

Why are hundreds of Missourians stuck in jail, not treated for mental health issues?

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Patricia Tatum said she thinks about her son from the time she wakes up to the time she goes to sleep.

She feels helpless.

"There's nothing I can do," she said. "I have no information."

Her son, 47-year-old Derrick Williams, sits in the Clay County Detention Center in Missouri—hundreds of miles away from her home in Alabama. He's been there since January 2022 on charges of robbery and armed criminal action after allegedly stealing a belt from a Walmart in Clay County. A judge last year ruled that Williams, who has schizophrenia according to his attorney, was not competent enough to stand trial "as a result of mental disease or defect" and should receive treatment at a mental health facility.

But with no hospital beds available, Williams has been forced to remain in [jail](#). Tatum and her husband, Willie Tatum, Derrick's stepfather, have largely been left in the dark on their son's condition and the status of his case.

They know he should not be in jail if he's not competent to stand trial. He should be in a place where he can get treatment—both so he can get better and so his case can progress, they said.

"He needs to get his condition under control," Willie Tatum said. "He doesn't need to be in jail."

Williams is one of 253 people languishing in jails across Missouri who have been found unfit to stand trial but can't be sent to a [psychiatric hospital](#) for treatment because of a shortage of beds and lack of staffing. There are roughly 25 in the Jackson County Detention Center, said Lucas Castilleja, the jail's accreditation manager.

That statewide number could grow as the Missouri Department of Mental Health awaits 57 more court orders for people deemed incompetent to stand trial. And of the 267 open pre-trial competency evaluations ordered by the court, half are expected to be sent to DMH

for competency restoration, according to DMH spokesperson Debra Walker.

The Star spoke with more than a dozen family members of inmates, hospital leaders, [law enforcement](#), criminal justice reform advocates, lawmakers and attorneys about the problems getting inmates with mental health issues proper care. Collectively, they painted a portrait of a crisis. The inmates are often stuck in limbo in which their legal cases can't progress until they get treated for their mental illness. And they can't get treatment until a spot opens up at a hospital.

Many individuals wait months, sometimes more than a year, to get moved to a hospital where they can get treatment. Their mental health deteriorates in the process. In May, June and July of this year, inmates deemed unfit to stand trial were waiting an average of 11 months to be transferred to a mental health facility, said Walker. As of September, the wait time has improved to eight months, she said.

"We basically shifted from state-operated psychiatric hospitals to a state-operated prison system as the primary housing of individuals with mental illness," said Brent McGinty, CEO and president of the Missouri Behavioral Health Council, a Jefferson City-based group that advocates for behavioral health care.

This is the third story in The Star's "Broken Government" project, an occasional series investigating failures at all levels of government in Missouri and Kansas. The project reveals ways in which government has failed to work for residents, including those facing mental health crises in jails.

The Star found that a constellation of issues at state-run psychiatric hospitals in Missouri, including workforce woes, bed shortages and lack of funding, all contribute to the problem. Over the past nearly two

decades, the number of hospital beds have decreased as facilities have closed or merged. Nearly all of the state facilities are operating at capacity, said DMH Director Valerie Huhn.

The state currently operates 1,294 hospital beds in its eight facilities across the state. That's down 246 beds from the 1,540 it operated across 11 facilities in 2005, according to data DMH provided to The Star. However, not all of the beds that closed supported patients who were in law enforcement custody.

The situation has become so acute that Missouri lawmakers this year approved funding for a new \$300 million psychiatric hospital in downtown Kansas City to try to alleviate the bed shortage. The state also created a pilot program in Jackson County, Clay County, St. Louis, St. Louis County and Greene County where DMH can send a team of health care providers to treat inmates directly in jail.

While some see hope in the new funding and program, the situation for inmates who need treatment remains dire.

Clay County Sheriff Will Akin said he knows that some of the inmates at the Clay County Detention Center should not be in jail.

One, who has been there for nearly a year, is in dire need of mental health treatment. The inmate refuses to get out of bed and spreads feces over himself, his cell and jail staff, Akin said.

Others who have dementia have to be separated from the rest of the jail after saying things to other inmates that put them in danger.

"They require treatment that we cannot provide," Akin told The Star in an interview. "Are we truly treating them like human beings if we keep them locked up and they can't have their day in court because they're not

getting treated?"

How did we get here?

Missouri, like many states across the country, has over the years cut its state-operated beds for psychiatric hospitals, said McGinty.

As state institutions across the country started to whittle down beds in the 1980s, 1990s and early 2000s, the number of people with mental illness in jails began to increase. The trend lines almost mirrored each other, he said.

The fact that jails and prisons across the country are the largest providers of mental health care makes for an untenable situation, said Maria Goellner, the deputy director of policy for Families Against Mandatory Minimums, a Washington, D.C.-based criminal justice advocacy group.

"This is not making us safer," she said. "We need real robust treatment for safer communities and we're not getting it right now."

Patients deemed incompetent to stand trial are ordered by a court for competency restoration at a DMH facility—receiving psychiatric care and treatment for their case to progress. But as staffing issues and bed shortages plague the facilities, inmates are often forced to stay in jail with their mental health deteriorating.

"We acknowledge that when people are in jail, they are more than likely getting sicker," said Huhn with DMH. "They're not getting the support that they need and the longer they stay there, the harder it is going to be for us to restore them to competency."

Huhn said 40 beds at Fulton State Hospital, roughly 25 miles southeast of Columbia, have been offline as the hospital struggles with staffing

shortages. The agency re-opened 25 of those beds in July and admitted roughly three to four individuals from the wait list each week, Walker, the DMH spokesperson, later told The Star.

"It is really a workforce issue across the state," Huhn said. "And it's as much about finding people to do the jobs as it is getting them actually in the door and trained and able to do the job."

Staffing shortages affect nearly all positions at the hospital. For example, the hospital currently has 12 full-time licensed practical nurses—a position that's budgeted for 46 people. And while the hospital is budgeted for 40 full-time social workers, only 14 currently work at the hospital, according to data from DMH.

For Kenya Brumfield-Young, an assistant professor of criminology and criminal justice at Saint Louis University, there are several factors causing the crisis, including financial reasons (it's more expensive to house someone in a mental health facility than jail) and available space.

But, she said, there's also some level of societal acceptance surrounding people who are charged with crimes and are sent to jail.

"When they hear about people going into like, a mental health hospital, the public conscience translates that into there's no accountability for behavior," she said.

In Clay County, Akin said it's a disservice to inmates who need mental health care because jail staff can't provide the care they need.

"It's not fair to them," he said. "It's not fair to the families when they see them this way or talk with them and they're saying that we're not providing, you know, a certain level of service."

Ruth Petsch, head of the Kansas City public defender's office in Jackson County, said inmates are typically waiting 11 months to get into a DMH facility after they were found incompetent to proceed. When attorneys try to litigate over the long wait times, they don't get judgments or relief from the courts, she said.

The DMH facilities have had a wait list since 2005, but in the wake of the COVID-19 pandemic, the wait list has skyrocketed, she said. Inmates are getting sicker and, for some, that may mean ending up permanently incompetent.

"There's a point where people can get too sick," she said.

Louretha Fuller worries about her nephew, 40-year-old Shannon Fuller, who is now an inmate at the Jackson County Detention Center after being charged with domestic assault and abuse or neglect of a child in March 2022.

Louretha and Shannon's older sister, Sonelius Fuller, said Shannon was diagnosed with schizophrenia when he was younger. He was deemed incompetent to stand trial. But, instead of being placed in a mental health facility, he remains in jail, they said.

Louretha Fuller said she knows that what he did was wrong. But, she said, he should be in a place where he can get medication and treat his illness—not in jail.

"I just feel like screaming and crying," Louretha Fuller told The Star in an interview. "Each time I talk to him he just sounds worse."

Gwen Smith, the criminal justice policy manager for Empower Missouri, a social justice organization, said that incarceration is one of the most traumatic things a person can experience when dealing with a mental

health crisis.

"Whatever mental health issues that person entered jail with, they're just going to be exacerbated during their time there," she said. "It can really destabilize people that are attempting recovery."

Some, however, have challenged the idea that state-run psychiatric hospitals are the answer to those languishing in jails, pointing to the history of mistreatment of patients institutionalized at asylums.

Dylan Pyles, an organizer with Decarcerate KC, a group working to reduce the use of incarceration, said he was skeptical of mental health institutions as another form of incarceration.

"Our big concern with just the general kind of substituting out a mental health facility for a jail is that we want to make sure that any mental health resources don't replicate or reinforce the same trauma that incarceration does," he said.

Hope in Kansas City?

A new \$300 million psychiatric hospital in Kansas City may offer a chance to alleviate some of the shortage. But it's still years away.

The state-owned hospital, which is still in early planning stages, will be a 200-bed facility with 100 beds for people deemed incompetent to stand trial. The other 100 beds will be leased to University Health, Huhn said.

Currently, the state uses the nearby Center for Behavioral Medicine, a facility built in 2004, for competency restoration. Huhn said the plan is for the state to keep those beds open for patients who are permanently incompetent to stand trial or are committed to the department by a guardian.

Huhn acknowledged that the current facility was not designed to house patients working on restoring competency or for acute inpatient services from University Health. State lawmakers and Charlie Shields, the president and CEO of University Health, have warned that the facility is in bad shape.

"If you look at the majority of the rooms, they don't have outside windows and the ability to get sunlight. That would not be how you would design a new facility," Shields told The Star in an interview.

The center, which stands in the heart of Kansas City's Hospital Hill neighborhood, was what Shields described as "value-engineered" and built at a time when the state was struggling financially. While patients—both on the state side and on the private side—receive good care, the facility is not state of the art, he said.

While the staffing issues aren't as dire as Fulton State Hospital, the Kansas City center is also down in its number of licensed practical nurses and social workers, according to DMH data.

State lawmakers who approved funding for the new hospital this year hope the facility, which DMH expects to open in 2028, will help increase the number of beds available for patients who are sitting in jail.

"I was getting a little tired of hearing the stories of people languishing in county jails and other facilities," said state Sen. Lincoln Hough, a Springfield Republican who chairs the Missouri Senate budget committee. "The idea is we'll get people where they need to be with the care that they need and not sitting in some county jail somewhere."

Hough attributed the lack of funding for additional beds in the past to Missouri's low tax rates.

"I'm proud that we're a lower tax state, but that also means the services that people need can't always be provided, because we just flat don't have the resources," he said.

State Sen. Barbara Washington, a Kansas City Democrat, said she hopes the new facility will at least put a dent in the state's mental health issues.

"We have homeless folks, we have folks that are self-medicating, and then, of course, we have folks who have been incarcerated who really may need treatment in a mental health facility versus incarceration," she said.

Jail-based treatment

Some have touted a new law passed this year as a way to prevent inmates from languishing in jails without mental health treatment.

The law, signed in July by Republican Gov. Mike Parson, requires health professionals who are performing court-ordered examinations of inmates to evaluate whether the inmate can receive care in a county jail or detention center approved by DMH. It also requires the health professional to evaluate whether some inmates can receive care in the community.

The legislation allowed DMH to create a [pilot program](#) with jails in some of Missouri's largest areas—Jackson County, Clay County, St. Louis, St. Louis County and Greene County—where DMH sends providers to work in the jails to offer competency restoration treatment.

Akin, the Clay County sheriff, said he's not sure how the program will work yet but he plans to dedicate 10 beds at the detention center for people who require a hospital bed at DMH. If the program works, he said he would be willing to dedicate 20 beds to the entire northwestern

part of Missouri.

"Hopefully I can be the location where sheriffs or other jails, when they're having these problems, that they can send their individuals here instead of waiting for 12 months, sometimes up to 18 months," he said.

Walker, the DMH spokesperson, said in an email that the staffing issues as well as the lack of available beds have contributed to the problem. Efforts are underway to address the issues, she said, including initiating treatment with willing individuals in jails.

"Additionally, recent statutory changes now allows for outpatient competency restoration, and where available, jail-based restoration," she said. "These combined efforts should have an impact in the number of individuals awaiting admission."

But some remain skeptical that inmates deemed incompetent to stand trial will be able to receive proper mental health care in jails compared to a hospital—even with trained staff.

"I don't think it takes a law degree or psychology degree to know that treating an illness in a county jail is different than doing it at a forensic center," said Petsch, the Kansas City public defender. "None of us are sending our family members to the Jackson County jail to get great treatment, right?"

Brumfield-Young, the SLU professor, said that if the state is going to be providing mental health care in jails and prisons, it needs to triple down on that commitment, investing in staff and resources who can provide the care.

There also needs to be increased funding for community-based programs for people to receive treatment in the community, which is a better

option than "trading institutionalization for institutionalization," she said.

House Majority Leader Jonathan Patterson, a Lee's Summit Republican who is also a doctor, said the state has trouble funding mental health services for people outside of the prison system. To provide enough care to those in jail would take even more investments, he said.

An endless cycle

For many, the inmates with mental health issues who are stuck languishing in jail have illustrated the broader issues surrounding access to mental health care across the state.

State Sen. Lauren Arthur, a Kansas City Democrat, said it's not just about those who are seeking to restore competency while awaiting trial. It's about getting people care before they're in that situation.

"I think we need to do so much more to make mental [health](#) services more widely available," she said.

In Clay County, Sheriff Akin said many of the inmates are stuck in a seemingly endless cycle without care. Even if the county gets an inmate to a bed and treated so the person is considered competent for trial, the individual's [mental health](#) will deteriorate again when sent back to jail while awaiting trial.

That inmate will then get sent back into the same cycle, waiting for another hospital bed to open up.

"When you start looking at the underlying issues of why these individuals committed the crimes that they committed, it's not because they have evil in their heart, it's they have [mental health issues](#) that let go, left untreated, and, when they're in our facility, and we still can't

treat them, it's just a disservice," he said.

"At what point do we see closure?"

For Patricia Tatum, she wants to see her son get to a facility where he can receive treatment. And she wants to see his case progress.

"I know he's a man, but he's my child," she said in a phone call. "He's not getting the help that he needs and it hurts."

After the phone interview, Tatum texted a reporter a series of old photographs of her son with family members—his sisters, his grandmother—taken before his arrest. In one, taken during her 60th birthday party, Tatum is beaming sitting on her son's lap—a soft smile on his face.

She sent another text.

"Praying that SOMEONE listens and helps my son."

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