

Mental health issues drive some Kansans to repeated jail stays

While resources vary by county, some jails connect inmates with additional treatment options

B Meg Wingerter | October 26, 2016

Editor' **note**: Reporters from the <u>Topeka Capital-Journal</u> and KHI News Service collaborated for a six-month exploration of how the state's legal system deals with people with mental illness. This is one of the stories in a four-day series.

For more than 20 ears, the Douglas Count jail was almost a second home for Kenneth Brouhard.

The Lawrence man was in and out of the facilit near 30 times between 1990 and his last conviction for aggravated sexual batter about three ears ago.

He might still be trapped in that c cle if not for an intensive mental health treatment program that helped him break it.

"I've been in and out of the Douglas Count jail since it's almost been opened (in 1999)," he said. "I didn't want to be looked at just as a criminal. I just wanted to be done with all me troubles."

Brouhard was fortunate that his encounter with the criminal justice s stem was in a count that offered such a program for inmates. For man others with

mental illness, a count jail was the last place the could expect to find the help the needed.

"Joe," a Johnson Count man who asked not to be identified, was arrested in 2003 after hitting his wife on the back when she tried to pull him out of bed in the morning. At the time, he was being treated for depression.

"M wife had reason to believe when she called 911, she was going to get help getting me to the hospital," he said.

Instead, he spent 10 da s on suicide watch in the count jail. He didn't start improving until he was discharged for treatment at Shawnee Mission Medical Center.

"The real thing that I look back on is that people who are in mentall perilous positions, especiall if the don't have a lot of resources, the get medication and not much else" in jail, he said.

Treatment and training

Count jails have become the default mental health provider in man communities since the 1990s, when Kansas and man other states closed state hospital beds with the idea that people with mental illnesses could be better treated in their communities.

The new s stem worked well for man Kansans with mental illness, although others struggled to get the help the needed and instead found themselves ensnared b the criminal justice s stem.

Some Kansas counties are responding to the problem. Douglas Count has a standing contract with the Bert Nash Communit Mental Health Center in Lawrence to provide mental health care to those in the count jail who need it.

Sgt. Kristen D macek, public information officer for the Douglas Count Sheriff's Office, said ever one processed into the jail gets a mental health assessment. An who exhibit s mptoms are then seen b a Bert Nash clinician.

The count also provides special mental health training to its jail staff and sheriff's officers. The officers are trained to spot s mptoms of mental illness so that the can divert people in crisis to treatment rather than charging them with a crime and hauling them to jail, D macek said.

Even so, she said, the number of people with mental illness serving time in jail continues to increase.

Brouhard, the Lawrence man who had been in and out of the Douglas Count jail since 1990, said the treatment he received while incarcerated was helpful. But it was a more intensive, outpatient program operated b Bert Nash that reall made a difference.

After Brouhard was released from jail, staff at the mental health center helped him find housing and bu work boots. The also checked in from time to time, which helped him avoid turning to alcohol again when his s mptoms worsened earlier this ear, he said.

"If I didn't have that kind of help, I wouldn't be here right now," he said.

Some police departments and courts have started programs to avoid arresting people with mental illnesses or to help them avoid incarceration if the compl with treatment orders and other conditions. Those programs are limited to some of Kansas' largest counties, however, and smaller communities have few alternatives to jail.

Fift miles from the suburbs of Johnson Count , Travis Wright oversees the jail for the Atchison Count Sheriff's Office. He said some people with mental illnesses have been through the count jail so man times that the greet him when their paths cross at the store.

Wright would prefer if the faces weren't so familiar. Atchison Count inmates had an average of 4.6 jail sta s in 2014, with some inmates being booked in onl once and some returning almost as soon as the were released. Like Brouhard in Douglas Count , man of the "repeat customers" have mental health issues that drive them back to the jail over and over again, he said.

"I was shocked at it," he said. "I couldn't believe (the average) was that high."

Unfortunatel , Wright said, police and sheriff's deputies don't have the resources to reach people before their conditions deteriorate. Mental health care is available in Atchison Count , but people who experienced a crisis in the evening or on a weekend have nowhere to turn, he said.

When Wright started overseeing the Atchison Count jail 10 ears ago, police could take people in crisis to St. Luke's Cushing Hospital in Leavenworth for inpatient care, Wright said. When that hospital stopped treating involuntar patients, the went to Rainbow Mental Health Facilit in Kansas Cit, Kansas, which now has onleight beds. Right now, the onloption is Osawatomie State Hospital, where demand for space is high, he said.

"Getting them to take an bod is like pulling teeth," he said.

The problem of finding inpatient mental health treatment has been more severe in eastern Kansas than in the western counties, said Sand Horton, executive director of the Kansas Sheriffs' Association. Osawatomie State Hospital is onl admitting involuntar patients, and some who have court orders for involuntar treatment have <u>waited da s in jails or emergenc rooms</u>.

Often, law enforcement officials would rather send someone to the state hospital for treatment than charge them with a minor crime, Horton said, but the can't do so if there isn't space available.

"I'm hearing a lot of the sheriffs express concern," he said. "Nobod wants to hold somebod in jail because the have a mental health issue."

The problem isn't confined to eastern Kansas, however. Gove Count Sheriff Allan Weber said his department contracts with Trego Count because it doesn't have a jail, but was responsible for a man with apparent mental health issues who was arrested for lewd behavior in March. The count attorne had to get a court orif there isn'Tc.00ount

that responded to a surve

Doug Bonne A legal director	of the American Civil	l Liberties Union of	Kansas, said

Most corrections workers have onl Alimited mental health training, and it isn't realistic to expect them to become mental health workers, he said.

"Locking those persons in a jail facilit Aonl Adesigned, built and staffed to house and control inmates, with no abilit Ato help or to treat the illness is not an answer," he said. "That path onl Ashifts the burden of care and places an undue liabilit Aand expectations on those not qualified or trained to handle the illnesses, in a facilit Athat in most, if not all, cases is not designed or built to provide that care."

[Interactive feature: A journey through the corrections system]

Susan Crain Lewis, president and CEO of Mental Health America of the Heartland, said man Apeople with mental illnesses who are arrested are p2bi.pld804 .35867pd.

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