

Presentation to Behavioral Health Task Force October 27, 2015

Judicial Equality for Mental Illness – Nancy Kahanak

The Stephen Group has recently released their recommendations to the AR Medicaid Review Task Force. Here is the first paragraph of their report about the mental illness issue:

From: [THE STEPHEN GROUP](#)

Recommendations Volume II

32. DEVELOP AN ACTION STRATEGY TO ADDRESS THE MENTALLY ILL AND JAIL DIVERSION

pages 74 & 75 Report date: October 1, 2015

“The issue of the mentally ill in jails, especially for low barrier crimes, cuts across the Department of Human Services, police and sheriffs, prosecutors and courts and results in poor outcomes and wasted dollars. Local communities search for answers, stop gap measures, and attempts to find solutions with success in some cases and frustration in others due to the fragmentation and lack of coordination of the various public “players” involved at different points in the trajectory of a person with mental illness being arrested and quickly ending up in jail, often for extended periods of time for low level non-victim alleged crimes. “ [The Stephen Group \(TSG\)](#)

The JEMI Coalition has been studying this exact problem for the past 3 years. We are stakeholders in the NW AR area including city and county police officers (both sheriffs are supporters, and meetings are held at their jails), judges, other attorneys, mental health professionals including those from the Veterans Administration, families, consumers, Juvenile Detention, hospitals, DBHS representative, University of Arkansas staff, League of Women Voters, Mental Health America and more. After studying the issue for a year or more we recognized that having a crisis center in our area and having all officers involved in Crisis Intervention Training would be the first steps toward addressing the problems involved. Law enforcement officers can bring someone they pick up who is having a psychiatric crisis that can be best served with treatment, not jail. We found out that many neighboring states have started such crisis centers to great effect. Here is a brief explanation of how a crisis center would work.

A police officer brings someone to the crisis center where he or she will be assessed. Staff will help the person in crisis to calm down, relax and talk about what is happening. Should a person need hospitalization longer than 24 hours, a crisis center generally has a unit of 16 beds which can serve as a few days of respite care.

Before leaving, each individual is referred to appropriate services for continued care. The continuation of care is an absolutely essential

component for our system to change outcomes for the community and for the individuals. These care elements include mental health services such as psychiatry, medications and case management service, substance abuse treatment, housing and employment options. These are all services that need to be beefed up in our state.

These same services are also necessary for the man or woman being released from jail or prison. Too often, someone released from prison returns to the legal system, costing taxpayers even more money. The sheriff from Baxter County AR spoke to you recently, saying someone released from jail may likely return to prison within the first year of release, often committing a crime to get money for their habit. A substance abuse program following release would help not only keep someone from entering jail, but also a person who is being released after incarceration. There will be cost savings. But even if we merely break even, over time keeping people out of the judicial system is a win for our pocketbooks and for the health and safety of our communities.

The Stephen Group report goes on to recommend a 'Blueprint for Action' to address the need here in Arkansas for effective changes in our systems. JEMI is in strong support of the statewide recommendation. Each Arkansas region, probably 5 of them, has unique properties such as an urban or rural environment, available space for a possible crisis center, etc. In seeing the model crisis center in San Antonio and talking with staff, we recognize that having dedicated staff to move stakeholders through that collaboration, planning and development is crucial for successful solution. Staff from the Department of Human Services, and perhaps the Department of Corrections as well, could work with the designated 5 regions of the state at coming up with their unique Blueprint for Action.

The Stephen Group proposes “..... to develop a Blueprint for Action and a way to provide sustainable support for local communities to address the issue of diverting adults with serious mental illness charged with low barrier crimes from jail and getting them into treatment in a timely way that addresses recovery and increased ability for self-responsibility. Specific elements of the proposed Blueprint for Action should include ways to identify and improve community based communication and coordination among local police and numerous stakeholders and community leaders during screening, assessment, and even pre-booking diversion. Critical Intervention Training for law enforcement, and accountability and support are also important factors.” [The Stephen Group](#)