality and Privacy of Medical Information

Mental health care providers are legally and ethically bound to protect privacy of medical information about clients. In general, mental health providers must have a signed “Authorization to Release Information” document from clients that specifies the type of information to be disclosed, and time period in which information will be given, before disclosing:

- Whether an individual is, or has been, a client;
- Diagnosis;
- Medications prescribed;
- Other treatments provided;
- History of treatment compliance;
- Any other information about treatment.

There are a few uses and disclosures of medical and health information that do not require the client’s consent or authorization [HIPAA, 1996]:

As required by law: Mental health care providers will disclose health information when required to do so by federal or state law. Interpretation of how to fulfill the intent of the law may vary between agencies.

Emergency situations: Health information may be disclosed in an emergency situation. If this happens, the provider will try to obtain the client’s consent as soon as possible after the delivery of treatment.

Corrections and law enforcement:

- Health information may be released to the correctional institution or law enforcement official if the client is an inmate of a correctional institution or under the custody of a law enforcement official; AND
- If the release is necessary to provide health care, to protect the client’s health and safety or the health and safety of others; OR
- For the safety and security of the correctional institution.

Health information may be released to a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements. Disclosure situations require specific types of authorization, so it is always advisable to obtain a legal opinion.

To avert a serious threat to health or safety: Health information may be used and disclosed when necessary to prevent a serious threat to health of the individual or safety of the public or another person.

Public health risks: Health information may be disclosed for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

Lawsuits and disputes: Health information may be disclosed in response to a court order or administrative order if the individual is involved in a lawsuit or a legal dispute.

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Handout 4-12a
Linking to Mental Health Services
Law Enforcement

Mental health calls to law enforcement officers most frequently involve:
- Individuals who are in crisis; or
- Frequent users of multiple services.

Crisis calls: Mobile crisis teams must triage response to community crisis calls based on urgency. Situations where no assistance is available at the scene may take priority over situations where law enforcement officers are attending to the safety of the individual and others.

Law enforcement departments have minimized the need to call mobile crisis response services by:
- Establishing units of intensively trained officers to respond to mental health calls; or
- Providing mental health training to the general force.

It is a good idea to collaborate with local crisis response services when establishing dispatch, on-scene assessment, on-scene response, incident documentation procedures and transportation to mental health facilities for emergency assessment. Time spent at the front end in procedure development and cross-training of law enforcement and crisis response personnel pays off in rapid response when law enforcement does call crisis response to the scene.

Frequent system users: A small percentage of individuals with mental illness have a history of frequent minor crimes. They use an inordinate amount of criminal justice and mental health resources, while not progressing toward recovery. Collaborative service planning by law enforcement, probation/parole, mental health and addiction treatment personnel can establish a unified plan of action to steer the individual from unhealthy, wasteful patterns of service use to stable, independent community tenure. The individual should be brought into the planning process when stable enough to do so. Once again, time spent in advanced planning pays off in quality of life for the individual, safety for the community and saved resources for service systems. Some mental health agencies have established intensive multi-disciplinary teams to provide service to individuals with mental illness who are frequently involved in the criminal justice system.

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Handout 4-12b
Linking to Mental Health Services
Correctional Facilities

Because TennCare does not cover services to incarcerated individuals, most jails either develop contracts with community mental health service agencies and private practitioners, or hire medical staff with psychiatric expertise. Jails establish standards and formularies for mental health services that may or may not conform to TennCare standards.

- **Psychiatric assessment:** Crisis response specialists, criminal justice/ mental health liaisons, or in-house mental health clinicians can assess individual's need for mental health services. For all but the smallest jails, it is efficient to establish regular assessment times in the facility rather than escorting inmates to community agencies for individual appointments. Treatment recommendations arising from assessments should be followed as closely as possible. Correctional staff should indicate where recommendations are not feasible and negotiate acceptable alternatives.
- **Crisis response:** As first responders to any inmate crisis, correctional personnel should take part in basic training on psychiatric emergencies. Crisis teams can provide follow up response, but there may be a considerable delay because calls from facilities are prioritized lower than crisis calls from the community. Correctional staff may obtain advice from crisis response services over the telephone before the crisis team arrives. Mental health/criminal justice liaisons can respond to inmate psychiatric crises in jails they serve.
- **Medication management:** During intake and screening, correctional personnel should attempt to find out if inmates have been taking psychiatric medication, what types they have been taking and who prescribed the medication. Unless there is a compelling reason not to, prescriptions should be continued while the individual is incarcerated. Unnecessary changes or delays in obtaining medication may disrupt the individual's response and cause decompensation.
- **Substance abuse treatment:** Substance abuse counseling is not commonly provided in jails. Where substance abuse counseling is available, jails either employ medical staff trained in addiction treatment or contract with substance abuse treatment providers from the community. Twelve-step groups are an effective adjunct to professional treatment.

Release planning and service linkage: Release planning for inmates with mental illness should begin with the first day of incarceration. If the inmate had a case manager or other provider prior to incarceration, the provider can contact the inmate regularly, at least by telephone, to encourage good behavior and compliance with treatment. Jail staff can get information from the provider on treatment history in order to maintain continuity of care. If lines of communication are open service linkage upon release is more likely even if notification of release was short.

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Handout 4-12c
Linking to Mental Health Services
Courts

Obtaining Mental Health Treatment for Defendants

If judicial or legal personnel want to find out if someone has a mental illness and get him or her in treatment, the best procedure is to obtain an "Authorization to Release Information" from the defendant to allow the mental health agency, psychiatrist, or other mental health professional to provide information about:

- Diagnosis; medications, treatment;
- Defendant's stability when taking medications as prescribed; and
- Reasons why the defendant might not be in treatment any more.

The court can require treatment as a condition of probation.

If the individual with mental illness appears to need emergency involuntary hospitalization, generally, a mandatory pre-screening agent (MPA) designated by the Commissioner of TDMHDD (crisis response teams have one or more MPAs) must conduct an assessment to determine if the individual meets the criteria for emergency involuntary admission to an inpatient psychiatric facility or if other less restrictive services would be more appropriate.

To be eligible for emergency hospitalization, the individual must meet the following criteria (T.C.A. § 33-6-403):

(1) The person has a mental illness or serious emotional disturbance, AND
(2) The person poses an immediate substantial likelihood of serious harm** because of the mental illness or serious emotional disturbance, AND
(3) The person needs care, training, or treatment because of the mental illness or serious emotional disturbance, AND
(4) All available less drastic alternatives to placement in a hospital or treatment resource are unsuitable to meet the needs of the person.

**"Substantial likelihood of serious harm" means:

(1) A person has threatened or attempted suicide or to inflict serious bodily harm on such person, OR
(2) The person has threatened or attempted homicide or other violent behavior; OR
(3) The person has placed others in reasonable fear of violent behavior and serious physical harm to them, OR
(4) The person is unable to avoid severe impairment or injury from specific risk, AND
(5) There is substantial likelihood that such harm will occur unless the person is placed under involuntary treatment. (T.C.A. § 33-6-501)

To be involuntarily committed to a hospital, a second designated mandatory pre-screening agent must certify that the defendant meets criteria for emergency involuntary hospitalization.

If the person is in a Tennessee Department of Correction (DOC) prison and is due for release, or is in DOC custody in Community Corrections, the crisis team or a mandatory pre-screening agent authorized by TDMHDD can assess whether the individual meets involuntary commitment criteria.

Most people are not committed to hospital for a long period of time, but they may get stabilized on medications and connected to services prior to release.

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Handout 4-12c, continued
Linking to Mental Health Services
Courts

Forensic Evaluation:

Forensic evaluation is not a short-cut to mental health treatment. There is a long waiting list for forensic evaluations, which lengthens the defendant's jail term. Two valid reasons to order a forensic evaluation:

- To find out if the defendant's current mental illness prevents him/her from being competent to stand trial,
- To find out if the defendant was "not guilty by reason of insanity" (NGRI):
  - The defendant must be found by the court to have a severe mental disease or defect at the time of the crime; AND
  - Because of severe mental disease or defect, the defendant did not appreciate the "nature or wrongfulness" of the crime;

For the very few cases adjudicated NGRI, the defendant is evaluated for treatment in a state psychiatric institute for 60 – 90 days. After evaluation, the defendant may be:

- Committed indefinitely to the state hospital,
- Released to seek out-patient treatment,
- Released on "mandatory outpatient treatment" (MOT), meaning that the defendant must comply with a treatment plan or risk re-arrest.

Forensic evaluation is only useful for its intended purpose!

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Handout 4-12d
Linking to Mental Health Services
Probation/Parole

Case managers from community mental health agencies can be a vital resource for working with probationers or parolees who have severe mental illness. TennCare enrollees with severe mental illness are entitled to case management as part of treatment.

- Find out if the probationer/parolee is/was a community mental health agency client;
  - If not, refer the individual to the nearest community mental health center or case management agency;
- Obtain a signed Authorization to Release Information,
  - From the probationer/parolee,
  - To get information from the mental health agency or provider;
- When release is obtained, contact the mental health agency to find out if the client has a case manager;
  - If not, request that the probationer be assessed for case management;
- With permission from the probationer/parolee, invite the case manager to an appointment as early in the process as possible;
- Meet with the probationer/parolee and case manager to develop a plan for complying with conditions of probation;
  - Find out which expectations are realistic and how to modify unrealistic expectations while still fulfilling conditions of probation/parole;
  - Find out what types of assistance the case manager can offer;
  - Ask the case manager for information on community resources that would help the probationer/parolee fulfill conditions of probation/parole;
  - Inquire about early warning signs of a psychiatric episode and what sort of steps need to be taken to prevent de-compensation;
  - Make sure the probationer/parolee's mental health crisis plan includes:
    - Probation/parole officer contact information; and
    - Action steps necessary to maintain probation conditions if the individual does de-compensate.

Needs for additional mental health treatment or assistance obtaining resources can be communicated through the case manager, or directly to the mental health agency.

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Handout 4-13
Response: Service Access

Instructions:

1. The instructor reads the client scenario.
2. Trainees suggest:
    a. Which services are needed; and
    b. Possible approaches to accessing the services.
3. Discuss alternative approaches as a group.

Scenario 1:

Law enforcement has been called to a local shopping mall where an individual is causing a public disturbance, yelling bazaar phrases and waving an umbrella around. The individual is arrested and a search reveals a TennCare card and an appointment card for the local mental health center.

Scenario 2:

An offender is being booked into the local detention facility having been arrested for criminal trespassing. A family member calls to report that the individual has mental illness and has not been taking his medication for the past several weeks. The family member gives the name of the mental health agency, the psychiatrist, and the name of the medications, but not dosages.

Scenario 3:

An offender is released on bond, paid by a bonding company, and is ordered to appear in court in three weeks. She reports having a case manager through the local mental health center.

Scenario 4:

A defendant who is detained in jail appears before the court on charges of assault having attacked his roommate. At intake the defendant says his roommate works for the FBI and is trying to frame him. Family members report that he is a client of the local mental health agency, but has not been going to treatment recently. The court wants to order mental health assessment and services for the individual.

Scenario 5:

An inmate is due for release in two weeks after serving 9 months in the county jail. Prior to incarceration she was a client at the local mental health center, had a case manager, medications and attended a psychosocial rehabilitation program during the day.

Scenario 6:

An individual with mental illness has been released on probation. He is a client of the local mental health agency, has case management and is prescribed medication. When he fails to report for an appointment the probation officer telephones his residence and finds that the telephone is no longer in service. The warrant officer reports that the individual has been evicted from his apartment.

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