Community Solutions to Mental Health

RESEARCH DOCUMENT

SWATH
South West Arizona Town Hall

As preparations were made for the fall 2018 Southwest Arizona Town Hall, it became apparent that not only was mental health an important factor in the area's criminal justice system, it was a big enough issue in the community to warrant its own discussion.

Mental health impacts everyone in our community, whether the very young dealing with peer pressure and bullying, the elderly suffering from depression and dementia, the repeat offender revolving through our jail system because they lack resources to address their bipolar disorder, those who turn to drugs and alcohol to self-medicate their pain, the severely mentally ill who walk our streets and strain the hospital's resources for lack of mental health care facilities.

Law Enforcement

Yuma County Sheriff's Office

In an article published in the Yuma Sun Dec. 30, 2018, Yuma County Sheriff Leon Wilmot identified mental health and drugs as the top issues facing the Yuma County Sheriff's Office in 2019. He reported that, for the first half of the fiscal year, roughly 50 percent of prisoners booked into the county jail have had a history of receiving treatment for various mental health issues.

He was quoted saying: "This is something sheriffs throughout Arizona are dealing with, and all of us articulated this to the governor as a priority that the state of Arizona has to address, as it is a state responsibility that continues to be dumped on local communities to handle."

In 2017, YCSO treated 1,013 prisoners for mental health issues, according to the article. Through the first five months of the current fiscal year, detention officers had already exceeded that number, having treated 1,277 prisoners for various disorders, a 26 percent increase over the previous year.

Instead of just locking people up, the sheriff's office is trying to help them by continuing to train its detention officers to recognize and identify inmates suffering from some type of disorder. The goal, said Wilmot, is to cut down on problems stemming from mental health issues.

Yuma Police Department

Yuma City Police Chief Susan Smith made several observations regarding mental health issues and the challenges they present for law enforcement:
- Mental health issues to include using first responders as mental health agents.
- Lack of local resources for our mental health customers.
- Cost of training our first responders to maintain current and contemporary knowledge base.
- Mental health issue being regional, not localized (i.e.: several area agencies dealing with the same individual or family) so the response needs to be regional, not localized.

Yuma Police Department has officers taking the Mental Health First Aid training, said Sgt. Raul Fiveash. This has resulted in less "fighting" and more of a "what can we do you help you out" attitude.
He stressed that if the Horizon Observation Unit were to ever close, it would have a significant impact on the community. If that were to happen, the only options for individuals would be to go to Yuma Regional Medical Center or jail.
Fiveash noted that police officers encounter five or more individuals with mental health issues a day. They can direct people to assistance. However, the individuals need to recognize that they have a mental health issue and want to get better, he said.
Very important is the need for a good support group such as family and church. No one can really help themselves alone.

Arizona Department of Corrections

According to a report in the research document for the Criminal Justice Town Hall, inmates sentenced for drug-related offenses, including possession, sales and trafficking, account for 22 percent of the state prison population.

In addition, there is little known about protocols for dealing with individuals with mental health problems or disabilities. As reported in the research document for the Criminal Justice in Yuma County Town Hall, “a small number of studies in recent years have examined officer training focused on dealing with individuals in crisis. The Crisis Intervention Team model was developed in Memphis, Tenn., in 1988 and includes 40 hours of training delivered by mental health professionals. Providing officers with skills on using words to de-escalate crises is a key component of training. CIT-trained officers are then deployed to scenes involving an individual who may be having a mental health crisis. The research data on officer attitudes has been generally positive. For example, the training has been associated with increased knowledge about the causes of schizophrenia and more favorable officer attitudes toward individuals with mental illness.”
Another section of the document states: “A second specialized group of people that is brought to court involved individuals exhibiting mental health issues. A number of individuals appearing in limited jurisdiction courts have been arrested for ‘quality of life’ crimes (i.e. shoplifting, urinating in public, trespassing and loitering) and appear to have mental health concerns. Under the current law, the process to determine the competency of a person charged with a misdemeanor or a felony is the same. The process is cumbersome and expensive.”

They also become vulnerable members of the prison population when incarcerated, as reported later in this document by Samantha Briggs, former research assistant with the Morrison Institute for Public Policy, Arizona State University, who now is with the Department of Economic Security.

Courts

Mental health and drug abuse were identified by Greg Stewart, Justice of the Peace for Precinct 1, as two of the three top problems he believes are facing the community in the field of criminal justice.
Of mental health, he stated: “The amount of people involved in the criminal justice system having mental health issues is increasing. As a society, why this is happening and what can be done to prevent such, rather than simply treating the afflicted, is critical. Aside from those mentally ill, many

offenders display symptoms of mental health issues, which are directly tied to their prolonged drug use. Fortunately the topic of mental health seems to be garnering more attention of late, leading to earlier interdiction focused on those arrested for crimes displaying mental health-related symptoms, leading to programs like Mental Health Court. Those who commit victim-related crimes, particularly violence-related offenses, are of particular concern."

As for drug abuse, he said: "Studies have been conducted on the in-custody population measuring such things as the number of crimes committed by those under the influence at the time of arrest, crimes that were drug-related or those that were committed to support a drug addiction. There is no question that drug use significantly impacts crime rates locally. Yuma County sharing a border with Mexico obviously impacts the flow of drugs in and through our community. Self-referral for drug treatment services is largely ineffective. Overcoming an addiction requires long-term treatment and sobriety to be effective; two areas often unattainable without the accountability afforded through the criminal justice system. Programs like Drug Court, which combine quality treatment, monitoring and accountability have proven effective at reducing recidivism when done properly. Those caught up in the cycle of addiction are typically unable to obtain or maintain employment and often either steal, deal drugs or sell their bodies to support their drug habit."

Legal Defender

Terri Capozzi, legal defender, also ranked mental illness as one of two top issues in the criminal justice system. She stated: "Mentally ill people are frequently incarcerated for longer periods of time because of the lack of viable community alternatives to address the issues driving their behavior. … The system often becomes a costly revolving door with extraordinarily negative and long-term consequences to the poor and mentally ill in our community. These are not just local issues, they are national issues that are currently being identified with a variety of solutions proposed, but agreeing on and executing those proposed solutions is difficult without state and local stakeholder and community commitment."

Mental Health Court

Started in 2013, there are currently slots for 60 participants in the Mental Health Court. Participation is voluntary but participants must have a diagnosis for a serious mental illness. Counseling and other services are facilitated by a number of community resource agencies and cover mental health treatment, substance abuse treatment and other services.

Drug Court

Drug Court is over 20 years old and has a capacity for 150 cases. The program is a minimum of 18 months and all participants must receive substance abuse counseling. Nearly 58 percent of the defendants do not reoffend post-conviction.

Community Resources

Yuma Regional Medical Center

There's a revolving door at the Yuma Regional Medical Center Emergency Department of people suffering from mental illness. With a shortage of trained mental health professionals or mental health care facilities in the community, there's no place to send these people, hospital officials say. In a Yuma Sun article published March 19, 2019, Dr. Bharat Magu, YRMC's chief medical officer, stated there is a critical need for behavioral health specialists in Yuma. He said YRMC sends about 700 patients that need critical and acute behavioral health treatment by ambulance to hospitals in Phoenix or Tucson each year. It's unknown how many are referred by other sources.

"That's really a big disservice," he said. "We really need to make sure we have a training program where we can train physicians to provide psych, emergency, general surgery, sports medicine, palliative care; there are very, very critical needs of the community."

There is one full-time psychiatrist in town while emergency room visits for behavioral health problems quadrupled from 2017 to 2018, to more than 17,000.
Some of that increase is due to painkillers becoming less accessible to patients due to the fight against opioid addiction, with some of them coming in with a psychiatric diagnosis instead, Magu said. “But that doesn’t even come close to explaining the whole horizon of this, it’s almost at a crisis level at this point. So we definitely want to make sure we address it not only by putting resources into our psych emergency room department but also start up a (residency) program in the future.”

YRMC has a 72-bed emergency department for patients with a demonstrated medical need. However, if there is not a demonstrated medical need, the hospital has no dedicated mental health psychiatric beds, nor the ability to hold individuals experiencing a mental health crisis, according to the Sequential Intercept Model Mapping Report of July 18-19, 2018.
Not only doesn’t the hospital have the resources to adequately deal with the number of people in the community with mental health issues, there also are limited resources in the community.

Horizon

Horizon Health and Wellness operates a behavioral health walk-in/drop-off facility that provides services for people who are in need of immediate psychiatric intervention, but only for adults. Services may be accessed 24/7 by referral, often by law enforcement, as well as voluntary members.
Horizon Acute Care Center operates a 23-hour walk-in-friendly Observation Unit and Community Health Associates provides outpatient psychiatric and substance abuse services.

Crossroads Mission

Crossroads Mission has a drug and alcohol rehabilitation program for adults, which tends to be nearly full. It is available only to adults; there is nothing local for teenagers and children.

It's a typical day at Crossroads Mission as several people with serious mental illnesses spend the day in the dining room. Confused and unable to care for themselves, they're provided shelter, showers, water, a kind word and monitoring of their medications.
The concern is what would happen to them on the street if left to their own devices, explained Barbara Rochester, public relations director for the mission. "Here they're cared for."
On any given day, every day of the year, there are 10 to 15 mentally ill people hanging out in the dining room. They suffer from the gamut of mental illnesses: schizophrenia, bipolar disorder, PTSD, depression, anxiety, perhaps the trauma of childhood or sexual abuse. Some move on, only to return in a few months; new ones come in. But they all seem to have one thing in common – they think they're fine and they resist efforts to help them.

A caseworker will meet with them to see what can be done for them, the mission completes volumes of paperwork, other agencies are called, housing is arranged and a connection made with a mental health care provider. "But they won't accept help and after all this work we're back to day 1 and we have to take them back," Rochester said.

Their mental illness manifests itself in various ways. One woman constantly walks the streets, taking her food to feed ants; a man comes to the mission to eat but no one knows where he sleeps; another is violent; a third has no idea where he is as he clutches a cup of ice on a warm afternoon.

They don't keep track of their medications if they even have them, insist they're fine when their shoes have no sole left and won't go to the doctor for blood pressure checks or medical care.

"They're comfortable with the way they live … it's what they know," Rochester said.
Two substance abuse counselors at Crossroads Mission also offered their perspective.

Bob Shelter estimates that a number of substance abusers use drugs and alcohol to hide their pain. They'll come into detox and say they're fine but

deep issues begin to surface after they've been off heroin or other drugs for a while. "I'm willing to bet at least one-fourth have some mental health issues from child abuse to anxiety and depression. Some are just surviving."

Adrian Negrete agreed that many substance abusers are self-medicating. "When we identify that something else is going on we contact a provider agency and schedule meetings with a case manager and they schedule appointments with doctors." Unfortunately, he said, many of those meetings are held by telemedicine for lack of local providers. That's not as effective as a doctor seeing the patient face-to-face, he believes.

The mission is also hampered by the lack of funding for psychiatric evaluations, he said, suggesting that there's a need for a complete overhaul of the behavioral health system in Arizona. "It needs to be redone. There's too much red tape, it's too complicated to navigate for people who are least capable of doing that."

A Possible Solution

A hospital-run program in Portland, Ore., has partnered with the community to create a centralized resource center for mental health. Unity Center, part of the Legacy Health System in Portland, is considered a leading model for consolidating services together under one roof. It started with a substantial donation that seeded what has now become a nationally recognized model.

Unity provides 24-hour mental and behavioral health emergency services for adults and longer-term inpatient mental health care for both adults and adolescents. It takes a revolutionary approach to mental and behavioral health emergencies. First, it addressed the immediate crisis, helping patients find relief and stabilization through the expert and compassionate care of dedicated psychiatric physicians, nurses and social workers. Next, the care navigation team creates and coordinates an ongoing treatment plan to be utilized after discharge through medication management, family support, and peer support and case management. The greater Portland area, Emergency Medical Services (EMS), police and mental health and addiction service providers have all come together to help create this revolutionary model of care.

Where We Go From Here

Recommendations for Change

Recommendations listed in the Sequential Intercept Model Mapping Report include:
- Establish standardized metrics and data-sharing across county agencies to improve data-informed decision-making.
- Improve communications between providers.
- Enhance continuity of care in and out of the jail setting.
- Improve jail-based services and transition planning to reduce recidivism and improve health and other outcomes for detained or jailed individuals.
- Identify “familiar face” high utilizer populations to help manage costs, reduce unnecessary utilization of services while increasing individual stabilization. Develop “high utilizer” strategies.
- Create a comprehensive substance abuse disorder strategy: population identification and treatment resources in the jail and community.
- Examine the need for pretrial interventions to reduce failure to appear of individuals with mental disorders - - Improve pre- and post-arrest diversion opportunities for incompetent to stand trial populations.
- Incorporate the use of peers and peer support and recovery across intercepts.
- Increase continuity of health care between the ER and jail.

VULNERABLE POPULATIONS

By Samantha Briggs, former research assistant for the Morrison Institute for Public Policy, Arizona State University

Key Points:

• 1 in 10 prisoners in Arizona is considered elderly.

• Inmates begin to face the problems of the elderly at an earlier age than the general population.

• More than a quarter of inmates suffer from mental illness.

• Many mentally ill inmates do not receive treatment while in prison.

• Ninety percent of female inmates experienced physical or sexual violence prior to prison.

Most Arizonans are unlikely to feel much sympathy for prison inmates. At the same time, few would deny that prison is an unhealthy, oppressive and often dangerous place for virtually all inmates. But what may be less apparent to outsiders is that certain groups within general prison population face even greater challenges. These include a greater risk of assault, theft, extortion and neglect of serious medical needs. Any of these factors can severely damage – or further damage – an inmate's mental, emotional or physical well-being. This can have a long-lasting impact on all of society since some 95 percent of all prison inmates eventually return to the community – currently 1,000 a month in Arizona – after serving an average of only two years behind bars.

Elderly Offenders

In Arizona, 1 in 10 prisoners are elderly. Among non-incarcerated populations, 65 and older is considered elderly. However, among incarcerated populations, 55 and older is considered elderly, due to prisoners' higher incidence of poor health because of various socioeconomic and risk factors.

A study of Texas prisoners found that 40 percent of prisoners over 55 suffered from a cognitive disorder. When an inmate suffers from a cognitive disorder or has mobility issues, they often have difficulty in "prison activities of daily living," which include being able to drop to the floor for alarms or stand for headcounts by prison staff. When an inmate fails to obey a prison procedure due to a physical or cognitive ailment, it can be misunderstood by prison staff as insubordination. Few prison staff receive training on how to recognize and deal with conditions such as cognitive disorders. Without training, prison staff can view those with cognitive disorders or physical ailments as breaking prison rules, leaving prisoners vulnerable to additional punishment.

Elderly prisoners and those with dementia are also vulnerable to being assaulted by other inmates. As a result, they will sometimes end up segregated from the rest of the population, which itself can cause further stress for a prisoner with a cognitive disorder.

Some states have created facilities within prisons to accommodate their elderly prisoners. For example, the Texas Department of Criminal Justice has designated geriatric units within some of their prisons, giving inmates additional time to dress, eat and shower. The Missouri Department of Corrections has a unit for elderly prisoners with no top bunks and special assistance with meals. But such units within prisons are rare. Some states have instead contracted with private nursing homes to care for elderly inmates, who are housed outside the walls but remain in state custody. Such arrangements, however, can drive up the costs of housing the elderly, chiefly due to the need for additional staff to meet elderly prisoners' needs. A 2012 ACLU report found that it cost $34,135 per year to house an average prisoner, but $68,270 per year to house a prisoner aged 50 and older.

Mentally Ill Offenders

Mental disorders are common in most prisons. In Arizona, 27 percent of prisoners have a moderate to high level of mental illness. In a 2009 study in Texas, the state with the largest prison population, 15 percent of incarcerated men and 31 percent of women were found to be mentally ill. Like elderly populations, mentally ill inmates also have a higher risk of victimization in prison, and display behaviors that can make them more susceptible to punishment by prison staff.

The downsizing or closure of regular psychiatric hospitals has shrunk the overall number of available psychiatric beds, which can pressure remaining hospitals to discharge patients who have not received sufficient treatment. If a mentally ill individual is released but continues to display bizarre or aggressive behavior, he or she may be arrested. This can compound the problem by sending such individuals to jail or prison instead of to treatment. While incarcerated, a substantial portion of prison inmates who need mental health treatment will not receive it.

While imprisoned, mentally ill individuals, especially those not receiving adequate treatment, may continue to exhibit behavior perceived as disruptive or aggressive. This often leads to conflict with staff, resulting in the prisoner's punishment for rule violations. This results in mentally ill prisoners being disproportionately represented among prisoners in segregation or solitary confinement for rule infractions. In some prisons, mentally ill prisoners can still be found guilty of a rule infraction even if their offense is attributed to their mental illness. Punishment can also include denial of therapy or other prison activities.

Female Offenders

Women make up 10 percent of Arizona's prison population. Nationally, women entering prison have higher rates of trauma, mental illness, domestic violence victimization and sexual abuse than non- inmates. A 2012 study found that 90 percent of female inmates had experienced physical or sexual violence prior to entering prison. Another study reported that 50 percent of incarcerated women reported being sexually or physically abused as children. Due to this pathology, commonplace prison procedures like pat downs and searches can lead to women being re-traumatized.

Due to such trauma – and to the fact that prisons are typically built to house men – women's needs are often overlooked. For example, women's reproductive and gynecological care often do not exist within the current prison model. A 2017 study found that nearly a third (31 percent) of prisons do not have onsite OBGYN care. This means many prisons must incur additional costs to send women offsite for care.

Nor is treatment for women prisoners' mental health always available – even though they are twice as likely as male inmates to be mentally ill. Nearly a third of women prisoners (31 percent) are seriously mentally ill.

Offenders with Substance Abuse Issues

In Arizona, 78 percent of state prisoners have a moderate to intense need for substance abuse treatment. Nationally, prisoners are 12 times more likely than adults in the general population to abuse substances or have a drug dependency.

Once detained, such individuals may reveal their vulnerability even before they are charged with a crime. For example, someone addicted to opiates such as heroin can begin withdrawal symptoms within 6 to 8 hours and can experience the physical and mental pain of withdrawal while in jail, only to be released without charge. Research shows that half of jails fail to use the recommended detoxification protocols like methadone or clonidine.

Once incarcerated, prisoners with a history of substance abuse have limited options to get help. The most common form of treatment offered is drug and alcohol education, which is available in 74 percent of prisons. Fifty-five percent of prisons offer group counseling for substance abuse, but only up to 4 hours a week. Forty-six percent of prisons offer prisoners counseling for more than 5 hours a week. Of the prisons that offered drug treatment services, 85 percent of services lasted less than 90 days.

Offenders with Developmental Disability

Developmental disabilities are defined by the Centers for Disease Control and Prevention as "a group of conditions due to an impairment in physical, learning, language, or behavior areas. These conditions which begin during the developmental period, may impact day-to-day functioning and usually last throughout a person's lifetime."

Nationally, nearly a third of the prison population in 2012 (32 percent) had at least one disability, compared to 11 percent of the general population. Intellectual disabilities are also prevalent within prisons, comprising an estimated 4 percent to 10 percent of the national prison population, while making up 2 percent to 3 percent of the non-prison population.

Individuals with developmental disabilities can suffer from enhanced vulnerability from their first contact with the system. Many police officers, prosecutors, judges and other figures lack training in recognizing disabilities, rendering the disabled vulnerable to incarceration without officials considering their disability.

For example, a person with an intellectual disability may be easily manipulated to commit a crime at the suggestion of others. They may also be more willing to give in to pressure during interrogation and confess to something they didn't do. The behavior of an individual with an intellectual disability also can make them vulnerable during their own prosecution, where they often have memory problems, are prone to suggestibility and have trouble understanding court procedures and legal consequences.

Once incarcerated, inmates with developmental disabilities – similarly to those with mental illness – tend to have trouble with daily prison activities and following directions, which makes them vulnerable to punishment. Prisoners with intellectual disabilities also are vulnerable to losing life skills like the ability to communicate and maintain emotional stability.

Note: This report is reprinted in part from a report that was included in the research document for the Arizona Criminal Justice System Town Hall.