



**“We are battling how to help individuals navigate the system they are currently in and getting them out, and hopefully engaging them in treatment services and keeping them out of the criminal justice system so we are not dealing with a revolving door.”**

# MISSOURI

## EXPANDING FORENSIC MOBILE TEAMS FOR SERVICE DELIVERY & JAIL DIVERSION

### Project Background, Vision, and Outcomes

Prior to Transformation Transfer Initiative (TTI) funding, Missouri had seen great success with the establishment of a forensic mobile team for the Western side of the state, however the Eastern region did not have the resources (i.e., funds and staffing) to create the teams necessary to provide this same level of care. Using TTI funds, Missouri developed an Eastern region forensic mobile team to conduct outreach and promote diversion for individuals with behavioral health needs from justice settings to the community. The forensic mobile team consists of a registered nurse, social workers, and a nurse practitioner.

The target populations were individuals in jail waiting for an inpatient bed or waiting for a pre-trial evaluation, and those returning to jail from the state hospital. There were adequate resources to support the target populations, however, they could have

benefited from additional staffing (i.e., a prescriber and case manager) and more physical space for additional beds. Missouri stated that courts, jails, and community mental health centers were the major partners on this project.

The main established outcome was to increase staffing levels to adequately staff the new Eastern forensic mobile team. Data was collected on a variety of indicators, including the number of individuals seen, number of individuals restored to competency before hospital admission, and length of stay for clients that are followed by the mobile team. An additional success measure is the ability to complete clinical due process for involuntary medications in just a few days, instead of the weeks it previously took. Missouri was able to make a two pager, see Appendix A, overviewing the Forensic Mobile Team including the goals of the team, contact information, and court-ordered service areas.

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## Project Implementation: Challenges and Lessons Learned

Project challenges included a lack of collaborators for nurse practitioners, recruiting peers to fill open peer support specialist positions, and philosophical differences between agencies and care teams. To overcome the lack of collaborators, Missouri has begun providing compensation-based rewards to encourage MDs to serve as collaborators for NPs. Utilizing peer support services remains a challenge. Beyond philosophical differences between criminal legal and behavioral health professionals, differences were noticed in treatment planning and coordination between care teams (i.e., DMH and jail-based providers). Additional staffing and legislative support were mentioned as resources needed to address ongoing challenges.

The ongoing Covid-19 pandemic had positive and negative consequences for Missouri. Positively, the utilization of telehealth services increased due to heightened use of tele-court (virtual court hearings and proceedings) by the legal system. Alternatively, Covid-19 slowed down the overall admission process and increased turnover within the agency.

Discovering that the lack of suitable housing is a significant limitation to outpatient restoration and recognizing the importance of pre-establishing collaborative agreements for nurse practitioners were the main lessons learned throughout the project period. The two teachable moments were to develop meaningful partnerships with correctional agencies and that these collaborations can provide an opportunity to learn about interagency strengths and weaknesses.

## Sustainability and Project Legacy

This project was designed to develop an Eastern region forensic mobile team. When funding ends, Missouri plans to increase team staffing by three case managers

and 2.5 nurse practitioners (one for the eastern region, one for the western region, and one part-time employee to cover clients waiting for a high security bed). Additionally, leadership is looking into expanding jail-based services and outpatient restoration, so the mobile team's role may shift or grow in the future.

## Health Equity

Health equity initiatives were built into this project, as TTI funding allowed Missouri to expand mental health services for legal-involved adults in predominantly rural settings. Missouri plans to continue sharing stories with communities to help address health deficits for legal-involved individuals with mental health needs. Basic demographic data, including race and ethnicity, is also collected to allow for data-driven equity decision making.

## Peer Services Utilization

Peer support services are not currently utilized within jail-based programming and services in large part because of the challenges with recruiting peer specialists for jail-based services. However, peer services are integrated into crisis stabilization units and 988 initiatives throughout Missouri.

## Trauma Informed Care

Missouri is dedicated to delivering trauma-informed services as various programming and service levels, "DMH is a trauma-informed agency so we incorporate that into any service we provide".

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