

MURC Special Report

Mississippi Urban Research Center
College of Public Service
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Forum on Incarcerating the Mentally Ill



Special Recognition

Research Priority 7 Committee Members: Dr. Pamela Banks, Sheryl Bacon, Sandra Dalton, Dr. Melvin Davis, Dawn Camel, Dr. Kathy Crockett, Judge Tomie Green, Synarus Green, Dr. Pedro Hernandez, Brent Hurley, Dr. Sam Mozee Jr., Frederick O'Quinn, Mary Rushing, Anthony Simon Esq., Pieter Teeuwissen Esq., Erica Thompson, M.D., Dr. Bryman Williams, Christiane Williams, Jin Zhang, Yu Zhang.

I. Introduction

On April 20, 2017, a forum was convened by Jackson State University's Mississippi Urban Research Center and the Research Priority 7 Committee to discuss the issue of incarcerating persons with mental illnesses. The purpose of the forum was to start a conversation among key stakeholders regarding how to bridge the gap between the needs of the mentally ill and the capacity of the criminal justice system to meet those needs. This report presents a summary of the major issues, challenges, and recommendations discussed at the forum. It provides policy-makers, program administrators, elected officials, and other interested parties with information that can be used to help lay the ground work for the development of a coalition to address the problem of incarcerating the mentally ill. Hinds County, like other areas in the United States, is experiencing a mental health crisis. A large number of individuals who are suffering from mental illness, which is very treatable, are not getting treatment and end up in the criminal justice system as opposed to the mental health system. According to the Treatment Advocacy Center, once incarcerated, persons with mental illness typically stay in jail longer than inmates who are not mentally ill, and return more often.¹

The inability to address the mental health crisis has caused jail and prison populations to swell at an enormous fiscal, health, legal, and human cost. According to the Treatment Advocacy Center,² approximately 20% of jail inmates, and 15% of state prison inmates have a serious mental illness. According to a report from the Arkansas Justice Center³, housing and adjudicating a person is approximately \$30,000 annually. In addition, Illinois State University's Stevenson Center reported that approximately 40% of mentally ill inmates return to jail, and the last five years saw a steady increase in the number of people entering jail. Thus, mentally ill persons who commit crimes can severely tax limited resources if they are not diverted to mental healthcare services.

Hinds County has been cited by the U. S. Department of Justice for several major violations for prisoners being held in the jail who may also be mentally ill. There is no data on the number of individuals detained at the jail with mental illness, however, it is worth noting that the jail population is being increased by a special needs population.

On the local level, there are limited resources for diverting individuals with mental health conditions away from jails and prisons, and towards more appropriate community-based mental health treatment. A strategy is needed to provide mentally ill persons the support they need to avoid involvement in the City of Jackson/Hinds County criminal justice system, and obtain mental health treatment and medication in the community. To help facilitate the development of such a strategy, a forum was held to bring together leaders in mental health, law enforcement officials, prosecutors, public defenders, court

¹ Torrey, E. F., Zdanowicz, M. T., Kennard, A. D., Lamb, H. R., Eslinger, D. F., Biasotti, M. C., & Fuller, D. A. (2014). The treatment of persons with mental illness in prisons and jails: A state survey. *Treatment Advocacy Center*.

² Ibid.

³ "A Brief Cost Analysis of Arkansas Mental Health and Prison Reform" *Arkansas Public Policy Panel* (2015, April). Retrieved from <http://www.arkleg.state.ar.us/assembly/2015/Meeting%20Attachments/095/I13948/Exhibit%20C-%20A%20Brief%20Cost%20Analysis%20of%20MH.pdf>.

personnel, advocates, legislators, and others to discuss creating a system that will help reduce the number of mentally ill individuals incarcerated in the City of Jackson/Hinds County criminal Justice system.

II. Forum Panelists

Attorney Pieter Teeuwissen (moderator); Supervisor Peggy Calhoun (Hinds County Board of Supervisors); Mrs. Tiffany Anderson-Washington (Mobile Crisis Coordinator, Hinds Behavioral Health Services); Andrew Day (Director of Community Services, Mississippi Department of Mental Health); Chief Lee Vance (City of Jackson Police Department); Sheriff Victor Mason (Hinds County Sheriff); Mrs. Adrienne Kidd (City of Jackson, Department of Human and Cultural Services).

III. Panelists' Comments

Supervisor Peggy Calhoun (Hinds County Board of Supervisors)

“We here in Hinds County have the largest inmate population and the largest number of mentally ill detainees in the state. The problem that we have in Hinds County when it comes to providing mental health care is we are inadequately, woefully underfunded. Supervisors are also mandated by law to fund court-ordered mental health evaluations for detainees deemed incompetent to stand trial. One detainee has been in our system for 5 years.”

Hinds County spends approximately “49.5 percent of its general fund budget of \$64,386,974 on the criminal justice system in Hinds County. HCBOS in cooperation with our Chancery Clerk, Chancery Court, Sheriff’s Department, and Circuit Court have gone to our legislature to request additional funding to provide mental health care services, to no success or consideration to any of our attempts. Mississippi must get a handle on the situation before the problem of mental illness overwhelms us.”

Tiffany Anderson-Washington (Mobile Crisis Coordinator, of Hinds Behavioral Health Services (HBHS))

Mrs. Anderson–Washington stated “we need to recognize that jails and prisons were not built to house people with mental illness that was not the intended purpose. They were built to protect society from people who can hurt them, but now we see that jails and prisons have become the number one psychiatric facility because that is where they are going.”

The Mobile Crisis Coordinator identified the deinstitutionalization movement of 1955 as the original impetus for the mental health crisis we are now experiencing nationally. According to Mrs. Anderson-Washington, “deinstitutionalization was intended to discharge individuals with mental illness to protect their liberties, and let them live in the community, but the community was not prepared to treat the influx of people or excess of need for those individuals.”

Mrs. Anderson-Washington stated “the mobile crisis team seeks to intervene in crisis situations to prevent individuals with mental illness from being arrested. For an individual with mental illness, going to jail is not going to help them. Our goal is to disrupt the pattern of going in and out of jail, and give them the treatment they need. We also provide CIT training to law enforcement, which is mental health education and training, to help them recognize the symptoms of mental illness when they respond to crisis calls.”

“We let law enforcement know that they have a resource in Hinds County, so they know they have more than jail as an option. They can call us to come out and do an assessment. We go anywhere in

Hinds County, which is large. It covers approximately 800 Square miles. It may take us a while to get there but we are coming. We have a team of ten, and we operate 24 hours a day seven days a week.”

Andrew Day (Director of Community Services, Mississippi Department of Mental Health, (MDMH))

Mr. Day discussed Crisis Stabilization Units stating “there are 8 presently operating in the state. The role of the Crisis Stabilization Units in the regional System is to provide stabilization and treatment services to persons who are in psychiatric crisis. It is believed that many of these individuals with mental illness can be treated in the center and returned to the community without an inpatient admission to the state psychiatric hospital. The more quickly the person receives treatment, as opposed to being held without treatment, the less likely his or her condition will worsen. An individual can receive involuntary, and voluntary treatment at a Crisis Stabilization Unit. In addition, after treatment an individual will already be connected with their local community mental health center.”

He discussed the Mobile Crisis Unit which is a “24 hour service operated out of a \$4.2 million budget funded by the legislature. Mobile Crisis Units have a goal of responding to calls within an hour anywhere in the state.”

“The Department of Mental Health’s budget has been cut by \$19.5 million for the next fiscal year. In the last 4 to 5 years we had to close 600 beds at the state hospital; our staff has been reduced from 10,000 employees to less than 7,000, and we are currently under a law suit by the Department of Justice.”

Chief Lee Vance (City of Jackson Police Department)

Chief Vance stated “We need someplace to take them frankly, to qualified individuals. Because this problem in the City of Jackson is so bad. There are not a whole lot of variables. Now, there are some houses in the community that provide services to these individuals, but I hear they do not get very good treatment at these facilities. I hear that some give them a place to sleep, and issue out bologna sandwiches three time a day. There are a lot of actual layers in how to improve this situation, but law enforcement is not the ideal component on how to handle these kind of individuals.”

Chief Vance also said “It’s a very complex situation. Some individuals’ families have abandoned them, and they really don’t have any place to go. And here is where it really gets complex, when mental illness intersects with criminal behavior, the law calls for us to arrest people who have committed domestic violence and DUI. We have a long, long way to go to address this particular problem.”

Mrs. Adrienne Kidd (City of Jackson Department of Human and Cultural Services)

Mrs. Kidd stated “a lot of people who are mentally ill self-medicate. If their mental health problems are not addressed they continue to cycle through the system.” Her department tries to help the mentally ill find jobs, but encounter the problem of those persons not being able to pass the drug test. Mrs. Kidd also made the observation that “a lot of the relatives of persons with mental illness do not take them to get mental health assessments.”

Attorney Pieter Teeuwissen (Hinds County Board Attorney)

“Now we see how the problem of mental illness intersects with substance abuse problems. Chief Vance discussed how mental illness intersects with law enforcement and we can clearly see how substance abuse exacerbates the situation exponentially. This is why we cannot deal with these issues in isolation. I think we are starting to understand there are many layers to this issue.”

Sheriff Mason stated “The Hinds County jail is not designed to house people with mental illness. As a result of the consent decree my hands are tied. One of the first things we did is we started to retrain our staff. Because when we go through the academy we are not trained how to deal with mental health cases. We were trained how to go out and uphold the law, but you have to stop and address the consent decree. Now my road deputy has to be trained all over again for something else. What ultimately hurt me was when the facility at Whitfield shut down. When we get individuals with mental illness we have to have someplace to house them. This mental health issue is a whole other story. My people have to defend themselves from detainees with mental illness. The issue is how to do it effectively. Pieter Teeuwissen stated “let me point out that the Hinds county jail is not a mental health facility. The Sheriff has about 6 cells that he is able to use as mental health cells for suicide watch.”

IV. Issues Identified During Question & Answer Session

The question and answer session of the forum offered each panelist an opportunity to respond to questions presented by the moderator and forum participants. Panelist identified key issues from their perspective, which they believe contributed to the large population of mentally ill detainees now housed at the Hinds County Detention Center. The issues are listed below:

- “Part of the problem I think has been a lack of communication. We were not even communicating within our own internal organization.” Supervisor Peggy Calhoun (HBOS)
- “Our basic problem now is getting the legislature to recognize that we have a serious problem.” Supervisor Peggy Calhoun (HBOS)
- “The situation is going to get worse. It is going to spiral out of control. If a mentally ill person does not get the treatment he or she needs they are going to get worse.” Supervisor Peggy Calhoun (HBOS)
- “One of the issues that we face now is a lack of qualified staff.” Andrew Day, Director of Community Services (MDMH)
- “Getting educated people to remain in the state to provide good care for our citizens.” Andrew Day, Director of Community Services (MDMH)
- “There are a lot of people who do not know what mental illness is.” Mrs. Tiffany Anderson-Washington, Mobile Crisis Coordinator (HBHS)
- “The person we communicate with are not able to articulate the issues effectively” Mrs. Tiffany Anderson-Washington, Mobile Crisis Coordinator (HBHS)
- “What is the plan for long-term care? Because it is the cycle that concerns me. We need to address the back-end of the problem. Short-term plan, long-term solution.” Chief Lee Vance, City of Jackson Police Department
- “Detainees with mental illness who are arrested in Hinds County are not separated from the general population. Detainees need to be separated from the general population, and the only way for that detainee to be separated is for him to have a place to go where that detainee can be provided treatment.” Supervisor Peggy Calhoun (HBOS)
- “When we get individuals with mental illness, we have to have some place to house them.” Sheriff Victor Mason, Hinds County
- “One thing that we do not have is a mental health court. A lot of states have mental health courts to work on this problem.” Attorney Pieter Teeuwissen
- “Only the mentally ill with felony arrest can currently get mental health evaluations. Persons with misdemeanors are not evaluated.” Jeanette Banks, Administrator, City of Jackson Municipal Court

- “We need someone to be in the courtroom to handle situations like this when they are not capable of responding to the charge.” Jeanette Banks, Administrator, City of Jackson Municipal Court
- “The court needs a staff person designated for things like commitment hearings for individuals who cannot speak for themselves.” Jeanette Banks, Administrator, City of Jackson Municipal Court

V. Summary of Issues Identified

There appears to be some significant communication issues involving Hinds County officials internally and externally with key service providers such as HBHS for provision of mental health care. This communication issue, coupled with a lack of funding from the Mississippi State Legislature for a jail diversion program, has resulted in a growing jail population of mentally ill detainees at the Hinds County jail. There also appears to be no organized plan or strategy to address the problem. This issue could potentially overwhelm the system.

MDMH leaders see the lack of qualified mental health workers as a contributing factor. The State of Mississippi has the lowest ratio of qualified mental health workers per capita in the nation, and finds it necessary to utilize a system of credentialing for its workforce. MDMH officials believe the challenge is getting educated individuals to remain in state to provide good care for our citizens.

Mental health officials believe there is a general lack of an understanding of the nature of mental illness. The majority of citizens do not know what mental illness is, or how to deal with a person who has a mental illness. Mental health leaders cite instances where mobile crisis units have responded to crisis calls, and the individuals their staff encounter are unable to articulate observed symptoms or behaviors in a manner sufficient to allow their team to make an assessment.

The lack of a long-term plan to address the needs of the incarcerated mentally ill is a major issue which contributes to a backlog of court cases and jail overcrowding. The panelists expressed a concern that as long as there was no “long term strategic plan” to address the cycle of recidivism among the incarcerated mentally ill, the problem will continue unchecked. It is believed that housing for the mentally ill is one of the key components needed to address the problem.

The problem of “housing” for the mentally ill was a key focus for Hinds County law enforcement. The Sheriff said he is challenged to find a place to house mentally ill detainees. Mentally ill detainees need a place to go where they could be housed separate from the general population. The law allows for adequate and appropriate mental health treatment for detainees diagnosed with a mental illness through the Department of Medical Assistance, only if they are separated from the general population.

The panelists noted that Hinds County has no mental health court to address the special circumstances of mentally ill offenders. Other states are now utilizing mental health courts to successfully address the problem of large numbers of incarcerated mentally ill detainees, as well as reduce the rate of recidivism for incarceration among mentally ill offenders.

Court administrators attending the forum stated that many of the individuals they encounter in court have a mental illness that goes unassessed due to the fact that they were charged with a misdemeanor. The system only provides a mental health evaluation for those charged with a felony. Court staff are hampered when processing cases involving the mentally ill because they are often unable to give basic demographic and other information related to their charges. Processing the cases of mentally ill defendants often results in a backlog of court cases as court personnel are not trained to address the issues

related to mental illness. The court administrator present at the forum stated there is a need for a mental health liaison or mental health staff co-located in the court to address their special circumstances.

VI. Recommendations Made by Panelist

One of the forum's objectives was to bring together various stakeholders who have the responsibility of providing services for mentally ill persons detained in the Hinds County criminal justice system. During the course of the forum, panelists offered their recommendations for potential solutions to the problem of incarcerating mentally ill persons. An interesting range of recommendations and perspectives were presented.

Supervisor Calhoun made a recommendation that vacant structures formerly used as regional correctional facilities can be used to house and provide mental health treatment to mentally ill detainees. She said there is one less than an hour away in Carthage Mississippi. This would provide a diversion for individuals presently detained at the Hinds County jail to receive treatment for their disability. According to Supervisor Calhoun, there is a little known law that provides treatment (covered by Medicaid) for the incarcerated mentally ill. She stated that if we had a facility, this would provide a strategy for long-term care.

Mr. Andrew Day believed that Making a Plan (MAP) meetings could be utilized as a method of diverting individuals that recidivate to the criminal justice system. MAP meetings utilize an interdisciplinary approach to solving challenging problems of the mentally ill. In this case, representatives from various service providers would meet to develop a plan to solve a client's problem. The team would focus on legal charges, provision of mental health treatment, housing, food, medical, and transportation needs of the individual. He made the observation that law enforcement and court personnel are often familiar with individuals that frequently cycle in and out of the system. His idea is that meetings could be set up between court personnel, law enforcement, and mental health staff as needed to make a plan to address the problems of a given individual, to prevent them from entering the jail.

Mrs. Washington-Anderson believed that Peer Support staff could be utilized more in view of the shortage of mental health professional staff in the state of Mississippi. The peer support personnel may not have the educational background, but they do have real life experience. This should be done in an effort to provide more education to communities regarding mental health issues. Currently, Hinds County has several peer support specialists on staff. She also suggested the use of the Sequential Intercept Model to get more mentally ill individuals who experience legal conflict into treatment.

Chief Vance recommended that service providers develop a long-range strategic plan to provide treatment for the incarcerated mentally ill. He also said that housing needed to be a component of the plan because the mentally ill have no place to go. Additionally, Sheriff Mason shared his opinion that the 23 beds at Whitfield was part of the solution. He also said that law enforcement does not know how to deal with the issue of the incarcerated mentally ill.

VII. Analysis of Issues Discussed

During the forum, the moderator and panel discussed the concept of mental health intersecting with the law and substance abuse. This is an excellent way of looking at the plight of mentally ill persons in the City of Jackson/Hinds County as a function of the deinstitutionalization of the state hospital. The mentally ill individual released from the state hospital, who receives no treatment, will eventually decompensate, and exhibit behaviors that will put them at risk for either self-medicating with illicit drugs

or legal conflict. An important component of deinstitutionalization involved funding for the development of an infrastructure of community mental health centers throughout the country to address the needs of the mentally ill released from the state hospitals.

Many towns and municipalities have no community mental health center to provide local mental health treatment and support services. This means that individuals released from the state hospital with no transportation more often than not go without the treatment and medication they need to make good decisions and choices critical for living independently in the community. As a result, these individuals behavior eventually “intersects” with criminal behavior, which leads to arrest and incarceration.

Our country is now in the grips of a societal shift. The nation has changed how it deals with the mentally ill. Local city and county government agencies (which often function independently while providing services that overlap with other service providers) often fail to respond to societal shifts or respond very slowly. This can happen for a number of reasons. In Hinds County (which has been affected by the mental health crisis like so many other communities), it happened as a result of poor communication between internal and external agencies. This leaves a fragmented system incapable of adequately addressing a critical issue, such as the one at the Hinds County Jail.

A lack of funding from the State Legislature regarding requests made by Hinds County officials for additional funds for developing a diversion program is also a factor. State Legislative officials also did not permit in House Bill 1089, Hinds County, which is the largest county with the largest inmate population of mentally ill detainees, to authorize a mental health diversion Pilot program. Hinds County and its citizens could benefit from services offered by such a program.

Mental Health Courts are an increasingly popular option for responding to the large number of people with mental illness in the criminal justice system. The absence of a mental health court has major implications for Hinds County. The county has no effective method to reduce the population of mentally ill detainees at the jail, and diverting mentally ill persons with criminal charges, by offering the option of court ordered mental health treatment while being released to the community. The implementation of a mental health court would be a vehicle through which county service providers such as HBHS and the Hinds County Sheriff’s Department could begin coordinating services to address the mental health crisis, under the authority and direction of a Mental Health Court Judge.

VIII. Recommended Future Actions

Given the content of the forum discussion, the following recommendations are made for future actions:

1. Present mental health educational sessions in the community.
2. Locate potential training sites in the community.
3. Recruit volunteers with education and background in mental health, social work or psychology to present training sessions.
4. Key stakeholders meet to lay the groundwork for holding MAP team meetings for adult mentally ill offenders in crisis or at imminent risk for incarceration.
5. Engage the community to help address the problems of the incarcerated mentally ill.
6. Inform neighborhood planning units as well as church groups of need for increased funding to address the needs of mentally persons in the community.
7. Recruit advocates for the incarcerated mentally ill.

8. Identify a Political Liaison to the Governor's office/Legislature to speak on behalf of City of Jackson/Hinds County criminal justice and mental health community.
9. Development of a Criminal Justice and Mental Health Coalition in Hinds County.
10. Implement a Mental Health Court in Hinds County.
11. Improved collaboration and coordination between criminal justice and mental health service providers