



The Our American States podcast—produced by the National Conference of State Legislatures—is where you hear compelling conversations that tell the story of America’s state legislatures, the people in them, and the policies, process and politics that shape them.

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A Changing Approach to Mental Health Emergencies | May 15, 2022 | OAS Episode 158

Ed: Hello and welcome to “Our American States,” a podcast from the National Conference of State Legislatures. This podcast is all about legislatures, the people in them, the policies, process, and politics that shape them. I’m your host, Ed Smith.

JC: *“I began then early on in my career to go to local community based mental health centers structuring the providers, faith leaders and say you are interacting with the same people I am. What do you know that I don’t?”*

Ed: That was Jac Charlier, a former law enforcement officer who is a pioneer in the area of deflection, a set of preventive measures aimed at reducing reliance on law enforcement as we respond to the mental health crisis in this country. He is one of my guests on the podcast.

People having a mental health crisis in this country are more likely to encounter law enforcement than to receive treatment. And because of a lack of other resources, police sometimes spend a fifth of their time dealing with people with a mental illness. Studies indicate that more than 80% of people in jails with mental illness do not receive adequate treatment. Charlier discussed how deflection programs work, offered advice for legislators in crafting legislation and discussed his view that a provision of the Medicaid law that affects reimbursement for some treatment, known as the IMD exclusion, should be eliminated.

For the second portion of the program, my guests are two lawmakers: Representative Leslie Herod, a Democrat from Colorado, and Representative Dwight Tosh, a Republican

from Arkansas. Both have worked on legislation in their states to better address this issue.

Here is our discussion starting with Jac Charlier.

Jac, welcome to the podcast.

JC: Thank you Ed. I'm glad to be here today.

Ed: Hey well thank you so much for coming on the show. We are going to discuss the mental health crisis this this nation is facing. But before we get into that, I wonder if you could just spend a minute telling our listeners about your background and how you came to do the work that you are doing now?

JC: Sure. That sounds good and always a great place to start. So, three big strands of my background that are really relevant to our conversation today around Mental Health Awareness Month and the topic of deflection. First, I come from the world of law enforcement. In Illinois, I was a state parole officer, a district commander and finished up my time as a deputy chief with Illinois State Parole. And what that did, and into this conversation today, brings in kind of the enforcement side of the question. What are those elements where law enforcement is interacting with people on the streets and what does that look like. But the second strand that quickly emerged out of that is the realization that I had, for which I take no credit other than knowing that the training that I had received about enforcement, other words, getting at crime reduction that way, wasn't sufficient for what I was seeing and encountering on the streets, which were issues of mental health, drug use, homelessness and all the attending issues.

And so, the second strand is I began then very early on in my career to go to local community based mental health centers, drug treatment providers, faith leaders and say you are interacting with the same people I am, what do you know that I don't? And from that began my education thanks to others on understanding mental health and on understanding drug addiction, understanding homelessness, understanding domestic violence. Things I had not been taught on from the enforcement side. So, you put enforcement together then with a really beginning strong understanding of clinical behavioral health and social service world. And then finally the third strand that will play into the conversation today about deflection and responding best to issues of mental health is that I am a trained community organizer of the Saul Alinsky school in Chicago. Now a community organizer is not an activist nor an advocate. Those are elements sometimes involved, but it is about bringing together the institutions and the people and communities to solve shared problems and challenging, challenges, that those

communities are facing. So those three strands together will get us right to the topic of deflection today.

Ed: So, you mentioned it is Mental Health Awareness month and a good time to take on this topic. One of the things that I think many people find kind of amazing is that someone who is having a mental health crisis has a better chance of encountering law enforcement than they do any appropriate treatment providers. Why is this the case? And what is it that is being done about it?

JC: Certainly it is a multitude of reasons of why it is that law enforcement is on scene, present in responding to mental health issues. The first one is really obvious and easy to get at, of course, is we are all trained to dial 911. And so 911 has become the default across the United States for much more than emergencies. The second reason and this is very important because everybody might not know this even though it seems obvious, social services runs generally 8:30 till 5. Police run 24/7. So even if you did not have the desire to call 911, the reality is there is often nobody else to call and certainly outside of and it might not be 8:30 to 5, it might be 7-to-7 on Monday through Friday only. You don't have anybody else to call so you end up right back at that first point of at least calling the police even if not on 911 and the police get dispatched. But that leads us right to the 988 rollout that is coming later this year in July 2022 across the country and the beginning of the rollout for 988 to begin to untrain us to call 911 for everything that goes on in regards to say a mental health issue that is happening.

But those first two reasons are really it. It is the number that we all know. We all pick it up, dial it. Kids are taught it in school and so it is built in. And, secondly, even if you wanted to call someone else until 988 comes in and that will take quite a few years for that entire structure, you are going to end up probably back in 911 or something close to that that reaches the police. Maybe fire and the EMS too, to be sure, and that's going to roll you right back there because the social services isn't operating 24/7.

Ed, one of the realities that people might not be familiar with of why it is that some law enforcement encounters at times with people who have mental health challenges presents a challenge in and of itself are these two reasons. First of all, when an officer is on the street and she is giving commands or instructions or guidance to someone, a person with mental health possibly with substance use disorder or possibly a person using drugs in addition to that might not understand or be responsive to the commands. So, from the officer's perspective, she is giving instructions and guidance to someone and that person is not responding in the way that the officer needs or wants them to respond. That might not be obvious to a lot of folks if you've not seen or been part of these encounters.

The second thing that happens is that officers might misread at times depending on their background and understanding and knowledge of mental health, might misread the interactions with someone who has a mental health issue. Again, possibly also with drug use on top of it which is very common. The co-occurring part of this and so they misread those actions that that person is doing as well as possibly statements they are making as a public safety threat towards the officer, towards her partners or towards the community.

So you get non-responsiveness to the commands, instructions or guidance given. Then you get a perception that this some kind of public safety issue unfolding. You put those together and you land at the place of why it is that the field of deflection has emerged onto the scene very rapidly in the United States after a lot of innovation going on very rapidly in the last seven years. The field of deflection, right, writ large, which is a whole range of early upstream prevention type of efforts and initiatives as well as those that focus just on crisis. Although in deflection, we don't want you focused just on crisis. We want to get it early, upstream. Prevention, as I said, and these are community based initiatives. What we are trying to get at is situations where the encounters with police are reduced when appropriate and handled by others for who the issue of a person not responding to instruction or commands is not an issue. And for whom their background, experience, education, lived experience will allow them to see and understand what is going on not through the lens of a challenge to public safety because most of the time with mental health, there is not actual challenge to public safety, but through the lens of a clinical engagement approach.

(TM) 08:49

Ed: So what does that look like on the street? How is that different from the scenario you just described where the officer there, is there, she is trying to give instructions. Is there someone else with the officer who helps with that?

JC: So in deflection, again, the field of deflection writ large these broad base, community based initiatives where the community is deciding how it is that we are going to respond to issues of behavior health, of mental health, of drug use in a way that fits with how our community would like to see that happen. So, on an actual sort of gradual level, there are a variety of options and approaches that can be taken in deflection. The word co-responder, which most people didn't know two years ago, now probably a lot of people listening to this podcast will know the world co-responder. That implies some kind of law enforcement officer, fire or EMS with somebody who has behavior health background, social work, peer, person with lived experience going side by side often in real time.

There is another what we call the three prongs of deflection. One is co-responder. The other one is community responder where you will have no first responders so you will have no police, no fire, no EMS, but it might be two people. It might be one person who has lived experience, who is a peer and I cannot say enough especially to your audience of the value of people lived experience and peers being brought in professionally. Their experience is extremely relevant to this conversation of deflection and Mental Health Awareness month and responding to issues of mental health. But so, in a community responder, you have no first responder as I said, but you do have one to two or some kind of team responding if you will. Possibly not in real time necessarily. You know, no lights and sirens; not that kind of thing. ... Two people showing up dressed however they are dressed and really prepared and ready for it.

And then there are times where, in fact, you do have more of a police responder approach and there are several models out there of that where you will have a police officer responding with peers, recovery or sometimes the police alone right. It depends on the ability and the resources of a jurisdiction, the police alone responding and that's in those cases where training and education and background of the officer because she is alone in that response so she has to carry all of that weight. There is nobody with her. That is critical for that type of response and then the other part to your question is we think of that as what we call a deflection of the point of encounter, the POE. The POE is where our minds go where smartphone cameras capture video of. But in reality, the trick of deflection and where the actual work of deflection happens in responding with people with mental health issues and the success of these initiatives isn't at the point of encounter. We call that the one-tenth point of deflection. It is at the nine-tenths of deflection of everything that happens after the point of encounter to relentlessly engage with the person, get close to them, stay close to them, provide them support, guidance and motivation. Help them move through the system. Help them follow up referrals. Take them there. Walk through them with whether they are in-services or not and be with them. That is really the nine-tenths of deflection interventions that matter.

So, the response to your question, your listeners on this podcast will think of oh co-responder, community responder, police responder. But because of their legislative role, it is really what comes after that. That nine-tenths part of deflection where the interventions that actually cause change in people's lives happen.

Ed: Well I think you are right that most of us do think of just that point of encounter as being the issue and an excellent point that this is really something that is far more involved and takes a lot more follow up. Many of us are aware that this is happening because we started to read about it after all the protests and George Floyd and all of that sort of thing. It certainly brought a lot of talk about how to change the way the

police work, but how much of this is actually happening? Is this going on in a lot of communities around the country and most of us are just not aware of it?

JC: Most are not aware of it. Or, I will say it better. Prior to the last two years, like anything else unless you were in the field of deflection. So, for example, I am one of the co-founders of both the field and movement of deflection, and so for the last seven years, I get to do this stuff. But if you weren't in that up until two years ago, like anything else you probably weren't paying a lot of attention to it. That could be true of any profession in any field. So, prior to two years ago, absolutely not only was deflection on the move, it was developing in a number of sites that have existed.

I'm going to take actually the substance use disorder side of this. It went from just a handful of deflection sites only five, six, seven years ago to well over 1,000 sites. What has happened in the last two years--and very important that the audience for this podcast of legislators are paying attention to this now--is the public demand for deflection has substantially increased. That's the big difference. The awareness of deflection whether it is for mental health. Whether it is for drug use. Whether it is for issues of homelessness. Whatever it might be. The range of things where we want to leverage police, fire and EMS contacts and the systems that are needed to address these issues. It's the awareness and the interest and the demand and desire for those that has absolutely changed.

And on the mental health side, the biggest change has been twofold. So, on the people who use drug side, the substance use disorder side, it's been just a growth and scaling of the programs very rapidly. On the mental health side where some of these initiatives have existed for quite a while, but kind of on their own, you have seen a much greater focus specifically on mental health crisis response right. Because that has been in the public eye quite a bit so that's one area of growth that has really accelerated in the last two years. And the other one and this is really good because in the field of deflection, we have talked about the program in Oregon CAHOOTS. Everybody now knows about CAHOOTS probably in your listening audience. But prior to two years ago, a small number of us knew about CAHOOTS. CAHOOTS falls into generally this thing we call the community responder form of deflection. As I said earlier where there are no first responders in it, but you have behavioral health, lived experience. They are probably working with first responders behind the scenes. In fact, they are in some way, shape or form. But they are not the ones arriving at the scene. That's been the second big development on the mental health side in these last two years.

(TM): 15:19

Ed: So Jac, tell me about these five pathways. You had mentioned this in – alluded to this earlier so can you break that down for us on how those five pathways work?

JC: When we look at the field of deflection in the United States and that's what we have been doing is this field and this movement has been rapidly growing what we find are basically five different ways that you can do deflection or hybrids of the five different ways. And that matters for a few reasons. One is for legislators; we would prefer that you introduce legislation that covers all five pathways and so the White House model deflection law is a way of looking and understanding how do you do that legislatively and from a policy stand point instead of doing it from a single approach. In other words, finding something somewhere in the country maybe in your own state that you think is good, but there are other ways to do it. And so the five pathways are things like self-referral, active outreach, no locks on plus, officer prevention, officer intervention pathways. And what you are doing is you are setting up your local counties, parishes, villages, cities, townships to have access to the full range of deflection that might be possible that best fits their local context, their local resources and the challenges that they are trying to address or problems they are trying to solve versus doing something on a pilot. For example, even a multisite pilot in a state off of a single approach or a single way of understanding deflection. Whatever that deflection is doing in the mental health space. And then that is all that you give your state is that one approach.

Ed: Jac our audience of course includes legislators and legislative staff. What do you think their role is in taking on this mental health challenge?

JC: State legislators have a key role in building out the growth and development of deflection in their state. As it stands now, villages, counties, municipalities, parishes can do deflection on their own right now. But the state must set up the framework for the legislative and policy elements that are needed to make this go. Fund engagement. Relentless engagement and outreach. Often the funding streams right now in the United States are funding clinical services only. In other words, I have to go out and provide a clinical service to a person who has a mental health issue. But there are lots of other things going on with that person that might not fall in the clinical realm, but for which absent that, the clinical intervention isn't going to have the impact it needs or it might not have any impact at all. So, fund engagement and fund outreach even if no clinical work is being performed. Lived experience, peers. That's where they come in because if we don't get to the folks early through outreach and engagement, we are then only waiting for the crisis to happen. Treatment capacity. ... So, what are the resources I have in my community, Jac, if I build a deflection initiative, what are the resources I have that I can then use once someone is deflected from that one-tenth point of encounter to the nine-tenth. What do I have?

Treatment capacity matters because once you've built deflection, they will come. Officers, fire, EMS and community response teams will absolutely begin to use it and so you need the resources there.

And finally, the last thing I'm going to say, and I know this is for state audiences, but they interact with federal folks, is the [Medicaid] IMD exclusion is a huge, huge element that we need to address in the United States. I won't get into that more. Your listeners will know it. But in terms of treatment capacity, which I was just talking about, the change in the IMD at the federal level will help and benefit the states to expand their treatment capacity in this area. The greatest change that could happen would be changing the IMD exclusion.

Ed: Well, Jac, thank you so much for sharing your expertise on this topic. It's actually I think a very positive discussion because there is a lot that can be done that we all know is a serious problem. Take care.

JC: Thanks Ed.

Ed: I will be back right after this with our discussion with our two legislators.

(TM): 19:30 music/advertisement

Ed: Representatives Herod and Tosh welcome to the podcast.

T: Good to be here.

H: Thanks so much for having us.

Ed: Well thank you both for coming on the show to talk about ways to reduce reliance on law enforcement as we respond to the mental health crisis in this country. And I'd like to ask both of you how you came to focus on this issue. Representative Herod, why don't you start by telling us why this is important to you?

H: Sure. Well this is important to me for many reasons. Previously before I served on the Joint Budget Committee, I served as a chair of the Finance Committee and the vice chair of the Judiciary Committee and I quickly realized how much funding was going into our prisons and jails specifically for offenders who have severe mental illness or a substance abuse disorder. We weren't treating folks in the way that we needed to. In fact, Colorado is 47th in the nation for mental health resources. So, it is no wonder that we are seeing complications showing up in our prison system. We are not doing enough on the front end. And so, it was important for me that we change that, right. And that we

provide more mental health resources to people before they get into the criminal justice system and actually support folks who need it. Ensure that we are actually bringing down the public safety concerns.

Additionally though, I will say personally it is important to me because my sister was caught up in the same system. And she has served 30 years in and out of prison. Thirty years of her life in and out of prison that really stemmed from trauma, addiction and mental health challenges that were never addressed. When she found her way out, she found her way back in because she never got the help that she needed. We see that every single day. And with Colorado being one of the top states in the nation for recidivism--meaning more people commit crimes and go back into the system--we know it is all connected. And so, it was important for me and quite frankly my colleagues in the General Assembly to prioritize mental health and substance misuse treatment so that we can really start to get ahold of our prison population, our budget. But also, so that we can ensure that Colorado is prioritizing public safety.

Ed: Representative Tosh, how about for you? I know you were in law enforcement before coming to the legislature and I would assume that that experience brought you face to face with this issue pretty frequently.

T: Yes it did. I spent 37 years in law enforcement and I guess during that 37 years, I probably encountered I guess about every conceivable situation one could imagine concerning the interaction between law enforcement and those experiencing a mental health issue. And of course, you know, you always ask yourself in law enforcement and the dilemma that law enforcement is faced with when you encounter someone that is having a mental health issue, you know, what do you do? Like the other representative just said, public safety is always the primary priority in that situation. But just to share with you a quick story to hopefully make my point. Back when I was a young trooper, I had gone to an emergency room at the hospital to follow up on a traffic accident. While I was there, the doctor pulled me aside and he said we need your help. He said we've got an individual here at the emergency room and, he just said, hey he doesn't have a medical problem. We've tried to convince him of that. He refuses to leave. And he is really causing a problem here in the emergency room for the other staff members and for the patients that we are trying to treat. So, what do you do in those situations?

And here in Arkansas, we had a statute on the books that allow law enforcement officers when we encountered those types of situations, state statute read the language and it was arresting and confining someone that was insane. I remember on that particular occasion that night, I ended up taking that person to the county jail and charged him under that statute and confined him for being insane. And, of course, they hired an attorney and while we were in court, well, the defense attorney I remember

asked me the question. He said, well, Trooper Tosh, just share with the court what training you have, what degrees do you have in dealing with mental health issues and just tell us what your background is and how you have the expertise to make the assessment or the evaluation between someone that's sane and someone that is insane according to this statute. And obviously the answer to that is I don't. And, of course, at that point, he made a motion to the court to dismiss the charge because I didn't have the training to make that decision and I remember the judge looked over at me and he said before I rule on this case, he said trooper is there anything you'd like to respond to that to the court in response to the defense attorney's motion. And I said yes sir, I would and I explained to the judge, and I think this is the position most law enforcement officers have always been in when it comes to dealing with mental health issues with individuals, is that public safety is first. And just like there at the emergency room, I had an obligation and a responsibility as a law enforcement officer to the safety of that person that was having those mental health issues. And also a responsibility to those people there in the emergency room. I told the judge I said you know your honor; I don't have a background in any degrees as far as making those assessments and evaluations of an individual. But your honor I said you know, I can't play a piano either but I can tell you when someone is playing one that is badly out of tune. And the judge ah he considered that and I appreciated that.

Ed: Representative Tosh, let me stay with you for a minute. After you entered the legislature, you worked to expand training and alternatives for law enforcement officers responding to a mental health crisis. How did that happen?

T: I was sworn in in January of 2015 as a state legislator. At the same time, we had a new governor and he was sworn in. And we started our legislative session and two weeks into that session, the governor had several of us that were newly elected over to the governor's mansion for dinner and I remember after dinner he went around the table and asked each one of us what was a priority for us as new legislators or something that we had a passion about that we wanted to try to get accomplished. When he got to me, he said Representative Tosh what about you? And I conveyed to him that one of my, my passion was to do something about mental health issues and the interaction with law enforcement and that we needed to come up with a plan to address that. I just said you know we, you know law enforcement is dealing with mental health issues, people with mental health issues all the time and I said we are using our county jails to house these individuals. I said it's not fair to them. It's not fair to our court system. I said and we are occupying those beds with people with mental health issues when they should be reserved for people that's actually committed a criminal act.

And he asked me how would it go about? What proposals I would make to address that and I said well I really believe that what we need to do is we need to look at building

some mental health units around this state and training law enforcement officers in identifying those people that have mental health issues versus those that have truly committed a criminal act. And I just remember the governor said well that sounds like it's going to be pretty expensive and I said yes sir, it probably will be. But I think the dividends that this state will receive in that will be worth every dime that we invest. And I'm not sure that the governor didn't already have that project on his radar or if I planted the seed or what, but nothing happened during that legislative session. But after that, the governor established a pilot program with two of the largest counties that we have in Arkansas and that pilot program was to identify the number of people that were being brought into our county jails that were experiencing a serious or persistent mental issue. And even startling to me was when those statistics came back, 31% of the people that were being brought to our county jails were experiencing some type of serious mental health issue. And, of course, from there, that got a lot of attention from the legislators and we moved forward in the 2017 session and we passed a bill that would, which I'll discuss further in this interview hopefully. The establishment of four crisis intervention units strategically located throughout the state. But also part of that bill to address your question was it also provided that there would be three levels of training for law enforcement officers. We are moving in the right direction for law enforcement to be able to identify these individuals and to be able to take them to one of these crisis intervention units and let them spend the night there instead of a night in the county jail.

(TM): 29:29

Ed: Great. Well we are going to get to those triage units. But Representative Herod, let me switch over to you. You were involved in bringing the Star Program to Denver, which as I understand is modeled on the CAHOOTS program out of Eugene, Oregon. And I wonder if you could tell us more about that program and why you wanted to bring it to Colorado.

H: As I mentioned earlier, Colorado has spent far too little on mental health and substance abuse services and far too much on incarceration. So, in Colorado and in Denver particularly I took off my legislative hat and decided to run a ballot measure called Caring for Denver. Caring for Denver provides \$35 million annually for mental health and substance misuse services right here in the city and county of Denver. We ran a ballot measure and even though we were told we couldn't do it, we did. And the measure passed with 70% of the vote. Coloradans support getting people help themselves, their friends, their families, their neighbors. So, what we did with that funding was decide, OK, part of this money will go to alternatives to jails so that no one has to touch the criminal justice system. Because what we know is that it is not necessarily only people with severe mental illness or those who are unfit for trial that are committing crimes. A

lot of our crimes are low level offenses: stealing out of cars, carjacking and things like that because people are paying for their substance misuses or because people are dealing with their mental health disorder and living on the streets.

Every single one of those people does not need prison right to become a productive member of society or to break their addiction. Instead, they need help. And so, I was asked by Commander now [Denver] Chief Pazen to go to Eugene, Oregon, and to see CAHOOTS and I got to tell you, I thought it was amazing. I was like what do you mean CAHOOTS? What are you talking about and he said it was an amazing program out of Eugene, Oregon, that got people help before they reached the system. And so, I went out there and I saw it firsthand on a ride along how CAHOOTS works. When someone calls 911 because someone needs help, what they do in Eugene, Oregon, instead of getting only a law enforcement response, they get a mental health professional and an EMT on mental health calls. So, I went to someone's house who had a weapon, a boxcutter, who was threatening to kill himself and I saw CAHOOTS work in tandem with law enforcement to talk that person down. To get them help. To get them stabilized on their medication. To stay on scene for a total of probably about two hours as that person stabilized and got them the services that they needed. And I thought, wow, this actually works. We could bring this to Denver. And so we created STAR-- Support Team Assisted Response, right here in Denver. Caring for Denver funded it with about \$270,000 to start to get a van and to pay for staff to actually ride around and get people the help they needed and to tie this service into 911. And it has been extremely successful.

In our first year of STAR, we have had zero negative instances with law enforcement. We have had zero referrals to jail. And we actually had law enforcement come to us and ask for help on calls which has been great. The partnership has been phenomenal, and it's been working. So, we've taken the STAR model now and brought that into the state capital. We now have funding resources for cities and counties across the state of Colorado who want to have a crisis intervention teams, that want to have a STAR-like teams and co-responders to ensure that people are getting the access to the help that they need and not the overreliance on the criminal justice system, which we know is just not working.

Ed: So Representative Herod, I know you are a little short on time and I want to make sure I ask you about other legislative actions in the past couple of years related to changing how Colorado funds and responds to the mental health crisis. Are there other things you would like to highlight in that area?

H: Absolutely. This year, we are actually investing upwards of \$500 million dollars in mental health and substance abuse services right here in Colorado. We are using the federal

ARPA dollars to do that. We are saying that mental health needs to be a priority whether it is young people in our school. Whether it's people who have had access or touches of the criminal justice system or those who don't. We will get people the help that they need. It is my goal and vision that regardless of if you are in crisis or not that every single Coloradan has a place to go when they need help, when they need someone to talk to or when they are also in crisis. That's what we are doing here with this funding and that is what Denver is also doing with Caring for Denver and we are very excited to make that happen. We are also dealing right now with the fentanyl crisis. As we know, fentanyl is affecting a lot of our states and some have been dealing with this for a while. Colorado is dealing with it right now. And we are saying that we are going to prioritize treatment. Not just felonization or jail or prisons for folks who need it, for folks who are addicted to fentanyl or other substances. And so, we are shifting our priorities here in the state and we are seeing I think positive outcomes from that work.

Ed: Representative Tosh I wonder, we talked a little bit about the triage centers. Could you talk a little bit more about that and kind of what's the goal of that and how those are functioning?

T: Like I said, Ed, in 2017 when we passed 423, we appropriated during that act, we allocated money to build those four crisis intervention units across to be strategically located throughout Arkansas. We have one in the northwest, northeast, southwest and southeast part of the state. We appropriated \$1.6 million per unit for the construction of those units. And we still fund those and we do that out of our general revenue. It is expensive, but I'm telling you it's a bipartisan effort. There's been no pushback from it. We've got everybody onboard. Those units, like I said, are strategically located. It has allowed law enforcement now for a place to be able when they interact with someone with a mental health issue, they now have a place to take those individuals to get them the treatment that they need instead of taking them to the county jail. And those units have a staff of about 20 people. They are made up of a Registered Nurse. They are made up of at least two psychiatric Registered Nurses. Also a mental health expert and other staff members. And like I said, we through the Department of Human Services, we are funding those units out of general revenue to \$130,000 a month for each unit. We just recently finished up with our fiscal session here in Arkansas. We increased the funding for those units from \$350 a day per patient that they see up to \$570.00 a day because we realized that how extremely important it is that these units be utilized to help people that are in these difficult times with mental health issues. So, you can see from that and it is working. Since all four units 2017 when we authorized the building of those crisis intervention units, we had the first one to be completed and open its doors in 2018. Two others followed in 2019 and then the fourth one was completed in 2020. And since the opening of those four crisis intervention units here in Arkansas, we've had around 7,200 people with mental health issues that have gone through those units. And I think

talking about law enforcement, I think what's really impressive about this and how this has worked really helping law enforcement is that 2400 of those individuals that have visited the crisis intervention units, 2400 were diverted there by law enforcement officers. So you can see it's really been a great effort among mental health professionals and law enforcement officers in addressing this issue.

Ed: Yeah that does sound like it has been very successful. You know as we get ready to wrap up here, you all know of course that your colleagues, our audience, and I always like to ask people about lessons learned and I'm going to ask Representative Herod. Maybe she can start out and say what advice she would share with her colleagues around the country.

H: Absolutely. What I would say is think about being innovative. You know. Think about trying new things. Always work in partnership with law enforcement. But a lot of us have the same goals in mind, which is to keep people off of the streets, out of jail, not committing crimes and getting the treatment and their needs met, right. The treatment they deserve. And so, work together to find creative solutions to make that happen. What I will say is in Colorado you don't have to do much to convince one of our sheriffs or chiefs that we need to have more mental health services available in their counties or even in their jails and jurisdictions. And so take that and work together to make something I think quite transformative happen. It's important that we don't over rely on the criminal justice system to get people the help that they need. Look outside of that. Get people help early you know before they commit crimes, before they are in the system and don't wait until they commit a high-level crime before they get access to services. If you have any of those barriers in your state, remove them and ensure that people do get that help. And also work with therapists. Work with insurance. Work with as many folks as you can to ensure that mental health is a priority. And I guarantee you will see the impact not only on the lives of your constituents, but also on your state budget when it comes to corrections and jails and your child welfare systems as well. Let's get people the help that they need and let's save lives and help people thrive.

Ed: Representative Tosh, how about you? You get the last word here. What would you tell your colleagues around the country?

T: I would say that I realize that what we've been able to do here in Arkansas, it is expensive and like I said, we funded this out of general revenue. But I think what we've been able to really accomplish is that we've taken people that have mental health issues and we've removed them from the criminal justice system and we have a facility now that they can go to and get the treatment that they need. It's also been a blessing to our criminal justice system because our courts and our jails were already backlogged so it's freed them up. And like I said, our jails now are being used what they were designed to

be used for and that's not to house people with mental health issues, but people that have actually committed a criminal act. So these crisis intervention units now are helping those that have mental health issues and getting them the help that they need. When they do to one of those crisis intervention units, they can stay up to 96 hours. It's all voluntarily. They've got medical people there to help them. And one of the things that they make sure of when a patient leaves one of those units is that they have a follow up from a mental healthcare provider and also that they have a safe place to go. So I think that what we've really been able to do here in Arkansas, I'm just extremely proud of my colleagues and the governor and everyone else that has really stepped up and stepped out to make sure that we've led the way in being able to get help to those that really need it.

Ed: Well thanks to both of you. I think getting these two different perspectives, two different states, is very useful and helpful to our audience. Take care.

(TM): 41:26

Ed: And that concludes this episode of our podcast. We encourage you to review and rate NCSL podcasts on Apple podcasts, Google Play, Pocket Casts, Stitcher or Spotify. We also encourage you to check out our other podcasts: *Legislatures: The Inside Story* and the special series *Building Democracy*. Thanks for listening.