IN THE UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF MISSOURI
CENTRAL DIVISION

DEBRA DARRINGTON as next friend for M.R.; ERIC MASSEY, as next friend for K.M.; ANITA TABB as next friend for M.T.; VEDA JOHNSON as next friend for O.J.; CARRIE MINER as next friend for C.T.; and DELICIA WALKER as next friend for D.W. on behalf of themselves and a class of similarly situated individuals, Plaintiffs, v. MISSOURI DEPARTMENT OF MENTAL HEALTH; VALERIE HUHN, in her official capacity as Director of the Department of Mental Health; DR. MINA CHAREPOO, in their official capacity as member of the Missouri Mental Health Commission; DR. KISHORE KHOT, in their official capacity as member of the Missouri Mental Health Commission; BRIAN D. NEUNER, in their official capacity as member of the Missouri Mental Health Commission; LYNNE UNNERSTALL, in their official capacity as member of the Missouri Mental Health Commission; JHAN R. HURN, in their official capacity as member of the Missouri Mental Health Commission; DENNIS H. TESREAU, in their official capacity as member of the Missouri Mental Health Commission; TERESA E. COYAN, in their official capacity as member of the Missouri Mental Health Commission, Defendants.	)	Case No.

CLASS ACTION COMPLAINT

Plaintiffs, on behalf of themselves and all others similarly situated, by and through the undersigned counsel and Plaintiffs' next friends, bring this class action under 42 U.S.C. § 1983, Title II of the Americans with Disabilities Act, 42 U.S.C. § 12132, and the Rehabilitation Act, 29 U.S.C. § 701 *et seq.*, and allege as follows:

INTRODUCTION

1. The State of Missouri is knowingly abrogating its legal duties to people detained pre-trial and living with serious mental illness. Missourians with mental health disabilities and other cognitive disabilities so severe that they are deemed incompetent to stand trial are languishing in jails for months, and, in some cases, even years—suffering detrimental and at times irreversible negative effects—waiting for the Missouri Department of Mental Health ("DMH") to provide court-ordered treatment.

2. DMH is the state agency responsible for delivering services to people assessed to be not competent to stand trial due to mental health or cognitive disabilities.

3. For years, DMH has been systemically failing to provide timely evaluations and restoration services to pretrial detainees who are suspected of, or adjudicated to be, incompetent to stand trial. DMH has stood by as the list of individuals waiting for DMH services steadily grew: in September 2021, 106 individuals were in jail waiting for DMH services. As of May 5, 2025, 230 people waited in jail to be evaluated by DMH, and another 430 individuals already deemed not competent to stand trial were detained in jails across the state waiting for treatment DMH has been court-ordered to provide. By October 2025, the number of people waiting for restoration treatment reached nearly 500—increasing by a factor of four in as many years. DMH is knowingly derelict in its duty to these hundreds of Missourians, all of whom suffer while abandoned in county jails, some decompensating beyond restoration.

4. This lawsuit seeks declaratory and injunctive relief on behalf of two classes of individuals grievously harmed by this broken and backlogged system:

5. All people who are now, or will be in the future, charged with a crime in Missouri state court and for whom a court has ordered or granted a request for a competency evaluation and who are: (a) currently detained in a county or city jail or similar facility, and (b) placed on a waitlist

for competency evaluation services by DMH but who have not received evaluation services within a constitutionally-acceptable time (the "Evaluation Class"); and

6. All people who are now, or will be in the future, charged with a crime in Missouri state court and are: (a) declared not competent to proceed to trial by the state court; (b) currently detained in a county or city jail or similar facility; (c) court-ordered to receive restoration services by DMH; and (d) awaiting, beyond a constitutionally acceptable time**,** court-ordered competency restoration services to be provided by DMH or its designees (the "Restoration Class").[1]

7. When DMH is ordered to evaluate a criminal defendant for competency, Missouri law explicitly requires DMH to conduct that evaluation within 60 days of a request unless there is good cause, as ordered by a court, to delay the evaluation. Mo. Rev. Stat. § 552.020.2.

8. In reality, class members routinely wait six months or more for a competency evaluation after an order has been entered and without an order indicating that there is any good cause for such a delay.

9. About half of the individuals assessed will be found incompetent to stand trial.

10. Missouri law requires DMH to take custody of the individual immediately upon entry of a commitment order following an evaluation resulting in a determination of incompetence, and due process requires this transfer to be completed within a reasonable time. Nonetheless, people already assessed to be incompetent are held on average 14 months in jail before receiving restoration treatment.

11. Some people deemed to be incompetent with misdemeanor or minor felony charges are being held in jail for longer than the maximum permissible sentence for their pending charge(s).

[1] Plaintiffs filed a motion for class certification contemporaneously herewith.

12. As of the date of this filing, the named Plaintiffs have spent a combined 1,619 days behind bars waiting for DMH to provide court-ordered competency services. All the while, these individuals' criminal cases remain held in abeyance.

13. This problem is pervasive, persistent, and worsening. DMH is fully aware of the extent of the problem, has alluded to the threat of litigation in public statements, and yet has failed to take reasonable steps to address the issue of unconstitutional wait times for DMH services.

14. As a result, Missouri's jails have become de facto mental health wards, with terrible outcomes for both the mentally ill pretrial detainees and overwhelmed correctional staff and agencies. Indeed, responding to a mental health crisis with criminalization, and then ignoring the serious needs of people in the State's care and providing no meaningful treatment, does a disservice to all Missourians. Caged in county jails, which have neither the resources nor expertise to provide effective restoration treatment, Plaintiffs' and class members' mental health deteriorates while their criminal cases are suspended.

15. Some class members are not aware of who they are or where they are. Some are so sick they are incapable of caring for themselves in the most basic ways and must be hospitalized—at cost to the county—to ensure they do not die in jail custody while awaiting DMH treatment. Sadly, one person died in jail custody while awaiting DMH services earlier this year.[2] Timothy Beckmann spent seven months in jail on the DMH waitlist before his death. In October 2023, Brooke Bailey died in Cooper County Jail, while on the DMH waitlist, after the Jail failed to

[2] *See*, *e.g.*, Clara Bates, *Man dies in Jackson County jail after waiting months for court-ordered mental health treatment*, MISSOURI INDEPENDENT, May 24, 2025, https://missouriindependent.com/2025/05/23/man-dies-in-kc-jail-after-waiting-months-for-court-ordered-mental-health-treatment/.

properly treat her diabetes.[3] According to news reports, at the time of her death, her clothing and the floor around her were covered in urine and vomit.[4]

16. This lawsuit seeks injunctive and declaratory relief to stop this unconstitutional practice and prevent Defendants from harming Missouri's most vulnerable residents.

JURISDICTION AND VENUE

17. Plaintiffs bring this action pursuant to 42 U.S.C. § 1983; the Americans with Disabilities Act, 42 U.S.C. § 12101 *et seq.*; and the Rehabilitation Act, 29 U.S.C. § 701 *et seq.*

18. This Court has subject matter jurisdiction under 28 U.S.C. § 1331, which provides federal district courts original jurisdiction in civil actions arising under the U.S. Constitution and the laws of the United States, and 28 U.S.C. § 1343(a)(3), which provides federal district courts original jurisdiction in civil actions to redress the deprivation, under color of state law, of any right secured by the U.S. Constitution.

19. The Court is authorized to grant declaratory and injunctive relief pursuant to 28 U.S.C. §§ 2201 and 2202.

20. Venue is appropriate in this district pursuant to 28 U.S.C. § 1391(g) and L.R. 3.1(a)(2) because substantial events at issue in this litigation occurred in the Western District of Missouri and in Cole County, Missouri.

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[3] Ryan Pivoney, *Families of those waiting for mental health hospital beds call for action*, NEWS TRIBUNE, Jan. 14, 2024, https://www.newstribune.com/news/2024/jan/14/families-of-those-waiting-for-mental-health/

[4] Stephanie Southey & Avery Grosvenor, *Former Cooper County lieutenant, deputy charged with involuntary manslaughter in inmate's death*, KOMU, Feb. 29, 2024, https://www.komu.com/news/midmissourinews/former-cooper-county-lieutenant-deputy-charged-with-involuntary-manslaughter-in-inmates-death/article_042c74de-d737-11ee-999e-177960eda0f9.html (33-year-old woman died from "untreated diabetes" while waiting in Cooper County Jail on DMH waitlist).

PARTIES

Debra Darrington and Plaintiff M.R.

21. Debra Darrington is a resident of Jackson County and is suing as M.R.'s next friend pursuant to Fed. R. Civ. P. 17(c).

22. M.R. is 31 years old and is currently detained at the Jackson County detention center, where he has been held since April 11, 2024, in cause no. 2416-CR01701. On September 5, 2024, the Circuit Court entered an order finding M.R. incompetent to stand trial, suspending proceedings, and committing M.R. to the custody of the Director of DMH.

23. Defendants have failed to take custody of M.R. and timely provide the restoration services required by Missouri law and the due process clause of the federal constitution. As of the filing of this complaint, M.R. has been waiting **445 days** for restoration treatment.

24. While M.R. languishes in jail on DMH's waitlist, his mental and emotional condition deteriorate.

Eric Massey and Plaintiff K.M.

25. Plaintiff Eric Massey is a resident of Buchanan County, Missouri, and is suing as K.M.'s next friend pursuant to Fed. R. Civ. P. 17(c).

26. K.M. is 64 years old and is currently detained at the Buchanan County Jail, where he has been held since on or about June 7, 2024, in cause no. 24BU-CR01033. On January 24, 2025, the Circuit Court entered an order finding K.M. incompetent to stand trial, suspending proceedings, and remanding K.M. to the custody of the Director of DMH.

27. Defendants have failed to take custody of K.M. and timely provide the restoration services required by Missouri law and the due process clause of the federal constitution. As of the filing of this complaint, K.M. has been waiting **304 days** for restoration treatment.

28. While K.M. languishes in jail on DMH's waitlist, his mental and emotional condition deteriorate.

Anita Tabb and Plaintiff M.T.

29. Anita Tabb is a resident of St. Louis County, Missouri, and is suing as M.T.'s next friend pursuant to Fed. R. Civ. P. 17(c).

30. M.T. is 34 years old and is detained at the St. Louis County Justice Center where he has been held since April 26, 2024, on an assault charge in cause no. 24SL-CR02907-01. On July 22, 2025, the Circuit Court entered an order finding M.T. incompetent to stand trial, suspending proceedings, and committing M.T. to the custody of the Director of DMH.

31. Defendants have failed to take custody of M.T. and timely provide the restoration services required by Missouri law and the due process clause of the federal constitution. As of the filing of this complaint, M.T. has been waiting **125 days** for restoration treatment.

32. While M.T. languishes in jail on DMH's waitlist, his mental and emotional condition deteriorate.

Veda Johnson and Plaintiff O.J.

33. Veda Johnson is a resident of the State of Nevada and is suing as O.J.'s next friend pursuant to Fed. R. Civ. P. 17(c).

34. O.J. is 34 years old and is currently detained at the Greene County Justice Center and on a waitlist for DMH services, where he has been held since October 16, 2023, in cause no. 2331-CR03278. On or about January 3, 2024, the Circuit Court entered an order finding O.J. incompetent to stand trial, suspending proceedings, and committing O.J. to the custody of the Director of DMH.

35. Defendants have failed to take custody of O.J. and timely provide the restoration services required by Missouri law and the due process clause of the federal constitution. As of the filing of this complaint, O.J. has been waiting **472 days** for restoration treatment.

36. While O.J. languishes in jail on DMH's waitlist, his mental and emotional condition deteriorate.

Carrie Miner and Plaintiff C.T.

37. Carrie Miner is a resident of St. Charles County and is suing as C.T.'s next friend pursuant to Fed. R. Civ. P. 17(c).

38. C.T. is white 31-year-old man and currently detained at the St. Louis City Justice Center on a waitlist for DMH services.

39. C.T. was arrested on January 4, 2024, in cause no. 2422-cr00038. At his detention hearing the following day, the court ordered a competency evaluation. However, a competency report was not filed until March 5, 2025.

40. On March 17, 2025, the Circuit Court entered an order finding C.T. IST, suspending proceedings, and committing C.T. to the custody of DMH. On September 2, 2025, DMH requested more time to provide treatment to C.T. due to waitlists at each of its facilities.

41. Defendants have failed to take custody of C.T. and timely provide the restoration services required by Missouri law and the due process clause of the federal constitution. As of the filing of this complaint, C.T. has been waiting **252 days** for restoration treatment.

42. While C.T. languishes in jail on DMH's waitlist, his mental and emotional condition deteriorate.

Delicia Walker and Plaintiff D.W.

43. Delicia Walker is a resident of St. Louis County and is suing as D.W.'s next friend pursuant to Fed. R. Civ. P. 17(c).

44. D.W. is 30 years old and is currently detained at the St. Louis County Justice Center where he has been held since May 22, 2025, on cause no. 25SL-CR03643, which is two misdemeanor charges. In the probable cause statement, the charges are based on allegations that D.W. was wandering naked around the St. Louis Airport terminal and assaulted a law enforcement officer by "flipping [the officer's] eyeglasses from [their] face.".

45. On or about July 28, 2025, D.W.'s public defender filed a motion requesting a mental examination. The judge ordered that examination on November 3, 2025. On November 21, 2025, DMH wrote a letter stating they would not schedule the examination until they were provided with copies of the police report.

46. Defendants have failed to timely provide the evaluation services to D.W. required by Missouri law and the due process clause of the federal constitution. As of the filing of this complaint, D.W. has been waiting **21 days** for a mental health evaluation.

Defendants

47. Defendant Department of Mental Health is the State of Missouri's state-wide agency charged with providing competency evaluation and competency restoration services to individuals facing criminal charges. DMH is specifically charged with operating, funding and licensing modern treatment and habilitation programs provided in the least restrictive environment possible, and improving public understanding of and attitudes toward mental illness. Mo. Rev. Stat. § 630.020.

48. Defendant Valerie Huhn is sued in her official capacity as Director and chief executive officer of the Missouri Department of Mental Health. In her capacity as Director of DMH, Defendant Huhn, with the advice of the Mental Health Commission, is responsible for the overall operations of DMH and its three divisions: Behavioral Health, Developmental Disabilities, and Administrative Services. Her duties include planning, supervising, and evaluating the

provision of services for Missourians with mental disorders, developmental disabilities, and substance use disorders.

49. Defendant Dr. Mina Charepoo is a member of the Mental Health Commission. In that capacity, Dr. Charepoo is responsible for advising Director Huhn "as to all phases of department practices in order to make them compatible with professional standards," including care facilities and programs, recruitment and training, and accessibility of services. *See* Mo. Rev. Stat. § 630.015. Dr. Charepoo is sued in their official capacity.

50. Defendant Dr. Kishore Khot is a member of the Mental Health Commission. In that capacity, Dr. Khot is responsible for advising Director Huhn "as to all phases of department practices in order to make them compatible with professional standards," including care facilities and programs, recruitment and training, and accessibility of services. *See* Mo. Rev. Stat. § 630.015. Defendant Khot is sued in their official capacity.

51. Defendant Brian Neuner is a member of the Mental Health Commission. In that capacity, Neuner is responsible for advising Director Huhn "as to all phases of department practices in order to make them compatible with professional standards," including care facilities and programs, recruitment and training, and accessibility of services. *See* Mo. Rev. Stat. § 630.015. Defendant Neuner is sued in their official capacity.

52. Defendant Lynne Unnerstall is a member of the Mental Health Commission. In that capacity, Unnerstall is responsible for advising Director Huhn "as to all phases of department practices in order to make them compatible with professional standards," including care facilities and programs, recruitment and training, and accessibility of services. *See* Mo. Rev. Stat. § 630.015. Defendant Unnerstall is sued in their official capacity.

53. Defendant Jhan Hurn is a member of the Mental Health Commission. In that capacity, Hurn is responsible for advising Director Huhn "as to all phases of department practices in order to make them compatible with professional standards," including care facilities and programs, recruitment and training, and accessibility of services. *See* Mo. Rev. Stat. § 630.015. Defendant Hurn is sued in their official capacity.

54. Defendant Dennis Tesreau is a member of the Mental Health Commission. In that capacity, Tesreau is responsible for advising Director Huhn "as to all phases of department practices in order to make them compatible with professional standards," including care facilities and programs, recruitment and training, and accessibility of services. *See* Mo. Rev. Stat. § 630.015. Defendant Tesreau is sued in their official capacity.

55. Defendant Teresa Coyan is a member of the Mental Health Commission. In that capacity, Coyan is responsible for advising Director Huhn "as to all phases of department practices in order to make them compatible with professional standards," including care facilities and programs, recruitment and training, and accessibility of services. *See* Mo. Rev. Stat. § 630.015. Defendant Coyan is sued in their official capacity.

FACTS

56. Prosecuting an individual who does not have the capacity to stand trial violates the Due Process Clause of the Fourteenth Amendment. *Pate v. Robinson*, 383 U.S. 375, 377–78 (1966).

57. To have capacity, a criminal defendant must have "sufficient present ability to consult with his lawyer with a reasonable degree of rational understanding" and a "rational as well as factual understanding of the proceedings against him." *Dusky v. U.S.*, 362 U.S. 402, 402 (1960).

58. A defendant is presumed to have mental fitness to proceed, and the burden of proof to destroy that presumption is by a preponderance of the evidence. Mo. Rev. Stat. § 552.020.9.

I. Under Missouri law, DMH is charged with providing competency evaluation and restoration services to individuals charged with a crime.

59. Chapter 552 of the Missouri code addresses the rights and protections afforded to a person charged with a crime who lacks capacity to understand proceedings against them. DMH is required to provide competency evaluations and restoration treatment for these individuals in custody. But this system is broken.

60. To comply with due process, Missouri law provides that, "[n]o person who as a result of mental disease or defect lacks capacity to understand the proceedings against him or her or to assist in his or her own defense shall be tried, convicted or sentenced for the commission of an offense so long as the incapacity endures." Mo. Rev. Stat. § 552.020.

61. The terms "mental disease or defect" include congenital and traumatic mental conditions, as well as disease. Mo. Rev. Stat. § 552.010.

62. Missouri excludes from the definition of mental disease and defect "abnormality manifested only by repeated criminal or otherwise antisocial conduct . . . alcoholism without psychosis or drug abuse without psychosis or an abnormality manifested only by criminal sexual psychopathy." Mo. Rev. Stat. § 552.010.

A. Missouri's statutory process when a defendant is incompetent to stand trial.

63. Mo. Rev. Stat. § 552.020 describes the process that courts must follow to determine whether a criminal defendant (the "defendant") lacks mental capacity to stand trial.

64. This process mirrors the federal statutory scheme for defendants who may lack capacity to stand trial. *State v. Tilden*, 988 S.W.2d 568, 573 (Mo. Ct. App. 1999) ("Only a slight difference exists between our statute and the federal law. Federal law demands an exam if there is reasonable cause for the court to believe the defendant 'may presently be suffering,' as compared

to Missouri's language of, 'whenever any judge has reasonable cause to believe the accused lacks mental fitness to proceed.'"); *see generally*, 18 U.S.C. § 4241.

65. This process in Missouri starts with a competency evaluation, which can be ordered by the court on its own motion, or upon a motion filed by the state, or on behalf of the defendant. If the court has "reasonable cause to believe" the defendant "lacks mental fitness to proceed," it can order the defendant be examined by a psychiatrist or psychologist. Mo. Rev. Stat. § 552.020.1.

66. Currently, all individuals conducting competency evaluations in Missouri are DMH employees.

67. Due process requires DMH to complete an assessment of a defendant's mental state within a reasonable amount of time. *Jackson v. Indiana*, 406 U.S. 715, 738 (1972).

68. Missouri law is more explicit: Once the defendant is examined, a report of the examination must be filed with the Court within sixty days of the initial order for an examination. Mo. Rev. Stat. § 552.020.3.

69. The examination report must include the following:

a. An opinion as to whether the defendant has a "mental disease or defect;" whether the defendant lacks capacity to understand the proceedings against them or assist in their own defense based upon a reasonable degree of medical or psychological certainty; and whether the defendant will be mentally fit to proceed in the "reasonably foreseeable future." Mo. Rev. Stat. § 552.020.3.

b. A recommendation as to whether the defendant should be held in custody in a suitable hospital facility for treatment pending determination, by the court, of mental fitness to proceed. Mo. Rev. Stat. § 552.020.3(5).

c. A recommendation as to whether the defendant, if found by the court to lack the mental fitness to proceed, "should be committed to a suitable hospital facility for treatment to restore the mental fitness to proceed or if such treatment to restore the mental fitness to proceed can be provided in a county jail or other detention facility approved by the director or designee." Mo. Rev. Stat. § 552.020.3(5).

70. If the defendant is not charged with a dangerous felony as defined in § 556.061, murder in the first degree under § 565.020, or rape in the second degree under § 566.031, or the attempts thereof, the statute also requests a recommendation as to whether the defendant, if found to lack the mental fitness to proceed, maybe appropriately treated in the community or is able to comply with bond conditions as set forth by the court and is able to comply with treatment conditions and requirements as set forth by the director of the department or his or her designee. Mo. Rev. Stat. § 552.020.3(8).

71. If the report contains the recommendation that the accused should be committed, the Court may order that the defendant be "committed to or held in a suitable hospital facility" pending its determination of the defendant's mental fitness to proceed. Mo. Rev. Stat. § 552.020.6.

72. When the court determines that the accused can comply with bond and treatment conditions, the court shall order that the accused remain on bond while receiving treatment. Mo. Rev. Stat. § 552.020.4.

73. If there is no request for a second examination and the findings of the initial examination report are uncontested, the court must determine the issue of the defendant's mental fitness to proceed—either based on the report or following a hearing. Mo. Rev. Stat. § 552.020.8.

74. If the Court determines that the defendant "lacks mental fitness to proceed," criminal proceedings are suspended and the person deemed incompetent to stand trial ("IST") is

committed "to the director of the department of mental health." Mo. Rev. Stat. § 552.020.10. Section 552.020.10 requires the DMH Director, or their designee, "notify the court and the parties of the location and conditions for treatment." *Id*.

75. Another examination is required six months after commitment to ascertain whether the defendant's mental fitness has improved, and the case may proceed; and, if not, whether there is a substantial probability that the accused will attain the mental fitness to proceed to trial in the foreseeable future. Mo. Rev. Stat. § 552.020.12(1). A written report of this examination must be filed with the court within 30 days. Mo. Rev. Stat. § 552.020.12(1).

76. Based on this subsequent report, or after holding a hearing, the court must reach one of three conclusions regarding the defendant's competency and criminal proceedings: (1) that the defendant has regained mental fitness and the criminal proceedings resume, Mo. Rev. Stat. § 552.020.12(4); (2) that the defendant still lacks capacity (*i.e.*, is still IST) but there is a substantial probability they will be mentally fit in the foreseeable future (at which point commitment continues, and the defendant will be re-evaluated within the next 6 months), Mo. Rev. Stat. § 552.020.12(5); or (3) the defendant lacks fitness to proceed and will not regain fitness in the foreseeable future, Mo. Rev. Stat. § 552.020.12(6) (also referred to as permanently incompetent to stand trial, or "PIST").

77. When a criminal defendant is determined to be PIST, there will be concurrent proceedings to determine if the accused should be involuntarily detained (*i.e.*, civilly committed) or have a guardian appointed. Mo. Rev. Stat. § 552.020.12(6). Once there has been a civil commitment or guardian appointed, the criminal charges must be dismissed without prejudice. *Id*.

B. DMH has fewer beds than it did decades ago and struggles to retain staff.

78. Over the last 30 years, DMH has reduced the number of inpatient psychiatric beds it operates.

79. For example, from 1990 to 2008, DMH reduced the number of inpatient psychiatric beds it operated from 1,662 to 1,226.[5]

80. More recently, however, the number of competency evaluations requested pre-trial has increased from 618 in fiscal year 2018 to 967 in fiscal year 2023.[6]

81. In 2012, the Missouri Legislature and Governor pushed through major budget cuts to DMH.

82. These budget cuts impacted the number of available evaluators, DMH staff, and further limited the available number of DMH forensic beds.

83. Director Huhn has recently acknowledged that 10 years ago, DMH had more forensic beds available than what it has today—10 years ago, there would have been over 200 additional beds to what exists today to ensure timely restoration treatment.

84. DMH also continued to reduce the number of available beds even as the waitlist approached crisis levels: in 2021, as DMH's waitlist was growing, DMH tore down a hospital with available beds and did not promptly replace them elsewhere.

85. DMH currently provides competency restoration services at three psychiatric hospitals located throughout the State: Center for Behavioral Medicine (in Clay County); Nixon Forensic Center at Fulton State Hospital (in Callaway County); and the St. Louis Forensic Treatment Center-North (formerly Metropolitan Psychiatric Center).

86. Individuals charged with certain dangerous crimes are sent to Fulton State Hospital.

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[5] *Elimination of State-Operated Acute Psychiatric Inpatient and Emergency Services in Missouri*, MISSOURI HOSPITAL ASSOCIATION, April 2012, https://hcfdecadeofdifference.org/sites/default/files/event/attachments/do18889556.pdf

[6] DMH Presentation to MSPD by Timothy Wilson and Jeannette Simmons, attached hereto as **Exhibit 1**.

87. All other individuals are admitted to the Center for Behavioral Medicine (if they are on the west side of the state) or the Forensic Treatment Center-North (if they are on the east side of the state).

88. According to public testimony from Director Huhn in May 2025 testimony, capacity at the Center for Behavioral Medicine is set to increase from 65 to 115. However, this is not expected to occur until 2028 at the earliest, upon completion of construction of a new facility—a project which has not yet begun. As of May 2025, the Center for Behavioral Medicine had only 57 open beds; 8 were "offline" due to construction.

89. Fulton State Hospital has 454 inpatient beds focused, at least in part, on individuals in need of a higher-security setting and deemed IST, PIST, or Not Guilty by Reason of Insanity.

90. Forensic Treatment Center-North has 75 beds. In fiscal year 2023, DMH received an additional $3.2 million to add 25 beds and staffing at the facility.

91. A new DMH facility is to be constructed in the Kansas City area. DMH believes this will add 150 beds to the State's competency system. However, construction is not planned to be completed until 2029 at the earliest.[7]

92. DMH believes it is continually at absolute bed capacity for competency restoration.

93. DMH also experiences staffing challenges which contribute to wait times. According to Director Huhn, about 60% of direct-care staff quit the agency each year.

[7] DMH Presentation to House Health and Mental Health Committee dated May 5, 2025, attached hereto as **Exhibit 2** ("May 2025 Presentation").

II. In practice, Plaintiffs and hundreds of class members are jailed for unreasonable amounts of time awaiting court-ordered capacity assessments and restoration services that Defendants are required to provide.

94. The current reality in Missouri is that people deemed incompetent to stand trial will wait in jail an average of 14 months before being transferred to one of the three facilities mentioned above, even after having waited several months for an evaluation in the first instance.

95. These wait times have worsened over the last decade as DMH has kicked the can on producing any real solution to this dire problem and otherwise failed its statutory and constitutional obligations to provide timely competency evaluations and restoration treatment.

A. The number of people on the waitlist has grown.

96. The number of people in Missouri jails waiting for DMH treatment has grown over the past decade.

97. The waitlist has grown by 33% since September 2024 and almost 88% since September 2023.

98. As of September 2021, the number of people in Missouri jails waiting for DMH treatment was 106. By June 2023, it was 243. That number has more than doubled since.

99. In August 2025, the number of people waiting in jail for court-ordered restoration treatment reached 492, a new all-time high.

100. In September 2025, an average of 487 Missourians were waiting for a bed in a psychiatric hospital run by DMH. Hundreds more are in jail waiting for a competency evaluation.

101. These individuals are detained around the state, in rural and urban areas alike. According to a survey conducted by Missouri Appleseed, 92.5% of jail facilities (representing 54 unique Missouri counties) indicated they held individuals awaiting assessments by DMH. While

these individuals are detained throughout the state, the jails with the highest number of such individuals are St. Louis County, the City of St. Louis, Greene County, and Boone County.[8]

B. As the number of people on the waitlist has grown, wait times have lengthened.

102. In 2023, wait times for DMH services were approximately 8 months.[9]

103. By 2025, those wait times have grown to between 1.5 and 2.8 years for an incarcerated person to be transferred to an appropriate mental health facility, and 6 to 11 months for initial assessments.[10]

104. In one instance, a county reported having someone in jail for more than 3 years awaiting treatment by DMH.[11]

105. In some cases, people are jailed longer than the maximum sentence they could receive if convicted.[12]

106. At one point in 2025, up to twelve people were incarcerated beyond the maximum possible jail sentence available for their charges while awaiting competency restoration.[13]

107. Prosecuting attorneys and judges contribute to the DMH waitlist by failing to dismiss charges after class members have served more than the maximum sentence they could receive if convicted of the still-pending charges.

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[8] *See* Missouri Appleseed Report, **Exhibit 3** ("Appleseed Report"), 14, Figure 3.

[9] Clara Bates, *Missourians wait an average of 8 months in jail for court-ordered mental health services*, MISSOURI INDEPENDENT, Sept. 20, 2023, https://www.stlpr.org/government-politics-issues/2023-09-20/missourians-wait-an-average-of-8-months-in-jail-for-court-ordered-mental-health-services

[10] Appleseed Report, Ex. 3, at 14, 22.

[11] Appleseed Report, Ex. 3, at 15, 22.

[12] *Wait for Competency Restoration Averages 14 Months in Missouri Jails*, PRISON LEGAL NEWS, May 1, 2025, https://www.prisonlegalnews.org/news/2025/may/1/wait-competency-restoration-averages-14-months-missouri-jails/

[13] Appleseed Report, Ex. 3, at 8.

108. Judges further contribute to the DMH waitlist by granting multiple extensions of time for DMH to conduct evaluations and provide restoration treatment, and failing to make timely competency findings.

C. Defendants have long been aware of this system-wide issue.

109. Director Huhn has testified before the Missouri general assembly about the issues of DMH wait times on several occasions and has been well aware of the growing waitlist problem for the past several years.

110. For example, the legislature asked Director Huhn questions about the steadily increasing numbers of people on the waitlist in December 2023. At that time, she acknowledged the problem and said that despite DMH working to mitigate the situation, the number of people waiting in jail for services "does keep going up."[14]

111. At the Missouri Summit on Competence to Stand Trial held in April 2024, Deputy Director Dr. Jeanette Simmons presented on the issue of DMH's waitlist and attempts to eliminate or reduce it.

112. On May 5, 2025, Director Huhn testified before the House Health and Mental Health Committee.[15]

113. In her testimony, Director Huhn identified waitlists for evaluation or treatment by DMH as a "critical issue." At that time, she noted hundreds of people waiting for DMH services at various points in the process.

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[14] Clara Bates, *Even more Missourians are stuck waiting in jails for court-ordered mental health treatment*, MISSOURI INDEPENDENT, Dec. 13, 2023, https://www.kcur.org/news/2023-12-13/even-more-missourians-are-stuck-waiting-in-jails-for-court-ordered-mental-health-treatment ("*Even more Missourians are stuck waiting in jails for court-ordered mental health treatment*").

[15] *See* May 2025 Presentation, Ex. 2.

114. For example, Director Huhn testified that 430 individuals were held in county jails waiting for admission to DMH following a court order for competency restoration and that the wait for these individuals is about 14 months.

115. Another 230 individuals were held in jails pending a pre-trial evaluation, and Director Huhn anticipated approximately half of those individuals would receive court orders for restoration treatment by DMH.

116. Both Director Huhn and Dr. Simmons testified before the House Corrections and Public Institutions Committee on September 8, 2025.[16] As of that date, 487 individuals were waiting for a bed in a DMH-run hospital, 58 were awaiting a commitment order from the court, and 187 were awaiting their competency evaluation.

117. Last year, Chief Justice Mary Russell called on leaders to address this very issue in her February 7, 2024 state of the judiciary address, stating:

> Our jails have become the largest mental health facilities in our counties. But that is not how jails are designed, nor how their staff are trained. Jails should be used in the short term to detain people accused of crimes or found guilty of minor crimes. Concrete cell blocks are not conducive for treating mental health or addiction issues.[17]

118. The unconstitutional, severe backlog for competency assessment and transfer leads to worsening mental health for class members.

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[16] Hearing Before the Comm. on Corr. and Public Institutions, 2025 Leg. 103 (Statements of Huhn and Simmons on behalf of DMH), https://sg001-harmony.sliq.net/00325/Harmony/en/PowerBrowser/PowerBrowserV2/20200831/-1/13438?mediaStartTime=20250908101656&mediaEndTime=20250908103324&viewMode=3&globalStreamId=4

[17] C.J. Mary Russell, State of the Judiciary Address, Feb. 7, 2024, https://www.courts.mo.gov/page.jsp?id=205313

III. Evaluation and Restoration Class members are harmed by prolonged detentions in county jails that are not equipped to provide mental health treatment.

119. Without access to a DMH placement, class members remain confined in jail, a carceral environmental ill-equipped to manage, let alone treat, serious mental illness.

120. On average, members of the Evaluation Class serve between 6 and 11 months in jail before even receiving their court-ordered assessment.

121. Members of the Restoration Class serve another 1.5 to 2.8 years in jail—or more—before being transferred to a DMH facility pursuant to court order.

122. The extended incarceration in jails while awaiting placement in DMH for competency restoration services places the burden on county jail administrators and personnel to meet the mental health needs of these individuals and keep them safe.

123. Most of the people on DMH's waitlist have been diagnosed with schizophrenia or mood disorders, such as bipolar disorder.

124. County jails in Missouri lack the resources, staff, and training necessary to provide services for individuals with serious mental health disabilities.

125. This is particularly true given how many individuals most Missouri jails are forced to house for DMH while they remain on the waitlist: one sheriff, testifying before the Missouri Legislature, stated that his jail regularly has almost 10% of its detained individuals on a DMH waitlist.

126. DMH has acknowledged in its own records that class members' mental health, "will continue to deteriorate… in many cases individuals never fully recover from the extended period of decompensation."[18]

[18] *Even more Missourians are stuck waiting in jails for court-ordered mental health treatment*.

127. Jails are not therapeutic environments. They are noisy, crowded, rigid, and isolating environments that pose serious risks of harm to individuals with mental health disorders and work against competency restoration.[19]

128. For example, detainees must interact with correctional officers on a daily basis. But correctional officers lack the specialized training required to interact appropriately with class members with serious mental illnesses and respond to symptoms of mental illness with punishment rather than with treatment.

129. Jail staff recognize the limitations of the jail environment for dealing with mental health disorders. As the Mexico County Sheriff told State Rep. Kent Haden: "I am not prepared to handle mental health issues in my jail."[20]

130. In a recent survey of Missouri County jail facilities, County Sheriffs acknowledge that their jails face significant barriers in caring for those awaiting beds in DMH: 48.5% of respondents to the survey stated that a lack of space or beds in their jail due to mental health holds was a "difficult" or "very difficult" challenge.[21]

131. When housed among other jail detainees, persons with mental health disabilities and other cognitive disabilities are especially vulnerable to manipulation, threats, and aggression by others—including both staff and other people detained at the jail.

132. These conditions of confinement do not further the goal of competency restoration. To the contrary, they exacerbate mental illness.

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[19] Douglas, Alexandra, *Caging the Incompetent: Why Jail-Based Competency Restoration Programs Violate the Americans with Disabilities Act under Olmstead v. L.C.,* 32 Geo. J. Legal Ethics 525 (2019).

[20] Clara Bates, *Hundreds of Missourians continue to languish in jail waiting for mental health services*, MISSOURI INDEPENDENT, May 7, 2025, https://missouriindependent.com/2025/05/07/hundreds-of-missourians-continue-to-languish-in-jail-waiting-for-mental-health-services/ ("*Hundreds of Missourians continue to languish in jail waiting for mental health services*")

[21] Appleseed Report, Ex. 3, at 18, Figure 9.

133. As Commander of Jail Operations for Cape Girardeau County Jail put it: Jail is the worst place you can put people with mental health issues.

134. This is especially true because many, if not most, county jails do not offer therapeutic care and do not provide medication appropriate for the degree of mental health symptoms being experienced by Evaluation or Restoration Class members.

135. Many jails will not even provide medication that individuals were prescribed or taking prior to their incarceration.

136. Further, jails are not permitted to involuntarily medicate individuals, which is an available treatment resource when Restoration Class members are in a DMH facility. This is especially important for individuals suffering from schizophrenia or schizoaffective disorders, where there is little to no possibility of regaining competency without medication, and the nature of the disorder's symptoms (such as delusions) make it unlikely that Restoration Class members will choose to seek out that medication.

137. An anecdote from an anonymous Missouri County Sheriff illustrates this predicament:

> I have a big guy, about 6'4" and 300 pounds, who hears voices. When he's in gen[eral] pop[ulation], he starts fights when he thinks others are talking about him. Everyone else gangs up on him and ends up injured. **I have to put him in solitary to keep him from hurting others or getting beat up, but when he's in solitary he cries from loneliness. It's heartbreaking. I don't know what to do. He's been assessed incompetent by DMH but has been waiting for a bed for over a year.** I've called anyone I can think of to try and get him out of here, with no luck.[22]

138. Because persons who have severe mental health disabilities or other cognitive disabilities often have problems following jail rules and regulating their conduct, and for the safety

[22] Appleseed Report, Ex. 3, at 2 (emphasis added).

and security of individuals at the jail, jail staff often resort to solitary confinement, restraints, or other extreme confinement and isolation measures to manage physical aggression, outbursts, or other problematic behaviors. Even without outbursts, class members are typically housed alone in a cell, resulting in further isolation.

139. The severe physical and psychological harms associated with solitary confinement are well researched and documented. Solitary confinement exacerbates preexisting mental health issues. The practice greatly increases the risk of self-harm, and prolonged solitary confinement is associated with anxiety, panic paranoia, hallucinations, and suicidal ideation, in addition to physical harms including headaches, heart palpitations, digestive problems, cognitive dysfunction, injuries to oneself, and death by suicide.

140. Studies have shown that solitary confinement can rapidly change the brain of an isolated incarcerated person, causing devastating, permanent and traumatic damage. Exposure to solitary confinement can cause a portion of the human brain to physically shrink in size.

141. The United Nations Special Rapporteur on Torture, an independent expert mandated by the United Nations Commission on Human Rights to monitor torture, has determined that any solitary confinement lasting beyond 15 days constitutes torture or cruel, inhumane, and/or degrading treatment in violation of international human rights law.

142. And there is widespread national and international consensus among physicians, mental health researchers, and human rights authorities that extreme isolation should be abolished because of its devastating impact on those forced to endure it.

143. Persons with serious mental health disabilities will often decompensate when detained for long periods of time without appropriate mental health care or restoration services. In

other words, there is an acute and significant deterioration in a person's mental health who is *already* suffering so much that they are incompetent to stand trial.

144. This decompensation increases the risk of immediate harm to the individual, and the likelihood of harm to correctional staff or other detainees.

145. But crucially, this decompensation can have lasting effects, making capacity restoration more difficult or even impossible.

146. There is a large amount of clinical research showing that, when an individual is experiencing an acute psychotic episode, a manic state or a depressive or suicidal crisis, the longer that individual is left untreated or inadequately treated, the worse the prognosis.

147. Director Huhn acknowledged in public testimony that decompensation of individuals on the waitlist was resulting in permanent loss of competency—that some individuals who could have been restored to competency have deteriorated to the extent that they are civilly committed, essentially confined to a state psychiatric hospital indefinitely.

148. Director Huhn acknowledged in public testimony that DMH was risking harm to Evaluation and Restoration Class members by making people wait for court-ordered evaluations and treatment: "I just wanted to make everybody aware of some of the risks that we know we're taking on because we can't get these individuals from jail into our state operated hospitals. Obviously, their illness is worse, and as their treatment is delayed, that makes it harder for us to turn them around."[23]

149. Some individuals are so sick they are incapable of caring for themselves in the most basic ways and must be hospitalized to ensure they do not die in jail custody awaiting DMH treatment.

[23] *Hundreds of Missourians continue to languish in jail waiting for mental health services*.

150. Some class members refuse to come out of their cell for any reason, resulting in the use of force to conduct cell extractions of mentally ill class members.

151. Some die in jail custody awaiting DMH services.

152. Others suffer greatly and decompensate.

153. For example, while detained at the St. Louis County jail, where he has been waiting over one year for treatment, one Restoration Class Member has started vocalizing active delusions and grandiose and conspiratorial thoughts. He is no longer able to recognize the sound of his own voice and has an uncontrollable physical tic that was not present before his detention. In addition, his weight and hygiene are unstable, and he periodically refuses to take his medication.

154. Another person who was previously in the Restoration Class before his recent transfer was detained in Taney County Jail for over a year and a half. During this time, his mental health worsened. He was unable to practice personal hygiene, and his symptoms of schizophrenia worsened in jail. His family was rarely able to see him in Taney County because he was generally kept in administrative segregation. He reported feeling extreme loneliness, isolation and worsening symptoms, especially because of the lack of consistent sleep in a loud and noisy jail environment. When this individual was finally taken to DMH, he did not know why he was in jail, when he would leave, or basic facts about his life.

155. M.T. has been detained in St. Louis County Jail for over a year while waiting for DMH treatment. During that time, he has lost a significant amount of weight and several teeth.

156. Criminal defense attorneys regularly observe clients who are on the DMH waitlist decompensating while waiting in jail custody without treatment. For example, they report seeing clients become nonverbal, catatonic, regularly eating their feces, peeling and picking their skin off,

and peeling their fingernails and toenails. They also observe clients' suicidality and delusions worsen.

IV. Defendants have failed to take reasonable steps to remedy these unconstitutional wait times for critical mental health services.

157. The waitlist and wait times are growing despite meager action by DMH, and they will continue to do so absent court intervention.

158. On February 5, 2024, Director Huhn testified before the Missouri House Committee on Health, Mental Health, and Social Services. The primary purpose of this testimony was to lay out the fiscal appropriations and expenditures of DMH.

159. Director Huhn stated that, as of the hearing, the waitlist for competency evaluation and restoration consisted of 297 individuals, but that the number would grow.

160. Director Huhn asked for no additional fiscal appropriations.

161. DMH supported certain legislative changes implemented in Senate Bill 106 (2023) with the goal of addressing wait times for evaluations and treatment. Three of these changes included: (a) adding the ability to find PIST in the first evaluation; (b) creating an option for community-based restoration; and (c) requiring evaluators to opine on the appropriateness of jail-based restoration. *See* Mo. Rev. Stat. § 552.020.

162. These changes are insufficient to address the full extent of the crisis, particularly given DMH's poor implementation.

163. The waitlist continues to grow, reaching nearly 500 individuals awaiting treatment by August 2025.[24]

[24] Steph Quinn, *Nearly 500 Missourians awaiting court-ordered mental health services, an all-time high*, MISSOURI INDEPENDENT, Oct. 27, 2025, https://missouriindependent.com/2025/10/27/nearly-500-missourians-awaiting-court-ordered-mental-health-services-an-all-time-high/.

A. Permanently Incompetent to Stand Trial (PIST) finding provides an early "out."

164. SB 106 added language requiring an evaluator to assess, at the initial evaluation, "whether there is a substantial probability that the accused will be mentally fit to proceed in the reasonably foreseeable future." Mo. Rev. Stat. § 552.020.3(4). In effect, this permits evaluators to assess someone as permanently IST at the first evaluation.

165. The new language regarding PIST is meant to create capacity by removing from the treatment waitlist people with an injury or condition that renders their competency non-restorable. An example of this is an individual with dementia or a severe developmental disability.

B. Community-based restoration is an option in letter, but not in practice.

166. As revised by SB 106, Missouri law permits someone charged with a crime and found IST to receive competency restoration treatment in the community (for example, at an outpatient facility or in their family home). The law requires that DMH's initial evaluation report include an opinion regarding whether the defendant "may be appropriately treated in the community." Mo. Rev. Stat. § 552.020.3(8)(b).

167. In practice, community-based placement for restoration treatment is grossly underutilized.

168. Missouri has twelve Certified Community Behavioral Health Organizations that provide community-based restoration.

169. According to testimony from Dr. Simmons in January 2025, only two people had been ordered into community-based restoration.

C. Jail-based restoration is a non-solution.

170. SB 106 also imposed a requirement that evaluators assess whether the individual may receive restoration treatment "in a county jail or other detention facility." Mo. Rev. Stat.

§ 552.020.3(7). This is sometimes referred to as "jail-based restoration," and has been implemented to varying degrees at four jails in the State of Missouri.

171. Jail-based competency restoration is sometimes proffered as a remedy to this constitutional crisis. But this solution is woefully inadequate for the reasons set forth below—many of which are the same as the reasons why lass members are at heightened risk of harm in a jail setting, period.

172. Jail environments are not conducive to mental health treatment.

173. Mental healthcare providers are often hindered in the provision of care by jail rules and regulations, even if those rules are harmful to the mental health of the patient.

174. Jails are "interpersonally fragmented, physically divided, and procedurally overcontrolled." This structure inhibits meaningful contact between treatment providers and inmates, compromising clinicians' ability to assess and respond to their patients' complex mental health needs." Douglas, Alexandra, *Caging the Incompetent*, 32 Geo. J. Legal Ethics 525 (2019).

175. Additionally, "treatment providers may feel pressured to engage in custodial activities that undermine an IST patient's mental health, like testifying in a disciplinary hearing that results in their patient's placement in solitary confinement." *Id.*

176. In addition, jails are chronically under-resourced and understaffed. This lack of funding would inevitably affect the implementation of any jail-based treatment.

177. For example, Perry County Sheriff Jason Klaus, when interviewed by the Missouri Independent, said there is no room in his budget to hire a medical team to provide care to detained individuals, including those who are in the Evaluation or Restoration Class. Jail-based restoration has been implemented poorly and incompletely in Missouri.

178. Currently, only four jail facilities in Missouri have even attempted to implement jail-based restoration programs.

179. In St. Louis County's jail-based restoration program, Restoration Class members are kept in solitary conditions and receive no mental health treatment except medication.

180. When Restoration Class members held in a jail-based restoration program can meet with a mental healthcare provider, they are simply coached on how to pass the competency exam. That is to say, the provider runs through the competency exam with the class members in the hope they will memorize the "correct" answers—no real effort is made to treat the underlying condition causing the incompetency.

D. DMH's mobile teams do not provide constitutionally adequate competency restoration treatment.

181. DMH has two mobile teams who allegedly provide treatment and support for class members in jails: one team supports the east side of the state; the other supports the west side.

182. Each team consists of an advanced practice nurse or nurse practitioner, a "diversion specialist" or social worker, and a community support nurse.

183. These mobile team services are focused almost exclusively on providing medication consultation and prescribing medication.

184. The mobile teams do not provide constitutionally adequate restoration treatment.

185. At least one jail operator described DMH's forensic mobile team as "a joke."

186. Despite all these efforts, the DMH waitlist has continued to grow.

V. Experiences of Named Plaintiffs

A. K.M.

187. K.M. is a 64-year-old Black man who is currently detained at the Buchanan County Jail, where he has been held since June 7, 2024.

188. Upon information and belief, K.M. has a physical disability resulting from an accident but has had no previous mental health diagnoses.

189. At the time of his arrest, K.M. was living on his own and supporting himself financially.

190. K.M. was arrested on or about June 7, 2024, and has been in custody since on cause no. 24BU-CR01033.

191. On November 26, 2024, the Circuit Court entered an order for mental examination in K.M.'s criminal case.

192. On January 24, 2025, the Circuit Court entered an order finding K.M. IST, suspending proceedings, and remanding K.M. "to the Sheriff of Buchanan County to be immediately delivered to the care and custody of the Department of Mental Health or at such other facility as requested by the Director of the Department of Mental Health."

193. Defendants have failed to take custody of K.M. and timely provide the restoration services required by Missouri law and the due process clause of the federal constitution. As of the filing of this complaint, K.M. has been waiting **304 days** for restoration treatment.

194. While K.M. languishes in jail on DMH's waitlist, his mental and emotional condition deteriorate.

195. K.M. is represented by his brother, Eric Massey, as next friend.

196. Eric Massey is K.M.'s older brother. Mr. Massey and K.M. grew up together in St. Joseph, Missouri, where K.M. was living at the time of his arrest.

197. K.M. is close to his family, which includes five other siblings (one other brother and four sisters).

198. Before K.M. was incarcerated, his brother spoke with and saw him regularly, often multiple times a week.

199. K.M.'s brother was able to speak with him when he was first incarcerated, but it has been many months since the jail has allowed K.M. to have any contact with his family.

200. K.M.'s brother believes that his incarceration and isolation from family while his criminal case is being held in abeyance and not progressing is negatively affecting his mental health.

B. M.R.

201. M.R. is a 31-year-old Black man and is currently detained at the Jackson County detention center and on a waitlist for DMH services.

202. M.R. has a history of mental health concerns, including schizophrenia, depression, and other diagnoses. He has experienced psychosis since late adolescence. He has been psychiatrically hospitalized on several occasions.

203. M.R. was previously evaluated for IST by DMH in separate criminal cases and spent time in the Center for Behavioral Medicine and Northwest Missouri Psychiatric Rehabilitation Center.

204. M.R. was arrested on April 11, 2024, in cause no. 2416-CR01701. At the time of his arrest, M.R. was unhoused.

205. On May 2, 2024, the Circuit Court ordered a mental examination to determine whether M.R. was competent to stand trial. The docket entry for this order indicates "Rapid Response ordered."

206. DMH filed its evaluation report in M.R.'s case on August 21, 2024.

207. On September 5, 2024, the Circuit Court entered an order finding M.R. incompetent to stand trial, suspending proceedings, and committing M.R. to the custody of the Director of DMH.

208. Defendants have failed to take custody of M.R. and timely provide the restoration services required by Missouri law and the due process clause of the federal constitution. As of the filing of this complaint, M.R. has been waiting **445 days** for restoration treatment.

209. While M.R. languishes in jail on DMH's waitlist, his mental and emotional condition deteriorate.

210. M.R. is represented by his grandmother, Debra Darrington, as next friend.

211. Debra Darrington stays in regular contact with her grandson, whom she is very worried about, and makes sure that he has finances to obtain what he needs from the jail commissary. She speaks with him on the phone regularly.

212. M.R.'s grandmother is very worried that his mental health is further deteriorating while he is incarcerated and not receiving the treatment that he needs.

C. M.T.

213. M.T. is a 34-year-old Black man and is currently detained at the St. Louis County Justice Center and on a waitlist for DMH services.

214. M.T. was in high school when he began displaying signs of serious mental illness. He was eventually diagnosed with both autism and schizophrenia.

215. His mother, a nurse, was able to help him get connected with a care team that included a psychiatrist and case managers.

216. For many years he had stable medication. M.T. was able to live somewhat independently, had a close relationship with his family, and even had a job.

217. There was a change in staffing on his care team, and M.T. fell out of contact with the medical providers and began missing medication.

218. M.T. began to have more active delusions and become symptomatic.

219. M.T.'s family, especially his mother, were desperate to find him help for his outbursts. His mother even went to the local police station with a picture of him and asked the police not to use any deadly force if they encountered him.

220. M.T. was arrested on April 26, 2024, in cause no. 24SL-CR02907-01. On March 6, 2025, the Circuit Court entered an order for mental examination.

221. On July 22, 2025, the Circuit Court entered an order finding M.T. incompetent to stand trial, suspending proceedings, and committing M.T. to the custody of the Director of DMH.

222. Defendants have failed to take custody of M.T. and timely provide the restoration services required by Missouri law and the due process clause of the federal constitution. As of the filing of this complaint, M.T. has been waiting **125 days** for restoration treatment.

223. While M.T. languishes in jail on DMH's waitlist, his mental and emotional condition deteriorate.

224. According to his mother, M.T. has lost a significant amount of weight, has new dental issues, and is missing several teeth.

225. When he speaks with his family or lawyers, M.T. does not appear to understand where he is or why he is there. He has been through three different public defenders.

226. M.T. is represented by his mother, Anita Tabb, as next friend.

227. Ms. Tabb is trained as a nurse and was a nurse with the St. Louis City Public Schools for many years.

228. Ms. Tabb has observed M.T.'s mental and physical health deteriorate over his period of detention in the St. Louis County jail and finds it hard to visit him anymore because of the extent to which he has decompensated.

D. O.J.

229. O.J. is a 34-year-old Black man and is currently detained at the Greene County Justice Center and on a waitlist for DMH services.

230. O.J. was arrested on October 16, 2023, in cause no. 2331-CR03278. At a bond hearing on October 23, 2023, the Circuit Court ordered a mental examination.

231. On or about January 3, 2024, the Circuit Court entered an order finding O.J. incompetent to stand trial, suspending proceedings, and committing O.J. to the custody of the Director of DMH.

232. DMH filed motions for continued commitment in O.J.'s case on March 6, 2024, and October 10, 2025. Both were granted.

233. Defendants have failed to take custody of O.J. and timely provide the restoration services required by Missouri law and the due process clause of the federal constitution. As of the filing of this complaint, O.J. has been waiting **472 days** for restoration treatment.

234. While O.J. languishes in jail on DMH's waitlist, his mental and emotional condition deteriorate.

235. O.J. is represented by his mother, Veda Johnson, as next friend.

E. C.T.

236. C.T. is a white 31-year-old man currently detained at the St. Louis City Justice Center on a waitlist for DMH services. He is represented by his mother, Carrie Miner, as next friend.

237. C.T. was arrested on January 4, 2024, in cause no. 2422-cr00038. At his detention hearing the following day, the court ordered a competency evaluation. However, a competency report was not filed until March 5, 2025.

238. On March 17, 2025, the Circuit Court entered an order finding C.T. IST, suspending proceedings, and committing C.T. to the custody of DMH. On September 2, 2025, DMH requested more time to provide treatment to C.T. due to waitlists at each of its facilities.

239. Defendants have failed to take custody of C.T. and timely provide the restoration services required by Missouri law and the due process clause of the federal constitution. As of the filing of this complaint, C.T. has been waiting **252 days** for restoration treatment.

240. While C.T. languishes in jail on DMH's waitlist, his mental and emotional condition deteriorate. He reports having been on suicide watch more than once and generally being on lockdown in his cell 24 hours per day. He has not had a single phone call during his nearly two years of incarceration, and so has not been able to communicate with his mother, Carrie Miner, or with his grandmother. C.T. often leaves sentences unfinished and periodically has nonsensical and loud verbal outbursts. He reports being threatened by other detainees at the jail and fears for his life.

241. C.T. is represented by his mother, Carrie Miner, as next friend.

F. D.W.

242. D.W. is a 30-year-old Black man and is currently detained at the St. Louis County Justice Center waiting for a mental health evaluation.

243. D.W. was arrested on May 22, 2025, on 25SL-CR03643. At the time of his arrest, he was unhoused.

244. He is being held on two misdemeanor charges. In the probable cause statement, the charges are based on allegations that D.W. was wandering naked around the St. Louis Airport terminal and assaulted a law enforcement officer by "flipping [the officer's] eyeglasses from [their] face."

245. On or about July 28, 2025, D.W.'s public defender filed a motion requesting a mental examination.

246. The judge ordered that examination on November 3, 2025. On November 21, 2025, DMH wrote a letter stating they would not schedule the examination until they were provided with copies of the police report.

247. Defendants have failed to timely provide the evaluation services to D.W. required by Missouri law and the due process clause of the federal constitution. As of the filing of this complaint, D.W. has been waiting **21 days** for a mental health evaluation. The average wait for such an evaluation is approximately six months.

248. D.W. has a history of psychiatric hospitalization.

249. His mental health particularly began to suffer after the death of his mother when he was young.

250. In jail, D.W. is held almost exclusively in solitary confinement.

251. He is not aware of where he is or why he is there, and believes he is supposed to be at home.

252. Prior to being incarcerated, D.W. had a caseworker through an Assertive Community Treatment program who assisted him in activities of daily living, secured appropriate medication, and searched for housing and other resources.

253. Since being incarcerated, D.W.'s access to this caseworker, medication, or other parts of his treatment plan have been cut off. One of the reasons D.W.'s serious mental health conditions have worsened over the last decade is interruptions in his treatment options, which are only being exacerbated by his lengthy wait with no resources.

VI. Class Action Allegations

254. The named Plaintiffs bring this action on behalf of their loved ones for whom they serve as Next Friend and, pursuant to Fed. R. Civ. P. 23(b)(1) and/or (b)(2), as a class action, on behalf of two classes of persons defined as:

a. **The Evaluation Class:** All people who are now, or will be in the future, charged with a crime in Missouri state court and for whom a court has ordered or granted a request for a competency evaluation and who are: (a) currently detained in a county or city jail or similar facility, and (b) placed on a waitlist for competency evaluation services by DMH but who have not received evaluation services within a constitutionally-acceptable time; and

b. **The Restoration Class:** All people who are now, or will be in the future, charged with a crime in Missouri state court and are: (a) declared not competent to proceed to trial by the state court; (b) currently detained in a county or city jail or similar facility; (c) court-ordered to receive restoration services by DMH; and (d) awaiting, beyond a constitutionally-acceptable time, court-ordered competency restoration services to be provided by DMH or its designees (the "Restoration Class").

255. Under Fed. R. Civ. P. 23(a), certification of a class is appropriate where: (1) the class is so numerous that joinder of all members is impracticable; (2) there are questions of law or fact common to the class; (3) the claims or defenses of the representative parties are typical of the claims or defenses of the class; and (4) the representative parties will fairly and adequately protect the interests of the class. Fed. R. Civ. P. 23(a).

256. This action is brought and may properly be maintained as a class action pursuant to 23(b)(1) and/or (b)(2), of the Federal Rules of Civil Procedure. This action satisfies the requirements of numerosity, commonality, typicality, and adequacy. Fed. R. Civ. P. 23(a).

A. Typicality

257. M.R., K.M., M.T., O.J., and C.T. are typical members of the proposed Restoration Class.

258. D.W. is a typical member of the proposed Evaluation Class.

259. The named Plaintiffs and class members each have a tangible and legally protectable interest at stake in this action.

260. The claims of the named class representatives and the absent class members have a common origin and share a common basis. Their claims originate from the same illegal, unconstitutional practices of the State of Missouri. Indeed, Plaintiffs and nearly all unnamed class members were deprived of their liberty by being held.

261. The proposed class representatives state claims for which relief can be granted that are typical of the absent class members. If brought and prosecuted individually, the claims of each class member would necessarily require proof of the same material and substantive facts, rely upon the same remedial theories and seek the same relief.

262. The claims and remedial theories pursued by the named class representatives are sufficiently aligned with the interests of absent class members to ensure that the universal claims of the class will be prosecuted with diligence and care by Plaintiffs as representatives of the class.

B. Numerosity

263. The members of each class are so numerous that joinder of all class members is impracticable.

264. In September 2025, an average of 487 Missourians were waiting for a bed in a psychiatric hospital run by DMH, and hundreds more were in jail waiting for a competency evaluation.

265. The classes also contain many future members whose names are not known, since new people are ordered to be evaluated for competency or receive restoration services each week.

266. Nonetheless, both classes are ascertainable because the Defendants have identifying information for each class member including, but not limited to, the names of the individuals on a waitlist for evaluations, and the names of individuals on a waitlist for restoration services, in addition to various court records.

C. Commonality

267. The questions of law and fact common to the class include, *inter alia*:

a. Whether Defendants' practice of failing to provide court-ordered evaluations in a timely manner violates the substantive due process rights of individuals with serious mental illness suspected to be incompetent to stand trial;

b. Whether Defendants' practice of housing individuals who have been deemed incompetent to stand trial in county jails and putting them on a lengthy waitlist to receive restoration treatment in a timely manner violates their substantive due process rights;

c. Whether Defendants have failed to provide competency restoration treatment to Plaintiffs and members of the Restoration Class, either at DMH or through third-party designees, within a reasonable period of time;

d. Whether and to what extent prolonged periods of confinement in county jails or similar detention facilities while awaiting restorative services causes or exacerbates mental, emotional and physical harm to the Class members;

e. The average period of delay caused or permitted by Defendants in the delivery of evaluation services to Evaluation Class members, and the reasons therefore;

f. The average period of delay caused or permitted by Defendants in the delivery of restoration services to Restoration Class members, and the reasons therefore;

g. Whether Defendants' failure to provide integrated community-based restoration treatment to Restoration Class members when a bed at a DMH facility is not available, violates Title II of the Americans with Disabilities Act; and

h. Whether Defendants have designated third parties to provide in-jail restorative services and, if so, whether such services are being provided to the entire Class, and whether such third-party designations and services comply with Missouri law, applicable professional standards of care, and constitutional standards.

D. Adequate Representation

268. The named Plaintiffs, by and through their next friends, are willing and prepared to serve the court and proposed classes in a representative capacity with all obligations and duties necessary. Plaintiffs will fairly and adequately protect the interests of the class they represent and have no interests adverse to, or which directly or irrevocably conflict with the interests of either class. The self-interests of the named class representatives are coextensive with and not antagonistic to those of the absent members of both the Evaluation and Restoration Classes. The proposed representatives will undertake to protect the interests of the absent class members.

269. The named Plaintiffs, by and through their Next Friends, have engaged the services of attorneys from MacArthur Justice Center, the American Civil Liberties Union of Missouri Foundation, ArchCity Defenders, and Husch Blackwell LLP, all firms with experience litigating complex civil rights matters in federal court, including class action lawsuits.

270. Said counsel is experienced in complex class litigation, will adequately prosecute this action and will capably represent the named class representatives and absent class members.

E. Rule 23(b)(1)

271. The prosecution of separate actions by individual members of the class would create a risk of adjudication with respect to individual members of the class that would, as a practical matter, be dispositive of the interests of other members of the class who are not parties to the action or could substantially impair or impede their ability to protect their interests.

272. The prosecution of separate actions by individual members of the class would create a risk of inconsistent or varying adjudications among individual members of the class that would establish incompatible standards of conduct for the parties opposing the class.

F. Rule 23(b)(2)

273. The Evaluation Class and Restoration Class are cohesive, textbook examples of a Rule 23(b)(2) class: Defendants have "acted or refused to act on grounds that apply generally to the class, so that final injunctive relief or corresponding declaratory relief is appropriate respecting the class as a whole." Fed. R. Civ. P. 23(b)(2).

274. More specifically, DMH has failed to provide timely evaluations to each member of the Evaluation Class, and timely treatment to each member of the Restoration Class.

G. The named Plaintiffs are qualified individuals with a disability under the Americans with Disabilities Act.

275. Plaintiffs are qualified individuals with a disability as defined under 42 U.S.C. § 12131.

276. A qualified individual with a disability is "an individual with a disability who, with or without reasonable modifications to rules, policies, or practices, the removal of architectural, communication, or transportation barriers, or the provision of auxiliary aids and services, meets the essential eligibility requirements for the receipt of services or the participation in programs or activities provided by a public entity." 42 U.S.C. § 12131(2). '"[D]isability' means, with respect

to an individual—(A) a physical or mental impairment that substantially limits one or more major life activities of such individual; (B) a record of such an impairment; or (C) being regarded as having such an impairment" (as later described in paragraph (3)). 42 U.S.C. § 12102. Individuals do not need a formal diagnosis to meet the definition of having a "disability" or to be a "qualified individual" under the ADA.

277. The ADA regulations mandate that a public entity administer services and programs "in the most integrated setting appropriate to the needs of the qualified individuals with disabilities." 28 CFR § 35.130(d).

278. The ADA regulations mandate that a public entity "make reasonable modifications in policies, practices, or procedures when" they "are necessary to avoid discrimination on the basis of disability, unless the" entity can demonstrate making these "modifications would fundamentally alter the nature of the service, program, or activity." 28 CFR § 35.130(b)(7)(i).

279. The Supreme Court of the United States addressed Title II ADA in *Olmstead v. L.C. ex rel. Zimring*, 527 U.S. 581, 587 (1999), where the Court considered "whether the proscription of discrimination may require placement of persons with mental disabilities in community settings rather than in institutions." *Id*. The Supreme Court held a qualified yes in response to this question: "under Title II of the ADA, States are required to provide community-based treatment for persons with mental disabilities when the State's treatment professionals determine that such placement is appropriate, the affected persons do not oppose such treatment, and the placement can be reasonably accommodated, taking into account the resources available to the State and the needs of others with mental disabilities." *Id*. at 587, 607.

280. Under *Olmstead*, the integration regulation forbids unjustified isolation of people with disabilities. *Id.* at 597; *see also* 28 CFR §35.130(d). Unnecessary isolation is a form of illegal discrimination against people with disabilities.

281. Plaintiffs are qualified individuals with a disability because they are individuals living with a mental impairment and/or serious mental illness that substantially limits one or more of their major life activities. All Plaintiffs are unable to substantially care for themselves, including maintaining proper hygiene, prosocial behavior, or otherwise manage their interactions with others. Many are non-communicative with jail staff, their attorneys, or their family. All members of the Restoration Class have been evaluated as lacking the mental capacity to stand trial.

CLAIMS

COUNT I
Class-Action Claim for Prospective Relief for Deprivation of Substantive Due Process Right
(Evaluation Class against Defendants)

282. Plaintiffs incorporate each paragraph of this Complaint as if fully restated herein.

283. The Fourteenth Amendment of the United States Constitution prohibits states from depriving any person of life, liberty, or property without due process of law.

284. Incompetent pretrial criminal defendants have substantial and historic liberty interests in freedom from incarceration, and in receiving timely restoration treatment so that their criminal cases can proceed to trial expeditiously.

285. Due process requires that the nature and duration of pretrial confinement must bear a reasonable relation to the purpose for which an individual is confined.

286. Due process also forbids those held pretrial be subjected to impermissible punishment.

287. Once an individual is found unable to aid and assist in their own defense, the only lawful purpose for further pretrial confinement is to ensure treatment so as to restore them to competency.

288. Individuals found unable to aid and assist in their defense have a constitutional right to such individualized treatment as will give each of them a realistic opportunity to improve their mental condition to restore their competency.

289. The only legitimate purpose of Plaintiffs' confinement is to determine if treatment, therapy, and other services can restore their competency so that they can stand trial.

290. Restoration treatment cannot be provided unless and until the defendant has been evaluated.

291. Evaluation Class members' enrollment on a waitlist, or their prolonged delay receiving an evaluation whether on a formal waitlist or otherwise, are not the result of professional judgment by Defendants or their agents. Rather, the prolonged delay in obtaining evaluation and restoration services is the result of Defendants' arbitrary, capricious and grossly negligent management, policy-setting, and resource allocation.

292. In such circumstances, the nature and duration of their incarceration bear no reasonable relation to the restorative purpose for which the court has committed those individuals to treatment.

293. Prolonged incarceration in county jails awaiting restorative services has caused, and will continue to cause, Plaintiffs and other Evaluation Class members to suffer aggravated mental, emotional and, in some cases, physical harm.

294. In Missouri, criminal defendants are forced to wait in jail cells for an unreasonably long time before receiving a competency evaluation from DMH. By failing to provide evaluation

or restoration treatment in a reasonably timely manner, Defendants have violated the Fourteenth Amendment Due Process rights of Plaintiffs and the other Evaluation Class members and have failed to comply with their obligations under Missouri law.

295. Unless enjoined by the Court, Defendants will continue to violate the constitutional rights of Plaintiffs and the other Evaluation Class members. Plaintiff D.W. and the other Evaluation Class members are therefore entitled to an order of the Court enjoining Defendants from all further violations of the Evaluation Class members' rights of due process in relation to their continued confinement while awaiting a competency evaluation by DMH.

COUNT II
Class-Action Claim for Prospective Relief for Deprivation of Substantive Due Process Right
(Restoration Class against Defendants)

296. Plaintiffs incorporate each paragraph of this Complaint as if fully restated herein.

297. The Fourteenth Amendment of the United States Constitution prohibits states from depriving any person of life, liberty, or property without due process of law.

298. Incompetent pretrial criminal defendants have substantial and historic liberty interests in freedom from incarceration, and in receiving timely restoration treatment so that their criminal cases can proceed to trial expeditiously.

299. Due process requires that the nature and duration of pretrial confinement must bear a reasonable relation to the purpose for which an individual is confined.

300. Due process also forbids those held pretrial be subjected to impermissible punishment.

301. Once an individual is found unable to aid and assist in their own defense, the only lawful purpose for further pretrial confinement is to ensure treatment so as to restore them to competency.

302. Individuals found unable to aid and assist in their defense have a constitutional right to such individualized treatment as will give each of them a realistic opportunity to improve their mental condition to restore their competency.

303. The only legitimate purpose of Plaintiffs' confinement is to determine if treatment, therapy, and other services can restore their competency so that they can stand trial.

304. Restoration Class members' enrollment on a waitlist, or their prolonged delay receiving restoration services whether on a formal waitlist or otherwise, are not the result of professional judgment by Defendants or their agents. Rather, the prolonged delay in obtaining evaluation and restoration services is the result of Defendants' arbitrary, capricious and grossly negligent management, policy-setting, and resource allocation.

305. Indeed, there are no objective criteria guiding prioritization of individuals on the waitlist, for example, based on acuity.

306. In such circumstances, the nature and duration of their incarceration bear no reasonable relation to the restorative purpose for which the court has committed those individuals to treatment.

307. Prolonged incarceration in county jails awaiting restorative services has caused, and will continue to cause, Plaintiffs and other Restoration Class members to suffer aggravated mental, emotional and, in some cases, physical harm.

308. In Missouri, criminal defendants are forced to wait in jail cells for an unreasonably long time before receiving restoration services from DMH. By failing to provide evaluation or restoration treatment in a reasonably timely manner, Defendants have violated the Fourteenth Amendment Due Process rights of Plaintiffs and the other Restoration Class members and have failed to comply with their obligations under Missouri law.

309. Unless enjoined by the Court, Defendants will continue to violate the constitutional rights of Plaintiffs and the other Restoration Class members. Plaintiffs and the other Restoration Class members are therefore entitled to an order of the Court enjoining Defendants from all further violations of the Restoration Class members' rights of due process in relation to their continued confinement while awaiting a competency evaluation by DMH.

COUNT III

Discrimination in Violation of the Americans with Disabilities Act, 42 U.S.C. § 12101 et seq.
(Restoration Class against Defendants)

310. Plaintiffs incorporate each paragraph of this Complaint as if fully restated herein.

311. Title II of the Americans with Disabilities Act (ADA) prohibits public entities from discriminating against persons with disabilities in their programs, services, and activities. 42 U.S.C. §§ 12131–12134.

312. Discrimination under the ADA includes:

313. Failing to "administer services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities." 28 C.F.R. 35.130(d);

314. Employing "criteria or methods of administration...[t]hat have the effect of subjecting qualified individuals with disabilities to discrimination" or "[t]hat have the purpose or effect of defeating or substantially impairing accomplishment of the objectives of the public entity's program with respect to individuals with disabilities.," 28 C.F.R. 35.130(b)(3); and

315. Failing to "make reasonable modifications in policies, practices, or procedures when the modifications are necessary to avoid discrimination on the basis of disability." 28 C.F.R. 35.130(b)(7).

316. The ADA defines a "public entity" as any state or local government or "any department, agency...or other instrumentality" of a state of local government. 42 U.S.C. § 12131(1)(A), (B).

317. Defendants are "public entities" within the meaning of 42 U.S.C. §12131(1)(B) and 28 C.F.R. §35.104, and must comply with the ADA and its regulations, including the integration mandate and the fundamental-alteration regulation. Director Huhn is charged with oversight and operation of DMH and serves at the direction of the Mental Health Commission. Mo. Rev. Stat. § 630.015.

318. Each member of the Restoration Class is a qualified individual with a disability as defined under 42 U.S. C. §12131.

319. Defendants have failed to provide Plaintiffs with necessary mental health treatment in community-based settings nor have Defendants provided Plaintiffs with mental health services and/or treatment in the most integrated settings appropriate to the needs of all individuals in the Restoration Class.

320. Defendants' failure to provide timely competency assessments and restoration treatment for lass members, while they remain in jail, constitutes unlawful discrimination under the integration mandate of Title II of the ADA. *Olmstead v. L.C. ex rel. Zimring*, 527 U.S. 581, 600 (1999) (holding that unnecessary segregation of individuals with mental health disabilities constitutes discrimination).

321. Additionally, Defendants have administered, or refused to administer, mental health services in a timely fashion, resulting in discrimination against the Restoration Class. Defendants' methods of administrating mental health services defeat, or substantially impair, benefits of the capacity assessment and restoration programs controlled by DMH.

322. Defendants have failed to make reasonable modifications in policies, practices, and procedures, which are necessary to avoid discrimination in administering mental health services to the Restoration Class.

323. Unless enjoined from continuing current unlawful policies and practices, Defendants will continue to violate Plaintiffs' ADA rights.

COUNT IV
Discrimination in Violation of the Rehabilitation Act, 29 U.S.C. § 794
(Restoration Class against Defendants)

324. Plaintiffs incorporate each paragraph of this Complaint as if fully restated herein.

325. Section 504 of the Rehabilitation Act (the "RA") prohibits disability discrimination by entities receiving federal financial assistance. 29 U.S.C. § 794(a).

326. Defendants are recipients of federal financial assistance as defined in 45 C.F.R. 84.3(h).

327. Section 504 of the RA states, "No otherwise qualified individual with a disability...shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." 29 U.S.C. 794(a).

328. Discriminatory acts prohibited by the RA include:

329. Failing to "administer programs and activities in the most integrated setting appropriate to the needs of qualified handicapped persons." 28 C.F.R. 41.51(d); and

330. Employing "criteria or methods of administration" that have the effect of subjecting qualified individuals with disabilities to discrimination or that have the purpose or effect of defeating or substantially impairing the objectives of the public entity's program with respect to individuals with disabilities. 28 C.F.R. 41.51(b)(3); and

331. Failing to make reasonable modifications in policies, practices, or procedures when they are necessary to avoid discrimination on the basis of disability. 28 C.F.R. 41.51(b).

332. M.R., K.M., M.T., O.J., and C.T., and members of the Restoration Class, qualify as individuals with disabilities as defined under Section 504 because they have, or are regarded as

having, mental health disabilities severe enough that their capacity to stand trial has been called into question or they already have been deemed incapable to proceed to trial. 28 C.F.R. 41.31(a).

333. Defendants have failed to administer mental health services in the most integrated setting appropriate to the needs of Plaintiffs and other Restoration Class members.

334. Extended confinement of the Restoration Class due to the lack of timely capacity assessment and restoration constitutes unlawful discrimination under the integration mandate of the RA. 28 C.F.R. 41.51(d).

335. Defendants have utilized methods of administering their mental health services in ways that result in discriminating against the Restoration Class. Defendants' methods of administration defeat, or substantially impair, the benefits of the capacity assessment and restoration programs controlled by DMH.

336. Defendants have failed to make reasonable modifications to their policies, practices, and procedures necessary to avoid discrimination against the Restoration Class.

337. Unless enjoined from continuing current unlawful policies and practices, Defendants will continue to violate Plaintiffs' rights outlined in the RA.

PRAYER FOR RELIEF

WHEREFORE, Plaintiffs, on behalf of themselves and others similarly situated, request that this Court:

1. Adjudge and declare that Defendants' policies, practices, and conduct described in this Complaint violate the rights of individuals who are believed or found to be mentally incompetent to participate in their own defense under the Fourteenth Amendment to the United States Constitution, Title II of the Americans with Disabilities Act, and Section 504 of the Rehabilitation Act;

2. Preliminarily and permanently enjoin the Defendants, their agents, employees, and all persons under their control from failing to provide timely access to competency assessment and restoration services.

3. Order Defendants to develop a remedial plan to reduce wait times for competency assessments and restoration treatment to within constitutional limits;

4. Award Plaintiffs' costs, including reasonable attorneys' fees under 42 U.S.C. § 1988(b), 42 U.S.C. § 12205, 29 U.S.C. § 794a(b), and 28 U.S.C. § 1920; and

5. Allow such other and further relief as the Court deems just and proper.

Dated: November 24, 2025

Respectfully submitted,

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JS 44 (Rev 09/10)

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF MISSOURI

CIVIL COVER SHEET

This automated JS-44 conforms generally to the manual JS-44 approved by the Judicial Conference of the United States in September 1974. The data is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. The information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is authorized for use only in the Western District of Missouri.

The completed cover sheet must be saved as a pdf document and filed as an attachment to the Complaint or Notice of Removal.

Plaintiff(s):

First Listed Plaintiff:
M. R. ;
County of Residence: Outside This District

Additional Plaintiff(s):
K. M. ;
M. T. ;
O. J. ;
C. T. ;
D. W. ;

Defendant(s):

First Listed Defendant:
Missouri Department of Mental Health ;
County of Residence: Outside This District

Additional Defendants(s):
Valerie Huhn ;
Dr. Mina Charepoo ;
Dr. Kishore Khot ;
Brian Neuner ;
Lynne Unnerstall ;
Jhan Hurn ;
Dennis Tesreau ;
Teresa Coyan ;

County Where Claim For Relief Arose: Cole County

Plaintiff's Attorney(s):

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Email: amy.malinowski@macarthurjustice.org

Defendant's Attorney(s):

Basis of Jurisdiction: 1. U.S. Government Plaintiff

Citizenship of Principal Parties (Diversity Cases Only)

Plaintiff: N/A

Defendant: N/A

Origin: 1. Original Proceeding

Nature of Suit: 440 All Other Civil Rights

Cause of Action: 42 U.S.C. § 1983, Title II of the Americans with Disabilities Act, 42 U.S.C. § 12132, and the Rehabilitation Act, 29 U.S.C. § 701 et seq.

Requested in Complaint

Class Action: Class Action Under FRCP23

Monetary Demand (in Thousands):

Jury Demand: No

Related Cases: Is NOT a refiling of a previously dismissed action

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Signature: Amy Malinowski

Date: 11/24/2025

If any of this information is incorrect, please close this window and go back to the Civil Cover Sheet Input form to make the correction and generate the updated JS44. Once corrected, print this form, sign and date it, and submit it with your new civil action.

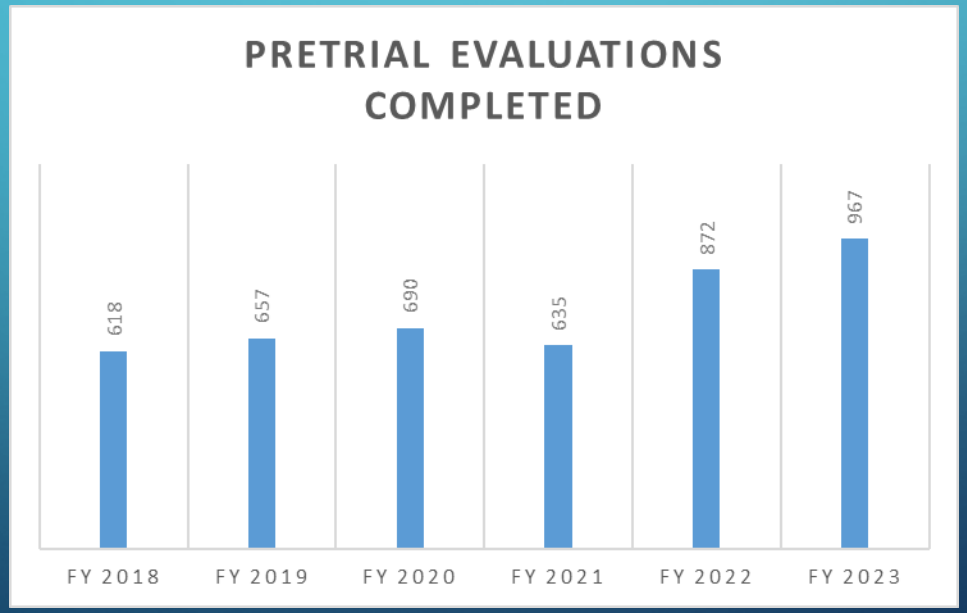
DMH, PRETRIAL EVALUATIONS & COMPETENCY RESTORATION

TIMOTHY J WILSON, DIRECTOR OF FORENSIC SERVICES

JEANETTE M SIMMONS, DBH DEPUTY DIRECTOR

HISTORY

- Chapter 552 RSMo
  - Evaluations/IST/NGRI
- Increased number for pretrial evaluations requested/completed



MORE BACKGROUND

- Increased number of persons deemed incompetent to proceed*
- Limited capacity in facilities
  - IST restoration
    - Nixon Forensic Center
    - Center for behavioral medicine
    - Forensic Treatment center-North (formerly Metropolitan Psychiatric center)
- Increased number of persons awaiting an inpatient bed
  - August 2013: 10
  - September 2021: 106
  - Today

*National Trend

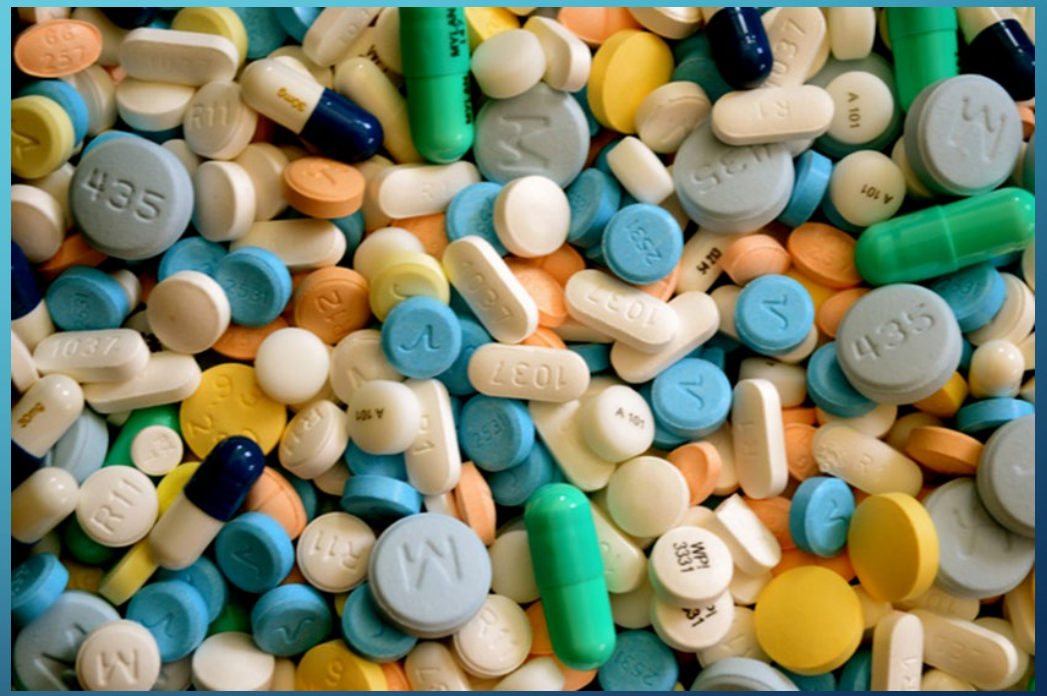
COMPETENCY STATUS IN MISSOURI

- Across the nation, significant portion of public sector behavioral health beds are serving individuals who have been determined to be incompetent to stand trial
- Missouri, like all other states, have seen a significant increase in the number of commitments of those found incompetent to stand trial
- The DMH is continually at absolute bed capacity for competency restoration
- Growing number of clients in jail waiting for an inpatient bed
  - August 2013: 10
  - September 2021: 106
- Efficient management of our resources is absolutely critical

CALL TO ACTION

- IST clients
  - Upon evaluation/admission
    - Acutely ill
    - Most not taking medication
      - Some willing to
      - Some not
- Clients remaining in the hospital longer
  - Level of acuity, SUD, & prior to admission—not receiving treatment
  - Treatment team concerns about client remaining on medication upon return to jail

WHAT TO DO?



MENTAL HEALTH EVALUATIONS

- What are these evaluations?
- Who completes these evaluations?
- How are these evaluations initiated?
- What can someone expect?
- Why mental health evaluations over competency to proceed examinations?

COMMUNITY BEHAVIORAL HEALTH LIAISONS (CBHLS)

- Who are they?
  - Based in Community – NOT DMH
- What do they do?
- How can I reach them?
  - Community Behavioral Health Liaisons | dmh.mo.gov

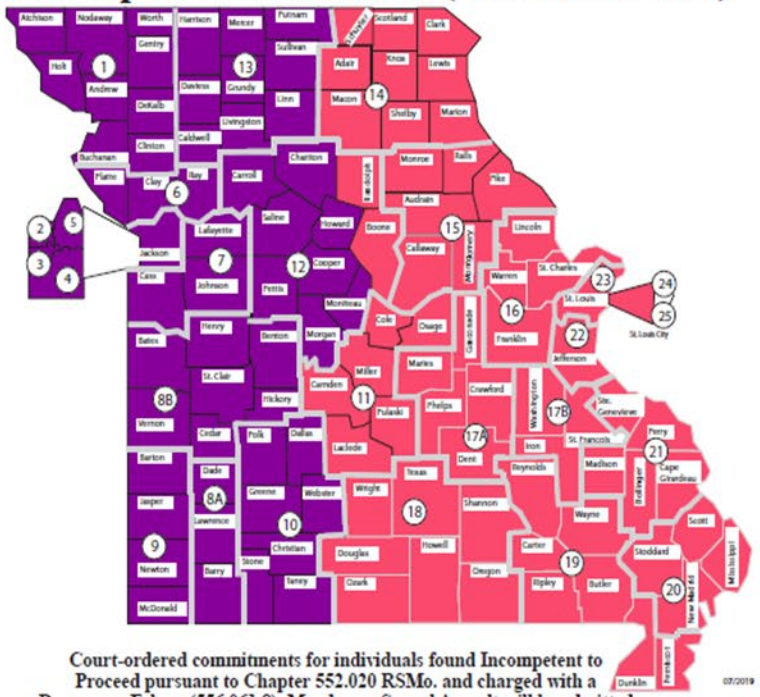
96 HOUR HOLD

- RSMo. 632.305:
  - "suffering from a mental disorder and that the likelihood of serious harm by such person to himself or herself or others is imminent unless such person is immediately taken into custody."
- Facilities designated by DMH that provide civil involuntary detention.
- Offer treatment, safety, and discharge medications.

MOBILE TEAMS: EAST & WEST

- Provide treatment and supports for individuals in jail or community (if on bond)
  - Chapter 552 clients
- Team
  - Advanced practice nurse/Nurse practitioner
    - Conduct med/psych assessments, provide ongoing medication/medical consultation, supportive psychotherapy, prescribe medication
  - Diversion specialist/Social Worker
    - Provide Case management support, provide evidence based treatment practices, warm handoff to ensure client get connected to a community behavioral health center
  - Community support nurse
    - Conduct nursing assessments and health assessment measures; provide evidence based treatment practices

Missouri Department of Mental Health
Forensic Services
Court-Ordered Admission Service Areas
Incompetent To Proceed (552.020 RSMo.)



07/2019

Court-ordered commitments for individuals found Incompetent to Proceed pursuant to Chapter 552.020 RSMo. and charged with a Dangerous Felony (556.061.8), Murder, or Sexual Assault will be admitted to the Maximum Security facility at Fulton State Hospital, Fulton, 573-592-4100. All others will be admitted as follows:

Center for Behavioral Medicine (Kansas City)
816-512-7000
Service Areas 1, 2, 3, 4, 5, 6, 7, 8A, 8B, 9, 10, 12 and 13

Metropolitan St. Louis Psychiatric Center (St. Louis)
314-877-0500
Service Areas 11, 12, 14, 15, 16, 17A, 17B, 18, 19, 20, 21, 22, 23, 24, and 25

COMPETENCY RESTORATION 2.0

- Outpatient Restoration
  - Pilot in Jackson County
    - CFE Evaluates, Outpatient team reviews, & Recommends if appropriate
      - Housing
      - Willing to engage in treatment
- Individuals are released on bond by the Court
- Individuals receive treatment from Certified Community Behavioral Healthcare Organizations (CCBHO)

Inpatient treatment remains an option if necessary and appropriate

STATUTORY CHANGE #2

- (8) A recommendation as to whether the accused, if found by the court to lack the mental fitness to proceed and the accused is not charged with a dangerous felony as defined in section 556.061, murder in the first degree under section 565.020, or rape in the second degree under section 566.031, or the attempts thereof:
- (a) Should be committed to a suitable hospital facility; or
- (b) May be appropriately treated in the community; and
- (c) Is able to comply with bond conditions as set forth by the court and is able to comply with treatment conditions and requirements as set forth by the director of the department or his or her designee.
- 4. When the court determines that the accused can comply with the bond and treatment conditions as referenced in subsection 3 of this section, the court shall order that the accused remain on bond while receiving treatment until the case is disposed of as set forth by subsection 12 of this section. If, at any time, the court finds that the accused has failed to comply with the bond and treatment conditions, the court may order that the accused be taken into law enforcement custody until such time as a department inpatient bed is available to provide treatment.

COMPETENCY RESTORATION 2.0.1

- Jail-Based Competency Restoration
  - Remain in custody
  - Receive treatment from DMH Forensic Mobile Team and two CCBHO clinical staff
    - Medication
    - Competency education
    - Evidence-based treatment services

Inpatient treatment remains an option if necessary and appropriate

STATUTORY CHANGE #1

- (7) A recommendation as to whether the accused, if found by the court to lack the mental fitness to proceed, should be committed to a suitable hospital facility for treatment to restore the mental fitness to proceed or if such treatment to restore the mental fitness to proceed can be provided in a county jail or other detention facility approved by the director or designee; and

NEXT STEPS

- Contracts with County Jails
- Contracts with CCBHO providers
- Train Community and Jail providers
- Examine inpatient & jail cohorts
- Proposed IST order language
  - New opinions from DMH CFE re: Outpatient/Jail Based CR
  - New IST orders

QUESTIONS

Missouri Department of MENTAL HEALTH

- **Who We Are – Past to Present**
- **Critical Issues**
- **Solutions**

May 5, 2025

Missouri Department of
MENTAL HEALTH

Dates of Interest

1851
Asylum for the Insane opened in Fulton.

1861
County Lunatic Asylum founded in St. Louis.

1869
County Lunatic Asylum opened due to Civil War. Turned over to the state in 1948.

1876
St. Joseph State Hospital admitted first patient. Relocated to more modern building in 1997.

1887
Nevada State Hospital admitted first patient. Became a habilitation center in 1973. State vacated location in 2015.

1901
Marshall Habilitation Center opened. State vacated location in 2016.

1902
Farmington State Hospital admitted first patient. Changed all names from Asylum for the Insane to State Hospitals.

1921
State Eleemosynary Board created--modern day DMH.

1924
Bellefontaine Habilitation Center established by St. Louis, transferred to the state in 1948.

1938
Malcom Bliss Mental Health Center established by St. Louis, transferred to the state in 1964.
Forensic Treatment Center North in 2021.

1945
State Eleemosynary Board duties transferred to Division of Mental Diseases of the Department of Public Health and Welfare under the 1945 Constitution.

1954
Psychiatric Receiving Center operated by Kansas City Mental Health Foundation, transferred to the state in 1966.

1956
Higginsville Habilitation Center founded

1957
State Mental Health Commission created.

1959
Started funding community placements.

1967
Mid-MO mental health center established as the first community mental health center in the country. Medicaid was founded.

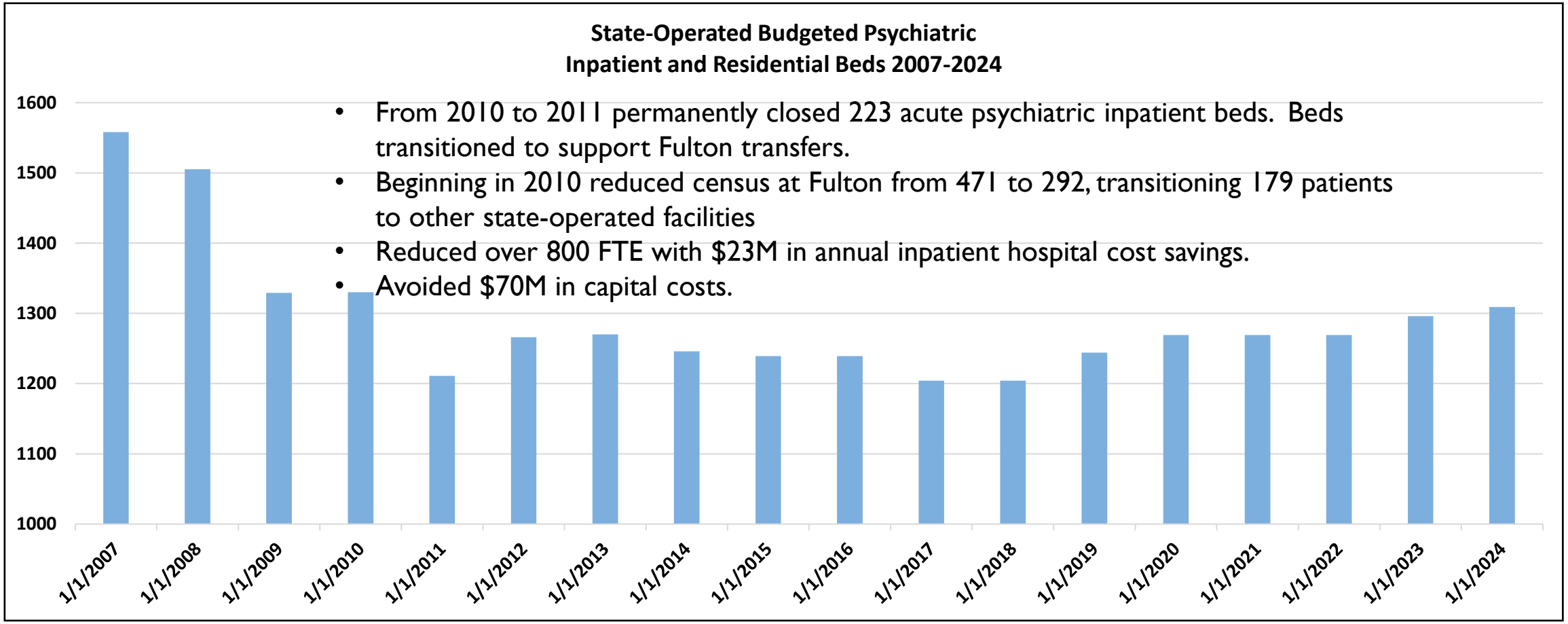
1967-1975
DD Regional Centers/Offices were opened. Department of Mental Health and Division of Developmental Disabilities was created.

1981-1990
Started children's services in state hospitals, opened Hawthorn in **1990**.

1850s | 1860s | 1870s | 1880s | 1890s | 1900s | 1910s | 1920s | 1930s | 1940s | 1950s | 1960s | 1970s | 1980s

Missouri Department of MENTAL HEALTH

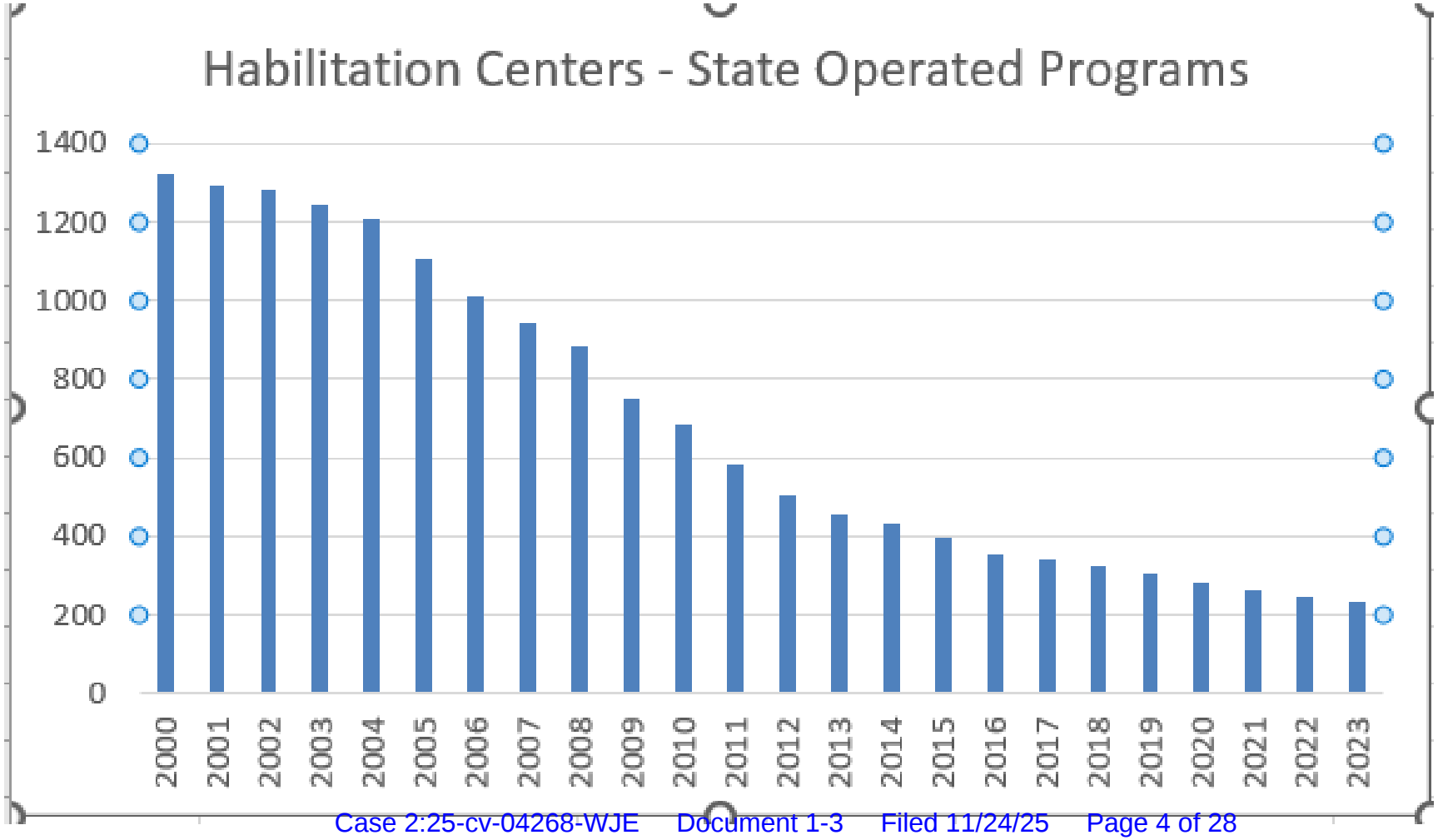
Who We Were



- From 2010 to 2011 permanently closed 223 acute psychiatric inpatient beds. Beds transitioned to support Fulton transfers.
- Beginning in 2010 reduced census at Fulton from 471 to 292, transitioning 179 patients to other state-operated facilities
- Reduced over 800 FTE with $23M in annual inpatient hospital cost savings.
- Avoided $70M in capital costs.

In 1948, 12,500 Missourians lived in a state hospital setting.

Who We Were


Habilitation Centers - State Operated Programs
1400
1200
1000
800
600
400
200
0
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023

Missouri Department of MENTAL HEALTH

Who We Are Today

Mental Health Commission

General Counsel
Human Resources
Investigations
Public Affairs
Licensure & Certification
Deaf Services
Governmental Affairs

Director's Office
7.82 FTE

BUDGET $3.95B

7,219 FTE
A 1% increase since July 23

31.8%
DMH Turnover Rate

Division of Administration
136.05 FTE

Budget
Accounting
Finance
Federal Programs
Operations
Information Technology

Division of Behavioral Health
3,938.24 FTE

5,522 Individuals served by Recovery Support Service Providers

218,701 Individuals served by Certified Community Behavioral Health Orgs (CCBHO) in FY 24

6 State Operated Psychiatric Hospitals supporting **1,545** annually
Over **280** Community Providers
Prevention and Crisis Services
Behavioral Health Treatment and Recovery Services
Sex Offender Rehabilitation Treatment Services

Division of Developmental Disabilities
3,137.34 FTE

Over 17,000 enrolled in DD Waivers

8 State Operated Habilitation Centers/Community Supports with **415** supported
Over 700 Community Contracted providers
11 Regional locations
9 Autism Diagnostic Locations
Office of Autism

Missouri Department of MENTAL HEALTH

Critical Issues – Waitlist #1

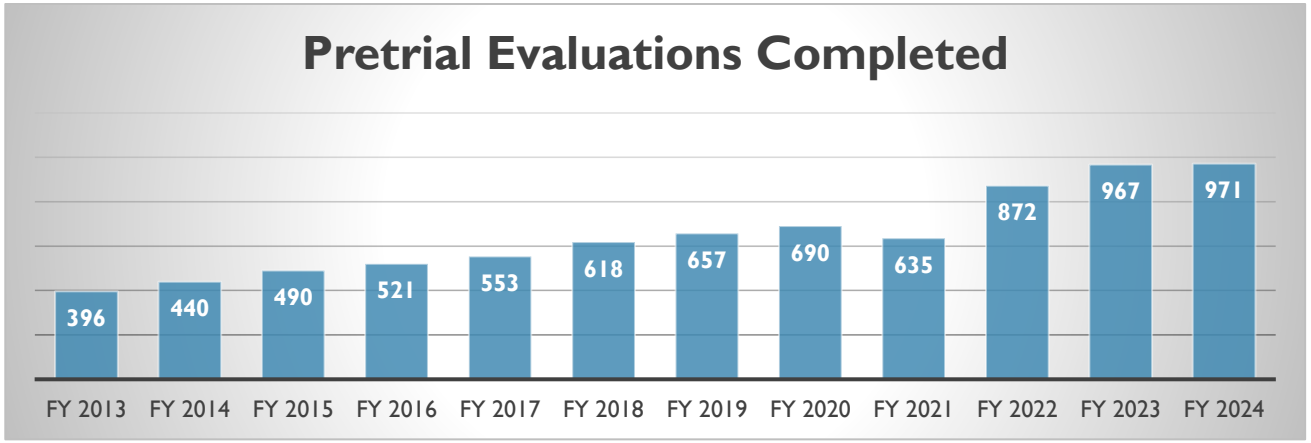
Orders for Competency Restoration from Courts in DMH Hospitals

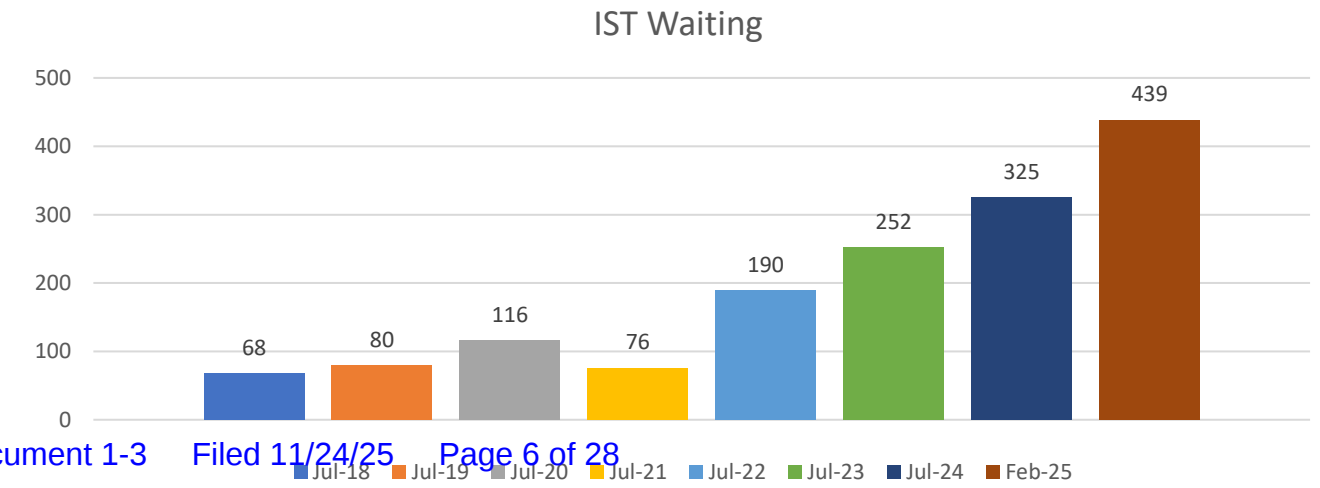
Who

- 430 Incompetent to Stand Trial (IST) individuals waiting in county jails for DMH admission (wait time 14 months)
- 80 more awaiting court-orders
- 230 more open pre-trial evaluations

Why

- Limited bed capacity
- Limited workforce
  - Direct Care Turnover
  - Clinical staffing
- Limited community placements after treatment
- Increased pre-trial evaluations ordered by courts
  - 48% increase in last 5 years





Missouri Department of MENTAL HEALTH

Critical Issues – Waitlist #1

Orders for Competency Restoration from Courts in DMH Hospitals

Risks

- Show cause orders/contempt
- Illness worsens as treatment is delayed
- Federal lawsuits in 5 states for inappropriate detention/imprisonment
- Federal lawsuits in 10 states for violation of due process

Solutions

- New KC hospital (2029/2030)
  - adds 150 beds to state system
- Jail-Based (capacity = 40)
- Outpatient Restoration
- Bed Alignment
- Public Defender and Judicial engagement
  - IST with misdemeanor charges
  - IST with parole violations

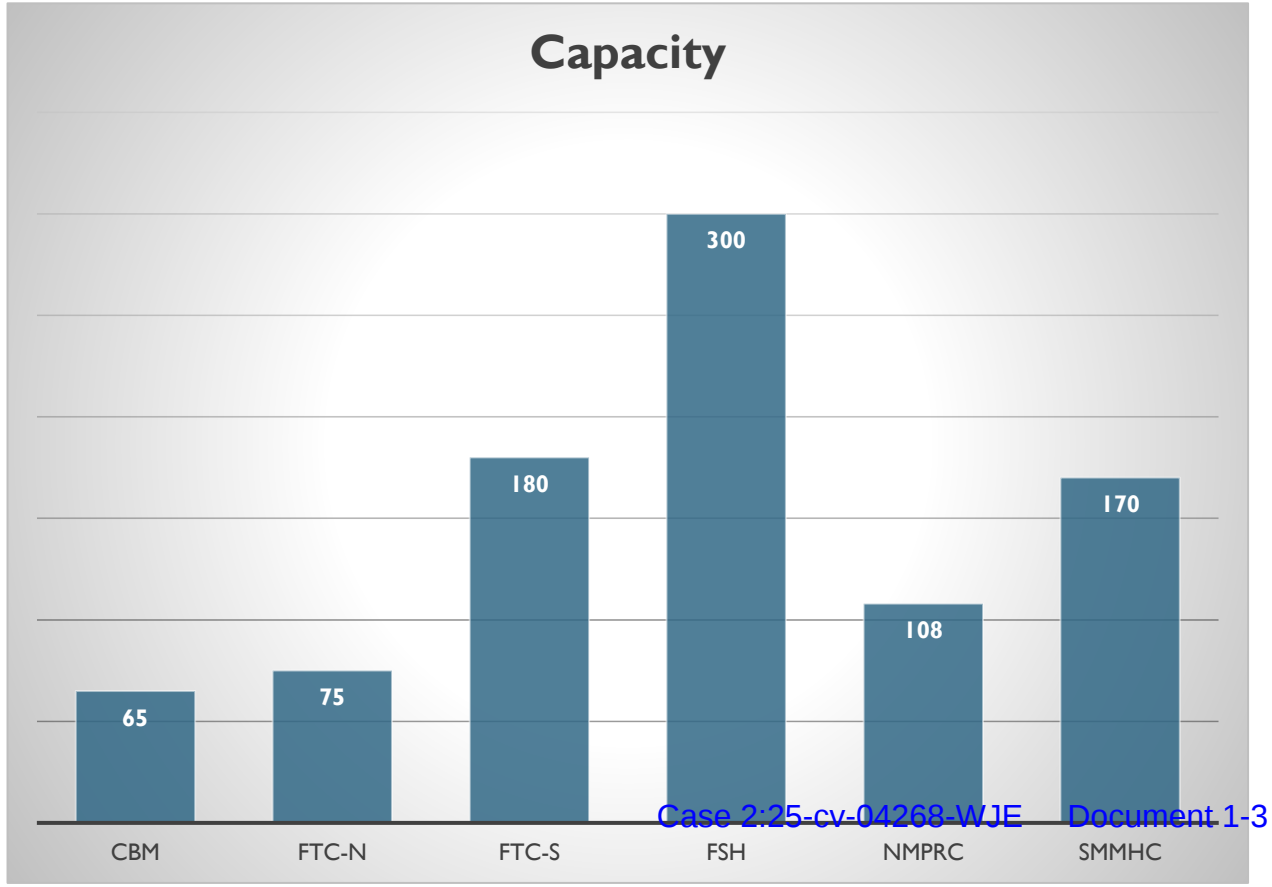
75 Discharge Ready	18 Competent Awaiting Court/Jail	16 Guardian Opposed	20 No Placement (13 SNF)	18 Conditional Release Needed

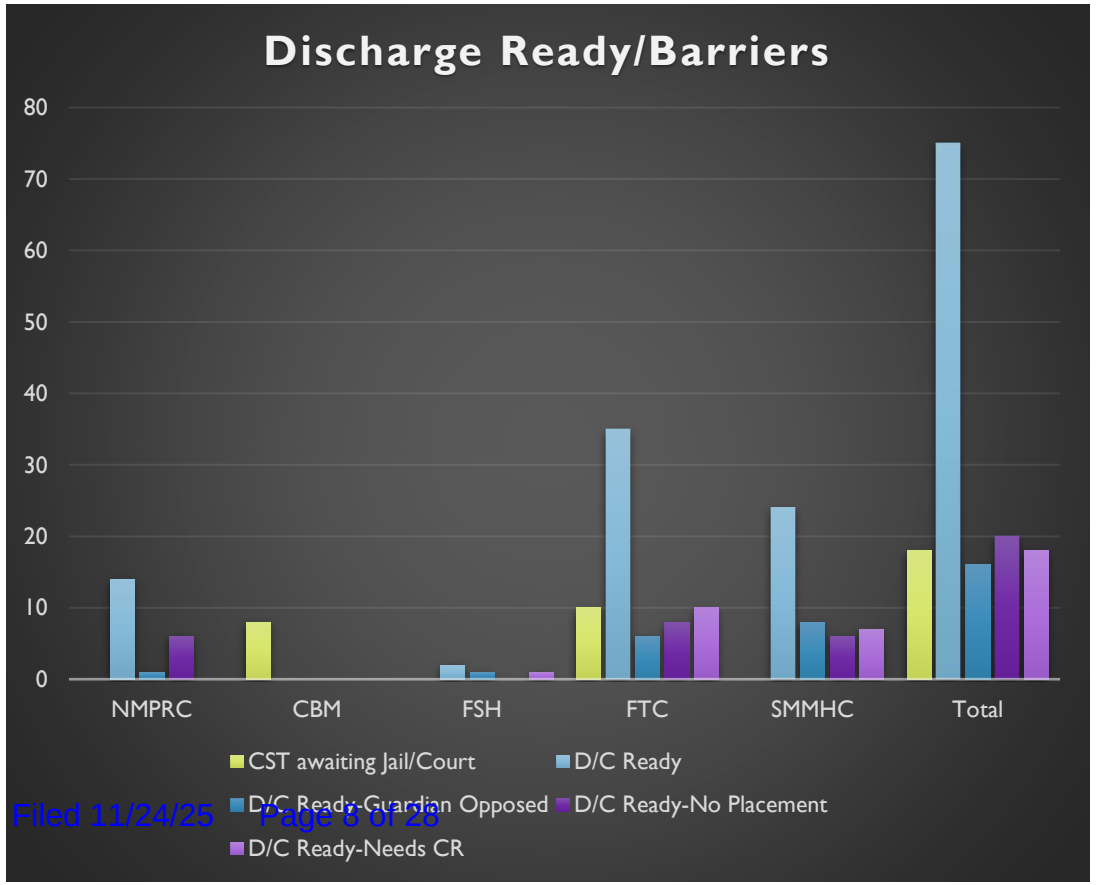
Missouri Department of MENTAL HEALTH

Critical Issues – Waitlist #1

Orders for Competency Restoration from Courts in DMH Hospitals

CAPACITY

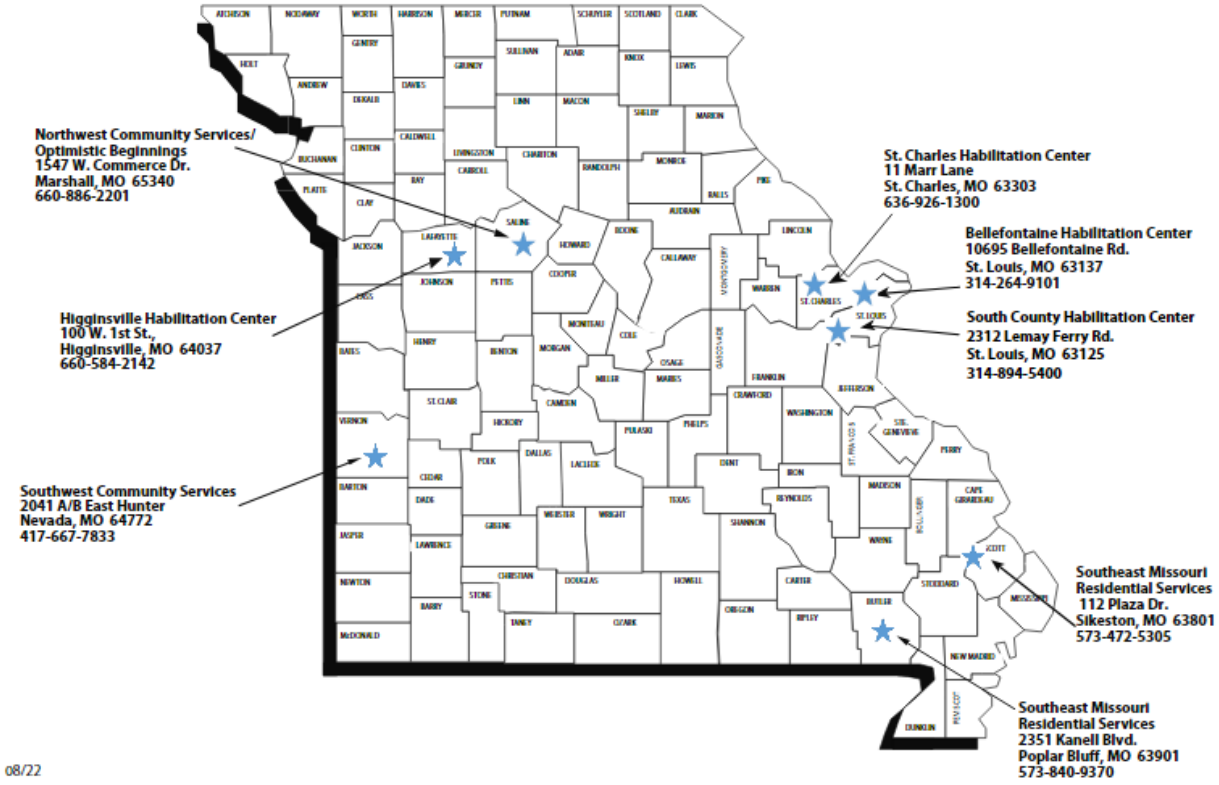




Current Facility Locations

Division of Behavioral Health
State Psychiatric Hospitals

Division of Developmental Disabilities
State Operated Programs



08/22

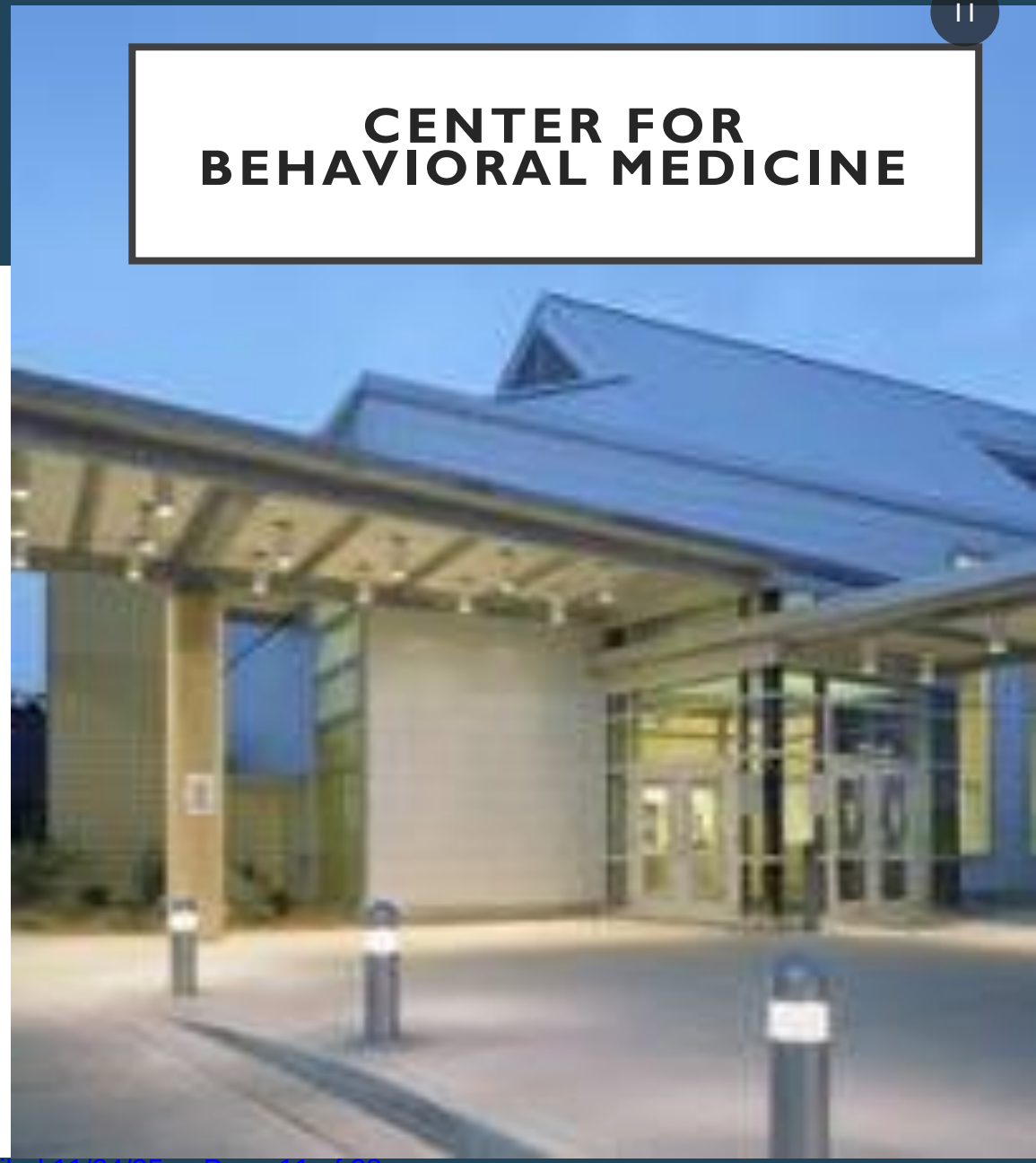
New KC Hospital

kchospitalbuild.mo.gov

The following dates are estimates and subject to change.

- January 2025 - The Request for Qualifications is released and advertised.
- February/March 2025 - Statement of Qualifications submissions are evaluated and scored.
- March 12, 2025 - Announcement of the three shortlisted firms: BNIM, Hoefer Welker Architecture and HDR Architecture.
- April 3 & 4, 2025 - Interviews/Presentations from the three qualified firms.
- April 2025 - Score the presentations.
- April/May 2025 - A Request for Proposal is being developed with HDR Architecture.

CENTER FOR BEHAVIORAL MEDICINE



Inpatient Capacity: 57 – 8 beds offline for construction
Census: 58
Waiver Home: 13

Facility Alignment

- This facility will increase from 65 patients to 115 patients in state-staffed beds. Bed increase due to end of bed lease with University Health after new hospital is opened.
- Beds for stabilized patients that are:
  - PIST (permanently incompetent to stand trial)
  - VBG (voluntary commitment by guardian)
- Patients may transfer to these beds from:
  - New KC Hospital/Farmington
  - Northwest MO Psychiatric Treatment Center (NMPRC) St. Joseph
- No additional capital costs beyond M&R expected.
- FTE/Staffing costs will increase – 90 FTE and $6M

FULTON STATE HOSPITAL (FSH)

Inpatient Capacity: 454

- Nixon Forensic Center Census: 294
  Capacity: 300
- SORTS Census: 104
  Capacity: 115
- Hearnes Acute Rehabilitation Program (HARP) Census: 10
  Capacity: 15
- Hearnes Forensic Center Census: 24
  Capacity: 24

Facility Alignment

- SORTS treatment/patients will move from Fulton to Farmington.
- FSH will focus on:
  - High security treatment programming for:
    - Not Guilty by Reason of Insanity (NGRI)
    - Permanently Incompetent to Stand Trial (PIST)/Voluntary by Guardian (VBG)
    - IST
  - Mental Illness/Developmental Disabilities (MI/DD)
- No additional capital costs beyond M&R expected.
- Future capacity if workforce is favorable of 191 beds due to vacated SORTS building.

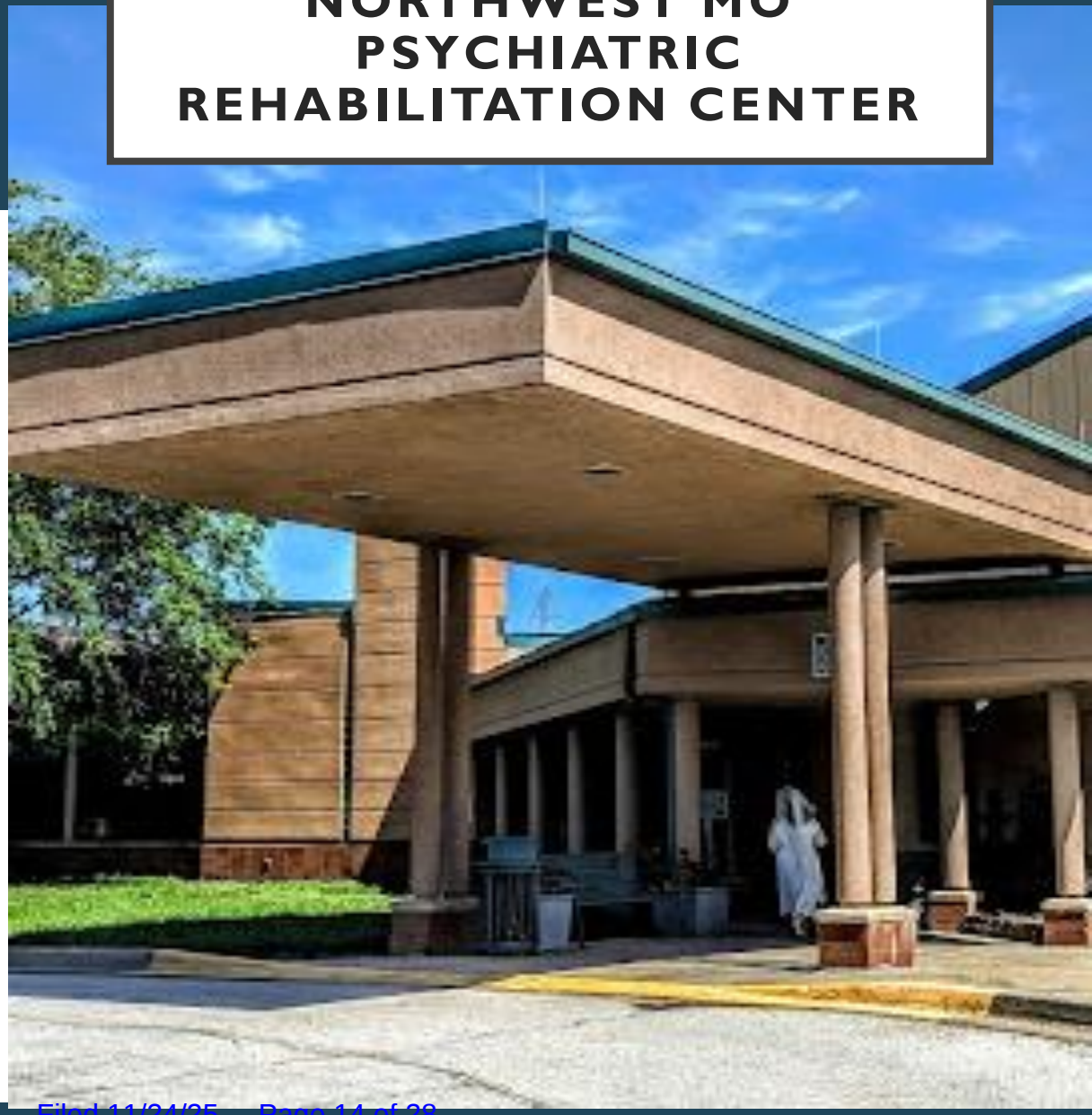
SOUTHEAST MO MENTAL HEALTH CENTER

Adult Psychiatric Inpatient Capacity: 170
Census: 170
SORTS Capacity: 178
Census: 167

Facility Alignment

- All SORTS treatment/patients will be in Farmington.
- This facility will no longer serve NGRI, PIST/VBG patients.
- Patients occupying long-term beds (170 today) will be moved based on admission to:
  - Sikeston/Higginsville - former habilitation center beds
  - Center for Behavioral Medicine (CBM)
  - Forensic Treatment Center (FTC) South - St. Louis
  - NMPRC
- Capital needs beyond M&R.
- Future capacity for SORTS population exists with current bed availability.

NORTHWEST MO PSYCHIATRIC REHABILITATION CENTER



- Census: 108
- Budgeted Beds: 108

Facility Alignment

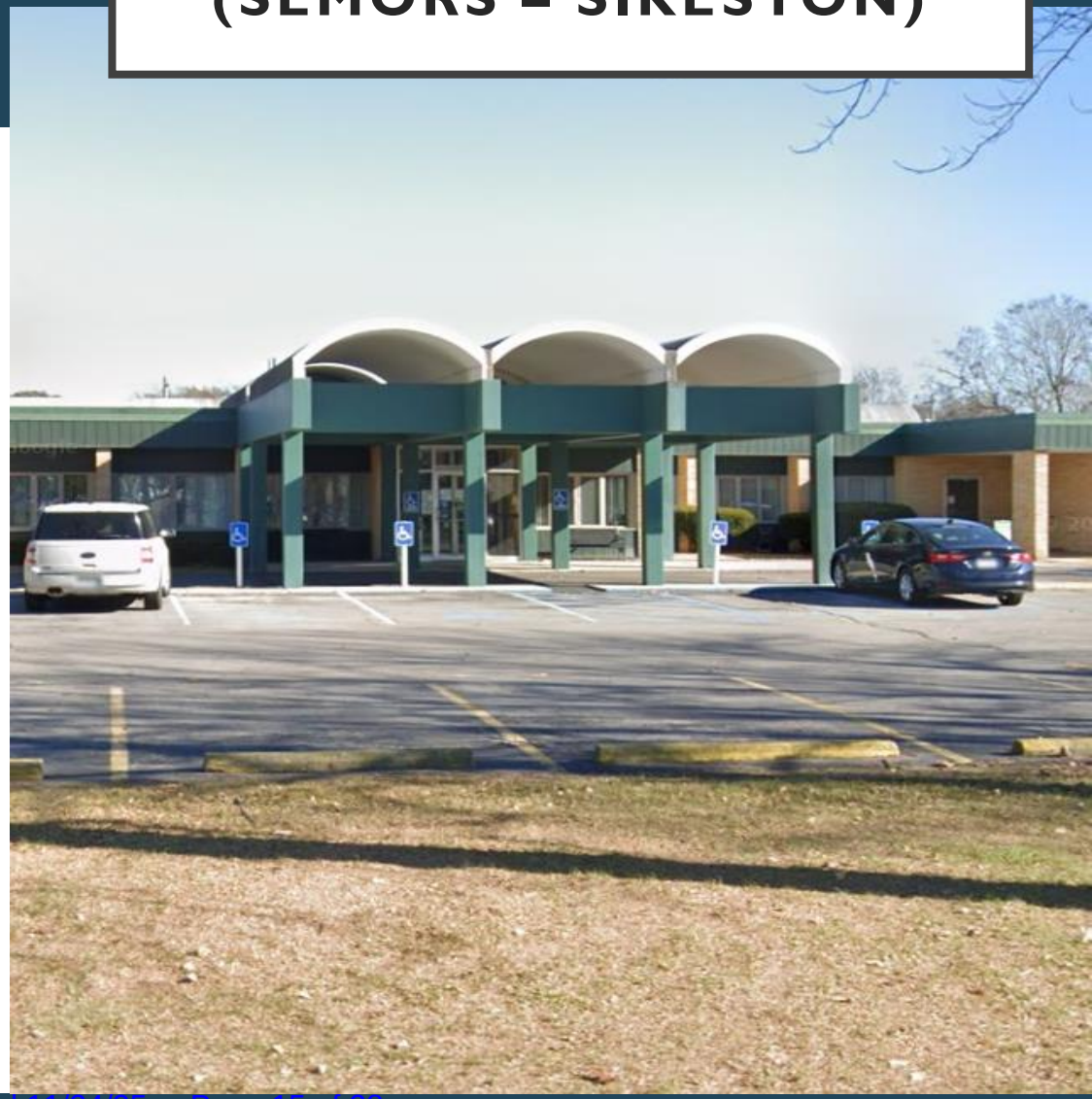
- NMPRC will provide treatment programs specifically for the NGRI patient population.
- This facility will no longer serve PIST/VBG patients.
- No additional capital costs beyond M&R expected.
- No staffing reallocations will be necessary.

SOUTHEAST MO RESIDENTIAL SERVICES (SEMORS – SIKESTON)

- Census: 25
  - Campus: 15
  - ISL: 9
  - DBH: 1
- Budgeted Beds: 25 (Transitioned 2 from Poplar Bluff campus to meet program needs).

Facility Alignment

- SEMORS- Sikeston ICF-IDD supported individuals will move to:
  - SEMORS – Poplar Bluff campus
  - SEMORS community living
  - Private community living
- Stabilized long-term psych hospital patients from Farmington, St. Louis FTC-South, St. Joseph, or CBM move into this location.
- Transfer of ICF-IID certified individuals has been initiated; 15 remain on campus; additional transfers are dependent upon staffing at Poplar Bluff
- 4 bed DBH pilot opened April 3, 2025; anticipate all beds filled by May 5, 2025.
- Sikeston Regional Office has been relocated; work on program areas is nearing completion.

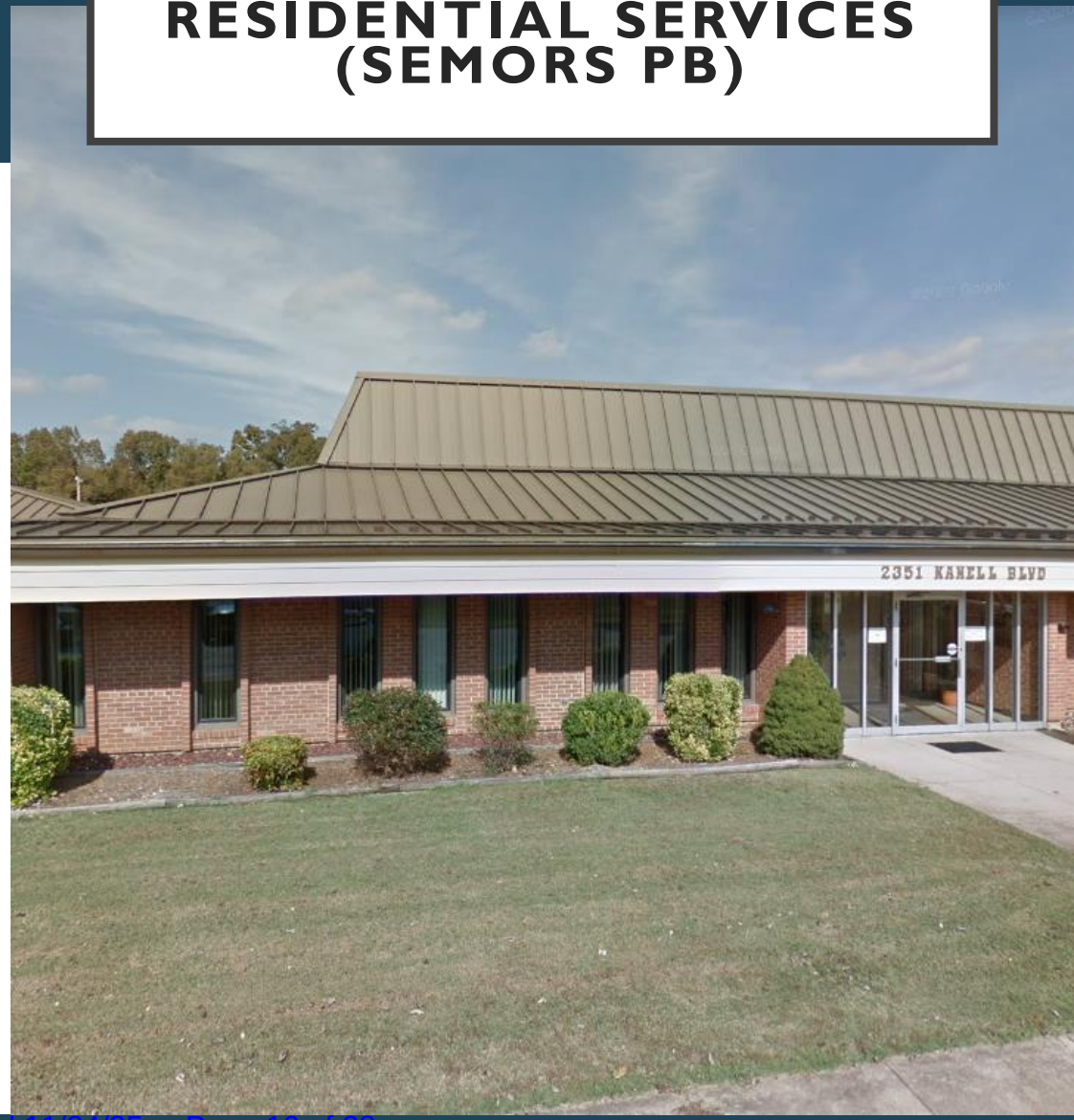


SOUTHEAST MO RESIDENTIAL SERVICES (SEMORS PB)

- Census: 37
  - Campus: 27
  - ISL: 6
  - Crisis: 4
- Budgeted Beds: 42 (Transitioned 2 to Sikeston campus to meet programming needs)

<u>Facility Alignment</u>

- Optional locations for SEMORS- Sikeston ICF-IDD supported individuals.
- 6 ICF-IID individuals have been transferred from Sikeston; staffing impacts transition
- Opened 2nd group home for DD Crisis Stabilization in March 2025; crisis census will increase to 8; timeline is dependent on hiring.



HIGGINSVILLE HABILITATION CENTER

- Campus (ICF): 29
- DD Crisis: 10
- DBH: 5
- Census: 44
- Budgeted Beds: 50

Facility Alignment

- Renovations to Group Home 5 on the Higginsville campus were completed in FY24. Home will re-open as a 4-bed unit once sufficient staff have been hired.
- DBH Pilot opened in 2024; 5 of 5 beds occupied.
- Staffing is improving but remains a barriers; need to hire 32 SCAs to support the current census without contract staff.

DDTC - SOUTH COUNTY HABILITATION CENTER

- Campus: (ICF): 24
- DD Crisis: 1
- DBH: 6
- Census: 31

Facility Realignment

- DBH 8 bed pilot opened in February 2024. Current DBH census is 6; additional 2 admissions to be completed by July 1, 2025.

DDTC ST. CHARLES HABILITATION CENTER

- Census: 36

<u>Facility Alignment</u>

- Plumbing project completed to re-open a closed group home for DD Crisis Stabilization beds
- Crisis home projected to open 6/1/25.

BELLEFONTAINE HABILITATION CENTER

- Campus (ICF): 78
- DD Crisis: 3
- Census: 81

Facility Alignment

- FY 26 funding request in OA budget for ~ $1.4 million to renovate 4 closed group homes to re-open as a 16-bed crisis program

Other DMH Facilities

- Hawthorn Children's Psychiatric Hospital (St. Louis)
  - Census: 20
- Forensic Treatment Center (FTC) North (St. Louis)
  - Census: 75
- FTC South (St. Louis)
  - Census: 180
- Northwest Community Services (Marshall to Independence)
  - Long-term Waiver Census: 100
  - Optimistic Beginnings Census: 8
- Southwest Community Services – Nevada
  - Long-term Waiver Census: 36
  - DD Crisis Stabilization Census: 2
  - Census: 38

Missouri Department of MENTAL HEALTH

Critical Issues – Waitlist #2

Behavioral Health/IDD Consumers Boarding in Hospitals/Jails/Shelters

Who

- 26 with DD boarding in restrictive, uncompensated settings

Why

- Limited, appropriately trained, workforce
- Limited community placements after stabilization

Solutions

- Habilitation center beds – capacity
- BH/IDD community capacity build-outs
- Value-based payments for staffing and training
- DD psychiatric stabilization service

Obstacles

- Scarce affordable housing
- Limits on highly scrutinized federal reimbursement

Risks

- Reducing general hospital capacity
- Acuity of symptoms increases/life skills decrease as inappropriate placements are extended

Missouri Department of MENTAL HEALTH

Critical Issues – Waitlist #3

Nursing Facility Closures – Behavioral Health Placements

Who

- Over 4,000 individuals under age 65 living in nursing homes with primary behavioral health diagnosis excluding dementia

Why

- Limited community placements
- Limited, appropriately trained, workforce

Obstacles

- Scarce affordable housing
- Limited federal reimbursement opportunities

Solutions

- **Gov Rec $5.6M GR/$1.3M Fed** - Fund development of community-based placements

- **Gov Rec $5.0 GR/$9.3M Fed** - Allow behavioral health service delivery in nursing facilities:
  - Comprehensive psychiatric rehabilitation services for more acute cases
  - Case management to support transition

Missouri Department of MENTAL HEALTH

Critical Issues – Waitlist #4

Waiver Slots for Individuals with Developmental Disabilities

Who

- 208 assigned for in-home waiver
- 76 assigned for the residential waiver
- 100+ individuals added per month

Why

- Supplemental was passed.

Risks

- Acuity of symptoms increases/life skills decrease as inappropriate placements are extended

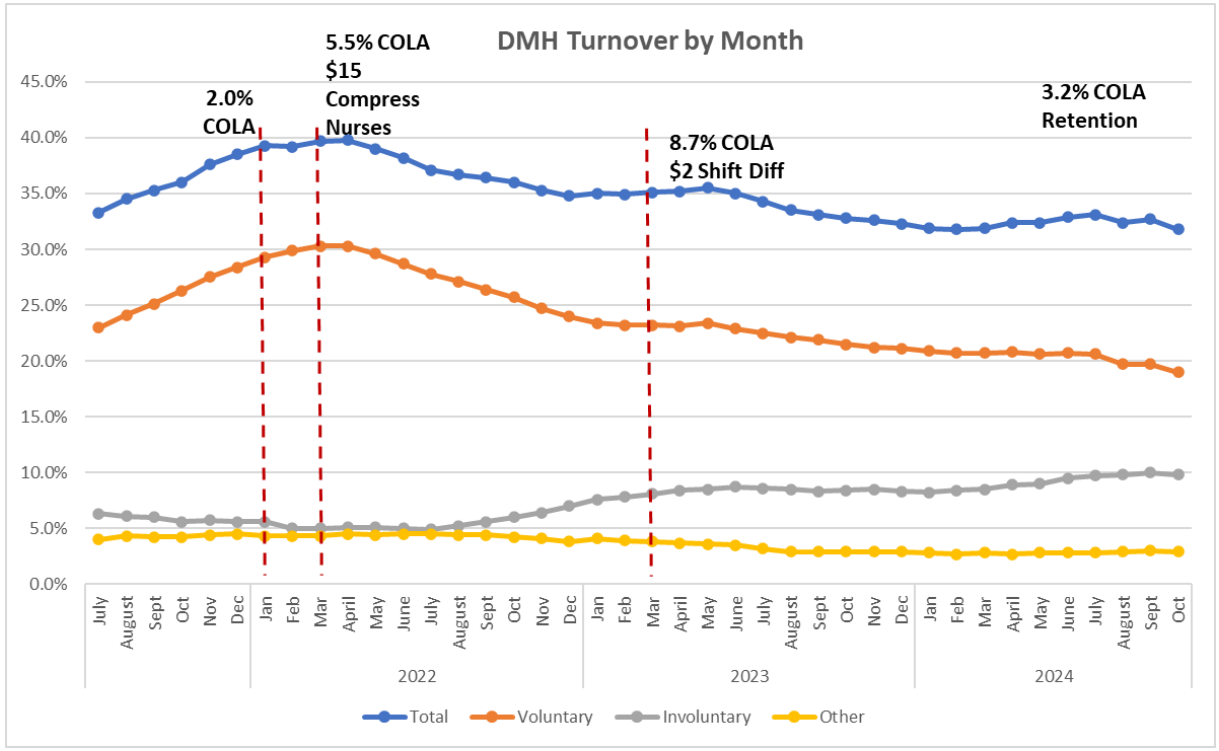
Obstacles

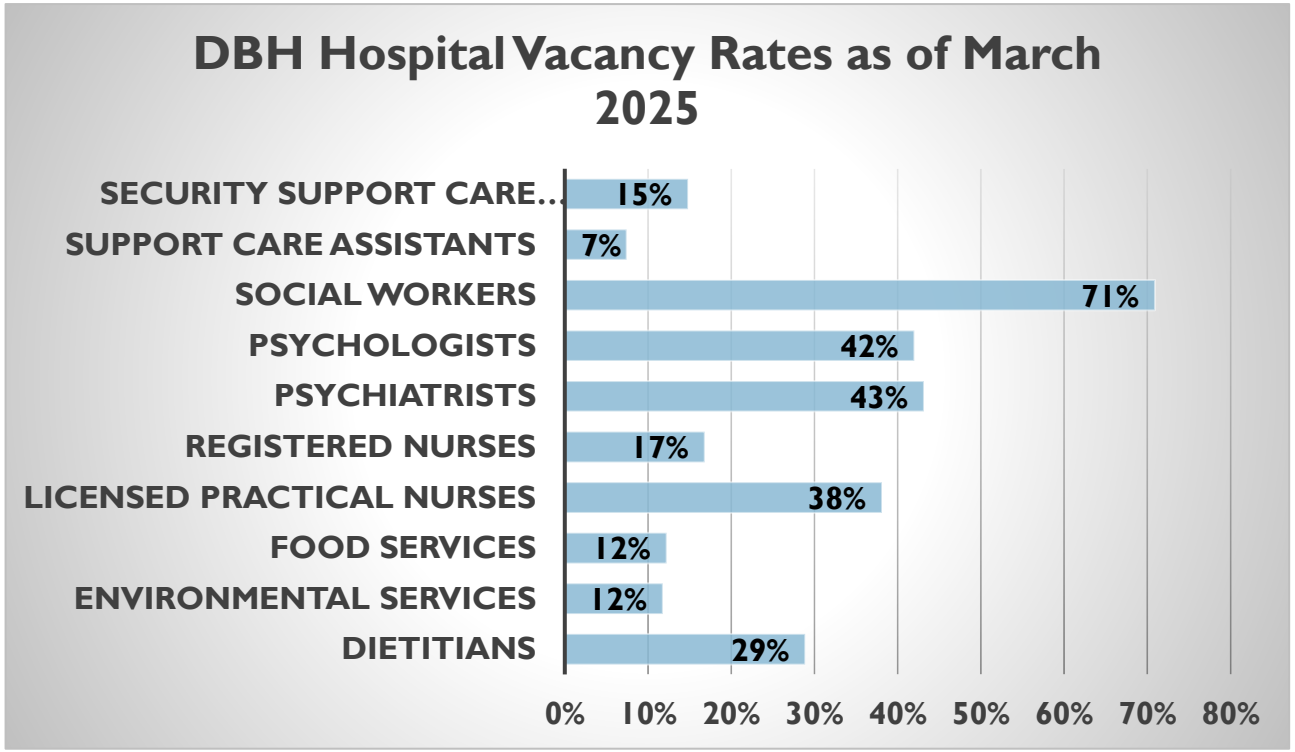
- 676 with highest needs wait for access to alternative residential provider
- Limited access to alternative placements
- Limited, appropriately trained workforce

Solutions

- Fund DMH utilization NDI
  - **Gov Rec** $75M General Revenue to eliminate and prevent waitlist for services in FY26

Critical Issues – Workforce





	2024	2023	2022
Full-Time	5,863	5,451	4,945
Part-Time	1,327	1,820	1,409
Total	7,399	7,515	6,714
Annual FTE	6,754	6,251	5,975

DMH AVG Separations

1,604

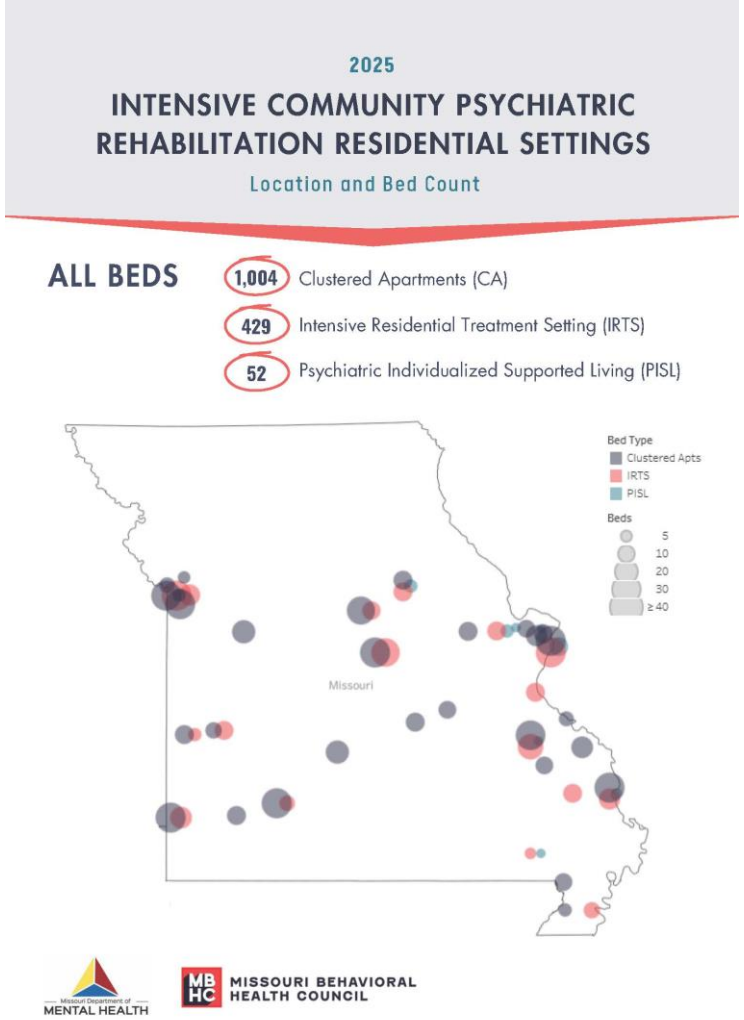
Committee Testimony

- February 3: Public Administrator
  - Reopen Habilitation Centers
  - Institution for Mental Disease (IMD) Exclusion Waiver – progress
  - Expansion of Dialectical Behavior Therapy (DBT)
  - Increase for state hospital beds
  - Need for an alternative inpatient model to provide time for stabilization (e.g., Behavioral Health Long Term Acute Care)

- February 17: Missouri State Public Defender's Office and Families
  - Private hospitals
  - Outpatient restoration
  - Funding for jail navigators
  - Statutory changes for misdemeanor and time-served

Committee Testimony

- March 3: Missouri Behavioral Health Council
  - CIT
  - CCBHC
  - CBHL/YBHL
  - Crisis Continuum
    - 988
    - BHCC
  - Substance Use Services
  - Youth Support



Committee Testimony

- March 24: Behavioral Health Boarding and Placement Access
  - Use of acute bed space
  - Support building private capacity
- March 31: Harmony House and Family Justice Center
- April 14: Law Enforcement
  - Co-responder model
- April 28: Substance Use Prevention and Treatment Taskforce

MISSOURI APPLESEED

100 North Tucker Blvd, Room 840
St. Louis, MO 63101
www.missouriappleseed.org

Mental Health Needs in Missouri Jails

Part I: Surveying County Sheriffs & Jail Administrators

MISSOURI APPLESEED
SEPTEMBER 2025

Missouri Appleseed believes all Missouri families deserve the opportunity to thrive. Through research, advocacy, and education, Missouri Appleseed works to improve the systems and policies at the intersection of public health, criminal justice, and child welfare.

This report was authored in part by Missouri Appleseed graduate fellows Evelyn Annor, MPH ’26 and Katie Quinn, JD ’26. We thank them for their incredible contribution to this work.

Missouri Appleseed also extends sincere thanks to the Missouri Foundation for Health for its financial support of our Medicaid and Incarceration initiatives.

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MENTAL HEALTH NEEDS IN MISSOURI JAILS: A SURVEY OF COUNTY SHERIFFS AND JAIL ADMINISTRATORS

TABLE OF CONTENTS

I. INTRODUCTION

Prisons and jails are one of the largest providers of mental health services in the country, yet there are not enough resources allocated to support these efforts. Missouri's incarceration rate ranks high among American states: 713 people per 100,000.[1] This is more than the national average (614 per 10,000), as well as the incarceration rate of totalitarian regimes like Russia, Saudi Arabia, and Venezuela (300, 207, and 199 per 10,000, respectively).[2] Many incarcerated individuals have faced poverty, mental health, or substance use issues—or a combination of all three. According to state and federal estimates, more than one in four Missouri adults (26%) have some degree of mental illness. Of that group, 6% have a serious mental illness.[3] At the St. Louis City Justice Center, more than one in four jail residents are prescribed psychiatric medications.[4] In a nation that underfunds mental health care, Americans with serious mental and behavioral health issues are often turned away from services due to a shortage of providers and inability to pay, ultimately ending up in the only place that cannot refuse to take them: jails.

> **"Concrete cell blocks are not conducive for treating mental health or addiction issues.**
> *Former Missouri Supreme Court Justice Mary Russell*

Missouri Appleseed has heard from sheriffs, jail administrators, and mental health advocates alike: these individuals do not belong in jails. Jails across the state of Missouri are stretched far beyond the limit caring for individuals often struggling with severe mental health issues and substance abuse. Jails are obligated to provide healthcare services but are often severely limited by funding. The conditions are unsustainable and cruel for both jail staff and detained individuals.

Resources like diversion programs and competency restoration programs attempt to divert people with mental illness into the treatment they need instead of languishing in a jail situation that only aggravates their condition. Many Missouri jails also attempt to provide mental health services but are limited by healthcare budgets set by their county. Local care providers, Community Health Workers (CHWs), and reentry services band together to attempt to provide services where they can.

In our discussions with county jails, administrators point to one particular bottleneck for services: competency assessment and transfer waitlists. Managed by the

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[1] Emma Widra, *States of Incarceration: The Global Context 2024*, PRISON POL'Y INITIATIVE (Jun. 2024), https://www.prisonpolicy.org/global/2024.html.
[2] *Missouri Profile*, PRISON POL'Y INITIATIVE, https://www.prisonpolicy.org/profiles/MO.html (last visited Aug. 29, 2025).
[3] *ANNUAL STATUS REPORT ON MISSOURI'S SUBSTANCE USE AND MENTAL HEALTH*, MO. DEP'T MENTAL HEALTH, DIV. BEHAV. HEALTH (2024), https://dmh.mo.gov/sites/dmh/files/media/pdf/2024/12/sr2024-section-a.pdf.
[4] Doug Burris, *Operational Review of the St. Louis Justice Center* (Jan. 2025), www.stlouis-mo.gov/government/departments/mayor/documents/upload/Operational-Review-of-the-St-Louis-Justice-Center.pdf.

Missouri Department of Mental Health (DMH), the competency restoration program (CRP) provides treatment to restore competency for those individuals who have been committed by the courts to DMH as incompetent to stand trial (IST).[5] DMH assesses each individual found IST and determines whether the CRP is an appropriate next step. Those who are found unable to regain competency (such as due to advanced dementia) may be civilly committed and their criminal charges dropped. Those determined eligible for a CRP are placed on a waitlist sorted by acuity of need. Because acuity of need trumps time spent on the list, individuals can spend years in jail waiting for a transfer.

> **Wait times vary but can be months waiting for an assessment. If placed on a list, it can be years before jail residents move up to a bed spot, meanwhile they languish in jail.**
> *Mississippi County Sheriff*

Incarceration is not meant to treat, or even manage, mental illness. Jails often cannot afford to cover the cost of common chronic disease medication, let alone expensive psychiatric medication.[6] Individuals awaiting a CRP placement or even civil commitment suffer when their medical needs remain unmet, and as their mental health inevitably deteriorates, jail administrators face difficult choices. Incarcerated individuals with mental illness cannot always safely co-exist with others in general population; they may be victimized by other residents, or their mental state may lead them to cause injury to staff or residents. The only physically "safe" place that remains is solitary confinement, but isolating someone with mental illness almost always aggravates their condition.

The severe backlog for competency assessment and transfer inevitably leads to worsening mental health but also justice delayed. Some individuals sit on the list for months or years longer than their original sentence would have lasted.

> **I have a big guy, about 6'4" and 300 pounds, who hears voices. When he's in gen[eral] pop[ulation], he starts fights when he thinks others are talking about him. Everyone else gangs up on him and ends up injured. I have to put him in solitary to keep him from hurting others or getting beat up, but when he's in solitary he cries from loneliness. It's heartbreaking. I don't know what to do. He's been assessed incompetent by DMH but has been waiting for a bed for over a year. I've called anyone I can think of to try and get him out of here, with no luck.**
> *Anonymous County Sheriff*

[5] *Programs*, MO. DEP'T MENTAL HEALTH, https://dmh.mo.gov/ftc/programs, (last visited Aug 29, 2025).
[6] Jails are statutorily required to provide *access* to health care but have no legal obligation to pay or take on the debt of that health care. R.S.MO. § 221.120.

A Note About This Report

Missouri Appleseed is a nonprofit that uses research, advocacy, and education to improve the systems and policies at the intersection of public health, criminal justice, and child welfare. We work closely with jails across the state to implement our *Medicaid in Missouri Jails* initiative, which trains sheriffs and jail staff on pre-release Medicaid enrollment for incarcerated individuals.[7] Through our relationships with these sheriffs and jails, we became aware of the massive moral, ethical, and legal dilemma they face in holding individuals trapped waiting for competency assessment and transfer. Furthermore, we noticed that anecdotal data from sheriffs on the prevalence of mental illness in their jails seemed to exceed national estimates of mental health needs in jails.

Part of the issue with data comes from the fact that jails are managed independently by counties—meaning there is no central source for consistent data collection and sharing. Missouri Appleseed decided to gather these stories, experiences, and data on mental health needs in Missouri jails using a statewide survey. We relied on our relationships with Missouri Sheriffs' Association (MSA) and Missouri Association of Counties (MAC) (specifically, MAC's Policing, Justice & Mental Health Steering Committee) to draft a survey and encourage member engagement.

The resulting survey examined the prevalence of mental health issues among incarcerated individuals in Missouri jails. The survey was emailed to all sheriffs and jail administrators in the state. Respondents were asked to estimate the percentage of individuals in county jails experiencing mental health challenges. This included severe mental illnesses, depression, and anxiety, regardless of whether there was a formal diagnosis. Our data analysis of the survey results explored the mental health landscape within Missouri county jails by examining facility characteristics, the prevalence of mental health needs, operational challenges related to mental health holds, and funding priorities. The data also describe current institutional capacities and how jails would allocate additional funding, particularly regarding mental health services. Both quantitative and qualitative data were analyzed to assess perceived difficulties and institutional priorities related to mental health care in the carceral setting.

This report is the first in a two-part series resulting from our data analysis and legal research. It provides a survey of the mental health and incarceration landscape in Missouri, describes the survey process, reports the data, and discusses identified themes. Part II will discuss policy and administrative considerations especially significant during a time of substantially shifting federal funding priorities and federal opportunities.

Missouri Appleseed thanks the Missouri Foundation for Health for their generous financial support of our Medicaid implementation and policy advocacy work. We also thank the Missouri Sheriffs' Association and Missouri Association of Counties for their help drafting and distributing the survey. Finally, we thank the hundreds of people who have contributed information to this report: sheriffs, jail administrators and staff, public defenders, county commissioners, and those who have experienced incarceration in the face of mental health challenges.

[7] *Enrolling Missouri Jail Populations in Medicaid*, MO. APPLESEED, www.missouriappleseed.org/enrolling-missouri-jail-populations-in-medicaid (last visited Aug. 29, 2025).

II. BACKGROUND: MISSOURI JAILS & MENTAL HEALTH

A. Incarceration in Missouri

Missouri has ninety county jails, holding more than 11,000 individuals on any given day. An additional nineteen Missouri state prisons hold 24,000 individuals each year.[8] Population data is fluid and not frequently updated. Because of this, the Bureau of Justice Statistics' most recent report is from 2022.[9]

Although Missouri state prisons house more individuals than jails on any given day, jails see approximately five times as many individuals than prisons annually. On a single day in Missouri in 2015, prisons housed 30,337 individuals, while county jails held a total of 11,372 individuals.[10] From an annual perspective, however, four county jails had annual counts for 2015 that were greater than the ten busiest state prisons combined. In Cole County alone, there are around 145 jail residents on an average day, but over 6,000 people are booked each year.[11] (These figures may reflect duplicate counts of individuals moving from jail to prison, because all people who experience incarceration are first booked into a jail. Depending on their case, they may be found innocent and released; sentenced to serve their time in jail; or moved to a Missouri prison.)

B. Mental Health & Incarceration

The federal government estimates 37% of individuals in state and federal prisons have been told that they had a mental disorder by a mental health professional.[12] For people in local jails, that number increases to 44%. This trend continues when broken down by diagnosis. People incarcerated in jails have higher incidences serious psychological distress (26% in jails v. 14% in prisons) and major depressive disorder (31% in jails v. 24% in prisons).[13] Sixty-three percent of jail residents and 58% of prison residents report having a substance use disorder.[14]

Oftentimes, Missourians with serious mental illness have few options for social services. Missouri did not expand Medicaid until 2022, which left many low-income people with serious mental illnesses without straightforward access to health insurance and healthcare. Serious mental illness can make it difficult to maintain employment or housing,

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[8] *Incarceration Trends: Missouri*, VERA INST., (Oct. 16, 2024), https://trends.vera.org/state/MO.
[9] E. Ann Carson & Rich Kluckow, *Prisoners in 2022 – Statistical Tables*, U.S. DEP'T JUSTICE (Nov. 2023), https://bjs.ojp.gov/document/p22st.pdf.
[10] Missouri Appleseed, Section 1115 Waiver in Missouri (Oct. 2024), White Paper available upon request.
[11] *Jail*, COLE CNTY. MO., https://www.colecounty.org/245/Jail (last visited Aug. 29, 2025).
[12] Jennifer Bronson & Marcus Berzofsky, *Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-12*, U.S. DEP'T JUSTICE (Jun. 2017), https://bjs.ojp.gov/content/pub/pdf/imhprpji1112.pdf.
[13] *Opportunities for Missouri 's Section 1115 Reentry Opportunity Waiver to Improve Health Outcomes, Increase Reentry Success, and Support Health Care Providers Across the State*, MO. APPLESEED (Oct. 2024). White Paper available upon request. To put these incidences in perspective, only 5% of non-incarcerated Missourians report serious psychological distress. *Id.*
[14] *Id.*

amplifying poverty. Individuals with serious mental illness commonly end up in jail due to disruptive behavior stemming from mental illness or substance use disorder.[15]

Over a third of unhoused Missourians have severe mental illness or substance use disorder.[16] Homelessness is criminalized through statutes prohibiting loitering, public urination, or park trespass after curfew. Unhoused individuals experiencing a mental health crisis unintentionally break these laws just by existing outdoors and on the streets. In fact, these laws lead to over-policing of unhoused people with serious mental illness causing them to be stuck within the carceral system with their behavioral health needs unmet.

The intensive treatment needed for serious mental illness and substance use disorders requires sufficient healthcare infrastructure. One way Missouri tries to tackle the mental health needs of its residents is through Certified Community Behavioral Health Clinics (CCBHC). CCBHCs provide comprehensive mental health and substance use services through the Missouri Department of Mental Health. While these clinics are a tool in treating adults, there are only twenty in the entire state, not enough to meet the high demand for services.[17] There are not enough clinics to accommodate the number of people experiencing a mental health crisis at any given time or location throughout Missouri. Hospitals can also provide mental health treatment but their ability to fill the gap in mental health services shrinks every year: there have been twenty Missouri hospital closures in the last decade with over half being rural.[18] Furthermore, community care will likely only get worse as Missouri faces more hospital closures and decreases in federal funding as a result of recent legislation (discussed *infra* in Section IV.D).

> **“The Corrections Department has become the last resort for housing people with mental illness.**
> *Doug Burris, Interim Commissioner of Corrections, St. Louis City Jail*

Jails and prisons are not designed to treat mental health issues. They are chaotic environments that do not have the means to accommodate individualized mental healthcare.[19] However, with the closing of rural hospitals, a shortage of psychiatric beds, and an absence of healthcare workers overall, jails are now at the forefront for addressing all behavioral health needs.

The Missouri Department of Corrections (DOC), which manages prisons in Missouri, is supposed to provide a full range of mental health services for prisons across the state. When people arrive at prison, they undergo an evaluation during intake and legally have the right to request mental health services at any time during their

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[15] Niloofar Ramezani et al., *The Relationship Between Community Public Health, Behavioral Health Service Accessibility, and Mass Incarceration*, BMC HEALTH SVCS. RSCH. (Jun. 29, 2022), https://pmc.ncbi.nlm.nih.gov/articles/PMC9336014/.
[16] Devon Kurtz, *Homelessness in Missouri: An Evolving Crisis*, CICERO INST. (Mar. 14, 2024) https://ciceroinstitute.org/research/homelessness-in-missouri-an-evolving-crisis/.
[17] *Certified Community Behavioral Health Clinics (CCBHCs)*, MO. DEP'T BEHAV. HEALTH, https://dmh.mo.gov/certified-community-behavioral-health (last visited Aug. 29 2025).
[18] *21 Hospital Closures in Missouri Since 2014*, MO. HOSP. ASSOC. (Oct. 2024), www.mhanet.com/mhaimages/advocacy/Missouri_Hospital_Closures.pdf.
[19] Ramezani et al., *supra* note 15.

incarceration. These services (when available) are provided by DOC's contracted prison healthcare provider, Centurion Health. Centurion Health is a private correctional healthcare services provider, which delivers all medical and mental health services for all incarcerated people at the DOC. The Centurion contract costs the DOC and the state over $200 million annually.[20] This cost has almost doubled since 2011 (when the cost of a prison resident's health and medical services was $12.14 a day), despite services not necessarily increasing at the same rate.[21]

On the other hand, jails handle mental health services on a jail-by-jail basis. Unlike prisons, which have state funding for health care services through DOC, jails are funded through county budgets and usually do not have substantial funding for health care services. Some larger jails like St. Louis County have their own Corrections Medicine program, paid for through the St. Louis County Department of Health. Cooper County, a considerably smaller jail by comparison, has correctional insurance on their residents. Other jails have on staff nurses, contracts with private medical services, on-call doctors, or merely call 911 to bring individuals to a local hospital for any necessary medical care.

> **Medicine and medical attention for prisoners, definitions. — 1. If any prisoner confined in the county jail is sick and in the judgment of the jailer, requires the attention of a physician, dental care, or medicine, the jailer shall procure the necessary medicine, dental care or medical attention necessary or proper to maintain the health of the prisoner…The costs of such medicine, dental care, or medical attention shall be paid by the prisoner…If the prisoner is not eligible for such health insurance benefits then the prisoner shall be liable for the payment of such medical attention.**
>
> *Revised Statutes of Missouri (R.S.Mo.) 221.120*

Most jails in Missouri do not have the budgets to pay out of pocket for jail residents who need medication, nor do they have the staff to distribute these essential medications. Additionally, there is not enough staffing to give adequate mental health or physical health services. As a result, jail staff must send incarcerated individuals to local hospitals, leaving the patient to foot the bill. Notably, Missouri law requires jails to provide and make services accessible, but *jails do not have to pay for these services*. Many people leave jail with hefty medical bills that are not covered by insurance, while jail staff are forced every day to watch

[20] Kurt Erickson, *Missouri Gives Prison Health Care Provider $20 Million a Year Raise*, ST. LOUIS POST DISPATCH (Oct. 24, 2024), https://www.stltoday.com/news/local/government-politics/article_f83708c0-826b-11ef-abaa-abf0d4ea5e4e.html.
[21] B. Priddy, *The Cost of an Inmate*, MISSOURINET (Jan. 16, 2011), https://www.missourinet.com/2011/01/16/the-cost-of-an-inmate-audio.

people in their care be permanently damaged by a lack of access to physical and mental healthcare.

C. Incompetent to Stand Trial & Competency Restoration Programs

The Missouri Department of Mental Health (DMH) manages and treats mental health and substance use disorders for Missourians of all ages. DMH's services also provide for jail and prison residents, including mental health assessments, treatment center placement, and administering medication.

A principal function of DMH within the justice system is to provide competency assessments to determine if a jail resident can stand trial. These mental examinations are essential to evaluating a person's mental status and awareness of the legal matter at hand.

> **"No person who as a result of mental disease or defect lacks capacity to understand the proceedings against him or her or to assist in his or her own defense shall be tried, convicted or sentenced for the commission of an offense so long as the incapacity endures.**
>
> *R.S.Mo. 552.020*

When a court orders an assessment of a defendant to determine their competency to stand trial, DMH must "act within a reasonable amount of time" to complete an assessment of the defendant's mental state.[22] Nothing in Missouri state statute requires DMH to transfer jail residents from jail to an inpatient facility within a certain amount of time. However, in the United States Supreme Court case *Jackson v. Indiana*, a person can only be held for a "reasonable period of time necessary to determine whether there is a substantial chance of his attaining the capacity to stand trial in the foreseeable future."[23] If DMH assesses a person as possibly able to regain competency, they must transfer that individual to either a long-term care facility or a competency-restoration program. If there is no chance of competency restoration or the person is not improving, then the person must be released or given a hearing.

[22] 406 U.S. 715 (1972).
[23] *Id.*

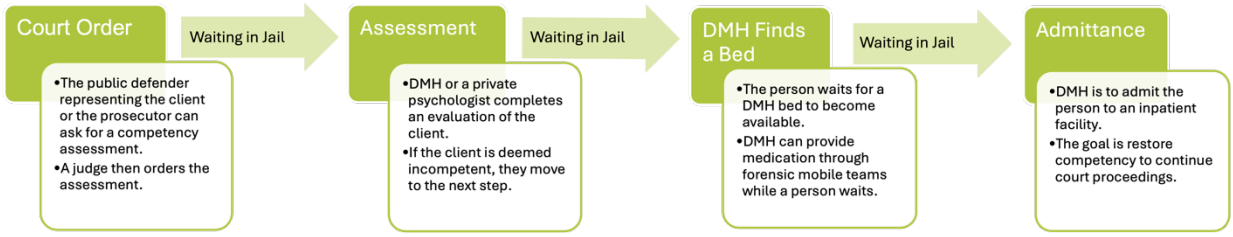

Image 1. Waiting for a DMH mental health assessment and facility transfer

DMH has three inpatient facilities: St. Louis Forensic Treatment Center-North Campus, Center for Behavioral Medicine, and Nixon Forensic Center. Each of these facilities has a limited number of beds for evaluation and competency restoration. According to the Treatment Advocacy Center, there were 890 forensic beds available in Missouri in 2023.[24] Ideally, experts recommend a minimum of 50 beds per 100,000 people to adequately serve the needs of people with severe mental illness.[25] Missouri currently has 14.4 beds per 100,000 people creating a major gap for people with mental health needs. Furthermore, the number of beds specifically for competency restoration are not always clear and can change depending on what the state's annual budget authorized.

In 2024, 292 individuals deemed IST received competency restoration services in state-operated adult facilities.[26] As of June 2025, 444 people sit on the waitlist for a DMH competency restoration bed. Those on the DMH waitlist wait, on average, 14 months for a transfer.[27] During the extended waiting period, people sit in jail. These jail residents are not being treated effectively or efficiently, despite the jails' best efforts. To make matters worse, the waitlist is only growing. The DMH waitlist has grown 40% in the past year with competency evaluations increasing 48% in the last 5 years.[28]

D. Justice Delayed, Justice Denied

Holding people deemed IST in jail without access to comprehensive mental health treatment poses a clear threat to Missourians' constitutional rights to a fair and speedy trial, as well as to be protected from cruel and unusual punishment.

The DMH waitlist significantly imperils Missourians' legal rights and access to justice. The list also poses an ethical dilemma for courts and public defenders. Not infrequently, jails are required to hold a person assessed by DMH as IST for a longer period

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[24] *Missouri Severe Mental Illness Resources & Helpful Info*, TREATMENT ADVOC. CTR, https://www.tac.org/map_directory/missouri/ (last visited Aug. 15, 2025).
[25] *Id.*
[26] *FY 2026 Budget Request with Governor's Recommendations Program Descriptions Book*, MO. DEP'T MENTAL HEALTH (Jan. 2025), https://oa.mo.gov/sites/default/files/FY_2026_Dept_of_Mental_Health_Gov_Rec_Programs_Book.pdf.
[27] *House May Health Mental Health Committee Hearing*, MO. DEP'T BEHAV. HEALTH (May 5, 2025), https://legacy.www.documentcloud.org/documents/25931693-house-may-health-mental-health-committee-hearing-may-5-final/.
[28] Clara Bates, *Missourians Stuck in Jail Waiting for Mental Health Care Up 40% from Last Year*, MO. INDEPENDENT (June 13, 2025), https://missouriindependent.com/2025/06/13/missourians-stuck-in-jail-waiting-for-mental-health-care-up-40-from-last-year.

than a plea deal sentence would have been for the original misdemeanor crime. Public defenders are at the forefront of dealing with this dilemma. Many public defenders' clients would leave incarceration faster with a misdemeanor conviction, even if the client is battling severe mental illness. According to the director of the Missouri State Public Defender System, Mary Fox, a dozen people currently awaiting competency restoration have been jailed longer than the maximum sentence they could have received from a judge.[29]

One thing is abundantly clear: Missourians are languishing in jail due to mental illness, which cannot be effectively treated in a carceral setting. Keeping them in jail prevents them from receiving necessary care. In the next section, we share the results of our study on how jails are responding to this crisis.

> **"It's gotten so bad that people aren't getting any treatment within the time period of when their case should be over and done with.**
> *Mary Fox, Director, Missouri State Public Defender System*[30]

[29] *Wait for Competency Restoration Averages 14 Months in Missouri Jails*, PRISON LEGAL NEWS (May 1, 2025), https://www.prisonlegalnews.org/news/2025/may/1/wait-competency-restoration-averages-14-months-missouri-jails/.

[30] Clara Bates, *Missourians Waiting in Jail for Court-ordered Mental Health Care Reaches All-time High*, MO. INDEPENDENT (Jan. 27, 2025), https://missouriindependent.com/2025/01/27/missourians-waiting-in-jail-for-court-ordered-mental-health-care-reaches-all-time-high.

III. SURVEY OF MENTAL HEALTH NEEDS IN MISSOURI JAILS

Missouri Appleseed developed a cross-sectional study design to assess mental health needs, operational challenges, and funding priorities in Missouri county jails. Missouri Appleseed developed survey questions in conjunction with the Missouri Sheriffs' Association (MSA), Missouri Association of Counties (MAC), and MO HealthNet Division (Missouri Medicaid, MHD). The survey was first pilot tested in January 2025 via email among jail administrators and sheriffs. Necessary corrections were made before broader dissemination.

This survey was completed from February to April 2025. A structured online survey was sent out via emailed PDF and Google Forms to all ninety-one county jail facilities in the state. The link was disseminated among correctional jail administrators, sheriffs, and others in equivalent positions. Sixty-three responses were received representing 53 unique counties. Two questions were added in March of 2025 at the request of the Missouri Department of Social Services, MO HealthNet Division.[31]

This survey was designed with considerations for contextual sensitivities of the jail environment. We did not ask for specific numbers regarding jail census because it varies dramatically week to week. Secondly, we wanted to give jails the ability to provide more information through open-ended questions, prioritizing qualitative data to assess culture, environment, and opinions within jails over quantitative data. Finally, several questions were intentionally phrased in general terms to avoid making respondents feel targeted or scrutinized, to encourage more comprehensive responses.

Data Analysis

Survey responses from Google Forms were extracted into an Excel file and subsequently imported to R (version 4.3.2, R) for data cleaning and descriptive analysis, and Tableau Public for visualization. Qualitative responses were analyzed with NVivo software (Version 14, QSR International). Duplicate submissions from the same county jails were removed for the quantitative analysis. This helped retain one unique response per facility. In this process, priority was given to the data provided by jail administrators because they are located within jails (as opposed to sheriffs, who do not always spend significant time within a jail). This yielded a final analytic sample of 53 responses representing unique county jails. In our qualitative analysis, all 63 responses were included to capture a full range of perspectives from different jail officials.

A total of fifty-three responses were analyzed using R to compute descriptive statistics. These summaries included participants' roles, average jail populations, and facility population characteristics. Participants were asked to rank a set of operational challenges in terms of difficulty from 1 (most difficult) to 5 (least difficult) in the survey questions. However, most participants ranked each operational challenge individually on the scale from 1 to 5 instead of against the other challenges, so these responses were analyzed on a Likert scale.

[31] 4a. How many individuals aged 21 and younger does your county jail hold in an average week?
4b. About how many individuals under age 21 does your county jail hold in a year?

Participants were asked an open-ended question about how they would spend an additional $65,000 if the state provided their county jail with such funds per year. All sixty-three responses were analyzed using Braun and Clarke's six-phase reflexive thematic analysis. The Excel data was imported into NVivo 14 software, where the inductive coding technique was employed, resulting in the development of six distinct codes from the raw data. The initial coding was performed line by line with no prior categories. To enhance analytical rigor and consistency, the researcher re-coded the data a week later, allowing for reflexivity and code refinement. Through discussion and agreement with the lead researcher, thematic structures and interpretations were developed through an iterative process. These approaches verify both intra-rater reliability and inter-rater reliability, which improve the coding and thematic approaches to qualitative responses.

Study Limitations

This study has several limitations. Although the response rate for the survey is adequate (59% of counties are represented in the data), the survey didn't achieve statewide coverage, and this may introduce non-response bias and limit the generalizability of findings. It is also worth noting that the sample size limited statistical power, particularly for subgroup analysis and inferential statistics. Finally, respondents interpreted the question to rank operational challenges differently, which required a different analysis than originally planned.

Despite these limitations, the study comprehensively employs a mixed-method approach to enrich the analysis. Furthermore, the study design enhanced validity and contextual relevance by relying on input and testing from the Missouri Department of Social Services, MO HealthNet Division, Missouri Sheriffs' Association (MSA), and Missouri Association of Counties (MAC).

Results

Most respondents were correctional facility administrators, while others held leadership roles such as sheriff and captain. The average number of individuals held per week varied across the jails. An equivalent number of jails held 76+ individuals each week (n=23, 43.4%) as did jails holding 26-75 individuals each week (n=23, 43.4%). Fewer facilities reported holding 11-25 individuals (n=6, 11.3%) and only one jail reported a weekly census of less than ten individuals**.** Although nearly all the jails (n=48, 90.6%) reported holding individuals aged 21 and younger, the number of such individuals held was relatively low for most facilities. The majority (n=33, 62.3%) held 0-5 young adults per week, and only 3.8% (n=2) housed more than 25 individuals under 21 years. See **Table 1** for more details.

Table 1. Survey Participant Characteristics and Facility Demographics			
Characteristic		**Frequency (N=53)**	**Percent (%)**
Participant Role at County Jail	Correctional Facility Administrator	37	69.8
	Sheriff	15	28.3
	Captain	1	1.9
Weekly Average Number of Jail residents	1-10 people	1	1.9
	11-25 people	6	11.3
	26-75 people	23	43.4
	76+ people	23	43.4
Percentage of Jail residents with Mental Health Issues	100% or almost all	4	7.5
	About 25% (1 in 4)	17	32.1
	About 50% (1 in 2)	11	20.8
	About 75% (3 in 4)	18	34.0
	Unknown	3	5.7
Number of Jail residents less than 21years	0-5 young adults	33	62.3
	6-10 young adults	11	20.8
	11-25 young adults	2	3.8
	25+ young adults	2	3.8
	Unknown	5	9.3

Mental Health Assessment and Delays

Respondents were asked to estimate the percentage of individuals in their county jail experiencing mental health challenges. This included severe mental illnesses, depression, and anxiety, regardless of whether there was a formal diagnosis. Notably, 34.0% of respondents estimated that about 75% of jail residents faced mental health challenges, and 7.5% reported that nearly all their jail residents (100% or almost all) dealt with mental health issues, as shown in (**Figure 1).** Out of this population, an overwhelming 92.5% of facilities indicated they held individuals awaiting mental health assessments (MHA) by the Department of Mental Health (see **Figure 2)**.

Figure 1. Facility Supervisor-Estimated Proportion of Individuals in Missouri County Jails with Mental Health Issues

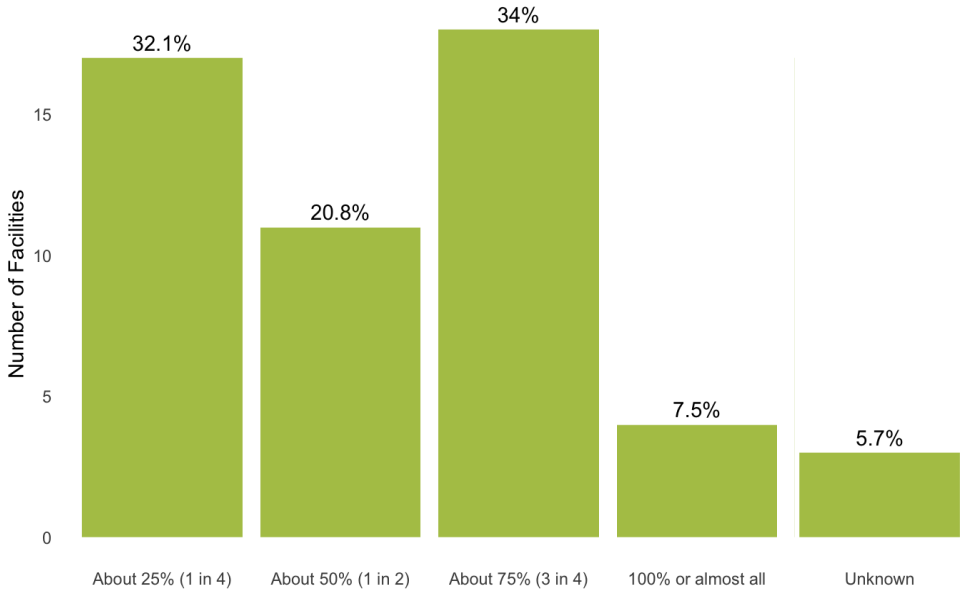
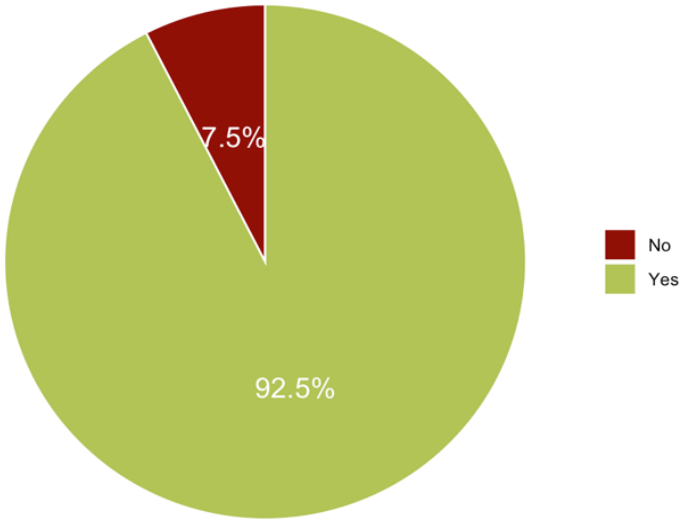


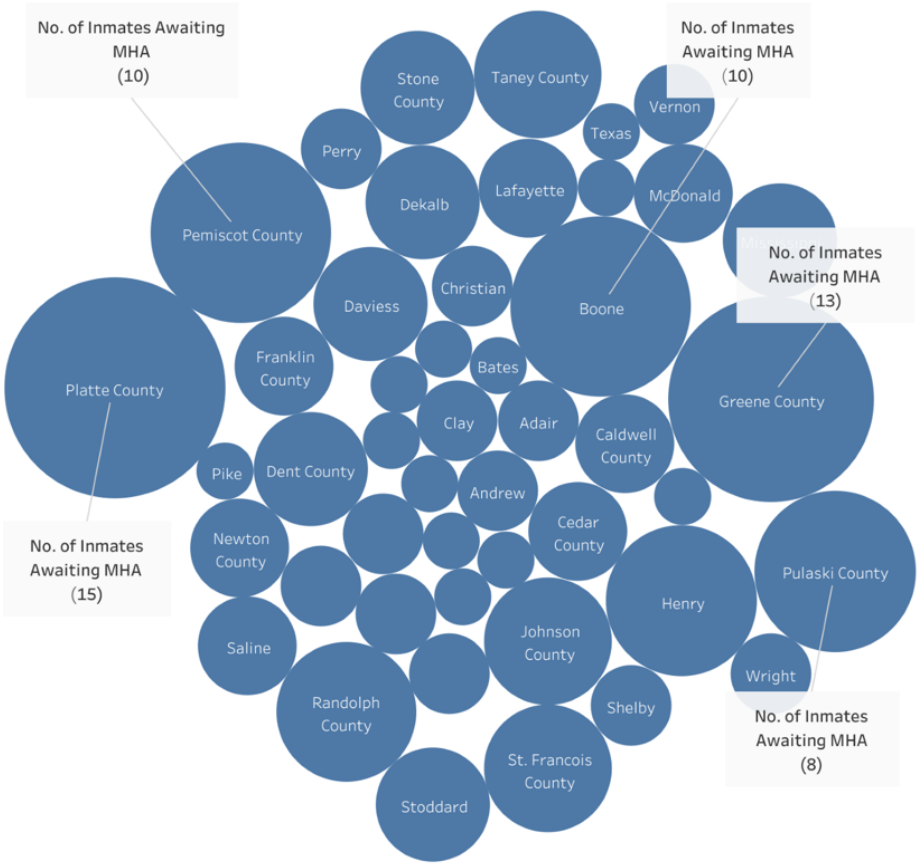
Figure 2. Proportion of County Jails Holding Individuals Awaiting Mental Health Assessment by DMH



On average, three individuals per facility (mean=3.16, SD=3.20) were waiting for a mental health assessment each week, and the number of jail residents awaiting mental health assessment ranged from zero to fifteen. The bubble chart illustrates the relative difference in the weekly number of jail residents awaiting initial mental health assessments across county jails. Each bubble represents a county, with bubble size corresponding to

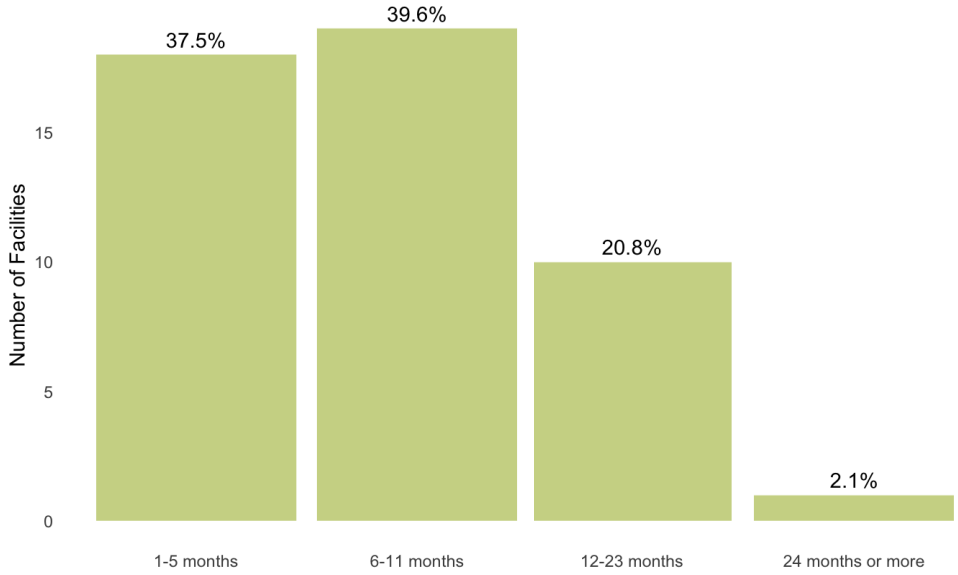
the reported weekly average number for each facility. The top five counties with the highest reported numbers are annotated in the graph below **(Figure 3)**.

Figure 3. Weekly Average Number of Individuals Awaiting Mental Health Assessments



Reported wait times for initial mental health assessments were often long; the most commonly reported average wait time for initial assessment was 6 to 11 months (n=21, 39.6%), followed by an average wait time of 1-5 months (n=20, 37.5%) (details shown in **(Figure 4).**

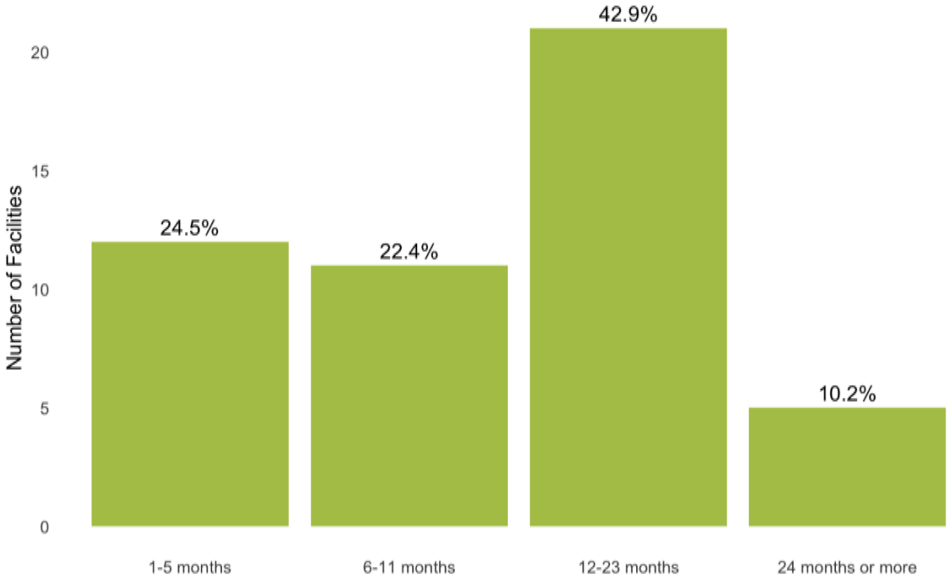
Figure 4. Reported Average Wait Time (in Months) for MHA in Missouri County Jails



The number of individuals awaiting transfer to the Department of Mental Health (DMH) facilities each week ranged from 0-26. While most counties reported low numbers, a few counties stood out. Greene County reported the highest number of individuals awaiting transfer post-assessment as IST (n=26), far exceeding the reported county jail average (mean=2.92, SD=4.12). Others with high numbers were Boone and Platte County jails (13 and 10 individuals, respectively).

Wait times for transfer to a DMH facility were almost always considerably longer than the wait time for an initial assessment. The most common waiting period was 12-13 months (n=23,42.9%) (**Figure 5)**. In one outstanding case, a county reported having a jail resident waiting more than 3 years for assessment.

Figure 5: **Reported Wait Time (in Months) for Transfer to Mental Health Facilities**



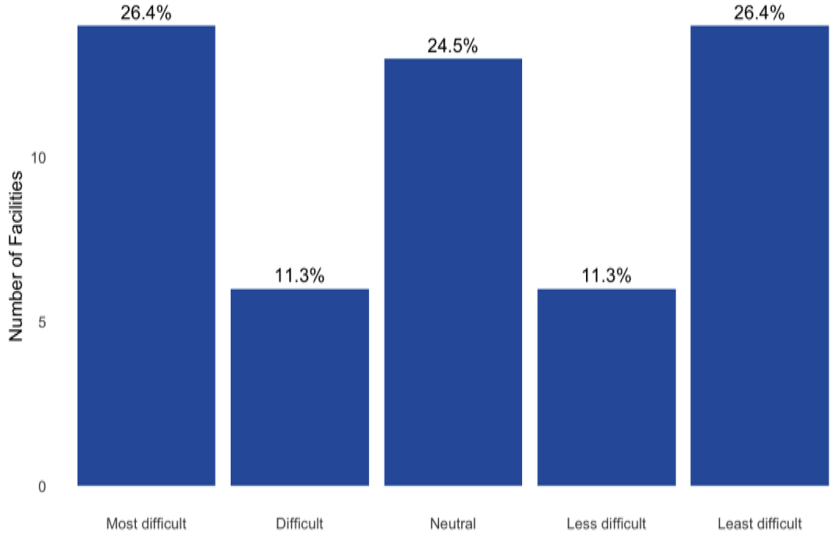
> **One guy has been there 2 years (since June 2023); he was high on the list[32] (around 6th) but is now on good medication so back down to 36th on the list - he'll never get a bed and we plan to have him for life.**
> *Anonymous Missouri County Jail Administrator*

Challenges Related to Mental Health Holds

Participants were asked to consider five challenges related to mental health holds. They were then asked to rank the difficulty of these challenges from 1 (most difficult) to 5 (least difficult). The five challenges were: (1) Not enough staff, (2) Transporting people to outside care or assessments, (3) Lack of mental health training for staff (4) Lack of space/beds due to mental health holds, and (5) Inadequate in-jail mental health care.

In terms of difficulty, "not enough staff" was reported by 14 participants (26.4%) as "*most difficult"* and by an equal number of participants (n=14, 26.4%) as *"least difficult"*. See (**Figure 6)** for more information.

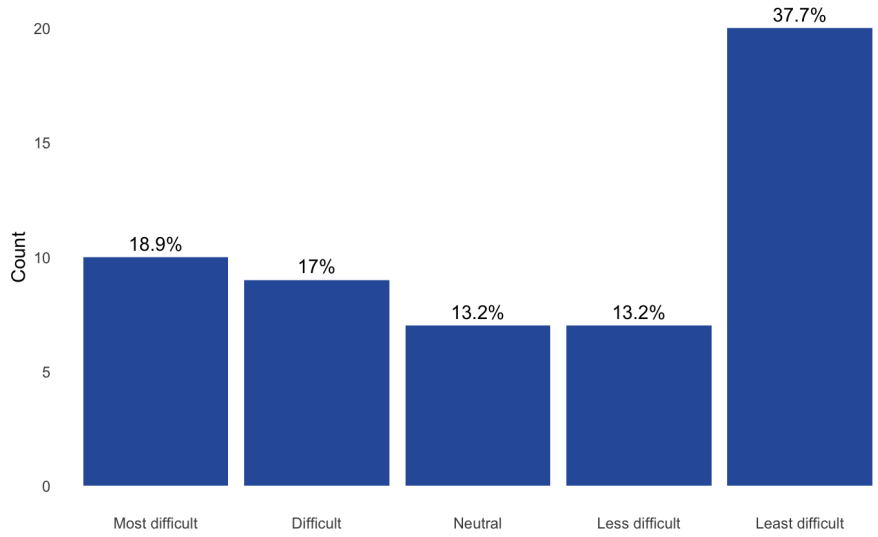
Figure 6. How difficult is "not enough staff" for your jail due to mental health holds?



For "transporting people to outside care or assessments**",** most respondents (n=20, 37.7%) rated it as *"least difficult"* while only 18.9% (n=10) rated it as most difficult, and 13.2% had less difficulty with it, as shown in (**Figure 7)** below.

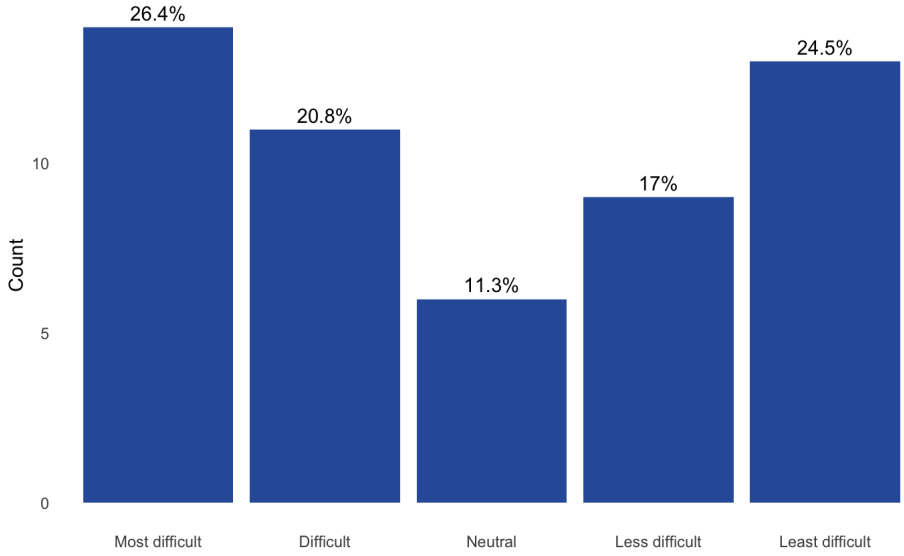
[32] "The 'list' refers to a list of names held by DMH in decreasing order of mental health needs acuity. The higher a person is on the 'list' the sooner they are eligible to be transferred to a DMH bed or facility.

Figure 7. How difficult is "transporting people to outside care" for your jail?



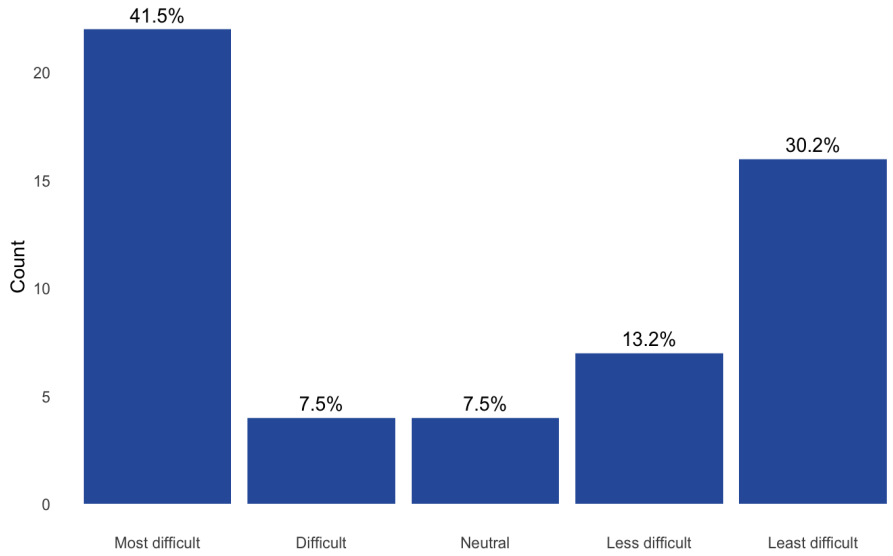
"Lack of mental health training for staff" had a mixed scale rating among participants: 26.4% (n=14) marked it as most difficult, 20.8% (n=11) as "difficult", and 24.5% (n=13) as least difficult (**Figure 8).**

Figure 8. How difficult is "lack of mental health training for staff" when handling mental health holds in your jail?



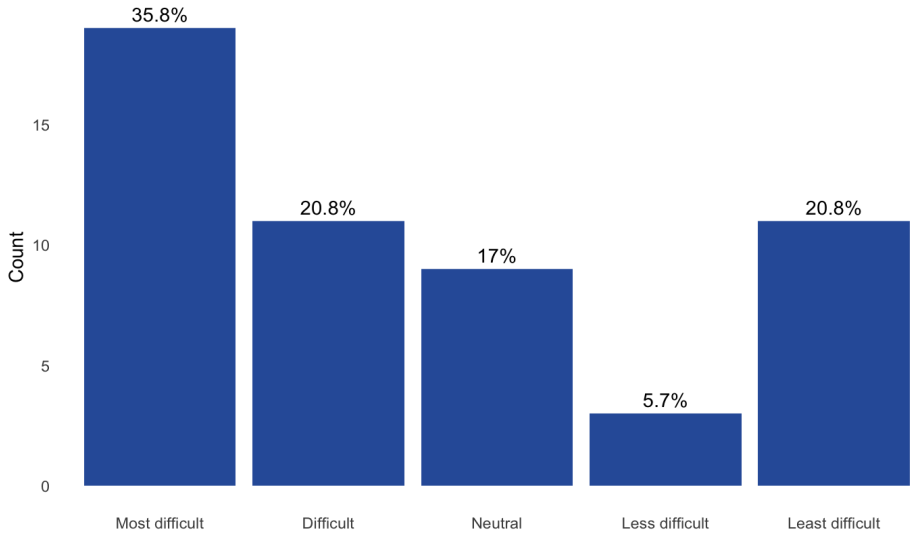
"Lack of space or beds due to mental health holds" was frequently identified as a major concern, resulting in overcrowding in jails due to mental health holds. Out of the 53 respondents, a total of 41.5% (n=22) rated it as most difficult. Conversely, 30.2% (n=16) of jails considered it as least difficult, while only 7.5 % (n=4) rated it as difficult **(Figure 9)**.

Figure 9. How difficult is "lack of space/beds for your jail due to mental health holds"?



"Inadequate in-jail mental health care" was also perceived as a substantial barrier due to mental health holds. More than half of jails rated this challenge "most difficult" (n=19, 35.8%) or difficult (n=11, 20.8%), while fewer indicated it was "less difficult" (n=3, 5.7%) or "least difficult" (n=11, 20.8%). See **Figure 10** below.

Figure 10. How difficult is "inadequate in-jail mental health care" for your jail?



Community Collaborations and Continuity of Care

Respondents were asked about their awareness of any community providers that have access to and/or work within their county jails. Most facilities (n=47, 86.8%) were aware of community providers operating within or in partnership with their jail. Among these community providers, the most common collaborators were healthcare facilities (n=43,81.1%). On the other hand, seven respondents (13.2%) reported no known

partnerships or providers. Only 11.3% (n=6) of facilities reported enrolling individuals in Medicaid before release. See **Table 2** for more details.

Table 2. Community Collaborations and Continuity of Care

Characteristic		Frequency (n=53)	Percent(%)
Awareness of community providers that have access to and/or work within your county jail	Yes	47	86.6
	No	7	13.2
Categories of community providers	Academic institution	1	1.9
	Church	2	3.8
	Healthcare facility	43	81.1
	None	7	13.2
County jail enrollment of individuals in Medicaid before release	Yes	6	11.3
	No	43	81.1
	Unknown	4	7.5

Awareness of community providers working with jails varied across counties. While most respondents indicated awareness (green), several facilities, particularly in the northwest and south-central Missouri, reported no community provider engagement (blue).

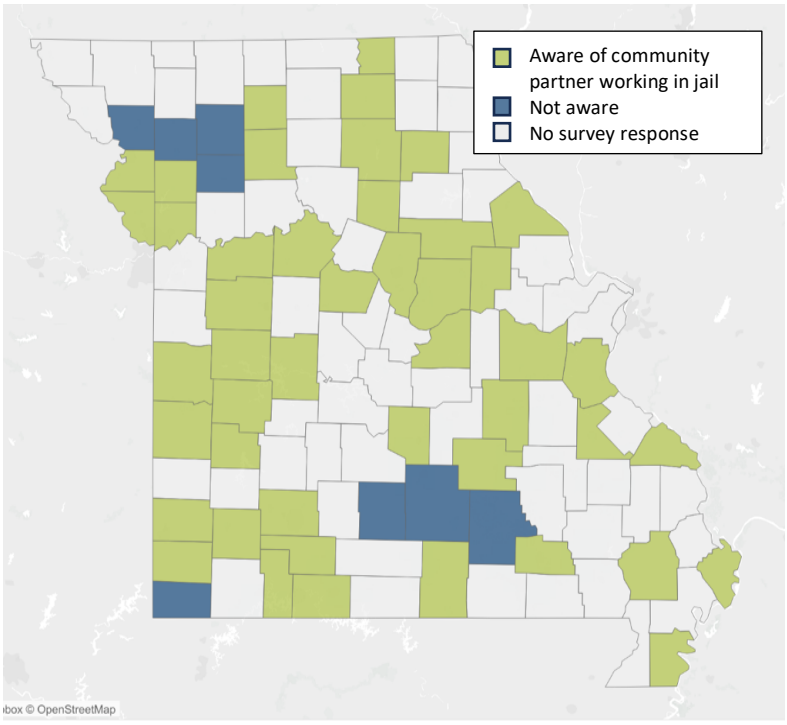


Figure 11. Awareness of Community Partners Working with County Jails

As seen below, healthcare facilities (green) were the most frequently identified partners. Examples of reported healthcare facilities included Arthur Center, Compass Health, Mark Twain Behavioral Health, and BJC. Counties with no data are indicated as null (gray).

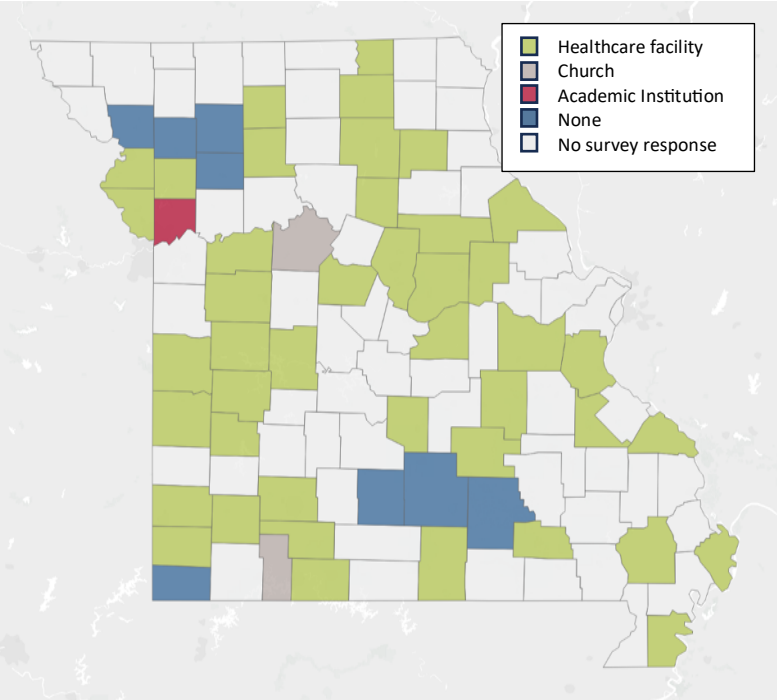


Figure 12. Distribution of Reported Categories of Community Providers Linked to County Jails

Qualitative Findings: How Jails Would Spend an Additional $65,000

To explore how jails would prioritize mental health if provided with additional funds, participants were asked, ***"If the state provided your county jail with an additional $65,000 per year, on what would you spend the funds?"*** as an open-ended survey question. This question also served to investigate whether competing funding priorities that we had not yet addressed in the survey would be prioritized over mental health challenges in jails, particularly those that are extremely underfunded. During the coding process of the individual responses, eighty-six funding priorities were generated. These codes were then categorized into three main themes:

1. Theme 1: Jail Resident Welfare and Daily Living
2. Theme 2: Institutional Infrastructure and Staffing Prioritization
3. Theme 3: Healthcare and Mental Health Investment.

Theme 1: Jail Resident Welfare and Daily Living

This theme captures responses focused on enhancing daily life experiences of jail residents through food, hygiene, recreation, and general care. This theme was the least frequently coded, with four references (0.44%) out of the total of eighty-six references. All references were from a singular code, **Jail Resident Care**. Respondents mentioned:

"…hygiene, jail resident care."
"Just everyday care of jail residents."
"Food."

Theme 2: Institutional Infrastructure and Staffing Prioritization

Survey respondents most frequently referenced this theme. It encompassed two codes: **Jail Infrastructure** and **Staffing**. Responses highlighted in this theme focus on improving physical facilities and increasing staffing, especially for equipment and staff training. A substantial number of responses under this theme focused on improving jail infrastructure, including technological upgrades and equipment. Specific suggestions included:

"…jail remodel and repair."
"…utilize said funds to provide more beds."
"…facility security enhancements and technology updates"
"…retrofitting every cell door with a food port which eliminates the need for an officer to have to open a cell door to a potentially violent jail resident to deliver a meal."

Additionally, more respondents indicated they would prioritize jail staffing needs:

"*Hire more staff to help accommodate all the special needs because of health crises."*
"Increase the pay for part-time employees, and training."
"*Training for staff to be better equipped."*

> **We would try and hire more staff to help accommodate all the special needs because of health crises.**
> *Anonymous County Jail Administrator*

Theme 3: Healthcare and Mental Health Investment

This theme included thirty-nine references and consisted of three main codes: **Mental Health Staff**, **Mental Health Services**, and **Medical Services**. Respondents commonly mentioned medical care, training, hiring mental health staff, and enhancing access to mental health services for jail residents. Ten out of the thirty-nine references reported they would use funds to prioritize mental health staffing. They reported potentially using funds for:

"Additional staff trained to handle mental health issues."
"…secure a full-time mental health specialist."
"In house psychiatrist."

Eleven responses emphasized mental health services specifically, not necessarily mental health staffing. These responses highlighted needs like:

"Funding transportation to mental health facilities."
"… provide more mental health services."
"…would like to try to get mental health services provided in here multiple times a week if not every day."

The remaining eleven references (28.2%) focused on using funds for medical needs and services. This covered clinical services other than direct mental health such as "*medications,"* hiring *"full-time onsite nurse or medical care,"* and *"medical care"* in general.

IV. DISCUSSION OF FINDINGS

This study provides a systematic assessment of mental health system challenges within Missouri county jails. This study explored the mental health challenges within Missouri county jails by examining facility characteristics, the prevalence of mental health needs, operational challenges related to mental health holds, and funding priorities. From sixty-three responses (qualitative analysis) and fifty-three unique county jail responses (quantitative analysis), findings from this survey reveal structurally overwhelmed and under-resourced county jail systems.

A. Mental Health Assessments and Transfer Delays

A central theme arising from the data was misalignment between medical and mental health needs and system capacity. More than 50% of jails reported half or more of their incarcerated individuals had mental health challenges, and approximately 8% indicated almost all jail residents had these challenges. This reflects how foundational the prevalence of psychiatric morbidity is in daily jail operations. This high prevalence is not surprising considering the United States' pattern of criminalizing mental illness, often in the absence of adequate diversion pathways.[33] What is surprising, however, is how much higher the prevalence of mental illness is in Missouri jails (as estimated by county jail administrators and sheriffs) than is estimated in national figures.

Most facilities (92.5%) are overwhelmed with high numbers of jail residents awaiting mental health assessment by DMH. These are not short-term delays: almost 40% of facilities reported the estimated waiting times were between 6 and 11 months, with some reporting wait periods as long as 3 years. This indicates most jail residents who are IST would spend more time in jails waiting on DMH than they would for their actual misdemeanor sentence. Inherently, the state will spend more money on them for a longer stay, increasing the financial burden on jails.[34] Profound human rights concerns should be raised in such settings. After these long assessment waiting periods, on average, facilities reported they had three individuals waiting to be transferred to mental health institutions each week.

Worst of all, the system appears to disincentivize improvement. One jail reported a man had stabilized on medication which caused him to drop his position on the transfer list from the 6th to the 36th because his condition had improved. In clinical terms, this can be considered as success, but in operational terms, it translates to longer jail holds. These are structural implications that have become a bottleneck for psychiatric access, affecting incarcerated individuals the most.

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[33] Henry J Steadman, et. al., *Prevalence of Serious Mental Illness Among Jail Inmates*, NAT'L INST. HEALTH (June 2009), https://pubmed.ncbi.nlm.nih.gov/19487344.

[34] Shima Baradaran Baughman, *Costs of Pretrial Detention*, RESEARCHGATE (Jan. 2017) https://www.researchgate.net/publication/315708675_Costs_of_pretrial_detention.

B. Challenges Related to Mental Health Holds

Operational challenges because of mental health holds in jails illustrate the mismatch between institutional responsibilities and behavioral health infrastructure. Delays in mental health assessment and transfers are compounded by foundational limitations like staffing, bed capacity, and space. Given that "not enough staff" was rated as both "most difficult" and "least difficult" as a challenge, suggests different local realities among facilities. Prior studies have indicated that most rural jails often lack both staff and the training needed to respond to psychiatric needs, straining already limited personnel.[35] More consistently, the lack of physical space and beds was reported as a major problem among jails due to mental health holds. These findings are consistent with a national study that found a nationally widespread practice of jails using solitary confinement as the only safe place in a jail environment for individuals with disruptive mental health conditions.[36] Without designated therapeutic environments, individuals with mental health disorders are more prone to self-harm as well as harm others.[37]

Additionally, inadequate mental health care was rated by more than one-third (35.8%) of respondents as the "most difficult" challenge due to mental health holds. Due to the combination of long assessment and transfer waiting times, jails are expected to manage mental health disorders, even though jails are primarily designed to be custodial. Facilities may have responses for short-term crises, such as suicide observation, but not necessarily mental health treatment.[38] This endangers jail resident health and exposes correctional staff to volatile environments and unsupported clinical responsibilities.[39] All together, these challenges reflect deeper structural barriers. Without systemic reforms, including dedicated funding for correctional mental health services, jails will continue to operate under strain due to mental health holds with profound consequences to both staff and jail residents.

C. Community Collaborations and Medicaid Enrollment

While most jails have community providers that have access to and/or work within their facilities, only 11.3% of jails enrolled jail residents in Medicaid before release, revealing gaps in operational coordination. Medicaid enrollment before release has been significantly associated with improved post-release care, lower recidivism rates, and post-release morbidity and mortality. Low Medicaid enrollment in Missouri county jails is indicative of the under-utilization of one of the most effective continuity-of-care

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[35] Nathaniel P. Morris & Matthew L. Edwards, *Addressing Shortages of Mental Health Professionals in U.S. Jails and Prisons*, J. CORRECT. HEALTH CARE, NAT'L INST. HEALTH (Aug. 2022), https://pubmed.ncbi.nlm.nih.gov/35653752/.

[36] David H. Cloud et al., *Public Health and Solitary Confinement in the United States*, NAT'L INST. HEALTH (Jan. 2015), https://pubmed.ncbi.nlm.nih.gov/25393185/.

[37] Thomas Stephenson et al., *Environmental Risk Factors for Self-harm During Imprisonment: A Pilot Prospective Cohort Study*, PLOS ONE (Feb. 4, 2025), https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0318200.

[38] Melissa J. Zielinski et al., *Crisis Stabilization Units for Jail Diversion: A Preliminary Assessment of Patient Characteristics and Outcomes*, NAT'L INST. HEALTH (Nov. 2022), https://pubmed.ncbi.nlm.nih.gov/35099227/.

[39] Andrew P. Wilper et al., *The Health and Health Care of US Prisoners: Results of a Nationwide Survey.* AM. J. PUB. HEALTH, (August 30, 2011) https://ajph.aphapublications.org/doi/ref/10.2105/AJPH.2008.144279?role=tab.

interventions available. Further complicating the picture are geographical disparities. Notably, northwest and south-central Missouri county jails reported no engagement with community providers. These spatial gaps reflect a possible unequal distribution of mental health providers across rural areas, consistent with national findings. Furthermore, these gaps heighten the risk for relapse and treatment lapses once individuals leave jail.[40] The lack of reliable systemic mechanisms to bridge the gap in care between jails and community providers leads to treatment disruption at a critical transition point for individuals reentering their communities.

D. Perceived Funding Priorities

An open-ended response to the hypothetical funding question on how jails would allocate an extra $65,000 annually revealed budgetary preferences and institutional challenges. The three main themes that emerged were "*Jail Resident Welfare and Daily Living*," "*Institutional Infrastructure and Staffing Prioritization*," and "*Healthcare and Mental Health Investment*."

Though the least frequently referenced, responses directed towards *Jail Resident Welfare and Daily Living* emphasized the need for basic human necessities such as food in custodial settings. Limited responses under these priorities may suggest that most Missouri county jails have functional systems in place to cater to the basic needs of jail residents; hence, jail officials may have no urgent need to allocate funds in this area.

With *Institutional Infrastructure and Staffing Prioritization* emerging as the most prominent funding priority, respondents highlighted staffing shortages, insufficient training, and infrastructure upgrades as major concerns. The growing burden of special needs populations in jails, particularly around mental health issues, without sufficient personnel and amenities, exacerbates these challenges.[41] These findings align with national data indicating most jails face severe staffing shortages due to staff retention issues as well as adequate county funding.[42] Identified facility infrastructure upgrades, such as jail remodeling and installing more cameras in cells, are essential for safety and facility functionality. While this may not directly prioritize mental health needs in jails, it represents an investment in human resources and physical structures needed to support effective mental health care in county jails.

[40] Wilper et al., *supra* note 39.
[41] Morris & Edwards, *supra* note 35.
[42] *Id.*

V. CONCLUSION

The system has reached a critical breaking point. Not only are jails already overwhelmed with too many individuals with mental health needs, but the number will also only increase if changes aren't made at local and state levels. New federal changes will likely exacerbate the problem. President Trump signed the "One Big Beautiful Bill Act" into law at the beginning of July 2025; the budget reconciliation law includes over $1 trillion in healthcare spending cuts.[43] The nonpartisan Congressional Budget Office estimates the reduction in Medicaid spending will result in an additional ten million people uninsured within the next ten years.[44] All hospitals will have increased uncompensated care costs, but rural health providers will be left the most vulnerable. Over 300 rural hospitals are at risk of closing with the new legislation.[45] Missouri jails will suffer without nearby healthcare resources to assist in the care of jail residents.

This survey of mental health needs in Missouri jails gives us hard evidence of the issues and can guide advocates and policymakers towards workable solutions. Our report provides critical insights into the mental health landscape in Missouri county jails, highlighting delays in mental health assessment and transfers after evaluations and other strains on facilities due to mental health holds. It highlights critical systemic gaps and the underutilization of Medicaid enrollment among jails across the state. While most responses emphasized the use of potential extra funds on staffing, training, infrastructure upgrades, and mental health investments, they reflect broader systemic strains. Policy reforms must focus on state-wide mental health services capacity building and Medicaid enrollment before release to ensure continuity of care and improve mental health outcomes.

Part II of this series will discuss policy and administrative considerations that counties can consider improving services for individuals suffering from serious mental illness in their local jails. We will discuss using resources and funding that already exist—such as DMH's competency restoration programs at full capacity, utilizing community-based competency programs, and expanding the relationships between jails and community providers—and identify new opportunities.

One enormous benefit for the state of Missouri is that there is incredible interest from all affected parties to improve mental health services in county jails. The problem is well known and now, well described. Let's use this moment to push for change and make Missouri a better place for all.

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[43] One Big Beautiful Bill Act, Pub. L. No. 119-21 (2025); *Estimated Budgetary Effects of Public Law 119-21, to Provide for Reconciliation Pursuant to Title II of H. Con. Res. 14, Relative to CBO's January 2025 Baseline*, CONG. BUDGET OFF. (Jul. 21, 2025), https://www.cbo.gov/publication/61570.

[44] *Distributional Effects of Public Law 119-21*, CONG. BUDGET OFF. (Aug. 11, 2025), https://www.cbo.gov/publication/61367#data.

[45] Mark Holmes, Tyler L. Malone & George H. Pink, Letter to Sens. Markey, Wyden, Merkley & Schumer (Jun. 10, 2025), https://www.markey.senate.gov/imo/media/doc/sheps_response.pdf. Four Missouri hospitals are at greatest risk of closure: Bothwell Regional Health Center (Sedalia, MO), Scotland County Memorial Hospital (Memphis, MO), Parkland Health Center (Bonne Terre, MO), and Lafayette Regional Health Center (Lexington, MO). *Id.*

APPENDIX – SURVEY QUESTIONNAIRE DISTRIBUTED TO COUNTY JAILS

Survey of Needs for Individuals Detained in Missouri County Facilities

Thank you for taking the time to complete this survey. It was developed by the Missouri Sheriffs' Association (MSA), Missouri Association of Counties (MAC), and Missouri Appleseed. The purpose of this survey is to collect information about the issues counties and jails face as they provide health services to high-needs incarcerated individuals. The results of this survey will be used by the MSA, MAC, and Missouri Appleseed to advocate for effective resource allocation to Missouri jails.

1. In which county/ies do you work? Which facility?

2. What is your county role? *Check all that apply.*
   - ☐ Commissioner
   - ☐ Sheriff
   - ☐ Correctional Facility Administrator
   - ☐ Medical Staff
   - ☐ Other: _____

3. How many people does your county jail hold in an average week? Only count individuals in *county* custody (e.g., no federal prison overflow).
   - ☐ 1-10 people
   - ☐ 11-25 people
   - ☐ 26-75 people
   - ☐ 76+ people
   - ☐ unknown

4. a. How many individuals aged 21 and younger does your county jail hold in an average week? *Please provide any supporting documentation for how you arrived at this number.*
   - ☐ 0-5 young adults
   - ☐ 6-10 young adults
   - ☐ 15-25 young adults
   - ☐ 25+ young adults
   - ☐ Unknown

   b. About how many individuals under age 21 does your jail hold in a year?

   _____

5. What percentage of people in your county jails have mental health issues? (Including those with serious mental illness, addiction, alcoholism, Opioid Use Disorder, depression/anxiety, with or without a medical diagnosis.) *Please provide any supporting documentation for how you arrived at this number.*
   - ☐ Few or none
   - ☐ About 25% (1 in 4)
   - ☐ About 50% (1 in 2)
   - ☐ About 75% (3 in 4)
   - ☐ 100% or almost all
   - ☐ Unknown

6. Does your county jail house individuals who are waiting for mental health assessments by the Department of Mental Health (DMH) (also known as "mental health holds")?
   - ☐ No (*skip to question 10)*
   - ☐ Yes

7. If yes, on an average week:
   a. About how many people are waiting for assessment?

   b. About how many have been assessed and are waiting for transfer to a DMH facility?

8. How long do people tend to wait in your county jail for an assessment? After the assessment, how long do they wait for a transfer? *Wait times vary widely so please share your best estimate.*

9. If yes, what is the longest time you can think of that someone waited in your county jail for a mental health assessment from DMH? Was it a unique situation or is this common? *Please provide as much data as possible.*

10. Sheriffs and administrators have reported different reasons that mental health holds cause problems for their jails. Please rank the following issues from 1 (most difficult) to 5 (the least difficult).
    ___Not enough staff
    ___Transporting people to outside care or assessments
    ___Lack of mental health training for staff
    ___Lack of space/beds
    ___Inadequate in-jail mental health care

11. Does your county jail enroll individuals in Medicaid before they are released?
    - ☐ No
    - ☐ Yes
    - ☐ Unknown

12. Are you aware of any community providers that have access to and/or work within your county jail?
    - ☐ No
    - ☐ Yes *(please explain)*:

13. If the state provided your county jail with an additional $65,000 per year, on what would you spend the funds?

14. Do you have any good news, positive developments, or recent successes from your county jail that you would like to share?

15. **OPTIONAL:** Would you be willing to share more information via phone call or video chat? Every piece of information will help MAC, MSA, and Missouri Appleseed in our efforts to bring greater funding and support to your jail. If yes, please answer the following:

    Name: _____

    Title: _____

    Email: _____

    Phone: _____

    Best time(s) to contact you:
    - ☐ Email any time.
    - ☐ Call in the morning.
    - ☐ Call over the lunch hour.
    - ☐ Call in the afternoon.

JS 44 (Rev 09/10)

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF MISSOURI

CIVIL COVER SHEET

This automated JS-44 conforms generally to the manual JS-44 approved by the Judicial Conference of the United States in September 1974. The data is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. The information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is authorized for use only in the Western District of Missouri.

The completed cover sheet must be saved as a pdf document and filed as an attachment to the Complaint or Notice of Removal.

Plaintiff(s):

First Listed Plaintiff:
M. R. ;
County of Residence: Outside This District

Additional Plaintiff(s):
K. M. ;
M. T. ;
O. J. ;
C. T. ;
D. W. ;

Defendant(s):

First Listed Defendant:
Missouri Department of Mental Health ;
County of Residence: Outside This District

Additional Defendants(s):
Valerie Huhn ;
Dr. Mina Charepoo ;
Dr. Kishore Khot ;
Brian Neuner ;
Lynne Unnerstall ;
Jhan Hurn ;
Dennis Tesreau ;
Teresa Coyan ;

County Where Claim For Relief Arose: Cole County

Plaintiff's Attorney(s):

Amy Malinowski (M. R.)
MacArthur Justice Center
906 Olive Street
Saint Louis, Missouri 63101
Phone: 3142548540
Fax:
Email: amy.malinowski@macarthurjustice.org

Defendant's Attorney(s):

Basis of Jurisdiction: 1. U.S. Government Plaintiff

Citizenship of Principal Parties (Diversity Cases Only)

Plaintiff: N/A

Defendant: N/A

Origin: 1. Original Proceeding

Nature of Suit: 440 All Other Civil Rights

Cause of Action: 42 U.S.C. § 1983, Title II of the Americans with Disabilities Act, 42 U.S.C. § 12132, and the Rehabilitation Act, 29 U.S.C. § 701 et seq.

Requested in Complaint

Class Action: Class Action Under FRCP23

Monetary Demand (in Thousands):

Jury Demand: No

Related Cases: Is NOT a refiling of a previously dismissed action

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Signature: Amy Malinowski

Date: 11/24/2025

If any of this information is incorrect, please close this window and go back to the Civil Cover Sheet Input form to make the correction and generate the updated JS44. Once corrected, print this form, sign and date it, and submit it with your new civil action.

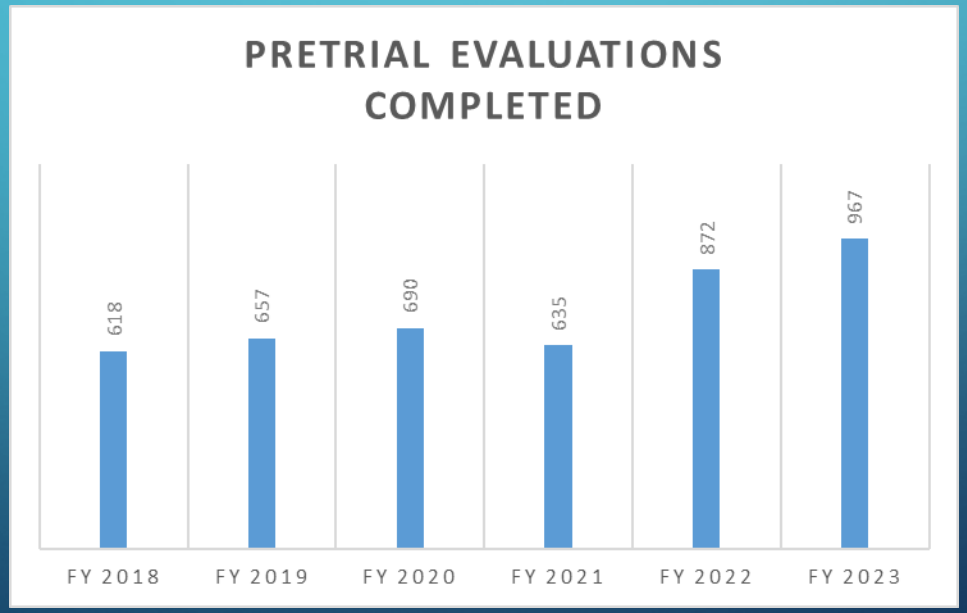
DMH, PRETRIAL EVALUATIONS & COMPETENCY RESTORATION

TIMOTHY J WILSON, DIRECTOR OF FORENSIC SERVICES

JEANETTE M SIMMONS, DBH DEPUTY DIRECTOR

HISTORY

- Chapter 552 RSMo
  - Evaluations/IST/NGRI
- Increased number for pretrial evaluations requested/completed



MORE BACKGROUND

- Increased number of persons deemed incompetent to proceed*
- Limited capacity in facilities
  - IST restoration
    - Nixon Forensic Center
    - Center for behavioral medicine
    - Forensic Treatment center-North (formerly Metropolitan Psychiatric center)
- Increased number of persons awaiting an inpatient bed
  - August 2013: 10
  - September 2021: 106
  - Today

*National Trend

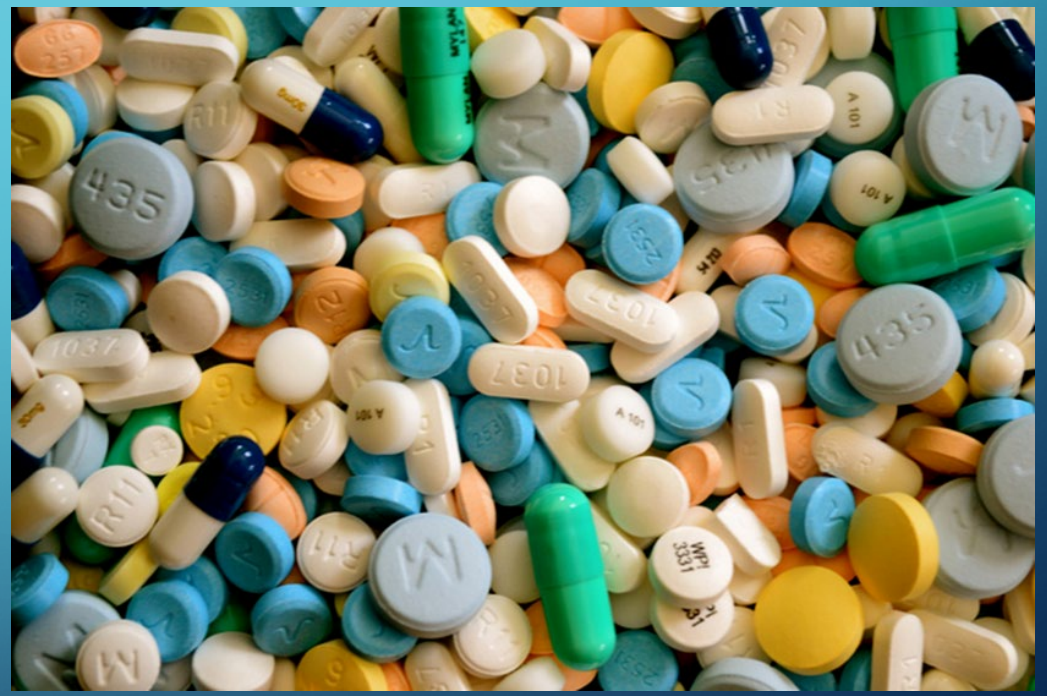
COMPETENCY STATUS IN MISSOURI

- Across the nation, significant portion of public sector behavioral health beds are serving individuals who have been determined to be incompetent to stand trial
- Missouri, like all other states, have seen a significant increase in the number of commitments of those found incompetent to stand trial
- The DMH is continually at absolute bed capacity for competency restoration
- Growing number of clients in jail waiting for an inpatient bed
  - August 2013: 10
  - September 2021: 106
- Efficient management of our resources is absolutely critical

CALL TO ACTION

- IST clients
  - Upon evaluation/admission
    - Acutely ill
    - Most not taking medication
      - Some willing to
      - Some not
- Clients remaining in the hospital longer
  - Level of acuity, SUD, & prior to admission—not receiving treatment
  - Treatment team concerns about client remaining on medication upon return to jail

WHAT TO DO?



MENTAL HEALTH EVALUATIONS

- What are these evaluations?
- Who completes these evaluations?
- How are these evaluations initiated?
- What can someone expect?
- Why mental health evaluations over competency to proceed examinations?

COMMUNITY BEHAVIORAL HEALTH LIAISONS (CBHLS)

- Who are they?
  - Based in Community – NOT DMH
- What do they do?
- How can I reach them?
  - Community Behavioral Health Liaisons | dmh.mo.gov

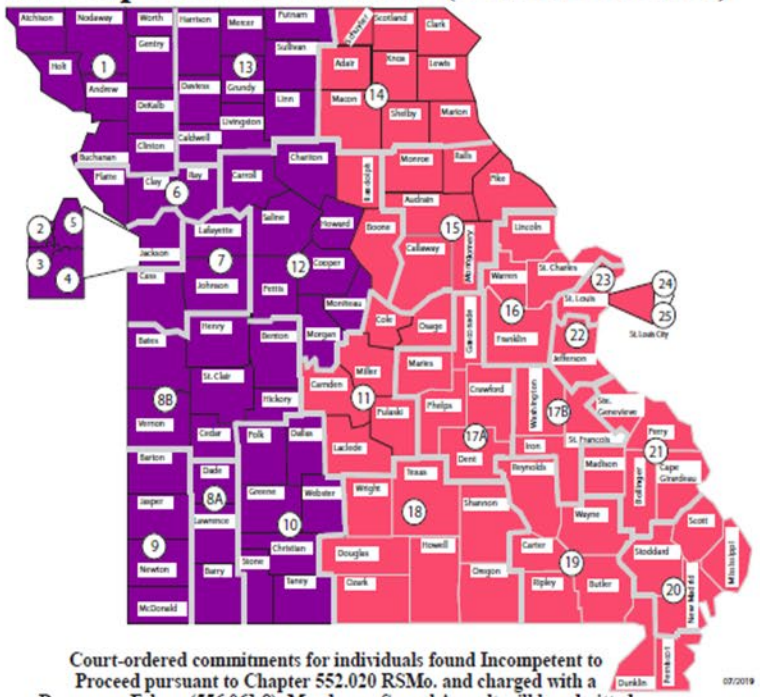
96 HOUR HOLD

- RSMo. 632.305:
  - "suffering from a mental disorder and that the likelihood of serious harm by such person to himself or herself or others is imminent unless such person is immediately taken into custody."
- Facilities designated by DMH that provide civil involuntary detention.
- Offer treatment, safety, and discharge medications.

MOBILE TEAMS: EAST & WEST

- Provide treatment and supports for individuals in jail or community (if on bond)
  - Chapter 552 clients
- Team
  - Advanced practice nurse/Nurse practitioner
    - Conduct med/psych assessments, provide ongoing medication/medical consultation, supportive psychotherapy, prescribe medication
  - Diversion specialist/Social Worker
    - Provide Case management support, provide evidence based treatment practices, warm handoff to ensure client get connected to a community behavioral health center
  - Community support nurse
    - Conduct nursing assessments and health assessment measures; provide evidence based treatment practices

Missouri Department of Mental Health
Forensic Services
Court-Ordered Admission Service Areas
Incompetent To Proceed (552.020 RSMo.)



07/2019

Court-ordered commitments for individuals found Incompetent to Proceed pursuant to Chapter 552.020 RSMo. and charged with a Dangerous Felony (556.061.8), Murder, or Sexual Assault will be admitted to the Maximum Security facility at Fulton State Hospital, Fulton, 573-592-4100. All others will be admitted as follows:

Center for Behavioral Medicine (Kansas City)
816-512-7000
Service Areas 1, 2, 3, 4, 5, 6, 7, 8A, 8B, 9, 10, 12 and 13

Metropolitan St. Louis Psychiatric Center (St. Louis)
314-877-0500
Service Areas 11, 12, 14, 15, 16, 17A, 17B, 18, 19, 20, 21, 22, 23, 24, and 25

COMPETENCY RESTORATION 2.0

- Outpatient Restoration
  - Pilot in Jackson County
    - CFE Evaluates, Outpatient team reviews, & Recommends if appropriate
      - Housing
      - Willing to engage in treatment
- Individuals are released on bond by the Court
- Individuals receive treatment from Certified Community Behavioral Healthcare Organizations (CCBHO)

Inpatient treatment remains an option if necessary and appropriate

STATUTORY CHANGE #2

- (8) A recommendation as to whether the accused, if found by the court to lack the mental fitness to proceed and the accused is not charged with a dangerous felony as defined in section 556.061, murder in the first degree under section 565.020, or rape in the second degree under section 566.031, or the attempts thereof:
- (a) Should be committed to a suitable hospital facility; or
- (b) May be appropriately treated in the community; and
- (c) Is able to comply with bond conditions as set forth by the court and is able to comply with treatment conditions and requirements as set forth by the director of the department or his or her designee.
- 4. When the court determines that the accused can comply with the bond and treatment conditions as referenced in subsection 3 of this section, the court shall order that the accused remain on bond while receiving treatment until the case is disposed of as set forth by subsection 12 of this section. If, at any time, the court finds that the accused has failed to comply with the bond and treatment conditions, the court may order that the accused be taken into law enforcement custody until such time as a department inpatient bed is available to provide treatment.

COMPETENCY RESTORATION 2.0.1

- Jail-Based Competency Restoration
  - Remain in custody
  - Receive treatment from DMH Forensic Mobile Team and two CCBHO clinical staff
    - Medication
    - Competency education
    - Evidence-based treatment services

Inpatient treatment remains an option if necessary and appropriate

STATUTORY CHANGE #1

- (7) A recommendation as to whether the accused, if found by the court to lack the mental fitness to proceed, should be committed to a suitable hospital facility for treatment to restore the mental fitness to proceed or if such treatment to restore the mental fitness to proceed can be provided in a county jail or other detention facility approved by the director or designee; and

NEXT STEPS

- Contracts with County Jails
- Contracts with CCBHO providers
- Train Community and Jail providers
- Examine inpatient & jail cohorts
- Proposed IST order language
  - New opinions from DMH CFE re: Outpatient/Jail Based CR
  - New IST orders

QUESTIONS

Missouri Department of MENTAL HEALTH

- **Who We Are – Past to Present**
- **Critical Issues**
- **Solutions**

May 5, 2025

Missouri Department of
MENTAL HEALTH

Dates of Interest

1851
Asylum for the Insane opened in Fulton.

1861
County Lunatic Asylum founded in St. Louis.

1869
County Lunatic Asylum opened due to Civil War. Turned over to the state in 1948.

1876
St. Joseph State Hospital admitted first patient. Relocated to more modern building in 1997.

1887
Nevada State Hospital admitted first patient. Became a habilitation center in 1973. State vacated location in 2015.

1901
Marshall Habilitation Center opened. State vacated location in 2016.

1902
Farmington State Hospital admitted first patient. Changed all names from Asylum for the Insane to State Hospitals.

1921
State Eleemosynary Board created--modern day DMH.

1924
Bellefontaine Habilitation Center established by St. Louis, transferred to the state in 1948.

1938
Malcom Bliss Mental Health Center established by St. Louis, transferred to the state in 1964.
Forensic Treatment Center North in 2021.

1945
State Eleemosynary Board duties transferred to Division of Mental Diseases of the Department of Public Health and Welfare under the 1945 Constitution.

1954
Psychiatric Receiving Center operated by Kansas City Mental Health Foundation, transferred to the state in 1966.

1956
Higginsville Habilitation Center founded

1957
State Mental Health Commission created.

1959
Started funding community placements.

1967
Mid-MO mental health center established as the first community mental health center in the country. Medicaid was founded.

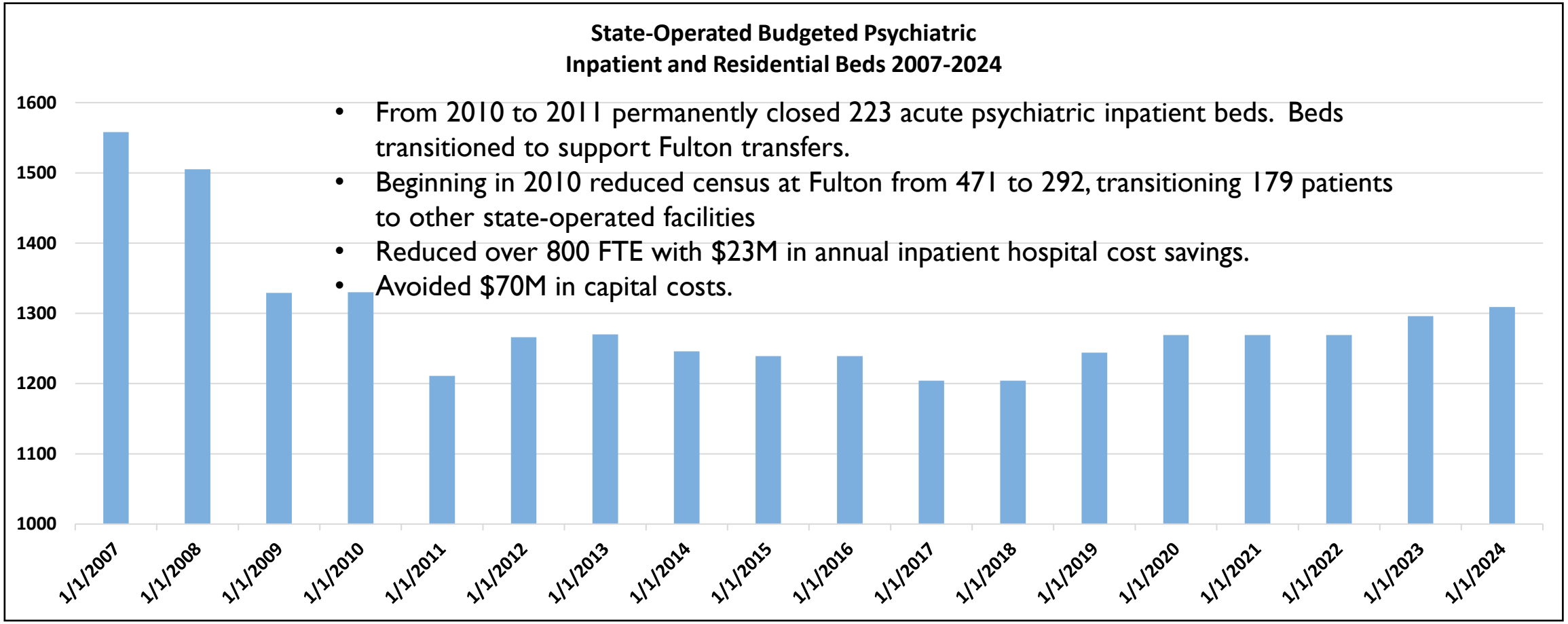
1967-1975
DD Regional Centers/Offices were opened. Department of Mental Health and Division of Developmental Disabilities was created.

1981-1990
Started children's services in state hospitals, opened Hawthorn in **1990**.

1850s | 1860s | 1870s | 1880s | 1890s | 1900s | 1910s | 1920s | 1930s | 1940s | 1950s | 1960s | 1970s | 1980s

Missouri Department of MENTAL HEALTH

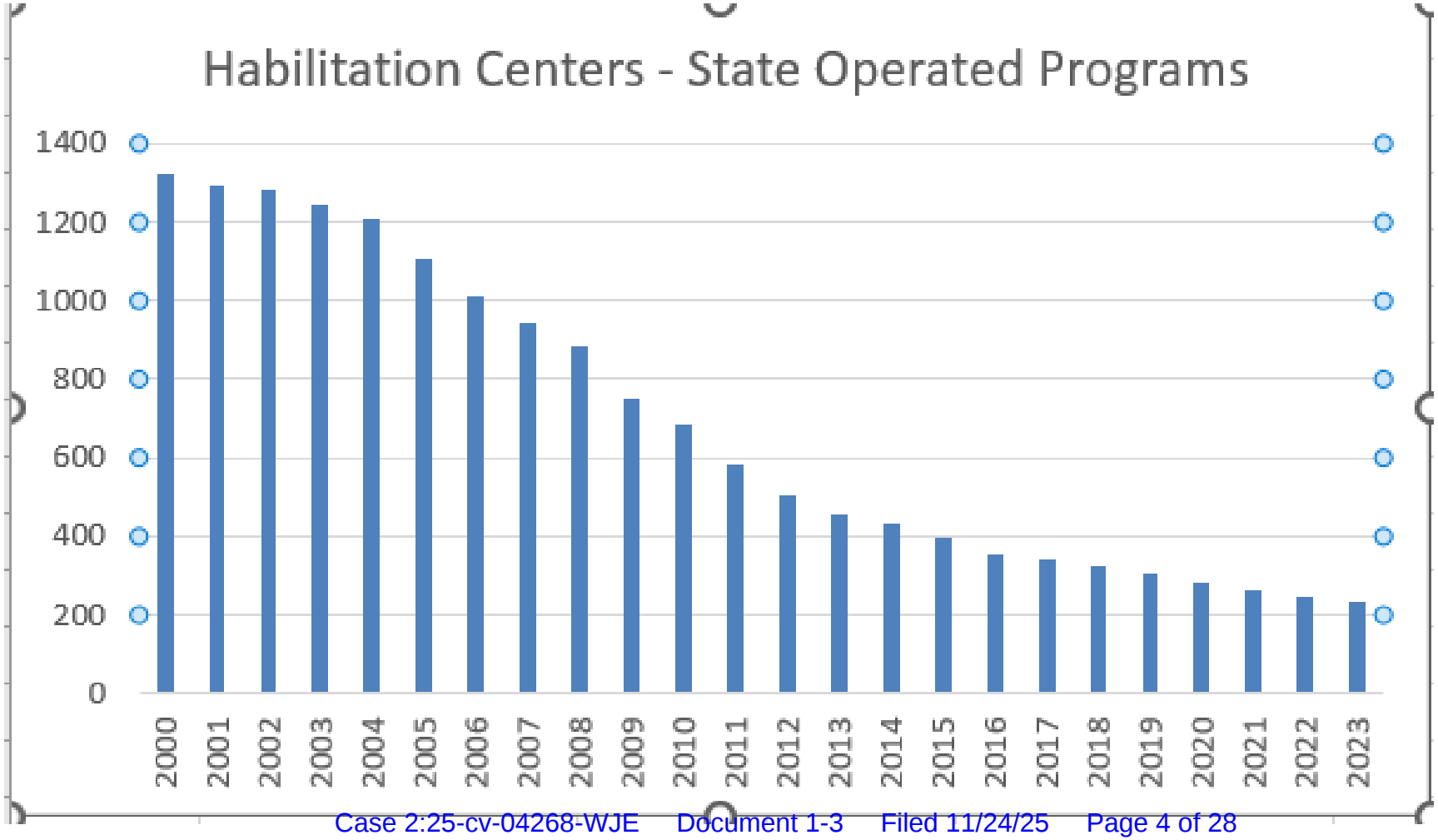
Who We Were



- From 2010 to 2011 permanently closed 223 acute psychiatric inpatient beds. Beds transitioned to support Fulton transfers.
- Beginning in 2010 reduced census at Fulton from 471 to 292, transitioning 179 patients to other state-operated facilities
- Reduced over 800 FTE with $23M in annual inpatient hospital cost savings.
- Avoided $70M in capital costs.

In 1948, 12,500 Missourians lived in a state hospital setting.

Who We Were


Habilitation Centers - State Operated Programs
1400
1200
1000
800
600
400
200
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2002
2003
2004
2005
2006
2007
2008
2009
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2011
2012
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2014
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2016
2017
2018
2019
2020
2021
2022
2023

Missouri Department of MENTAL HEALTH

Who We Are Today

Mental Health Commission

General Counsel
Human Resources
Investigations
Public Affairs
Licensure & Certification
Deaf Services
Governmental Affairs

Director's Office
7.82 FTE

BUDGET $3.95B

7,219 FTE
A 1% increase since July 23

31.8%
DMH Turnover Rate

Division of Administration
136.05 FTE

Budget
Accounting
Finance
Federal Programs
Operations
Information Technology

Division of Behavioral Health
3,938.24 FTE

5,522 Individuals served by Recovery Support Service Providers

218,701 Individuals served by Certified Community Behavioral Health Orgs (CCBHO) in FY 24

6 State Operated Psychiatric Hospitals supporting **1,545** annually
Over **280** Community Providers
Prevention and Crisis Services
Behavioral Health Treatment and Recovery Services
Sex Offender Rehabilitation Treatment Services

Division of Developmental Disabilities
3,137.34 FTE

Over 17,000 enrolled in DD Waivers

8 State Operated Habilitation Centers/Community Supports with **415** supported
Over 700 Community Contracted providers
11 Regional locations
9 Autism Diagnostic Locations
Office of Autism

Missouri Department of MENTAL HEALTH

Critical Issues – Waitlist #1

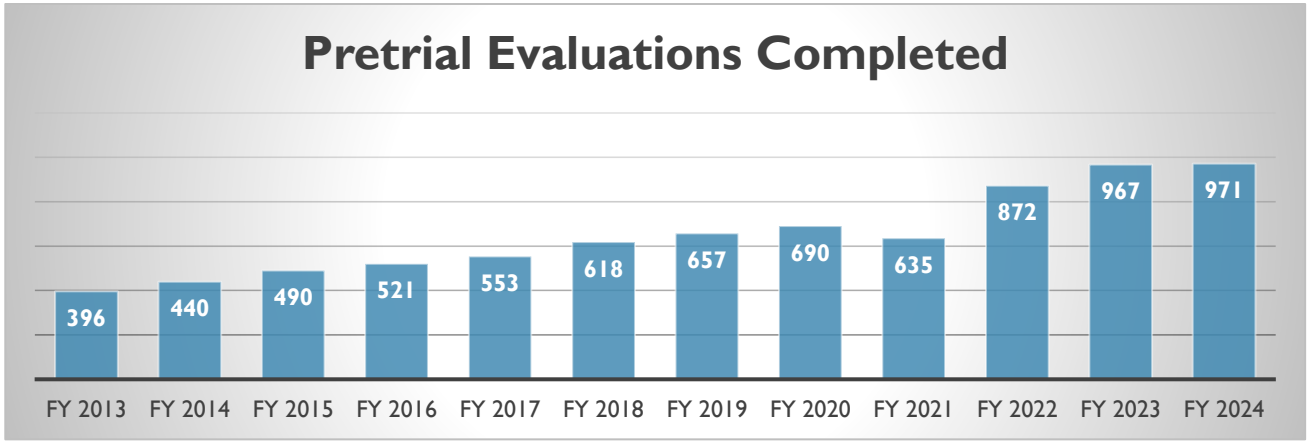
Orders for Competency Restoration from Courts in DMH Hospitals

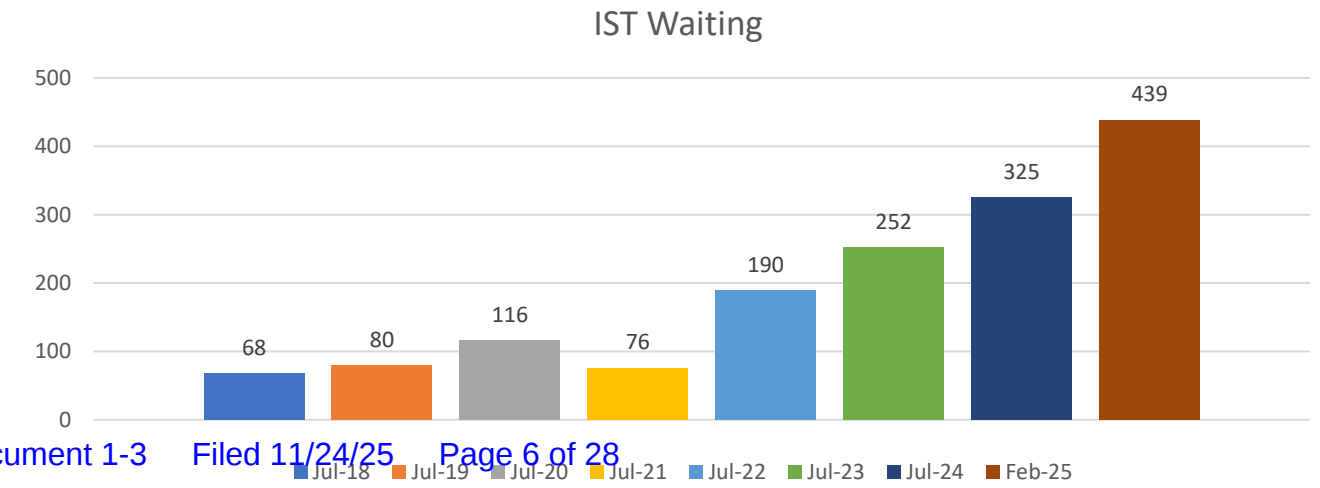
Who

- 430 Incompetent to Stand Trial (IST) individuals waiting in county jails for DMH admission (wait time 14 months)
- 80 more awaiting court-orders
- 230 more open pre-trial evaluations

Why

- Limited bed capacity
- Limited workforce
  - Direct Care Turnover
  - Clinical staffing
- Limited community placements after treatment
- Increased pre-trial evaluations ordered by courts
  - 48% increase in last 5 years





Missouri Department of MENTAL HEALTH

Critical Issues – Waitlist #1

Orders for Competency Restoration from Courts in DMH Hospitals

Risks

- Show cause orders/contempt
- Illness worsens as treatment is delayed
- Federal lawsuits in 5 states for inappropriate detention/imprisonment
- Federal lawsuits in 10 states for violation of due process

Solutions

- New KC hospital (2029/2030)
  - adds 150 beds to state system
- Jail-Based (capacity = 40)
- Outpatient Restoration
- Bed Alignment
- Public Defender and Judicial engagement
  - IST with misdemeanor charges
  - IST with parole violations

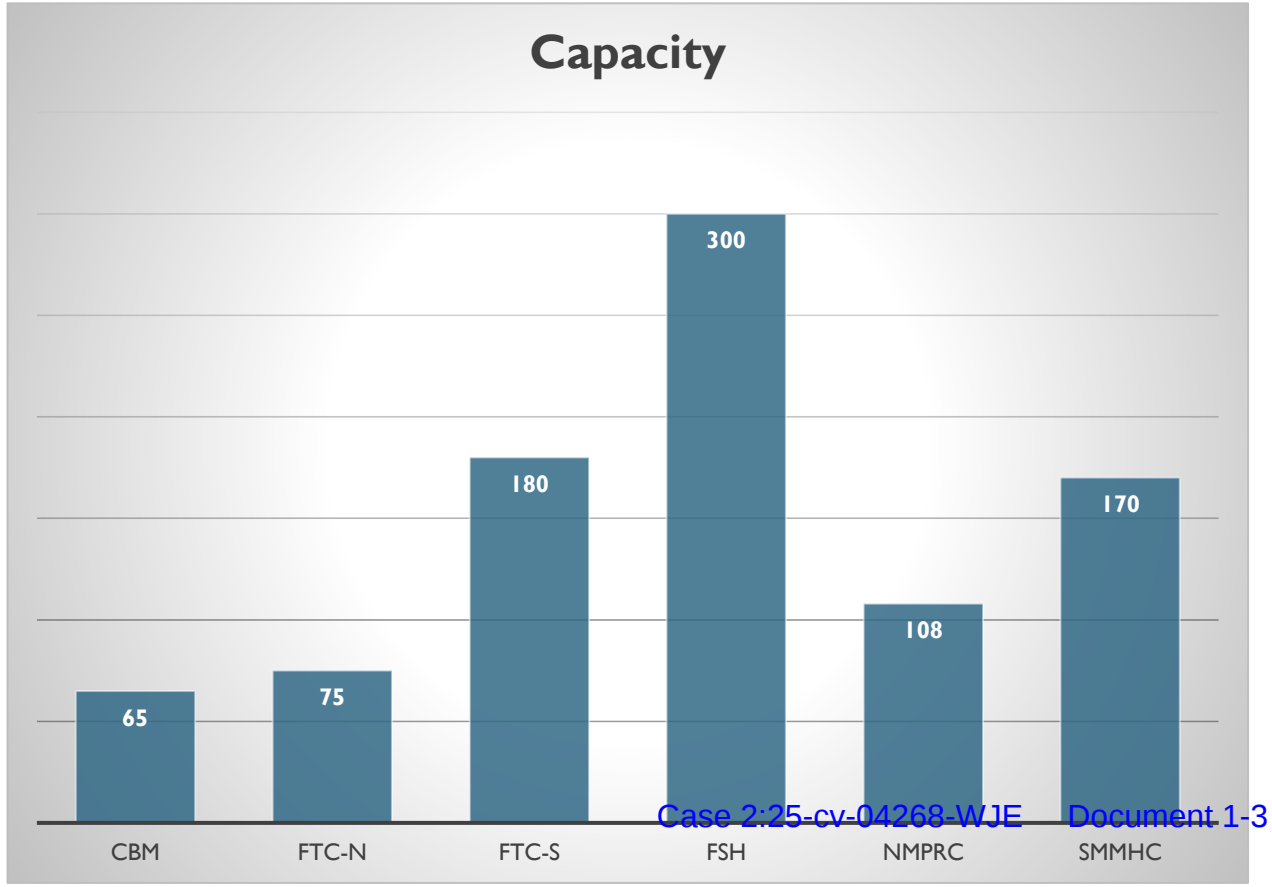
75 Discharge Ready	18 Competent Awaiting Court/Jail	16 Guardian Opposed	20 No Placement (13 SNF)	18 Conditional Release Needed

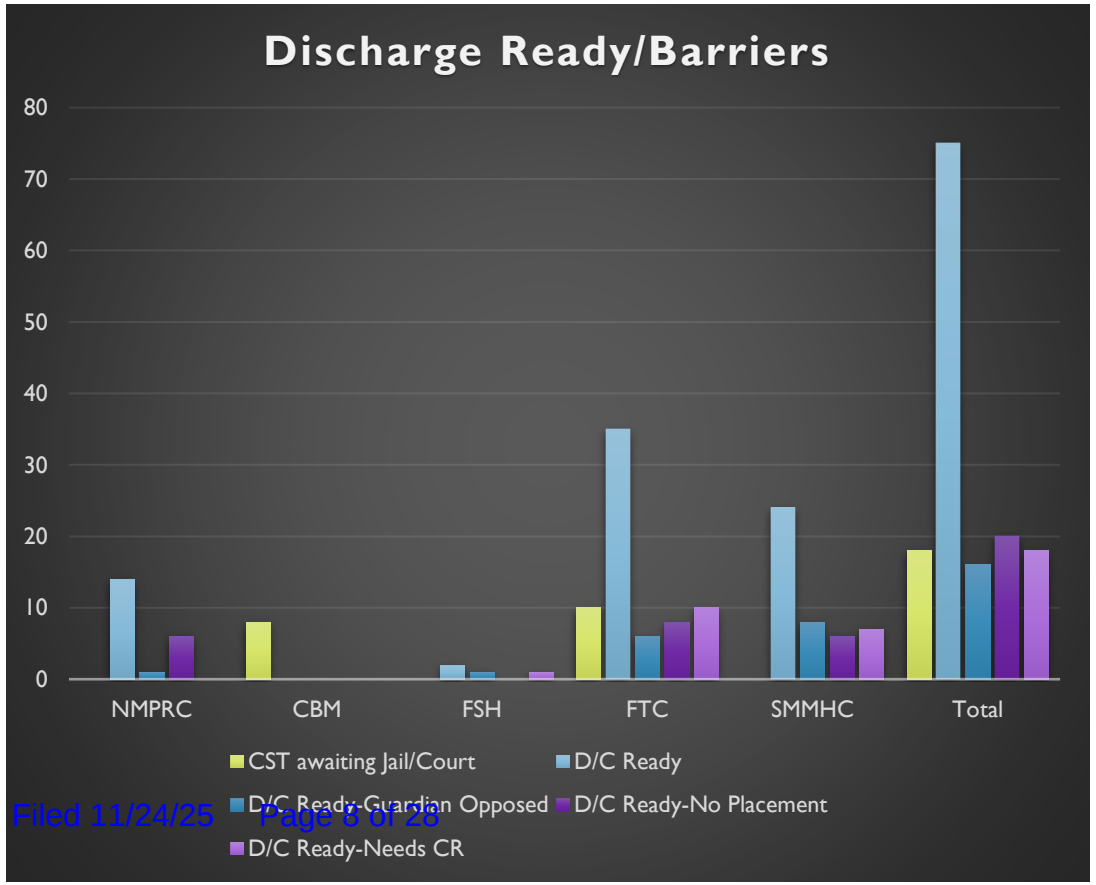
Missouri Department of MENTAL HEALTH

Critical Issues – Waitlist #1

Orders for Competency Restoration from Courts in DMH Hospitals

CAPACITY

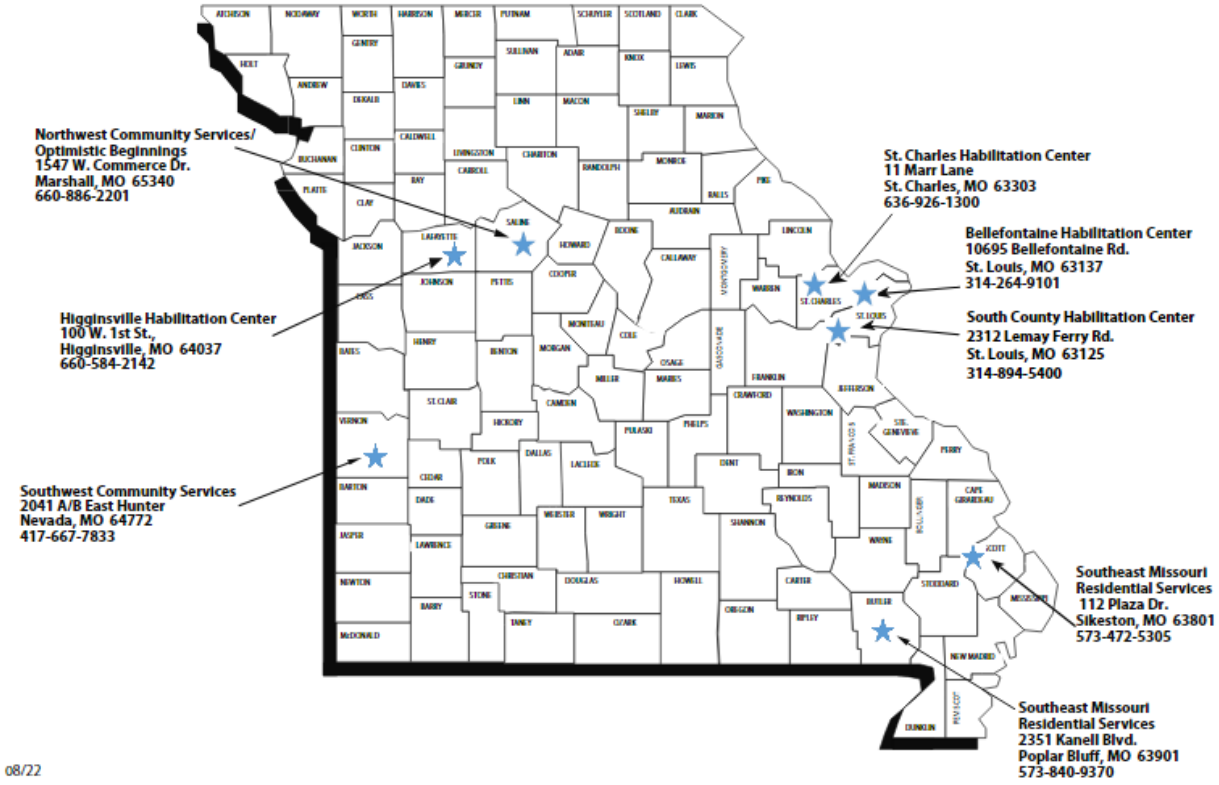




Current Facility Locations

Division of Behavioral Health
State Psychiatric Hospitals

Division of Developmental Disabilities
State Operated Programs



08/22

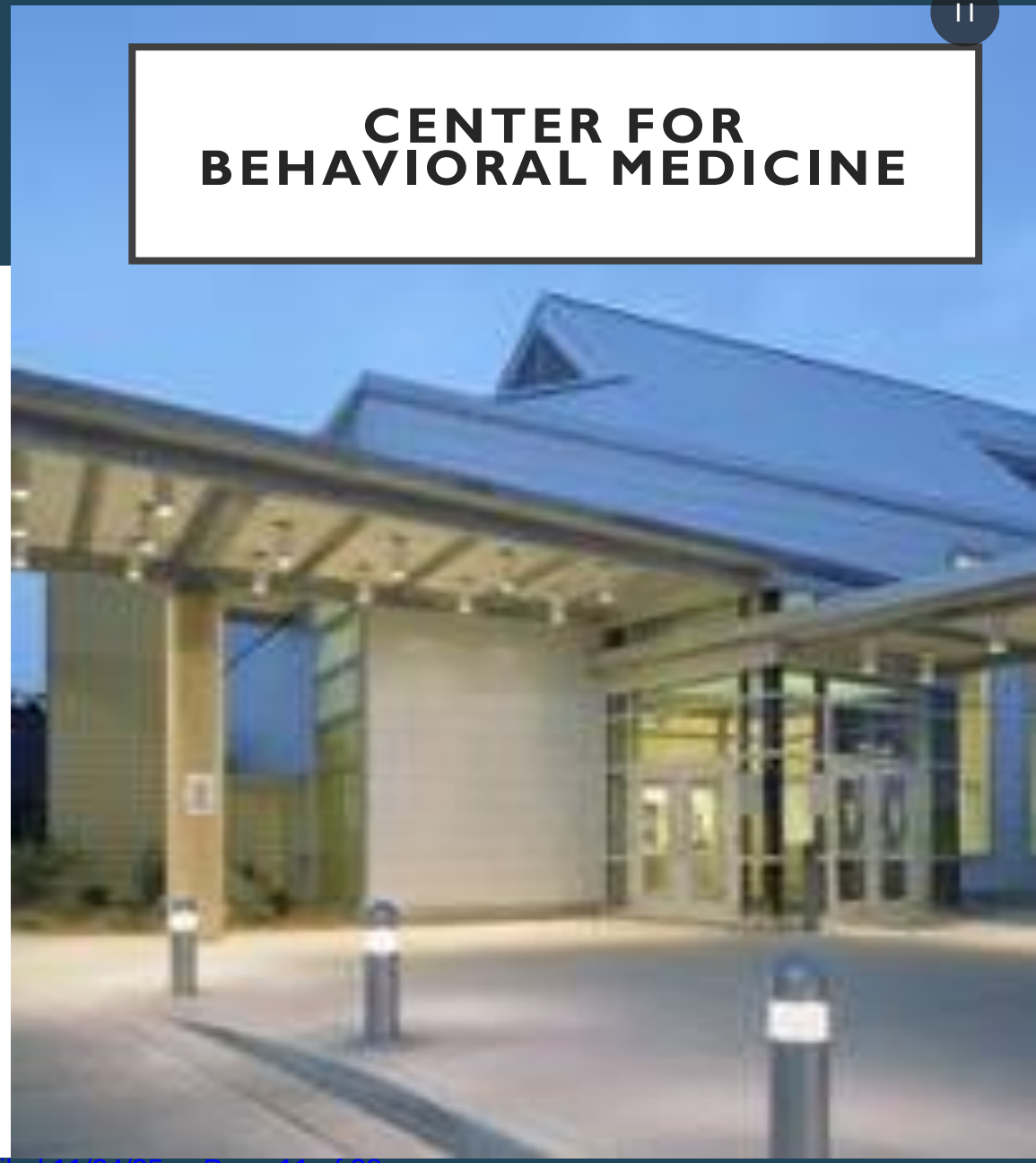
New KC Hospital

kchospitalbuild.mo.gov

The following dates are estimates and subject to change.

- January 2025 - The Request for Qualifications is released and advertised.
- February/March 2025 - Statement of Qualifications submissions are evaluated and scored.
- March 12, 2025 - Announcement of the three shortlisted firms: BNIM, Hoefer Welker Architecture and HDR Architecture.
- April 3 & 4, 2025 - Interviews/Presentations from the three qualified firms.
- April 2025 - Score the presentations.
- April/May 2025 - A Request for Proposal is being developed with HDR Architecture.

CENTER FOR BEHAVIORAL MEDICINE



Inpatient Capacity: 57 – 8 beds offline for construction
Census: 58
Waiver Home: 13

Facility Alignment

- This facility will increase from 65 patients to 115 patients in state-staffed beds. Bed increase due to end of bed lease with University Health after new hospital is opened.
- Beds for stabilized patients that are:
  - PIST (permanently incompetent to stand trial)
  - VBG (voluntary commitment by guardian)
- Patients may transfer to these beds from:
  - New KC Hospital/Farmington
  - Northwest MO Psychiatric Treatment Center (NMPRC) St. Joseph
- No additional capital costs beyond M&R expected.
- FTE/Staffing costs will increase – 90 FTE and $6M

FULTON STATE HOSPITAL (FSH)

Inpatient Capacity: 454

- Nixon Forensic Center Census: 294
  Capacity: 300
- SORTS Census: 104
  Capacity: 115
- Hearnes Acute Rehabilitation Program (HARP) Census: 10
  Capacity: 15
- Hearnes Forensic Center Census: 24
  Capacity: 24

Facility Alignment

- SORTS treatment/patients will move from Fulton to Farmington.
- FSH will focus on:
  - High security treatment programming for:
    - Not Guilty by Reason of Insanity (NGRI)
    - Permanently Incompetent to Stand Trial (PIST)/Voluntary by Guardian (VBG)
    - IST
  - Mental Illness/Developmental Disabilities (MI/DD)
- No additional capital costs beyond M&R expected.
- Future capacity if workforce is favorable of 191 beds due to vacated SORTS building.

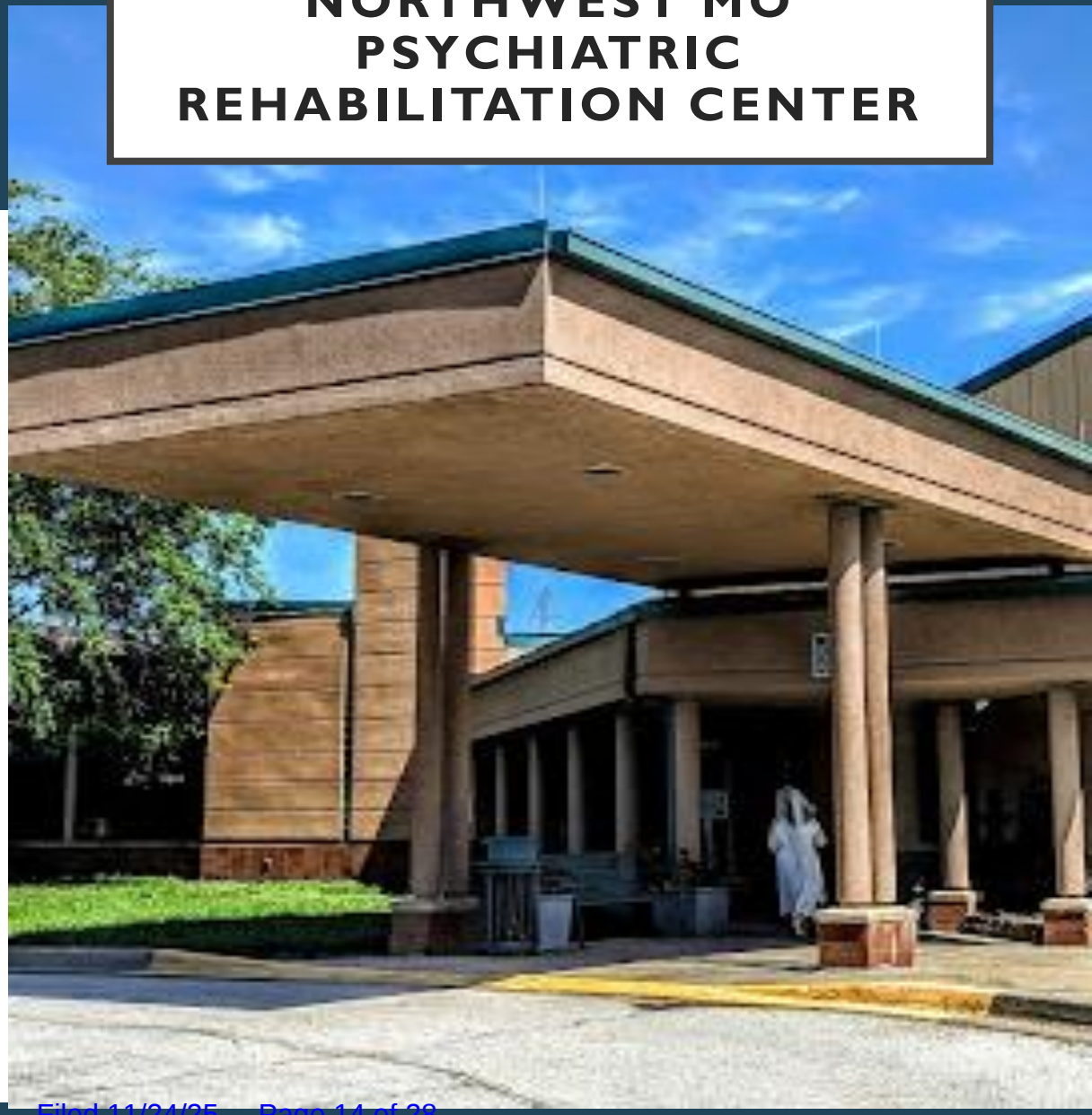
SOUTHEAST MO MENTAL HEALTH CENTER

Adult Psychiatric Inpatient Capacity: 170
Census: 170
SORTS Capacity: 178
Census: 167

Facility Alignment

- All SORTS treatment/patients will be in Farmington.
- This facility will no longer serve NGRI, PIST/VBG patients.
- Patients occupying long-term beds (170 today) will be moved based on admission to:
  - Sikeston/Higginsville - former habilitation center beds
  - Center for Behavioral Medicine (CBM)
  - Forensic Treatment Center (FTC) South - St. Louis
  - NMPRC
- Capital needs beyond M&R.
- Future capacity for SORTS population exists with current bed availability.

NORTHWEST MO PSYCHIATRIC REHABILITATION CENTER



- Census: 108
- Budgeted Beds: 108

Facility Alignment

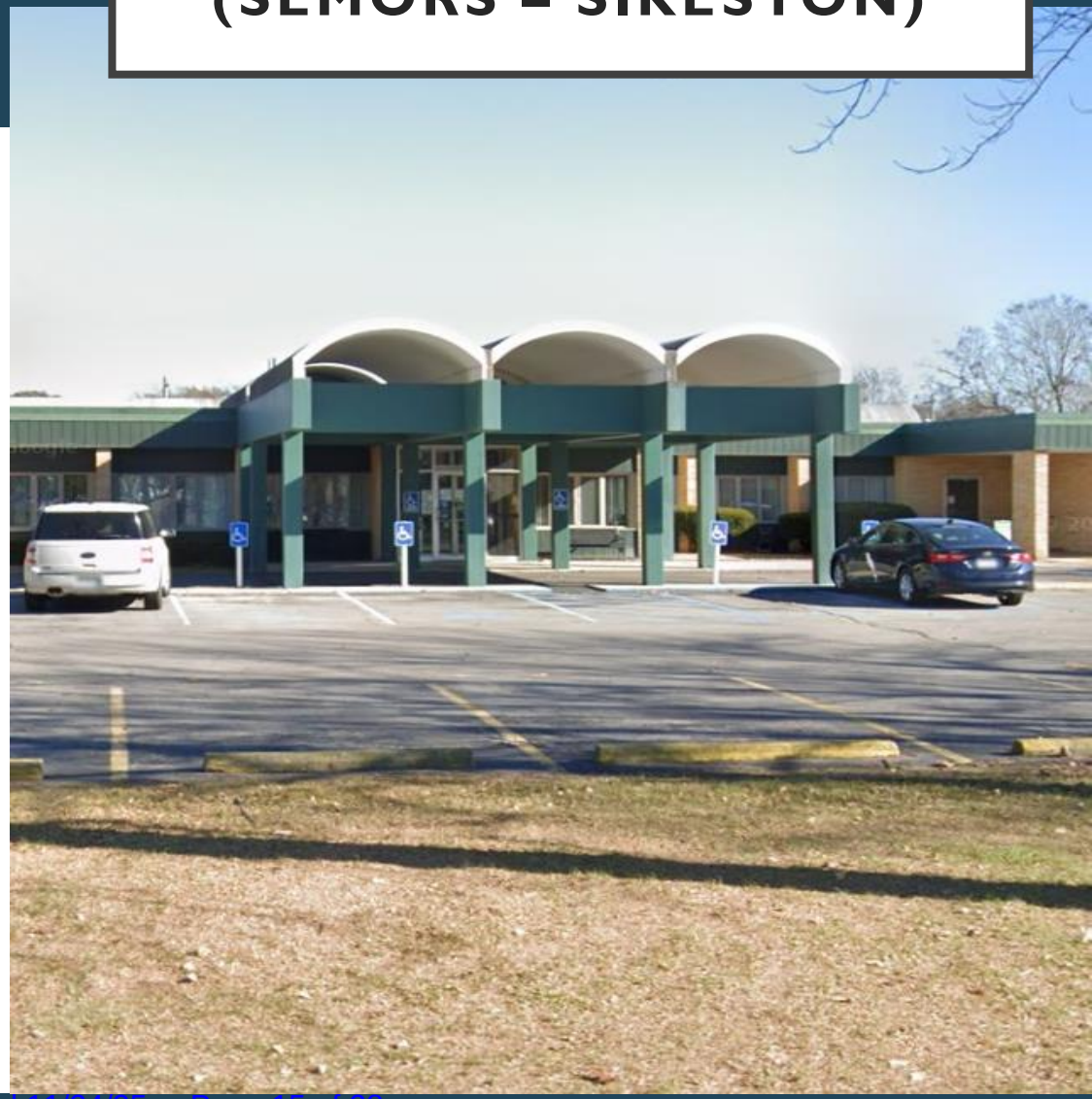
- NMPRC will provide treatment programs specifically for the NGRI patient population.
- This facility will no longer serve PIST/VBG patients.
- No additional capital costs beyond M&R expected.
- No staffing reallocations will be necessary.

SOUTHEAST MO RESIDENTIAL SERVICES (SEMORS – SIKESTON)

- Census: 25
  - Campus: 15
  - ISL: 9
  - DBH: 1
- Budgeted Beds: 25 (Transitioned 2 from Poplar Bluff campus to meet program needs).

Facility Alignment

- SEMORS- Sikeston ICF-IDD supported individuals will move to:
  - SEMORS – Poplar Bluff campus
  - SEMORS community living
  - Private community living
- Stabilized long-term psych hospital patients from Farmington, St. Louis FTC-South, St. Joseph, or CBM move into this location.
- Transfer of ICF-IID certified individuals has been initiated; 15 remain on campus; additional transfers are dependent upon staffing at Poplar Bluff
- 4 bed DBH pilot opened April 3, 2025; anticipate all beds filled by May 5, 2025.
- Sikeston Regional Office has been relocated; work on program areas is nearing completion.

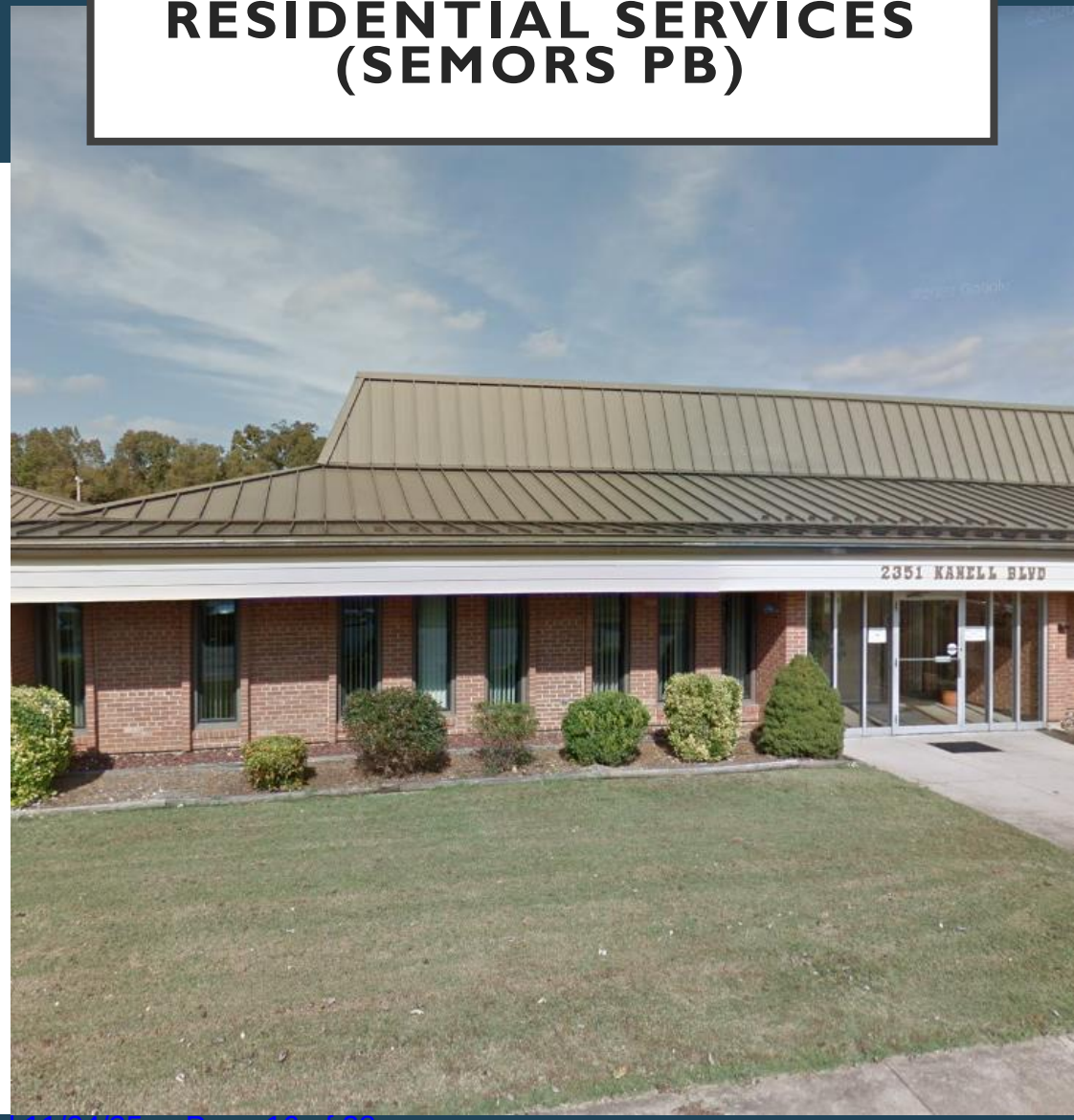


SOUTHEAST MO RESIDENTIAL SERVICES (SEMORS PB)

- Census: 37
  - Campus: 27
  - ISL: 6
  - Crisis: 4
- Budgeted Beds: 42 (Transitioned 2 to Sikeston campus to meet programming needs)

<u>Facility Alignment</u>

- Optional locations for SEMORS- Sikeston ICF-IDD supported individuals.
- 6 ICF-IID individuals have been transferred from Sikeston; staffing impacts transition
- Opened 2nd group home for DD Crisis Stabilization in March 2025; crisis census will increase to 8; timeline is dependent on hiring.



HIGGINSVILLE HABILITATION CENTER

- Campus (ICF): 29
- DD Crisis: 10
- DBH: 5
- Census: 44
- Budgeted Beds: 50

Facility Alignment

- Renovations to Group Home 5 on the Higginsville campus were completed in FY24. Home will re-open as a 4-bed unit once sufficient staff have been hired.
- DBH Pilot opened in 2024; 5 of 5 beds occupied.
- Staffing is improving but remains a barriers; need to hire 32 SCAs to support the current census without contract staff.

DDTC - SOUTH COUNTY HABILITATION CENTER

- Campus: (ICF): 24
- DD Crisis: 1
- DBH: 6
- Census: 31

Facility Realignment

- DBH 8 bed pilot opened in February 2024. Current DBH census is 6; additional 2 admissions to be completed by July 1, 2025.

DDTC ST. CHARLES HABILITATION CENTER

- Census: 36

<u>Facility Alignment</u>

- Plumbing project completed to re-open a closed group home for DD Crisis Stabilization beds
- Crisis home projected to open 6/1/25.

BELLEFONTAINE HABILITATION CENTER

- Campus (ICF): 78
- DD Crisis: 3
- Census: 81

Facility Alignment

- FY 26 funding request in OA budget for ~ $1.4 million to renovate 4 closed group homes to re-open as a 16-bed crisis program

Other DMH Facilities

- Hawthorn Children's Psychiatric Hospital (St. Louis)
  - Census: 20
- Forensic Treatment Center (FTC) North (St. Louis)
  - Census: 75
- FTC South (St. Louis)
  - Census: 180
- Northwest Community Services (Marshall to Independence)
  - Long-term Waiver Census: 100
  - Optimistic Beginnings Census: 8
- Southwest Community Services – Nevada
  - Long-term Waiver Census: 36
  - DD Crisis Stabilization Census: 2
  - Census: 38

Missouri Department of MENTAL HEALTH

Critical Issues – Waitlist #2

Behavioral Health/IDD Consumers Boarding in Hospitals/Jails/Shelters

Who

- 26 with DD boarding in restrictive, uncompensated settings

Why

- Limited, appropriately trained, workforce
- Limited community placements after stabilization

Solutions

- Habilitation center beds – capacity
- BH/IDD community capacity build-outs
- Value-based payments for staffing and training
- DD psychiatric stabilization service

Obstacles

- Scarce affordable housing
- Limits on highly scrutinized federal reimbursement

Risks

- Reducing general hospital capacity
- Acuity of symptoms increases/life skills decrease as inappropriate placements are extended

Missouri Department of MENTAL HEALTH

Critical Issues – Waitlist #3

Nursing Facility Closures – Behavioral Health Placements

Who

- Over 4,000 individuals under age 65 living in nursing homes with primary behavioral health diagnosis excluding dementia

Why

- Limited community placements
- Limited, appropriately trained, workforce

Obstacles

- Scarce affordable housing
- Limited federal reimbursement opportunities

Solutions

- **Gov Rec $5.6M GR/$1.3M Fed** - Fund development of community-based placements

- **Gov Rec $5.0 GR/$9.3M Fed** - Allow behavioral health service delivery in nursing facilities:
  - Comprehensive psychiatric rehabilitation services for more acute cases
  - Case management to support transition

Missouri Department of MENTAL HEALTH

Critical Issues – Waitlist #4

Waiver Slots for Individuals with Developmental Disabilities

Who

- 208 assigned for in-home waiver
- 76 assigned for the residential waiver
- 100+ individuals added per month

Why

- Supplemental was passed.

Risks

- Acuity of symptoms increases/life skills decrease as inappropriate placements are extended

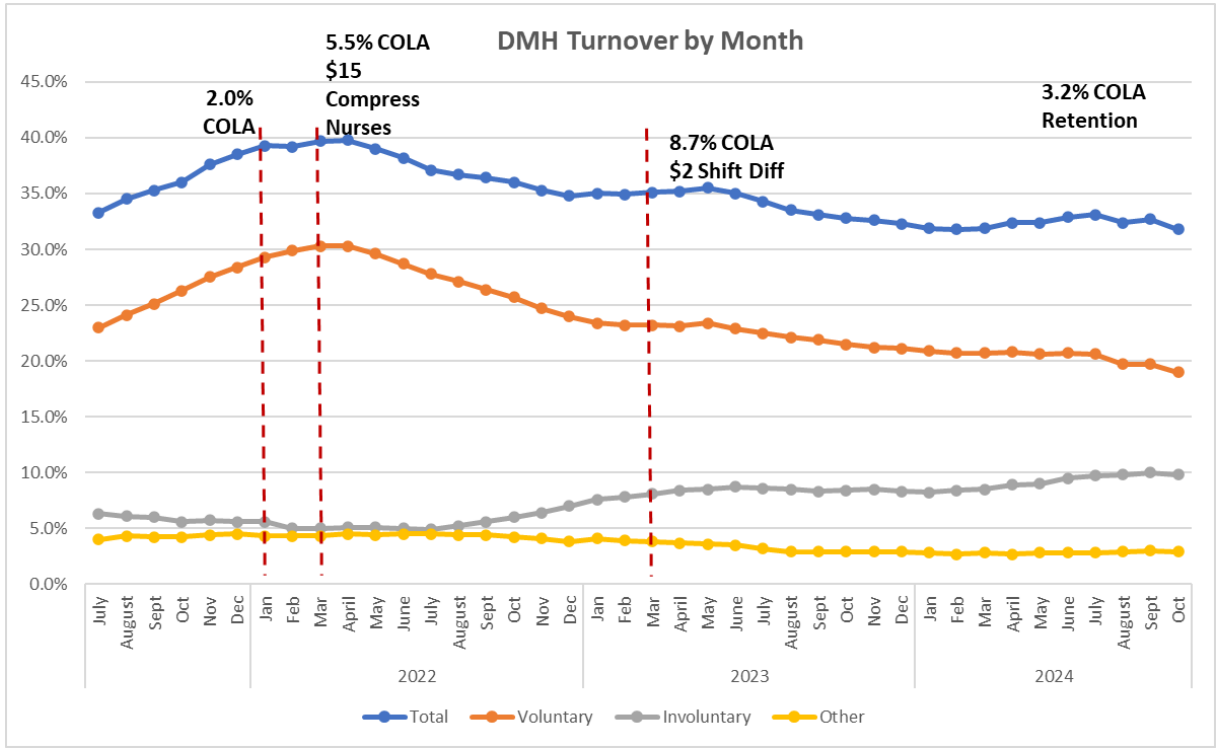
Obstacles

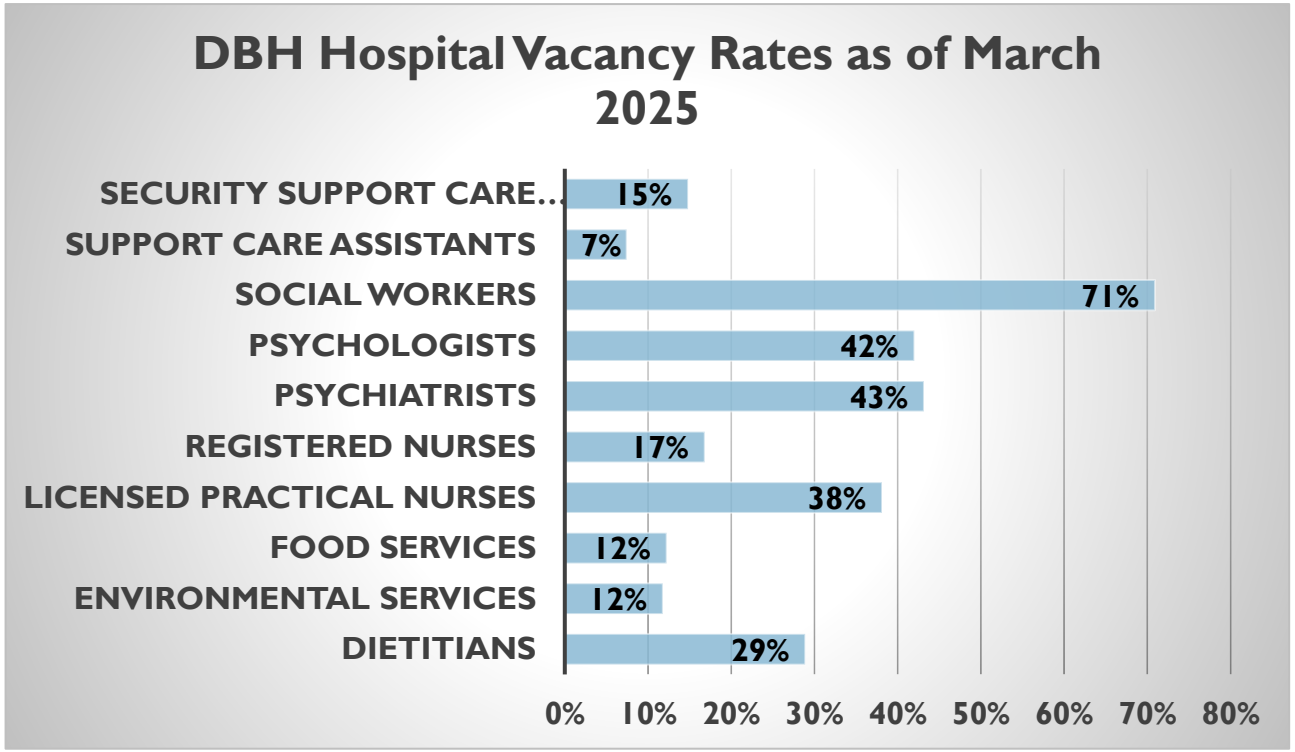
- 676 with highest needs wait for access to alternative residential provider
- Limited access to alternative placements
- Limited, appropriately trained workforce

Solutions

- Fund DMH utilization NDI
  - **Gov Rec** $75M General Revenue to eliminate and prevent waitlist for services in FY26

Critical Issues – Workforce





	2024	2023	2022
Full-Time	5,863	5,451	4,945
Part-Time	1,327	1,820	1,409
Total	7,399	7,515	6,714
Annual FTE	6,754	6,251	5,975

DMH AVG Separations

1,604

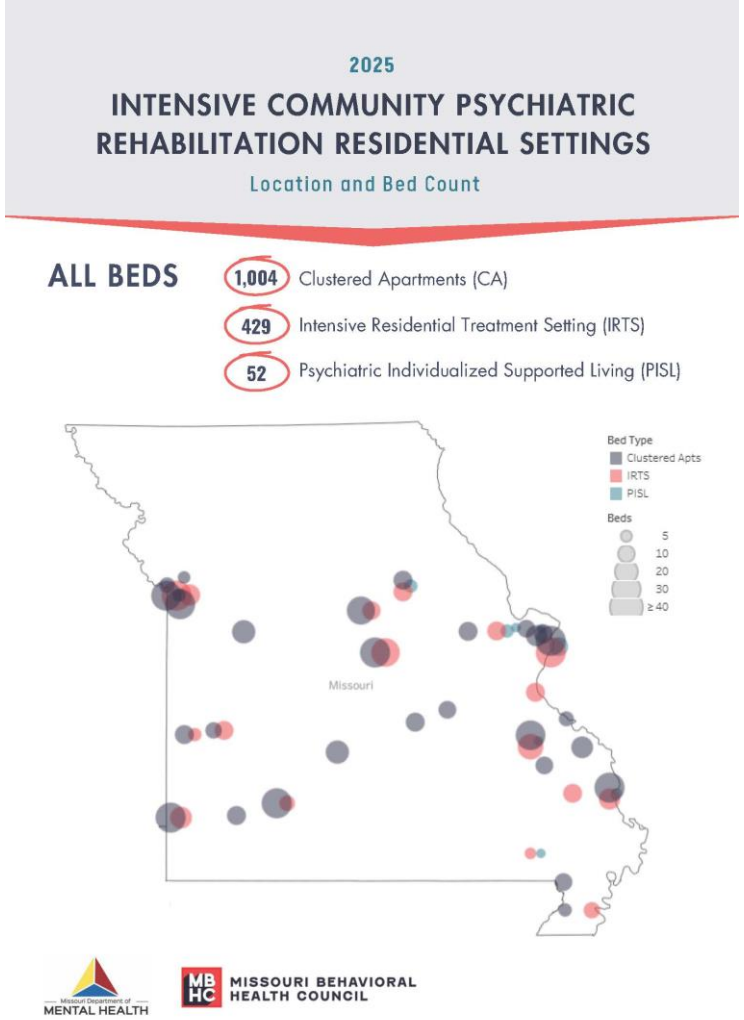
Committee Testimony

- February 3: Public Administrator
  - Reopen Habilitation Centers
  - Institution for Mental Disease (IMD) Exclusion Waiver – progress
  - Expansion of Dialectical Behavior Therapy (DBT)
  - Increase for state hospital beds
  - Need for an alternative inpatient model to provide time for stabilization (e.g., Behavioral Health Long Term Acute Care)

- February 17: Missouri State Public Defender's Office and Families
  - Private hospitals
  - Outpatient restoration
  - Funding for jail navigators
  - Statutory changes for misdemeanor and time-served

Committee Testimony

- March 3: Missouri Behavioral Health Council
  - CIT
  - CCBHC
  - CBHL/YBHL
  - Crisis Continuum
    - 988
    - BHCC
  - Substance Use Services
  - Youth Support



Committee Testimony

- March 24: Behavioral Health Boarding and Placement Access
  - Use of acute bed space
  - Support building private capacity
- March 31: Harmony House and Family Justice Center
- April 14: Law Enforcement
  - Co-responder model
- April 28: Substance Use Prevention and Treatment Taskforce

MISSOURI APPLESEED

100 North Tucker Blvd, Room 840
St. Louis, MO 63101
www.missouriappleseed.org

Mental Health Needs in Missouri Jails

Part I: Surveying County Sheriffs & Jail Administrators

MISSOURI APPLESEED
SEPTEMBER 2025

Missouri Appleseed believes all Missouri families deserve the opportunity to thrive. Through research, advocacy, and education, Missouri Appleseed works to improve the systems and policies at the intersection of public health, criminal justice, and child welfare.

This report was authored in part by Missouri Appleseed graduate fellows Evelyn Annor, MPH ’26 and Katie Quinn, JD ’26. We thank them for their incredible contribution to this work.

Missouri Appleseed also extends sincere thanks to the Missouri Foundation for Health for its financial support of our Medicaid and Incarceration initiatives.

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MENTAL HEALTH NEEDS IN MISSOURI JAILS: A SURVEY OF COUNTY SHERIFFS AND JAIL ADMINISTRATORS

TABLE OF CONTENTS

I. INTRODUCTION

Prisons and jails are one of the largest providers of mental health services in the country, yet there are not enough resources allocated to support these efforts. Missouri's incarceration rate ranks high among American states: 713 people per 100,000.[1] This is more than the national average (614 per 10,000), as well as the incarceration rate of totalitarian regimes like Russia, Saudi Arabia, and Venezuela (300, 207, and 199 per 10,000, respectively).[2] Many incarcerated individuals have faced poverty, mental health, or substance use issues—or a combination of all three. According to state and federal estimates, more than one in four Missouri adults (26%) have some degree of mental illness. Of that group, 6% have a serious mental illness.[3] At the St. Louis City Justice Center, more than one in four jail residents are prescribed psychiatric medications.[4] In a nation that underfunds mental health care, Americans with serious mental and behavioral health issues are often turned away from services due to a shortage of providers and inability to pay, ultimately ending up in the only place that cannot refuse to take them: jails.

> **"Concrete cell blocks are not conducive for treating mental health or addiction issues.**
> *Former Missouri Supreme Court Justice Mary Russell*

Missouri Appleseed has heard from sheriffs, jail administrators, and mental health advocates alike: these individuals do not belong in jails. Jails across the state of Missouri are stretched far beyond the limit caring for individuals often struggling with severe mental health issues and substance abuse. Jails are obligated to provide healthcare services but are often severely limited by funding. The conditions are unsustainable and cruel for both jail staff and detained individuals.

Resources like diversion programs and competency restoration programs attempt to divert people with mental illness into the treatment they need instead of languishing in a jail situation that only aggravates their condition. Many Missouri jails also attempt to provide mental health services but are limited by healthcare budgets set by their county. Local care providers, Community Health Workers (CHWs), and reentry services band together to attempt to provide services where they can.

In our discussions with county jails, administrators point to one particular bottleneck for services: competency assessment and transfer waitlists. Managed by the

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[1] Emma Widra, *States of Incarceration: The Global Context 2024*, PRISON POL'Y INITIATIVE (Jun. 2024), https://www.prisonpolicy.org/global/2024.html.
[2] *Missouri Profile*, PRISON POL'Y INITIATIVE, https://www.prisonpolicy.org/profiles/MO.html (last visited Aug. 29, 2025).
[3] *ANNUAL STATUS REPORT ON MISSOURI'S SUBSTANCE USE AND MENTAL HEALTH*, MO. DEP'T MENTAL HEALTH, DIV. BEHAV. HEALTH (2024), https://dmh.mo.gov/sites/dmh/files/media/pdf/2024/12/sr2024-section-a.pdf.
[4] Doug Burris, *Operational Review of the St. Louis Justice Center* (Jan. 2025), www.stlouis-mo.gov/government/departments/mayor/documents/upload/Operational-Review-of-the-St-Louis-Justice-Center.pdf.

Missouri Department of Mental Health (DMH), the competency restoration program (CRP) provides treatment to restore competency for those individuals who have been committed by the courts to DMH as incompetent to stand trial (IST).[5] DMH assesses each individual found IST and determines whether the CRP is an appropriate next step. Those who are found unable to regain competency (such as due to advanced dementia) may be civilly committed and their criminal charges dropped. Those determined eligible for a CRP are placed on a waitlist sorted by acuity of need. Because acuity of need trumps time spent on the list, individuals can spend years in jail waiting for a transfer.

> **Wait times vary but can be months waiting for an assessment. If placed on a list, it can be years before jail residents move up to a bed spot, meanwhile they languish in jail.**
> *Mississippi County Sheriff*

Incarceration is not meant to treat, or even manage, mental illness. Jails often cannot afford to cover the cost of common chronic disease medication, let alone expensive psychiatric medication.[6] Individuals awaiting a CRP placement or even civil commitment suffer when their medical needs remain unmet, and as their mental health inevitably deteriorates, jail administrators face difficult choices. Incarcerated individuals with mental illness cannot always safely co-exist with others in general population; they may be victimized by other residents, or their mental state may lead them to cause injury to staff or residents. The only physically "safe" place that remains is solitary confinement, but isolating someone with mental illness almost always aggravates their condition.

The severe backlog for competency assessment and transfer inevitably leads to worsening mental health but also justice delayed. Some individuals sit on the list for months or years longer than their original sentence would have lasted.

> **I have a big guy, about 6'4" and 300 pounds, who hears voices. When he's in gen[eral] pop[ulation], he starts fights when he thinks others are talking about him. Everyone else gangs up on him and ends up injured. I have to put him in solitary to keep him from hurting others or getting beat up, but when he's in solitary he cries from loneliness. It's heartbreaking. I don't know what to do. He's been assessed incompetent by DMH but has been waiting for a bed for over a year. I've called anyone I can think of to try and get him out of here, with no luck.**
> *Anonymous County Sheriff*

[5] *Programs*, MO. DEP'T MENTAL HEALTH, https://dmh.mo.gov/ftc/programs, (last visited Aug 29, 2025).
[6] Jails are statutorily required to provide *access* to health care but have no legal obligation to pay or take on the debt of that health care. R.S.MO. § 221.120.

A Note About This Report

Missouri Appleseed is a nonprofit that uses research, advocacy, and education to improve the systems and policies at the intersection of public health, criminal justice, and child welfare. We work closely with jails across the state to implement our *Medicaid in Missouri Jails* initiative, which trains sheriffs and jail staff on pre-release Medicaid enrollment for incarcerated individuals.[7] Through our relationships with these sheriffs and jails, we became aware of the massive moral, ethical, and legal dilemma they face in holding individuals trapped waiting for competency assessment and transfer. Furthermore, we noticed that anecdotal data from sheriffs on the prevalence of mental illness in their jails seemed to exceed national estimates of mental health needs in jails.

Part of the issue with data comes from the fact that jails are managed independently by counties—meaning there is no central source for consistent data collection and sharing. Missouri Appleseed decided to gather these stories, experiences, and data on mental health needs in Missouri jails using a statewide survey. We relied on our relationships with Missouri Sheriffs' Association (MSA) and Missouri Association of Counties (MAC) (specifically, MAC's Policing, Justice & Mental Health Steering Committee) to draft a survey and encourage member engagement.

The resulting survey examined the prevalence of mental health issues among incarcerated individuals in Missouri jails. The survey was emailed to all sheriffs and jail administrators in the state. Respondents were asked to estimate the percentage of individuals in county jails experiencing mental health challenges. This included severe mental illnesses, depression, and anxiety, regardless of whether there was a formal diagnosis. Our data analysis of the survey results explored the mental health landscape within Missouri county jails by examining facility characteristics, the prevalence of mental health needs, operational challenges related to mental health holds, and funding priorities. The data also describe current institutional capacities and how jails would allocate additional funding, particularly regarding mental health services. Both quantitative and qualitative data were analyzed to assess perceived difficulties and institutional priorities related to mental health care in the carceral setting.

This report is the first in a two-part series resulting from our data analysis and legal research. It provides a survey of the mental health and incarceration landscape in Missouri, describes the survey process, reports the data, and discusses identified themes. Part II will discuss policy and administrative considerations especially significant during a time of substantially shifting federal funding priorities and federal opportunities.

Missouri Appleseed thanks the Missouri Foundation for Health for their generous financial support of our Medicaid implementation and policy advocacy work. We also thank the Missouri Sheriffs' Association and Missouri Association of Counties for their help drafting and distributing the survey. Finally, we thank the hundreds of people who have contributed information to this report: sheriffs, jail administrators and staff, public defenders, county commissioners, and those who have experienced incarceration in the face of mental health challenges.

[7] *Enrolling Missouri Jail Populations in Medicaid*, MO. APPLESEED, www.missouriappleseed.org/enrolling-missouri-jail-populations-in-medicaid (last visited Aug. 29, 2025).

II. BACKGROUND: MISSOURI JAILS & MENTAL HEALTH

A. Incarceration in Missouri

Missouri has ninety county jails, holding more than 11,000 individuals on any given day. An additional nineteen Missouri state prisons hold 24,000 individuals each year.[8] Population data is fluid and not frequently updated. Because of this, the Bureau of Justice Statistics' most recent report is from 2022.[9]

Although Missouri state prisons house more individuals than jails on any given day, jails see approximately five times as many individuals than prisons annually. On a single day in Missouri in 2015, prisons housed 30,337 individuals, while county jails held a total of 11,372 individuals.[10] From an annual perspective, however, four county jails had annual counts for 2015 that were greater than the ten busiest state prisons combined. In Cole County alone, there are around 145 jail residents on an average day, but over 6,000 people are booked each year.[11] (These figures may reflect duplicate counts of individuals moving from jail to prison, because all people who experience incarceration are first booked into a jail. Depending on their case, they may be found innocent and released; sentenced to serve their time in jail; or moved to a Missouri prison.)

B. Mental Health & Incarceration

The federal government estimates 37% of individuals in state and federal prisons have been told that they had a mental disorder by a mental health professional.[12] For people in local jails, that number increases to 44%. This trend continues when broken down by diagnosis. People incarcerated in jails have higher incidences serious psychological distress (26% in jails v. 14% in prisons) and major depressive disorder (31% in jails v. 24% in prisons).[13] Sixty-three percent of jail residents and 58% of prison residents report having a substance use disorder.[14]

Oftentimes, Missourians with serious mental illness have few options for social services. Missouri did not expand Medicaid until 2022, which left many low-income people with serious mental illnesses without straightforward access to health insurance and healthcare. Serious mental illness can make it difficult to maintain employment or housing,

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[8] *Incarceration Trends: Missouri*, VERA INST., (Oct. 16, 2024), https://trends.vera.org/state/MO.
[9] E. Ann Carson & Rich Kluckow, *Prisoners in 2022 – Statistical Tables*, U.S. DEP'T JUSTICE (Nov. 2023), https://bjs.ojp.gov/document/p22st.pdf.
[10] Missouri Appleseed, Section 1115 Waiver in Missouri (Oct. 2024), White Paper available upon request.
[11] *Jail*, COLE CNTY. MO., https://www.colecounty.org/245/Jail (last visited Aug. 29, 2025).
[12] Jennifer Bronson & Marcus Berzofsky, *Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-12*, U.S. DEP'T JUSTICE (Jun. 2017), https://bjs.ojp.gov/content/pub/pdf/imhprpji1112.pdf.
[13] *Opportunities for Missouri 's Section 1115 Reentry Opportunity Waiver to Improve Health Outcomes, Increase Reentry Success, and Support Health Care Providers Across the State*, MO. APPLESEED (Oct. 2024). White Paper available upon request. To put these incidences in perspective, only 5% of non-incarcerated Missourians report serious psychological distress. *Id.*
[14] *Id.*

amplifying poverty. Individuals with serious mental illness commonly end up in jail due to disruptive behavior stemming from mental illness or substance use disorder.[15]

Over a third of unhoused Missourians have severe mental illness or substance use disorder.[16] Homelessness is criminalized through statutes prohibiting loitering, public urination, or park trespass after curfew. Unhoused individuals experiencing a mental health crisis unintentionally break these laws just by existing outdoors and on the streets. In fact, these laws lead to over-policing of unhoused people with serious mental illness causing them to be stuck within the carceral system with their behavioral health needs unmet.

The intensive treatment needed for serious mental illness and substance use disorders requires sufficient healthcare infrastructure. One way Missouri tries to tackle the mental health needs of its residents is through Certified Community Behavioral Health Clinics (CCBHC). CCBHCs provide comprehensive mental health and substance use services through the Missouri Department of Mental Health. While these clinics are a tool in treating adults, there are only twenty in the entire state, not enough to meet the high demand for services.[17] There are not enough clinics to accommodate the number of people experiencing a mental health crisis at any given time or location throughout Missouri. Hospitals can also provide mental health treatment but their ability to fill the gap in mental health services shrinks every year: there have been twenty Missouri hospital closures in the last decade with over half being rural.[18] Furthermore, community care will likely only get worse as Missouri faces more hospital closures and decreases in federal funding as a result of recent legislation (discussed *infra* in Section IV.D).

> **“The Corrections Department has become the last resort for housing people with mental illness.**
> *Doug Burris, Interim Commissioner of Corrections, St. Louis City Jail*

Jails and prisons are not designed to treat mental health issues. They are chaotic environments that do not have the means to accommodate individualized mental healthcare.[19] However, with the closing of rural hospitals, a shortage of psychiatric beds, and an absence of healthcare workers overall, jails are now at the forefront for addressing all behavioral health needs.

The Missouri Department of Corrections (DOC), which manages prisons in Missouri, is supposed to provide a full range of mental health services for prisons across the state. When people arrive at prison, they undergo an evaluation during intake and legally have the right to request mental health services at any time during their

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[15] Niloofar Ramezani et al., *The Relationship Between Community Public Health, Behavioral Health Service Accessibility, and Mass Incarceration*, BMC HEALTH SVCS. RSCH. (Jun. 29, 2022), https://pmc.ncbi.nlm.nih.gov/articles/PMC9336014/.
[16] Devon Kurtz, *Homelessness in Missouri: An Evolving Crisis*, CICERO INST. (Mar. 14, 2024) https://ciceroinstitute.org/research/homelessness-in-missouri-an-evolving-crisis/.
[17] *Certified Community Behavioral Health Clinics (CCBHCs)*, MO. DEP'T BEHAV. HEALTH, https://dmh.mo.gov/certified-community-behavioral-health (last visited Aug. 29 2025).
[18] *21 Hospital Closures in Missouri Since 2014*, MO. HOSP. ASSOC. (Oct. 2024), www.mhanet.com/mhaimages/advocacy/Missouri_Hospital_Closures.pdf.
[19] Ramezani et al., *supra* note 15.

incarceration. These services (when available) are provided by DOC's contracted prison healthcare provider, Centurion Health. Centurion Health is a private correctional healthcare services provider, which delivers all medical and mental health services for all incarcerated people at the DOC. The Centurion contract costs the DOC and the state over $200 million annually.[20] This cost has almost doubled since 2011 (when the cost of a prison resident's health and medical services was $12.14 a day), despite services not necessarily increasing at the same rate.[21]

On the other hand, jails handle mental health services on a jail-by-jail basis. Unlike prisons, which have state funding for health care services through DOC, jails are funded through county budgets and usually do not have substantial funding for health care services. Some larger jails like St. Louis County have their own Corrections Medicine program, paid for through the St. Louis County Department of Health. Cooper County, a considerably smaller jail by comparison, has correctional insurance on their residents. Other jails have on staff nurses, contracts with private medical services, on-call doctors, or merely call 911 to bring individuals to a local hospital for any necessary medical care.

> **Medicine and medical attention for prisoners, definitions. — 1. If any prisoner confined in the county jail is sick and in the judgment of the jailer, requires the attention of a physician, dental care, or medicine, the jailer shall procure the necessary medicine, dental care or medical attention necessary or proper to maintain the health of the prisoner…The costs of such medicine, dental care, or medical attention shall be paid by the prisoner…If the prisoner is not eligible for such health insurance benefits then the prisoner shall be liable for the payment of such medical attention.**
>
> *Revised Statutes of Missouri (R.S.Mo.) 221.120*

Most jails in Missouri do not have the budgets to pay out of pocket for jail residents who need medication, nor do they have the staff to distribute these essential medications. Additionally, there is not enough staffing to give adequate mental health or physical health services. As a result, jail staff must send incarcerated individuals to local hospitals, leaving the patient to foot the bill. Notably, Missouri law requires jails to provide and make services accessible, but *jails do not have to pay for these services*. Many people leave jail with hefty medical bills that are not covered by insurance, while jail staff are forced every day to watch

[20] Kurt Erickson, *Missouri Gives Prison Health Care Provider $20 Million a Year Raise*, ST. LOUIS POST DISPATCH (Oct. 24, 2024), https://www.stltoday.com/news/local/government-politics/article_f83708c0-826b-11ef-abaa-abf0d4ea5e4e.html.
[21] B. Priddy, *The Cost of an Inmate*, MISSOURINET (Jan. 16, 2011), https://www.missourinet.com/2011/01/16/the-cost-of-an-inmate-audio.

people in their care be permanently damaged by a lack of access to physical and mental healthcare.

C. Incompetent to Stand Trial & Competency Restoration Programs

The Missouri Department of Mental Health (DMH) manages and treats mental health and substance use disorders for Missourians of all ages. DMH's services also provide for jail and prison residents, including mental health assessments, treatment center placement, and administering medication.

A principal function of DMH within the justice system is to provide competency assessments to determine if a jail resident can stand trial. These mental examinations are essential to evaluating a person's mental status and awareness of the legal matter at hand.

> **"No person who as a result of mental disease or defect lacks capacity to understand the proceedings against him or her or to assist in his or her own defense shall be tried, convicted or sentenced for the commission of an offense so long as the incapacity endures.**
>
> *R.S.Mo. 552.020*

When a court orders an assessment of a defendant to determine their competency to stand trial, DMH must "act within a reasonable amount of time" to complete an assessment of the defendant's mental state.[22] Nothing in Missouri state statute requires DMH to transfer jail residents from jail to an inpatient facility within a certain amount of time. However, in the United States Supreme Court case *Jackson v. Indiana*, a person can only be held for a "reasonable period of time necessary to determine whether there is a substantial chance of his attaining the capacity to stand trial in the foreseeable future."[23] If DMH assesses a person as possibly able to regain competency, they must transfer that individual to either a long-term care facility or a competency-restoration program. If there is no chance of competency restoration or the person is not improving, then the person must be released or given a hearing.

[22] 406 U.S. 715 (1972).
[23] *Id.*

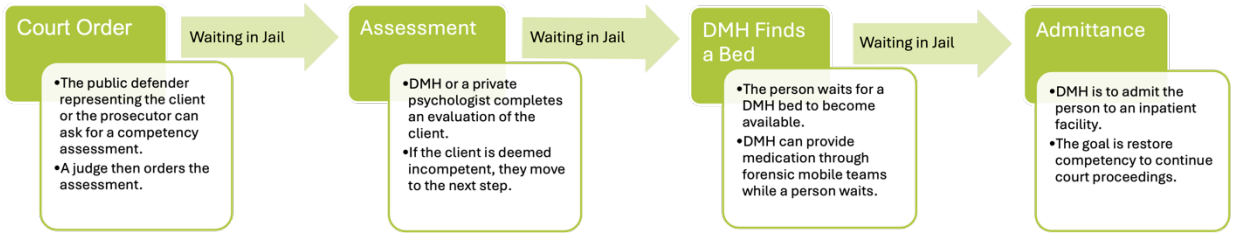

Image 1. Waiting for a DMH mental health assessment and facility transfer

DMH has three inpatient facilities: St. Louis Forensic Treatment Center-North Campus, Center for Behavioral Medicine, and Nixon Forensic Center. Each of these facilities has a limited number of beds for evaluation and competency restoration. According to the Treatment Advocacy Center, there were 890 forensic beds available in Missouri in 2023.[24] Ideally, experts recommend a minimum of 50 beds per 100,000 people to adequately serve the needs of people with severe mental illness.[25] Missouri currently has 14.4 beds per 100,000 people creating a major gap for people with mental health needs. Furthermore, the number of beds specifically for competency restoration are not always clear and can change depending on what the state's annual budget authorized.

In 2024, 292 individuals deemed IST received competency restoration services in state-operated adult facilities.[26] As of June 2025, 444 people sit on the waitlist for a DMH competency restoration bed. Those on the DMH waitlist wait, on average, 14 months for a transfer.[27] During the extended waiting period, people sit in jail. These jail residents are not being treated effectively or efficiently, despite the jails' best efforts. To make matters worse, the waitlist is only growing. The DMH waitlist has grown 40% in the past year with competency evaluations increasing 48% in the last 5 years.[28]

D. Justice Delayed, Justice Denied

Holding people deemed IST in jail without access to comprehensive mental health treatment poses a clear threat to Missourians' constitutional rights to a fair and speedy trial, as well as to be protected from cruel and unusual punishment.

The DMH waitlist significantly imperils Missourians' legal rights and access to justice. The list also poses an ethical dilemma for courts and public defenders. Not infrequently, jails are required to hold a person assessed by DMH as IST for a longer period

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[24] *Missouri Severe Mental Illness Resources & Helpful Info*, TREATMENT ADVOC. CTR, https://www.tac.org/map_directory/missouri/ (last visited Aug. 15, 2025).
[25] *Id.*
[26] *FY 2026 Budget Request with Governor's Recommendations Program Descriptions Book*, MO. DEP'T MENTAL HEALTH (Jan. 2025), https://oa.mo.gov/sites/default/files/FY_2026_Dept_of_Mental_Health_Gov_Rec_Programs_Book.pdf.
[27] *House May Health Mental Health Committee Hearing*, MO. DEP'T BEHAV. HEALTH (May 5, 2025), https://legacy.www.documentcloud.org/documents/25931693-house-may-health-mental-health-committee-hearing-may-5-final/.
[28] Clara Bates, *Missourians Stuck in Jail Waiting for Mental Health Care Up 40% from Last Year*, MO. INDEPENDENT (June 13, 2025), https://missouriindependent.com/2025/06/13/missourians-stuck-in-jail-waiting-for-mental-health-care-up-40-from-last-year.

than a plea deal sentence would have been for the original misdemeanor crime. Public defenders are at the forefront of dealing with this dilemma. Many public defenders' clients would leave incarceration faster with a misdemeanor conviction, even if the client is battling severe mental illness. According to the director of the Missouri State Public Defender System, Mary Fox, a dozen people currently awaiting competency restoration have been jailed longer than the maximum sentence they could have received from a judge.[29]

One thing is abundantly clear: Missourians are languishing in jail due to mental illness, which cannot be effectively treated in a carceral setting. Keeping them in jail prevents them from receiving necessary care. In the next section, we share the results of our study on how jails are responding to this crisis.

> **"It's gotten so bad that people aren't getting any treatment within the time period of when their case should be over and done with.**
> *Mary Fox, Director, Missouri State Public Defender System*[30]

[29] *Wait for Competency Restoration Averages 14 Months in Missouri Jails*, PRISON LEGAL NEWS (May 1, 2025), https://www.prisonlegalnews.org/news/2025/may/1/wait-competency-restoration-averages-14-months-missouri-jails/.

[30] Clara Bates, *Missourians Waiting in Jail for Court-ordered Mental Health Care Reaches All-time High*, MO. INDEPENDENT (Jan. 27, 2025), https://missouriindependent.com/2025/01/27/missourians-waiting-in-jail-for-court-ordered-mental-health-care-reaches-all-time-high.

III. SURVEY OF MENTAL HEALTH NEEDS IN MISSOURI JAILS

Missouri Appleseed developed a cross-sectional study design to assess mental health needs, operational challenges, and funding priorities in Missouri county jails. Missouri Appleseed developed survey questions in conjunction with the Missouri Sheriffs' Association (MSA), Missouri Association of Counties (MAC), and MO HealthNet Division (Missouri Medicaid, MHD). The survey was first pilot tested in January 2025 via email among jail administrators and sheriffs. Necessary corrections were made before broader dissemination.

This survey was completed from February to April 2025. A structured online survey was sent out via emailed PDF and Google Forms to all ninety-one county jail facilities in the state. The link was disseminated among correctional jail administrators, sheriffs, and others in equivalent positions. Sixty-three responses were received representing 53 unique counties. Two questions were added in March of 2025 at the request of the Missouri Department of Social Services, MO HealthNet Division.[31]

This survey was designed with considerations for contextual sensitivities of the jail environment. We did not ask for specific numbers regarding jail census because it varies dramatically week to week. Secondly, we wanted to give jails the ability to provide more information through open-ended questions, prioritizing qualitative data to assess culture, environment, and opinions within jails over quantitative data. Finally, several questions were intentionally phrased in general terms to avoid making respondents feel targeted or scrutinized, to encourage more comprehensive responses.

Data Analysis

Survey responses from Google Forms were extracted into an Excel file and subsequently imported to R (version 4.3.2, R) for data cleaning and descriptive analysis, and Tableau Public for visualization. Qualitative responses were analyzed with NVivo software (Version 14, QSR International). Duplicate submissions from the same county jails were removed for the quantitative analysis. This helped retain one unique response per facility. In this process, priority was given to the data provided by jail administrators because they are located within jails (as opposed to sheriffs, who do not always spend significant time within a jail). This yielded a final analytic sample of 53 responses representing unique county jails. In our qualitative analysis, all 63 responses were included to capture a full range of perspectives from different jail officials.

A total of fifty-three responses were analyzed using R to compute descriptive statistics. These summaries included participants' roles, average jail populations, and facility population characteristics. Participants were asked to rank a set of operational challenges in terms of difficulty from 1 (most difficult) to 5 (least difficult) in the survey questions. However, most participants ranked each operational challenge individually on the scale from 1 to 5 instead of against the other challenges, so these responses were analyzed on a Likert scale.

[31] 4a. How many individuals aged 21 and younger does your county jail hold in an average week?
4b. About how many individuals under age 21 does your county jail hold in a year?

Participants were asked an open-ended question about how they would spend an additional $65,000 if the state provided their county jail with such funds per year. All sixty-three responses were analyzed using Braun and Clarke's six-phase reflexive thematic analysis. The Excel data was imported into NVivo 14 software, where the inductive coding technique was employed, resulting in the development of six distinct codes from the raw data. The initial coding was performed line by line with no prior categories. To enhance analytical rigor and consistency, the researcher re-coded the data a week later, allowing for reflexivity and code refinement. Through discussion and agreement with the lead researcher, thematic structures and interpretations were developed through an iterative process. These approaches verify both intra-rater reliability and inter-rater reliability, which improve the coding and thematic approaches to qualitative responses.

Study Limitations

This study has several limitations. Although the response rate for the survey is adequate (59% of counties are represented in the data), the survey didn't achieve statewide coverage, and this may introduce non-response bias and limit the generalizability of findings. It is also worth noting that the sample size limited statistical power, particularly for subgroup analysis and inferential statistics. Finally, respondents interpreted the question to rank operational challenges differently, which required a different analysis than originally planned.

Despite these limitations, the study comprehensively employs a mixed-method approach to enrich the analysis. Furthermore, the study design enhanced validity and contextual relevance by relying on input and testing from the Missouri Department of Social Services, MO HealthNet Division, Missouri Sheriffs' Association (MSA), and Missouri Association of Counties (MAC).

Results

Most respondents were correctional facility administrators, while others held leadership roles such as sheriff and captain. The average number of individuals held per week varied across the jails. An equivalent number of jails held 76+ individuals each week (n=23, 43.4%) as did jails holding 26-75 individuals each week (n=23, 43.4%). Fewer facilities reported holding 11-25 individuals (n=6, 11.3%) and only one jail reported a weekly census of less than ten individuals**.** Although nearly all the jails (n=48, 90.6%) reported holding individuals aged 21 and younger, the number of such individuals held was relatively low for most facilities. The majority (n=33, 62.3%) held 0-5 young adults per week, and only 3.8% (n=2) housed more than 25 individuals under 21 years. See **Table 1** for more details.

Table 1. Survey Participant Characteristics and Facility Demographics			
Characteristic		**Frequency (N=53)**	**Percent (%)**
Participant Role at County Jail	Correctional Facility Administrator	37	69.8
	Sheriff	15	28.3
	Captain	1	1.9
Weekly Average Number of Jail residents	1-10 people	1	1.9
	11-25 people	6	11.3
	26-75 people	23	43.4
	76+ people	23	43.4
Percentage of Jail residents with Mental Health Issues	100% or almost all	4	7.5
	About 25% (1 in 4)	17	32.1
	About 50% (1 in 2)	11	20.8
	About 75% (3 in 4)	18	34.0
	Unknown	3	5.7
Number of Jail residents less than 21years	0-5 young adults	33	62.3
	6-10 young adults	11	20.8
	11-25 young adults	2	3.8
	25+ young adults	2	3.8
	Unknown	5	9.3

Mental Health Assessment and Delays

Respondents were asked to estimate the percentage of individuals in their county jail experiencing mental health challenges. This included severe mental illnesses, depression, and anxiety, regardless of whether there was a formal diagnosis. Notably, 34.0% of respondents estimated that about 75% of jail residents faced mental health challenges, and 7.5% reported that nearly all their jail residents (100% or almost all) dealt with mental health issues, as shown in (**Figure 1).** Out of this population, an overwhelming 92.5% of facilities indicated they held individuals awaiting mental health assessments (MHA) by the Department of Mental Health (see **Figure 2)**.

Figure 1. Facility Supervisor-Estimated Proportion of Individuals in Missouri County Jails with Mental Health Issues

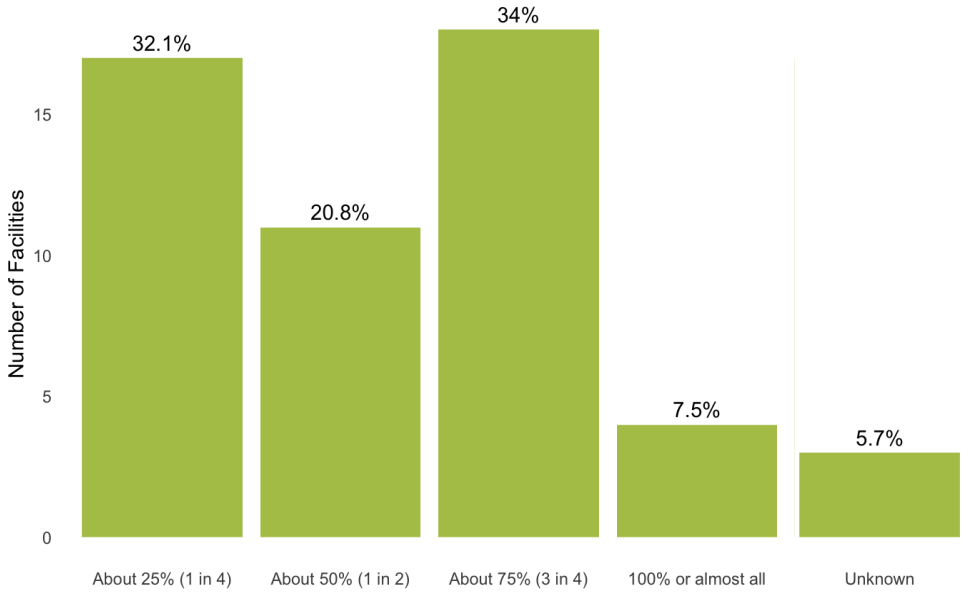
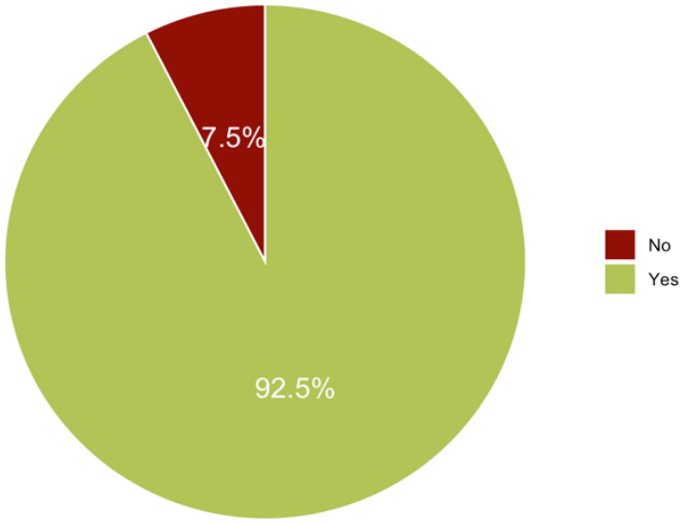


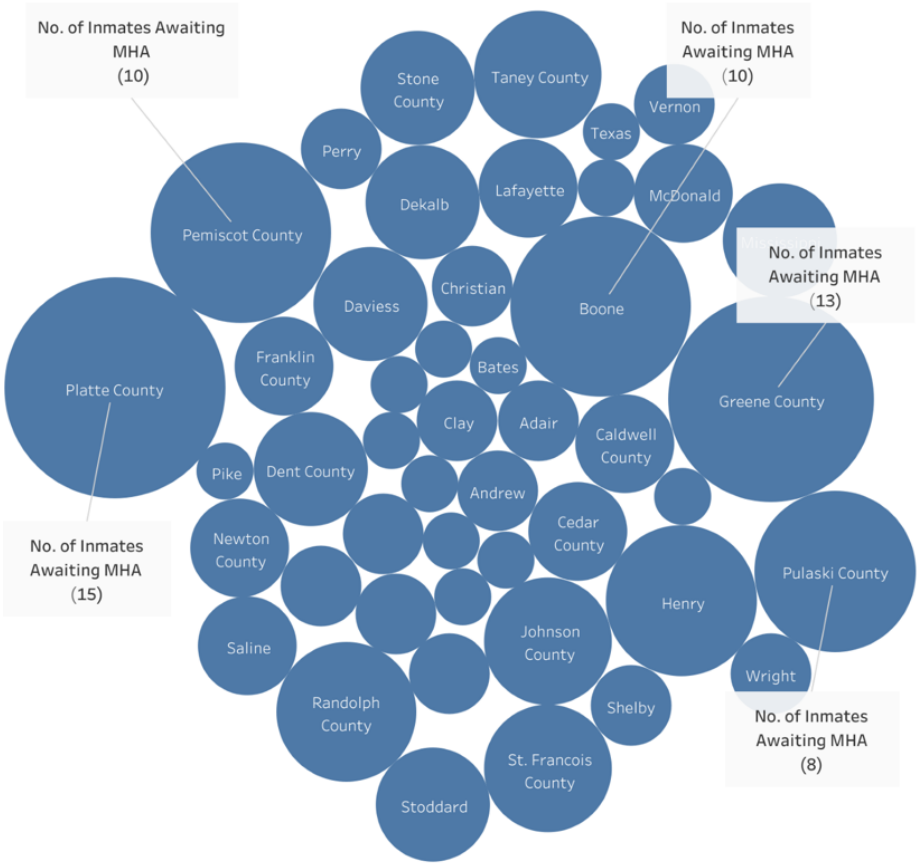
Figure 2. Proportion of County Jails Holding Individuals Awaiting Mental Health Assessment by DMH



On average, three individuals per facility (mean=3.16, SD=3.20) were waiting for a mental health assessment each week, and the number of jail residents awaiting mental health assessment ranged from zero to fifteen. The bubble chart illustrates the relative difference in the weekly number of jail residents awaiting initial mental health assessments across county jails. Each bubble represents a county, with bubble size corresponding to

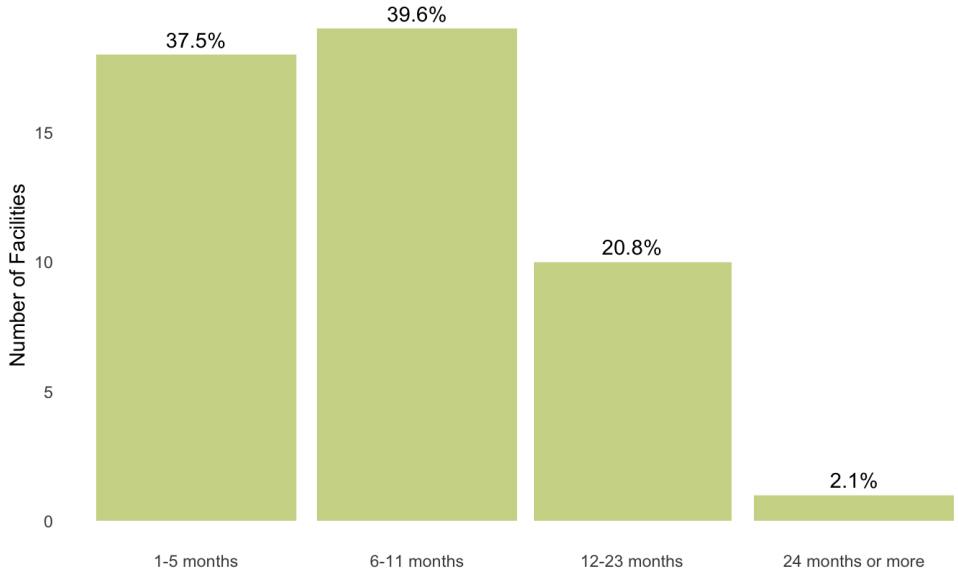
the reported weekly average number for each facility. The top five counties with the highest reported numbers are annotated in the graph below **(Figure 3)**.

Figure 3. Weekly Average Number of Individuals Awaiting Mental Health Assessments



Reported wait times for initial mental health assessments were often long; the most commonly reported average wait time for initial assessment was 6 to 11 months (n=21, 39.6%), followed by an average wait time of 1-5 months (n=20, 37.5%) (details shown in **(Figure 4).**

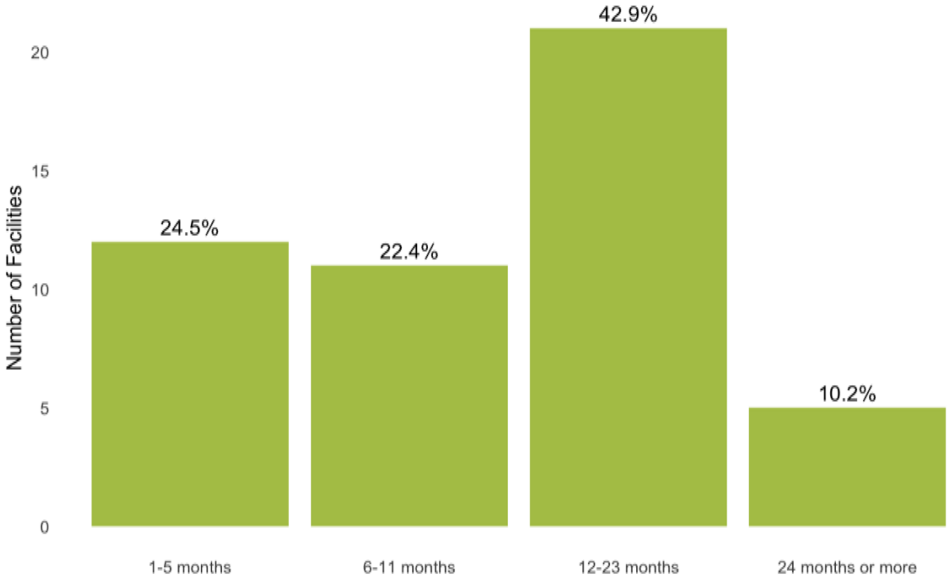
Figure 4. Reported Average Wait Time (in Months) for MHA in Missouri County Jails



The number of individuals awaiting transfer to the Department of Mental Health (DMH) facilities each week ranged from 0-26. While most counties reported low numbers, a few counties stood out. Greene County reported the highest number of individuals awaiting transfer post-assessment as IST (n=26), far exceeding the reported county jail average (mean=2.92, SD=4.12). Others with high numbers were Boone and Platte County jails (13 and 10 individuals, respectively).

Wait times for transfer to a DMH facility were almost always considerably longer than the wait time for an initial assessment. The most common waiting period was 12-13 months (n=23,42.9%) (**Figure 5)**. In one outstanding case, a county reported having a jail resident waiting more than 3 years for assessment.

Figure 5: **Reported Wait Time (in Months) for Transfer to Mental Health Facilities**



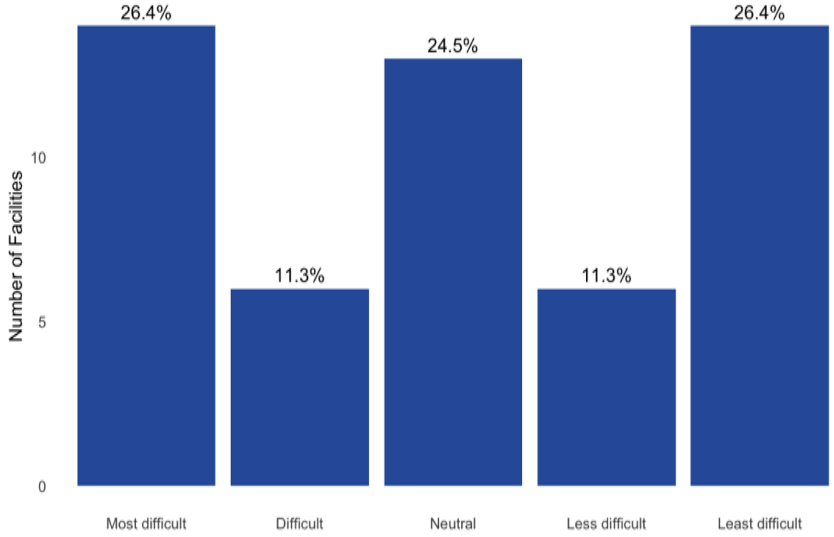
> **One guy has been there 2 years (since June 2023); he was high on the list[32] (around 6th) but is now on good medication so back down to 36th on the list - he'll never get a bed and we plan to have him for life.**
> *Anonymous Missouri County Jail Administrator*

Challenges Related to Mental Health Holds

Participants were asked to consider five challenges related to mental health holds. They were then asked to rank the difficulty of these challenges from 1 (most difficult) to 5 (least difficult). The five challenges were: (1) Not enough staff, (2) Transporting people to outside care or assessments, (3) Lack of mental health training for staff (4) Lack of space/beds due to mental health holds, and (5) Inadequate in-jail mental health care.

In terms of difficulty, "not enough staff" was reported by 14 participants (26.4%) as "*most difficult"* and by an equal number of participants (n=14, 26.4%) as *"least difficult"*. See (**Figure 6)** for more information.

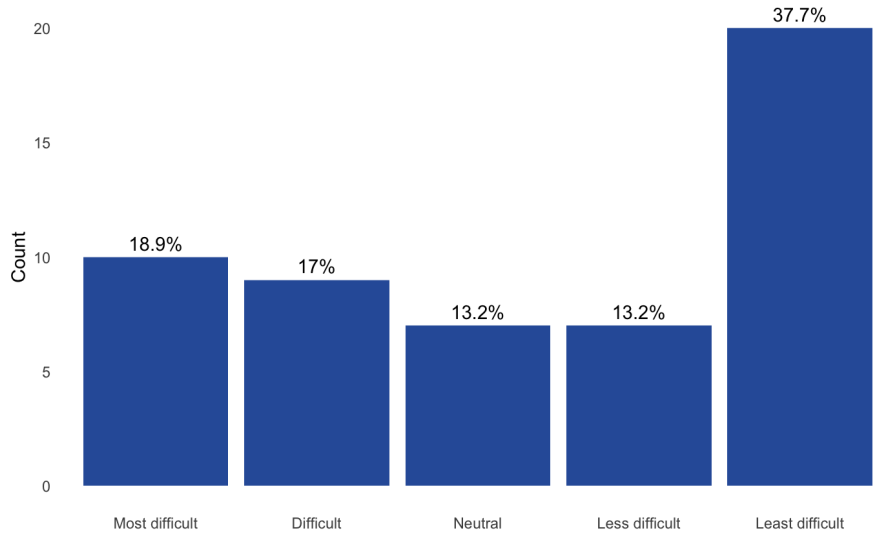
Figure 6. How difficult is "not enough staff" for your jail due to mental health holds?



For "transporting people to outside care or assessments**",** most respondents (n=20, 37.7%) rated it as *"least difficult"* while only 18.9% (n=10) rated it as most difficult, and 13.2% had less difficulty with it, as shown in (**Figure 7)** below.

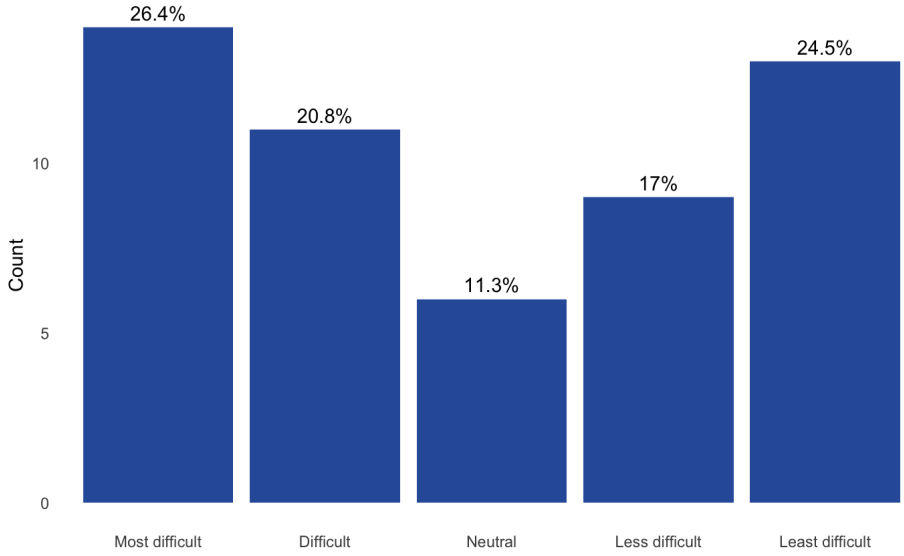
[32] "The 'list' refers to a list of names held by DMH in decreasing order of mental health needs acuity. The higher a person is on the 'list' the sooner they are eligible to be transferred to a DMH bed or facility.

Figure 7. How difficult is "transporting people to outside care" for your jail?



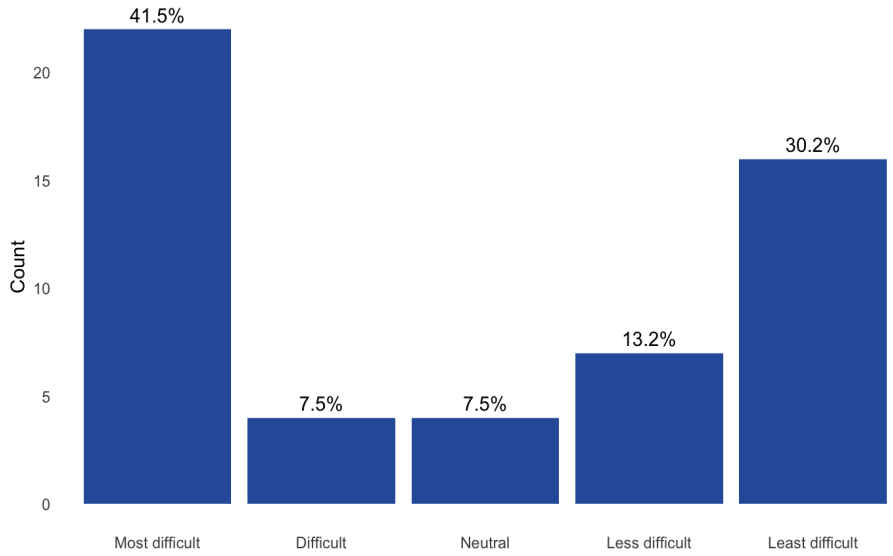
"Lack of mental health training for staff" had a mixed scale rating among participants: 26.4% (n=14) marked it as most difficult, 20.8% (n=11) as "difficult", and 24.5% (n=13) as least difficult (**Figure 8).**

Figure 8. How difficult is "lack of mental health training for staff" when handling mental health holds in your jail?



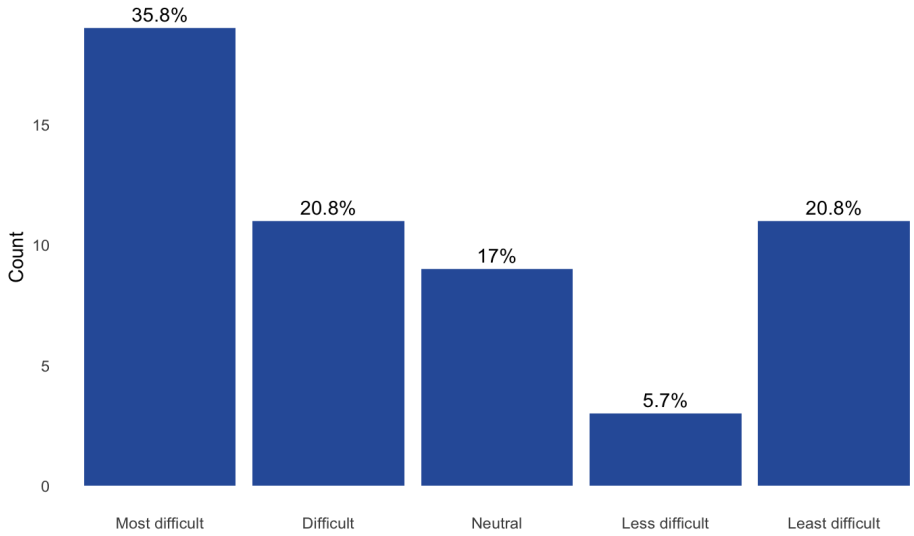
"Lack of space or beds due to mental health holds" was frequently identified as a major concern, resulting in overcrowding in jails due to mental health holds. Out of the 53 respondents, a total of 41.5% (n=22) rated it as most difficult. Conversely, 30.2% (n=16) of jails considered it as least difficult, while only 7.5 % (n=4) rated it as difficult **(Figure 9)**.

Figure 9. How difficult is "lack of space/beds for your jail due to mental health holds"?



"Inadequate in-jail mental health care" was also perceived as a substantial barrier due to mental health holds. More than half of jails rated this challenge "most difficult" (n=19, 35.8%) or difficult (n=11, 20.8%), while fewer indicated it was "less difficult" (n=3, 5.7%) or "least difficult" (n=11, 20.8%). See **Figure 10** below.

Figure 10. How difficult is "inadequate in-jail mental health care" for your jail?



Community Collaborations and Continuity of Care

Respondents were asked about their awareness of any community providers that have access to and/or work within their county jails. Most facilities (n=47, 86.8%) were aware of community providers operating within or in partnership with their jail. Among these community providers, the most common collaborators were healthcare facilities (n=43,81.1%). On the other hand, seven respondents (13.2%) reported no known

partnerships or providers. Only 11.3% (n=6) of facilities reported enrolling individuals in Medicaid before release. See **Table 2** for more details.

Table 2. Community Collaborations and Continuity of Care

Characteristic		Frequency (n=53)	Percent(%)
Awareness of community providers that have access to and/or work within your county jail	Yes	47	86.6
	No	7	13.2
Categories of community providers	Academic institution	1	1.9
	Church	2	3.8
	Healthcare facility	43	81.1
	None	7	13.2
County jail enrollment of individuals in Medicaid before release	Yes	6	11.3
	No	43	81.1
	Unknown	4	7.5

Awareness of community providers working with jails varied across counties. While most respondents indicated awareness (green), several facilities, particularly in the northwest and south-central Missouri, reported no community provider engagement (blue).

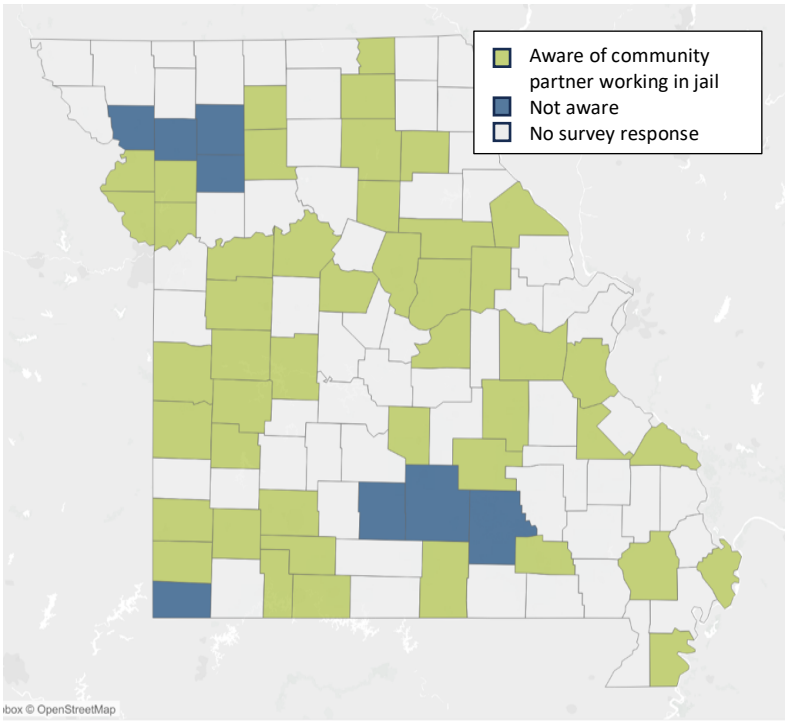


Figure 11. Awareness of Community Partners Working with County Jails

As seen below, healthcare facilities (green) were the most frequently identified partners. Examples of reported healthcare facilities included Arthur Center, Compass Health, Mark Twain Behavioral Health, and BJC. Counties with no data are indicated as null (gray).

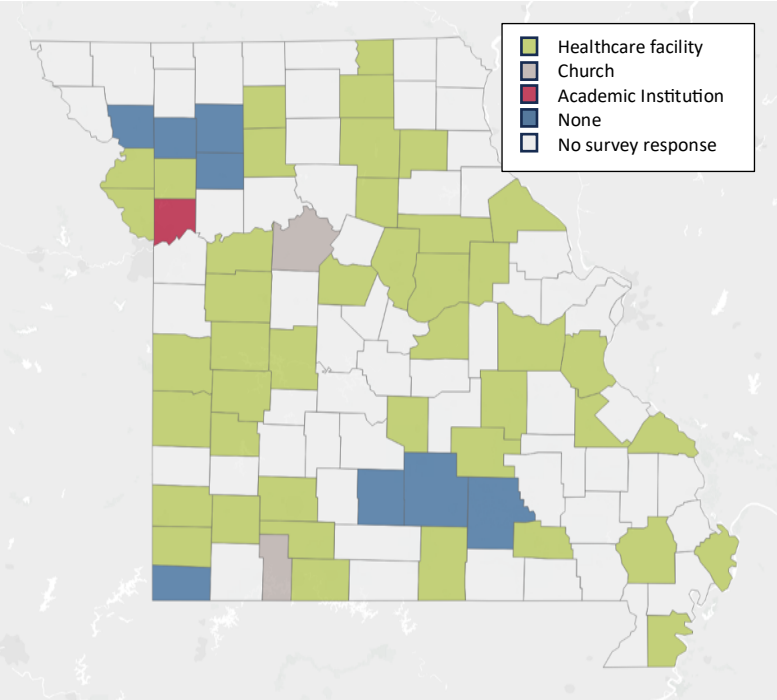


Figure 12. Distribution of Reported Categories of Community Providers Linked to County Jails

Qualitative Findings: How Jails Would Spend an Additional $65,000

To explore how jails would prioritize mental health if provided with additional funds, participants were asked, ***"If the state provided your county jail with an additional $65,000 per year, on what would you spend the funds?"*** as an open-ended survey question. This question also served to investigate whether competing funding priorities that we had not yet addressed in the survey would be prioritized over mental health challenges in jails, particularly those that are extremely underfunded. During the coding process of the individual responses, eighty-six funding priorities were generated. These codes were then categorized into three main themes:

1. Theme 1: Jail Resident Welfare and Daily Living
2. Theme 2: Institutional Infrastructure and Staffing Prioritization
3. Theme 3: Healthcare and Mental Health Investment.

Theme 1: Jail Resident Welfare and Daily Living

This theme captures responses focused on enhancing daily life experiences of jail residents through food, hygiene, recreation, and general care. This theme was the least frequently coded, with four references (0.44%) out of the total of eighty-six references. All references were from a singular code, **Jail Resident Care**. Respondents mentioned:

"…hygiene, jail resident care."
"Just everyday care of jail residents."
"Food."

Theme 2: Institutional Infrastructure and Staffing Prioritization

Survey respondents most frequently referenced this theme. It encompassed two codes: **Jail Infrastructure** and **Staffing**. Responses highlighted in this theme focus on improving physical facilities and increasing staffing, especially for equipment and staff training. A substantial number of responses under this theme focused on improving jail infrastructure, including technological upgrades and equipment. Specific suggestions included:

"…jail remodel and repair."
"…utilize said funds to provide more beds."
"…facility security enhancements and technology updates"
"…retrofitting every cell door with a food port which eliminates the need for an officer to have to open a cell door to a potentially violent jail resident to deliver a meal."

Additionally, more respondents indicated they would prioritize jail staffing needs:

"*Hire more staff to help accommodate all the special needs because of health crises."*
"Increase the pay for part-time employees, and training."
"*Training for staff to be better equipped."*

> **We would try and hire more staff to help accommodate all the special needs because of health crises.**
> *Anonymous County Jail Administrator*

Theme 3: Healthcare and Mental Health Investment

This theme included thirty-nine references and consisted of three main codes: **Mental Health Staff**, **Mental Health Services**, and **Medical Services**. Respondents commonly mentioned medical care, training, hiring mental health staff, and enhancing access to mental health services for jail residents. Ten out of the thirty-nine references reported they would use funds to prioritize mental health staffing. They reported potentially using funds for:

"Additional staff trained to handle mental health issues."
"…secure a full-time mental health specialist."
"In house psychiatrist."

Eleven responses emphasized mental health services specifically, not necessarily mental health staffing. These responses highlighted needs like:

"Funding transportation to mental health facilities."
"… provide more mental health services."
"…would like to try to get mental health services provided in here multiple times a week if not every day."

The remaining eleven references (28.2%) focused on using funds for medical needs and services. This covered clinical services other than direct mental health such as "*medications,"* hiring *"full-time onsite nurse or medical care,"* and *"medical care"* in general.

IV. DISCUSSION OF FINDINGS

This study provides a systematic assessment of mental health system challenges within Missouri county jails. This study explored the mental health challenges within Missouri county jails by examining facility characteristics, the prevalence of mental health needs, operational challenges related to mental health holds, and funding priorities. From sixty-three responses (qualitative analysis) and fifty-three unique county jail responses (quantitative analysis), findings from this survey reveal structurally overwhelmed and under-resourced county jail systems.

A. Mental Health Assessments and Transfer Delays

A central theme arising from the data was misalignment between medical and mental health needs and system capacity. More than 50% of jails reported half or more of their incarcerated individuals had mental health challenges, and approximately 8% indicated almost all jail residents had these challenges. This reflects how foundational the prevalence of psychiatric morbidity is in daily jail operations. This high prevalence is not surprising considering the United States' pattern of criminalizing mental illness, often in the absence of adequate diversion pathways.[33] What is surprising, however, is how much higher the prevalence of mental illness is in Missouri jails (as estimated by county jail administrators and sheriffs) than is estimated in national figures.

Most facilities (92.5%) are overwhelmed with high numbers of jail residents awaiting mental health assessment by DMH. These are not short-term delays: almost 40% of facilities reported the estimated waiting times were between 6 and 11 months, with some reporting wait periods as long as 3 years. This indicates most jail residents who are IST would spend more time in jails waiting on DMH than they would for their actual misdemeanor sentence. Inherently, the state will spend more money on them for a longer stay, increasing the financial burden on jails.[34] Profound human rights concerns should be raised in such settings. After these long assessment waiting periods, on average, facilities reported they had three individuals waiting to be transferred to mental health institutions each week.

Worst of all, the system appears to disincentivize improvement. One jail reported a man had stabilized on medication which caused him to drop his position on the transfer list from the 6th to the 36th because his condition had improved. In clinical terms, this can be considered as success, but in operational terms, it translates to longer jail holds. These are structural implications that have become a bottleneck for psychiatric access, affecting incarcerated individuals the most.

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[33] Henry J Steadman, et. al., *Prevalence of Serious Mental Illness Among Jail Inmates*, NAT'L INST. HEALTH (June 2009), https://pubmed.ncbi.nlm.nih.gov/19487344.

[34] Shima Baradaran Baughman, *Costs of Pretrial Detention*, RESEARCHGATE (Jan. 2017) https://www.researchgate.net/publication/315708675_Costs_of_pretrial_detention.

B. Challenges Related to Mental Health Holds

Operational challenges because of mental health holds in jails illustrate the mismatch between institutional responsibilities and behavioral health infrastructure. Delays in mental health assessment and transfers are compounded by foundational limitations like staffing, bed capacity, and space. Given that "not enough staff" was rated as both "most difficult" and "least difficult" as a challenge, suggests different local realities among facilities. Prior studies have indicated that most rural jails often lack both staff and the training needed to respond to psychiatric needs, straining already limited personnel.[35] More consistently, the lack of physical space and beds was reported as a major problem among jails due to mental health holds. These findings are consistent with a national study that found a nationally widespread practice of jails using solitary confinement as the only safe place in a jail environment for individuals with disruptive mental health conditions.[36] Without designated therapeutic environments, individuals with mental health disorders are more prone to self-harm as well as harm others.[37]

Additionally, inadequate mental health care was rated by more than one-third (35.8%) of respondents as the "most difficult" challenge due to mental health holds. Due to the combination of long assessment and transfer waiting times, jails are expected to manage mental health disorders, even though jails are primarily designed to be custodial. Facilities may have responses for short-term crises, such as suicide observation, but not necessarily mental health treatment.[38] This endangers jail resident health and exposes correctional staff to volatile environments and unsupported clinical responsibilities.[39] All together, these challenges reflect deeper structural barriers. Without systemic reforms, including dedicated funding for correctional mental health services, jails will continue to operate under strain due to mental health holds with profound consequences to both staff and jail residents.

C. Community Collaborations and Medicaid Enrollment

While most jails have community providers that have access to and/or work within their facilities, only 11.3% of jails enrolled jail residents in Medicaid before release, revealing gaps in operational coordination. Medicaid enrollment before release has been significantly associated with improved post-release care, lower recidivism rates, and post-release morbidity and mortality. Low Medicaid enrollment in Missouri county jails is indicative of the under-utilization of one of the most effective continuity-of-care

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[35] Nathaniel P. Morris & Matthew L. Edwards, *Addressing Shortages of Mental Health Professionals in U.S. Jails and Prisons*, J. CORRECT. HEALTH CARE, NAT'L INST. HEALTH (Aug. 2022), https://pubmed.ncbi.nlm.nih.gov/35653752/.

[36] David H. Cloud et al., *Public Health and Solitary Confinement in the United States*, NAT'L INST. HEALTH (Jan. 2015), https://pubmed.ncbi.nlm.nih.gov/25393185/.

[37] Thomas Stephenson et al., *Environmental Risk Factors for Self-harm During Imprisonment: A Pilot Prospective Cohort Study*, PLOS ONE (Feb. 4, 2025), https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0318200.

[38] Melissa J. Zielinski et al., *Crisis Stabilization Units for Jail Diversion: A Preliminary Assessment of Patient Characteristics and Outcomes*, NAT'L INST. HEALTH (Nov. 2022), https://pubmed.ncbi.nlm.nih.gov/35099227/.

[39] Andrew P. Wilper et al., *The Health and Health Care of US Prisoners: Results of a Nationwide Survey.* AM. J. PUB. HEALTH, (August 30, 2011) https://ajph.aphapublications.org/doi/ref/10.2105/AJPH.2008.144279?role=tab.

interventions available. Further complicating the picture are geographical disparities. Notably, northwest and south-central Missouri county jails reported no engagement with community providers. These spatial gaps reflect a possible unequal distribution of mental health providers across rural areas, consistent with national findings. Furthermore, these gaps heighten the risk for relapse and treatment lapses once individuals leave jail.[40] The lack of reliable systemic mechanisms to bridge the gap in care between jails and community providers leads to treatment disruption at a critical transition point for individuals reentering their communities.

D. Perceived Funding Priorities

An open-ended response to the hypothetical funding question on how jails would allocate an extra $65,000 annually revealed budgetary preferences and institutional challenges. The three main themes that emerged were "*Jail Resident Welfare and Daily Living*," "*Institutional Infrastructure and Staffing Prioritization*," and "*Healthcare and Mental Health Investment*."

Though the least frequently referenced, responses directed towards *Jail Resident Welfare and Daily Living* emphasized the need for basic human necessities such as food in custodial settings. Limited responses under these priorities may suggest that most Missouri county jails have functional systems in place to cater to the basic needs of jail residents; hence, jail officials may have no urgent need to allocate funds in this area.

With *Institutional Infrastructure and Staffing Prioritization* emerging as the most prominent funding priority, respondents highlighted staffing shortages, insufficient training, and infrastructure upgrades as major concerns. The growing burden of special needs populations in jails, particularly around mental health issues, without sufficient personnel and amenities, exacerbates these challenges.[41] These findings align with national data indicating most jails face severe staffing shortages due to staff retention issues as well as adequate county funding.[42] Identified facility infrastructure upgrades, such as jail remodeling and installing more cameras in cells, are essential for safety and facility functionality. While this may not directly prioritize mental health needs in jails, it represents an investment in human resources and physical structures needed to support effective mental health care in county jails.

[40] Wilper et al., *supra* note 39.
[41] Morris & Edwards, *supra* note 35.
[42] *Id.*

V. CONCLUSION

The system has reached a critical breaking point. Not only are jails already overwhelmed with too many individuals with mental health needs, but the number will also only increase if changes aren't made at local and state levels. New federal changes will likely exacerbate the problem. President Trump signed the "One Big Beautiful Bill Act" into law at the beginning of July 2025; the budget reconciliation law includes over $1 trillion in healthcare spending cuts.[43] The nonpartisan Congressional Budget Office estimates the reduction in Medicaid spending will result in an additional ten million people uninsured within the next ten years.[44] All hospitals will have increased uncompensated care costs, but rural health providers will be left the most vulnerable. Over 300 rural hospitals are at risk of closing with the new legislation.[45] Missouri jails will suffer without nearby healthcare resources to assist in the care of jail residents.

This survey of mental health needs in Missouri jails gives us hard evidence of the issues and can guide advocates and policymakers towards workable solutions. Our report provides critical insights into the mental health landscape in Missouri county jails, highlighting delays in mental health assessment and transfers after evaluations and other strains on facilities due to mental health holds. It highlights critical systemic gaps and the underutilization of Medicaid enrollment among jails across the state. While most responses emphasized the use of potential extra funds on staffing, training, infrastructure upgrades, and mental health investments, they reflect broader systemic strains. Policy reforms must focus on state-wide mental health services capacity building and Medicaid enrollment before release to ensure continuity of care and improve mental health outcomes.

Part II of this series will discuss policy and administrative considerations that counties can consider improving services for individuals suffering from serious mental illness in their local jails. We will discuss using resources and funding that already exist—such as DMH's competency restoration programs at full capacity, utilizing community-based competency programs, and expanding the relationships between jails and community providers—and identify new opportunities.

One enormous benefit for the state of Missouri is that there is incredible interest from all affected parties to improve mental health services in county jails. The problem is well known and now, well described. Let's use this moment to push for change and make Missouri a better place for all.

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[43] One Big Beautiful Bill Act, Pub. L. No. 119-21 (2025); *Estimated Budgetary Effects of Public Law 119-21, to Provide for Reconciliation Pursuant to Title II of H. Con. Res. 14, Relative to CBO's January 2025 Baseline*, CONG. BUDGET OFF. (Jul. 21, 2025), https://www.cbo.gov/publication/61570.

[44] *Distributional Effects of Public Law 119-21*, CONG. BUDGET OFF. (Aug. 11, 2025), https://www.cbo.gov/publication/61367#data.

[45] Mark Holmes, Tyler L. Malone & George H. Pink, Letter to Sens. Markey, Wyden, Merkley & Schumer (Jun. 10, 2025), https://www.markey.senate.gov/imo/media/doc/sheps_response.pdf. Four Missouri hospitals are at greatest risk of closure: Bothwell Regional Health Center (Sedalia, MO), Scotland County Memorial Hospital (Memphis, MO), Parkland Health Center (Bonne Terre, MO), and Lafayette Regional Health Center (Lexington, MO). *Id.*

APPENDIX – SURVEY QUESTIONNAIRE DISTRIBUTED TO COUNTY JAILS

Survey of Needs for Individuals Detained in Missouri County Facilities

Thank you for taking the time to complete this survey. It was developed by the Missouri Sheriffs' Association (MSA), Missouri Association of Counties (MAC), and Missouri Appleseed. The purpose of this survey is to collect information about the issues counties and jails face as they provide health services to high-needs incarcerated individuals. The results of this survey will be used by the MSA, MAC, and Missouri Appleseed to advocate for effective resource allocation to Missouri jails.

1. In which county/ies do you work? Which facility?

2. What is your county role? *Check all that apply.*
   - ☐ Commissioner
   - ☐ Sheriff
   - ☐ Correctional Facility Administrator
   - ☐ Medical Staff
   - ☐ Other: _____

3. How many people does your county jail hold in an average week? Only count individuals in *county* custody (e.g., no federal prison overflow).
   - ☐ 1-10 people
   - ☐ 11-25 people
   - ☐ 26-75 people
   - ☐ 76+ people
   - ☐ unknown

4. a. How many individuals aged 21 and younger does your county jail hold in an average week? *Please provide any supporting documentation for how you arrived at this number.*
   - ☐ 0-5 young adults
   - ☐ 6-10 young adults
   - ☐ 15-25 young adults
   - ☐ 25+ young adults
   - ☐ Unknown

   b. About how many individuals under age 21 does your jail hold in a year?

   _____

5. What percentage of people in your county jails have mental health issues? (Including those with serious mental illness, addiction, alcoholism, Opioid Use Disorder, depression/anxiety, with or without a medical diagnosis.) *Please provide any supporting documentation for how you arrived at this number.*
   - ☐ Few or none
   - ☐ About 25% (1 in 4)
   - ☐ About 50% (1 in 2)
   - ☐ About 75% (3 in 4)
   - ☐ 100% or almost all
   - ☐ Unknown

6. Does your county jail house individuals who are waiting for mental health assessments by the Department of Mental Health (DMH) (also known as "mental health holds")?
   - ☐ No (*skip to question 10)*
   - ☐ Yes

7. If yes, on an average week:
   a. About how many people are waiting for assessment?

   b. About how many have been assessed and are waiting for transfer to a DMH facility?

8. How long do people tend to wait in your county jail for an assessment? After the assessment, how long do they wait for a transfer? *Wait times vary widely so please share your best estimate.*

9. If yes, what is the longest time you can think of that someone waited in your county jail for a mental health assessment from DMH? Was it a unique situation or is this common? *Please provide as much data as possible.*

10. Sheriffs and administrators have reported different reasons that mental health holds cause problems for their jails. Please rank the following issues from 1 (most difficult) to 5 (the least difficult).
    ___Not enough staff
    ___Transporting people to outside care or assessments
    ___Lack of mental health training for staff
    ___Lack of space/beds
    ___Inadequate in-jail mental health care

11. Does your county jail enroll individuals in Medicaid before they are released?
    - ☐ No
    - ☐ Yes
    - ☐ Unknown

12. Are you aware of any community providers that have access to and/or work within your county jail?
    - ☐ No
    - ☐ Yes *(please explain)*:

13. If the state provided your county jail with an additional $65,000 per year, on what would you spend the funds?

14. Do you have any good news, positive developments, or recent successes from your county jail that you would like to share?

15. **OPTIONAL:** Would you be willing to share more information via phone call or video chat? Every piece of information will help MAC, MSA, and Missouri Appleseed in our efforts to bring greater funding and support to your jail. If yes, please answer the following:

    Name: _____

    Title: _____

    Email: _____

    Phone: _____

    Best time(s) to contact you:
    - ☐ Email any time.
    - ☐ Call in the morning.
    - ☐ Call over the lunch hour.
    - ☐ Call in the afternoon.