

KANSAS MENTAL HEALTH COALITION

.....*Speaking with one voice to meet the critical needs of people with mental illness*

Mental Health and Criminal Justice Issues

Position: The Kansas Legislature must adopt a public policy that focuses on: (1) Mental health diversion programs that connect persons with serious mental illness with treatment resources that keep them out of the criminal justice system; (2) Therapeutic care for offenders who are living with mental illness; and (3) Effective discharge planning to ensure that individuals with serious mental illnesses receive community-based services upon their release.

The Problem: Significant numbers of individuals living with serious mental illness have encounters with law enforcement agencies and find themselves in the criminal justice system where the recognition and treatment of mental illness is not the primary mission and where there is no statutory requirement to provide therapeutic mental health care. KDOC reports a 13.8 percent increase among inmates diagnosed with a mental illness each year since 2009.ⁱ Increases in routine encounters with law enforcement lead to unnecessary arrests and detentions as well as occasional tragic outcomes for communities. There is a lack of continuity in mental health treatment between corrections facilities and community-based treatment venues. There is inconsistency state wide in the care of individuals with mental illnesses in county jails. Average daily costs for incarceration are \$67-\$80 at KDOC and \$88 in county jails. The average daily cost for Medicaid reimbursed treatment is \$10-\$22.

Repeated detentions and hospitalizations for offenders who are released from the criminal justice system result in increased costs to state and local agencies.

Why this matters: Repeated detentions and hospitalizations for offenders who are released from the criminal justice system result in increased costs to KDOC, counties, local jails, Medicaid and the public mental health system. Persons with mental illness in county jails may have to wait weeks or months for admission to the Larned State Security Program (LSSP) for the purpose of being evaluated or for competency treatment. This continued waiting period is of significant concern to the courts, county jails, KDADS, and mental health advocates.

The bottom line: Only a limited number of Kansas communities have taken steps to reduce the criminalization of people living with mental illness through pre-arrest and post-arrest diversion programs. More action is needed to develop alternatives to incarceration, including continued support for Crisis Intervention Teams (CIT), establishing diversion programs by prosecutors, mental health specialty courts, and post-release programs designed to reduce recidivism.

Need more information? Drill deeper into this issue on the back of this page.

The rest of the story about mental health and criminal justice issues

The mental health system is part of our public safety infrastructure: A policy that aims to reduce the number of incarcerations of people with mental illness includes many of the programs listed below. Introducing or expanding these will greatly benefit our communities.

- **Crisis Intervention Teams.** CIT programs establish law enforcement protocols for crisis situations and provide training for law enforcement officers. They have been established in nine (9) counties, including Douglas, Johnson, Leavenworth, Reno, Sedgwick, Shawnee, and Wyandotte counties, with 1,400 law enforcement and criminal justice professionals trained. The legislature appropriated \$25,000 in 2013 for the Kansas Law Enforcement Training Center to provide CIT training to help expand these programs.
- **Crisis Stabilization Treatment Centers.** A regional network of stabilization treatment centers is needed as an alternative to jail or hospitalization for persons in crisis and should be modeled after the RSI facility in Wyandotte County. However, RSI is restricted to voluntary admissions. Consequently, individuals in crisis often still end up in jails, ER's and state hospitals. An expanded model should be created to include short term voluntary and involuntary crisis stabilization, which many states have found to be essential.
- **Mental Health Diversion Programs.** Diversion programs, such as one in Johnson County, help persons with severe mental illness to receive case management services and follow a treatment plan for a specified period. Charges are dismissed upon completion of the diversion. The majority of diversion cases in Johnson County are for violent offenses.
- **Mental Health Courts.** Mental health courts seek to prevent incarceration by making connections to mental health resources, then developing and assuring adherence to a treatment plan. The City of Wichita has had a mental health court for several years; Topeka just recently established an Alternative Sentencing Court.
- **Community Based Competency Evaluations.** Funding is needed to increase the number of competency evaluations completed in the community or in local jails. This reduces the cost of hospital-based evaluations, the often long stays in county jails waiting for an available bed at Larned State Hospital, and the cost of transportation.
- **Expand Services at the State Security Hospital.** The State Security Hospital (Larned) evaluates, treats, and cares for individuals living with serious mental illnesses that are committed or ordered by courts of criminal jurisdiction, and/or transferred from the Department of Corrections. The Larned unit is full with a 60-90 day backlog.
- **Improve Access to Treatment for Offenders.** Mental health pods in county jails such as those in Shawnee and Sedgwick counties provide more humane treatment of offenders living with serious mental illness. KDOC needs additional specialized beds for inmates with serious mental illness. See reference to KDOC annual report below.

ⁱ KDOC's 2014 annual report (<http://www.doc.ks.gov/publications/Reports/2014>) cites 37% of inmates have a mental illness. KDOC needs 126 more specialized beds for treatment of mental illness. County jail data is similar although not well documented. The report also documents that 75% of parole violators have a history of substance abuse or mental illness.