

Mental Health Briefing

(Research Chairs: Revs. John McDermott and Kathy Williams)

Hearing the Concerns of our People

Concerns related to the mental health were first identified during a Listening Process organized by Justice Matters in October, 2014. Community members shared comments like:

- "I worry about mental health issues. A friend of mine died from bi-polar a month ago."
- "I worry about my wife with mental illness."
- "I worry about my step-niece who is 25 years old and is trying drugs. I fear she suffers from mental illness and is turning to drugs to cope."
- "My granddaughter has anxiety attacks. My family members suffer from depression."
- "I often worry about my nephew and my friend who both have severe mental illness and can't get enough treatment through Medicaid."
- "My friend committed suicide after suffering from postpartum depression. I can't help but think we could have done more to prevent her death."

Selecting Mental Health as a Priority among Justice Network Members

At our annual Community Problems Assembly on November 10, 2014, 450 Justice Network Members selected mental health as an issue of concern in our community. Bill Wood, a member of Morning Star Church, provided a testimony that night to encourage the organization in this direction. He declared that mental illness is a disease not unlike cancer. He also described his personal journey helping his daughter who suffers from mental illness, before concluding, "Now our city prepares to expand our jail to treat the mentally ill. We can do better than this." Justice Matters also voted that evening to make children and affordable housing priorities for the organization.

Researching the Problem and Viable Solutions

The Mental Health Working Group sent delegations to meet with:

1. Pat Roach Smith (Chief Operating Officer of Bert Nash Community Mental Health Center)
2. Linda Gall (Lawrence Memorial Hospital, Mental Health Director)
3. Marcia Epstein (Suicide Prevention Director)
4. Julie Heatwole (Mental Health School Professional at Quail Run Elementary)
5. Officer Amber Rhoden (Lawrence city Police Officer and Crisis Intervention Training coordinator)
6. Rick Cagan (KS State Director, National Alliance for the Mentally Ill)
7. Benet Magnusson (Lawyer/KS Appleseed)
8. Julie Solomon (Chief Strategic Management Officer, Wyandot Inc.)
9. Leon Evans (CEO, Center for Health Care Services, Bexar County, Texas)

10. Margaret Severson (Professor, School of Social Welfare, University of Kansas)
11. Douglas County Commissioner Nancy Thellman
12. Douglas County Commissioner Jim Flory
13. Douglas County Sheriff Ken McGovern
14. District Court Judge Sally Pokorny
15. Lawrence Police Chief Tarik Khatib
16. Lawrence Municipal Court Judge Miller
17. Lawrence Memorial Hospital CEO Gene Meyer
18. Douglas County Administrator Craig Weinaug

The Working Group also acquired and reviewed relevant studies/documents including:

- Osawatomie State Mental Hospital Policy on Admissions
- Douglas County Coroner's Report on Suicides 2011-13
- Kansas Governor's Mental Health Taskforce Report

Bexar County Texas Delegation

Justice Matters also organized a delegation from Lawrence to investigate a nationally recognized integrated mental health service model in Bexar County Texas that stresses diversion for persons suffering with mental illness away from jail and emergency rooms toward treatment. The delegation included: Lawrence Vice-Mayor Jeremy Farmer, Lawrence Police Chief Tarik Khatib, Lawrence Memorial Hospital CEO Gene Meyer and Emergency Department Dr. Toni Reynolds, Lawrence Community Shelter Director Brian Blevins, County Commissioners Gaughan and Thellman, County Administrator Craig Weinaug, Municipal Court Judge Scott Miller, District Attorney Charles Branson, Douglas County Police Captain Eric Spurling, and Lawrence Journal World Reporter Elliot Hughes.

The Problem

According to the Healthcare Foundation of Kansas City, an estimated 19,275 serious mental illness diagnoses (major depression, severe anxiety, bi-polar disorder, and schizophrenia) are present in Douglas County each year. Our local systems are ill equipped and lack the required collaboration to provide adequate treatment for those suffering from severe mental illness. As a result, the promise of recovery for people with mental disorders is often out of reach. Instead, they often: languish in jail, tie up emergency rooms, courts, and the police, and crowd our homeless shelter and state mental hospitals. These failures are inhumane and costly.

Myths & Facts about Mental Illness

Common myths about mental health include the idea that people with mental disorders are dangerous, that people can use willpower to pull themselves out of mental health problems, and that only weak people have mental health problems.ⁱ Too many people are unaware that mental disorders can be treated and recovery is possible. The goal of mental health services is recovery.ⁱⁱ Jails across the country have become vast

warehouses made up primarily of people too poor to post bail or too ill with mental health or drug problems to adequately care for themselves.ⁱⁱⁱ Incarceration in jails or prisons or placement with a state mental hospital is appropriate for those who are a danger to themselves or others or have committed serious crimes. However, for most people suffering from mental illness, prisons and jails are not the best place to have their mental health care needs met.^{iv}

Our Current System

Police – Lawrence Police Officers are often the first people to respond to mental health crisis in our community, and the number of these calls has doubled over the last ten years. 19 out of the 138 commissioned police officers have received training on how to handle mental crisis situations through a forty hour training known as Crisis Intervention Training. A Crisis Intervention Training event has been planned to take place in September. The Lawrence Police Chief has also announced an internal goal to train 35-45% of the police force in Crisis Intervention Training. When taking a person in custody with a mental health crisis, common destinations include the Lawrence Memorial Hospital Emergency Department, jail, or Osawatomie State Mental Hospital. Police will regularly spend 4 hours a shift when a person with mental illness is brought into custody and screened at the LMH Emergency Department.^v

Lawrence Memorial Hospital – Many seeking treatment for mental illness arrive at the LMH Emergency Room either on their own or in the custody of the police. In 2011, 1,182 patients came to the emergency room requiring psychiatric assessment. In-patient, psychiatric care was discontinued at the hospital in 2004. So when the assessment calls for more than a safety plan, patients are provided secured transport to other facilities. In 2011, 641 patients were transported to other facilities.^{vi} The hospital relies on nine adult and six children mental health units spread throughout Kansas and Missouri for those with health insurance. Up until December, LMH hospital relied on Osawatomie for those without insurance. The limited number of available in-patient beds at these facilities has forced LMH to recently place several mental health patients in medical units for days while they wait for beds to open up.^{vii}

Bert Nash Community Mental Health – Founded in 1950, Bert Nash represents the nation's move away from storing the mentally ill in asylums toward the more healthy practice of providing treatment in the community. Lawrence Memorial Hospital has a contract with Bert Nash to screen all emergency room patients exhibiting psychiatric needs who do not have insurance. They also provide a broad array of services directed at recovery for the mentally ill including on-site services at the jail and Lawrence Community Shelter. In spite of a 37% reduction in state financing since 2007, Bert Nash

has continued to provide treatment to 5,288 – 5,958 individuals a year. Bert Nash has acquired property behind its administrative building near the hospital and is seriously considering the construction of a Crisis Stabilization Unit there.

Osawatomie State Mental Health Hospital – Historically, people in crisis who are a danger to themselves or others have involuntarily been committed to state mental hospitals. These hospitals also served as the location of last resort for people without health insurance who sought voluntary committal. Rapid closures of these hospitals have left only two facilities in the state of Kansas: Osawatomie and Larnard State Hospitals. Osawatomie is the facility commonly used by Lawrence. In response to overcrowding and a federal investigation, Osawatomie issued an admissions policy on December 9, 2014 stating its refusal to accept voluntary committals, and provisions for only short-term triage for involuntary committals. To alleviate pressures on state mental hospitals and to provide treatment closer to home, Texas and Arizona has provided 72-hour involuntary stays at local Crisis Stabilization Units. To provide this treatment locally in Lawrence would require a state legislative change. Officer Amber Rhoden has proposed such a change to Kansas State House Representative Tom Sloan.

Douglas County Jail – Persons with mental illness often find themselves intersecting with the criminal justice system as people with untreated illness may exhibit unwanted and disruptive public behaviors. The outcome of incarceration resulting in untreated mental illness is an injustice. Recent estimates indicate that about 35% of the jail population at the Douglas County Jail require mental health services^{viii}. As the facility is currently utilized, inmates with severe mental illness are often segregated in maximum security cells.^{ix}

Lawrence Community Shelter – Another sad and all too common destination for persons suffering from mentally illness is homelessness. The Lawrence Community Shelter can provide up to 125 beds for a single night. Brian Blevins, Executive Director at the Shelters, suggests that 35% of their nightly population suffers from mental illness would be a conservative estimate.

Suicides – Approximately 87% of people who complete suicide have a mental disorder. Douglas County records show 16 suicides in 2012, 14 suicides in 2013, and 14 suicides in 2014.

The Jail Modification/Expansion & Study

County Commissioners are considering the creation of a Crisis Stabilization Unit as a destination to divert nonviolent people in need of recovery away from jail^x. They are also

reportedly considering an expansion of the existing jail to meet the mental health needs for those incarcerated and to satisfy a growing female inmate population. In 1999, Treanor Architects provided the architectural services for the Douglas County jail. In October 2014, Treanor was hired by the County to study design needs at the jail, and to provide necessary architectural services for the final project. Treanor has employed correctional experts Huskey Associates in Chicago and Margaret Severson to request and review data and provide recommendations. According to the Douglas County Administrator, the study is expected to predict the potential impact of jail diversion in part based on interviews with guards and staff at the jail. A working group consisting of Treanor Architect President Daniel Rowe, Douglas County Sheriff Ken McGovern, County Commissioner Jim Flory, Douglas County Administrator Craig Weinaug, Douglas County Police Captain Eric Spurling, and correctional experts Margaret Severson and Bobbie Huskey has met periodically to discuss progress. Bert Nash CEO David Johnson is expected to also join this study group. Douglas County will pay a fee of 7.4% for the total cost of construction to Treanor Architect for the final project as determined by the Study Group along with public input to be heard over a series of several community hearings.^{xi}

The Solution

As witnessed in Bexar County Texas and recommended by the Substance Abuse and Mental Health Services Administration (SAMSA), we seek a full commitment to diverting nonviolent persons suffering from mental illness and drug/alcohol addiction out of the path of incarceration toward treatment.

The elements of the diversion model proposed for Lawrence include:

- Creation of a Crisis Stabilization Center open 24 hours/day, 7-days a week. The Center could be utilized by individuals picked up by law enforcement and by families/individuals who walk-in at a time of mental health crisis or intoxication. The Center would allow for stays up to 72 hours following a mental health crisis at the discretion of a professional. From there, they would be linked to effective out-patient mental health treatment. It would also provide on-site sobering beds and detox treatment.
- Crisis Intervention Training (CIT) training for all law enforcement officers, dispatchers, and relevant staff both at the city and county levels to be completed by the time the Crisis Stabilization Center opens. This will enable law enforcement to divert non-violent individuals suffering from mental illness away from jail before arrest at their discretion. This is also expected to put officers back on the streets quickly when compared to Emergency Room wait times.
- Standardized guidelines for use by the District Attorney's office to link people to treatment when nonviolent individuals are arrested for mental health/substance addiction reasons. According to District Attorney Branson, this will significantly shorten jails stays.

- A Mental Health Court docket and the requisite support staff at the Lawrence Municipal Court.
- A Mental Health Consortium led by key stakeholders to meet regularly starting sometime in July, 2015 or before. The Consortium will be tasked to develop a comprehensive plan for mental health in Lawrence by May 1, 2016. The plan is to include strategies for early detection of mental illness and an adequate mental health/substance addiction delivery system that meets the needs of Lawrence.
- Postponing jail expansion until the gains resulting from diversion may be determined. Preliminary discussions have coupled a major expansion at the jail with diversion for non-violent individuals suffering from mental illness. Research shows that diversion diminishes the need for incarceration while reducing public expenditures.

Notes from research on Mental Health and Diversion:

ⁱ Mental Health First Aid USA, page 12.

ⁱⁱ Achieving the Promise: Transforming Mental Health Care in America, US Presidential Report.

ⁱⁱⁱ Incarceration's Front Door: The Misuse of Jails in America report published by Vera Institute of Justice and reported on in the New York Times, February 11, 2015.

^{iv} Governor Brownback's Mental Health Task Force report, page 5.

^v Interview with Lawrence Police Officer Amber Rhoden; Crisis Intervention Training Council meeting Tuesday, February 3, 2015.

^{vi} Lawrence Memorial Hospital nurse coordinates mental health services for hundreds of patients each year article in Lawrence Journal World written by Karrey Britt printed February 26, 2012.

^{vii} Interview with Lawrence Memorial Hospital Mental Health screener

^{viii} Statement from Sharon Zehr, the head of a team of therapists from Bert Nash that work at the Douglas County jail reported by the Baldwin City Signal on February 10, 2015

^{ix} Jail tour conducted by Justice Matters on January 21, 2015

^x Treanor Architects proposal letter to Douglas County Administrator on September 12, 2014

^{xi} Douglas County Commission Board Meeting minutes on Wed, October 22, 2014 - 4:00 PM