

Building a United Interfaith Lexington through Direct-Action (BUILD) Report

January 30, 2017 update

St. Elizabeth Ann Seton Justice Ministry Network Members:

1. Usually start the year participating in a House Meeting identifying and sharing current concerns;
2. Attend one meeting within the parish to develop BUILD and/or justice ministry (**March 4, 2017**); and
3. Attend the Community Problems Assembly, the Rally (**March 27, 2017**), and the Celebration in June;
4. Attend the Nehemiah Action (**April 25, 2017**) and bring at least 3 people with you;
5. Consider investing \$200 in the work of BUILD.

Research Committee Meetings

Network Members are invited to join a research committee and be a voice for your friends and family as we work to address payday lending, crime, and mental health problems in our city. We need input from all of our congregations if we want to make a meaningful difference in Lexington. Research committee members must be a part of the justice ministry network, who commit to being Network Members.

Research Committees meet about once a month December through March, and members of the committee are invited to participate in other research activities, such as meetings with officials and professionals in the field to gather information about the problem area.

Payday Lending Research Committee Meetings:

Pausing from full-blown research temporarily

Steering Committee attending KCRL Meeting January 17th in Frankfort

Crime Research Committee Meetings:

Thursday, March 2nd at 6:30 p.m. Shiloh Baptist Church

Thursday, March 23rd at 6:30 p.m. at Shiloh Baptist Church

Tuesday, April 11th at 6:30 p.m. at Shiloh Baptist Church

Mental Health Research Committee Meetings:

Thursday, March 2nd at 6:30 p.m. at Shiloh Baptist Church

Tuesday, March 21st at 6:30 p.m. at Shiloh Baptist Church

Thursday, April 20th at 6:30 p.m. at Shiloh Baptist Church

To receive information about upcoming research meetings with officials, contact the BUILD Office at builddlex@gmail.com or (859) 367-0152 and let them know which committee you are interested in participating

Crime Update

In 2014, we identified that the violent crime and drugs was making our neighborhoods unsafe. This year during our house meetings, we once again heard dozens of testimonies about crime and drugs. In 2016 there were 101 shootings with 81 people injured and 24 deaths. On Thanksgiving a 14 year old boy, Angel Juarez, was shot dead. We remember him and his family and we fight for our communities to be safe for everyone.

In our congregations and communities, people told stories about...

- Break-ins to their homes and vehicles
- People openly buying and selling drugs in the park, on the street, and from their houses and cars
- Robbery
- Car jackings
- friends and family who are addicted to drugs and who have stolen money and belongings to pay for their drugs
- people using and dying from drug overdoses
- Shootings

Over the last 2 years, we've reached out to the Police Chief to implement a program from the National Network for Safe Communities – NNSC – because they have been widely recommended and we know that they have a proven track record of reducing violent crime.

NNSC programs work because they target police resources on the people most likely to commit crime. Right now, the policing strategy in Lexington seems to target people indiscriminately, mostly on the basis of race. We have heard stories of racial profiling like an African American man with lighter skin who was asked if he was part of ISIS or if he had any weapons or bombs when he was pulled over for an expired tag on his way home from work.

When police are busy targeting people based on race or even the neighborhood in which they live, they are wasting time and money. Research from the VERA Institute of Justice shows that people from highly-patrolled, high-crime areas of New York City who had recently been stopped were less willing to report crimes, even when they were the victim. This is an unintended consequence of law enforcement increasing their presence in high crime neighborhoods. The fact of the matter is that many of the most violent criminals are already known. NNSC programs target those people for enforcement activity. And those programs work.

Programs from the NNSC are effective because they repair and strengthen relationships between law enforcement and the community.

This program allows community leaders and law enforcement to intervene in the lives of at-risk individuals before they escalate to violence or major drug deals, and offers the support they need to change their lifestyle.

When Cincinnati implemented a program from the NNSC, they saw a 41% reduction in group-member involved homicides. Indianapolis saw a 34% reduction in homicides. Nashville saw a 55% reduction in drug offenses. In a recent meeting with BUILD, the Mayor expressed interest in NNSC and said staff will attend a session soon in Cincinnati to see how the program works there.

We know that programs from the NNSC work and we want to see one implemented here in Lexington.

Our Mentally Ill Need Care—Not Crisis:

Last year we began our mental health care campaign after hearing in house meetings that people couldn't access mental health treatment. When people *do* access care, too many people do it through emergency rooms or the jail. This produces a cycle of crisis: a loved one goes through crisis, gets treatment at the hospital or jail, and is released without the support they need to prevent another crisis. We've heard these stories again this year.

In a recent meeting, we learned that in a 60 day period there were **133** people released from Eastern State Hospital into Fayette County. There aren't enough resources available for all of these people and everyone else who needs mental healthcare in Lexington. In fact, we know that some people are held at Eastern State for longer than needed because there's no where else for them other than back on the street or to the homeless shelter. When services are available, it can take months to get an appointment. It can take even longer when you are poor. 1 in 4 families in Lexington have a loved one who struggles with mental illness so this is something that affects all of us.

During our research process last year, we identified one evidence-based, best practice solution for people with severe mental illness that keeps patients connected into a system of care – an ACT team or, an Assertive Community Treatment team. This is a team-based **treatment** model that has a housing specialist, employment specialist, a nurse and others to provide support and treatment to people with mental illness 24/7. ACT is based around the idea that people receive better care when their mental health care providers work together.

At the Nehemiah Action, Shannon Sell, the hub administrator for Bluegrass in Lexington, agreed to have the ACT team complete training so they can provide substance abuse treatment if needed, which they've done. She also committed to the goal of an ACT team with the capacity to serve 100 clients by March 31 next year. Currently the team is serving 65 people, which is progress, but we're concerned that the ACT team has lost staff and aren't meeting the standards they need to be successful. Ms. Sell along with Councilmember Lamb and Commissioner Ford, committed to work together with other city and healthcare professionals to conduct a needs assessment for mental health services in Lexington to better understand what services are still needed. The planning meetings happened and 673 assessment forms were returned, many of them filled out by you along with other mental health providers, clients and caregivers. In some cases, there are existing services that appear to meet some of those needs. But the assessment did not study the current capacity. Some providers have actually told us that they their clinicians are already overbooked. It is one thing to have the service available for some in the community. It is a whole other thing to get that service.

Moving forward we're going to build on what we've already learned and ultimately cut a new issue that will significantly address the lack of access to mental health treatment that people experience in Lexington.

Mental Health Stories

- sees kids at school who have parents with mental illness and drug abuse, causes lots of problems for the children
- Nephew has a mental illness, but she doesn't think it has been diagnosed properly, nephew is 22
- friend's daughter has schizophrenia, was in Eastern State but she has been released, she threatened to burn down the house with them inside. The friend doesn't know what to do
- 14-year old with mental health and crime issues, now has long criminal history
- oldest son has mental health issues, works two jobs but cannot interact normally with others, suffers from depression
- Worries about mental healthcare for brother, because programs are being cut and it is hard to find adequate care

- sister has mental health issues, but there is no adequate public mental health facility in Kentucky for her to get treatment
- people with mental health issues (usually 12-15 people) sleep on the church property almost every night
- Wife is a mental health counselor and feels she doesn't have the resources to meet the needs of the community. Says there is an endless waiting list at Comp Care
- struggles with bipolar disorder, but the medication is a "controlled substance" and requires a background check, which is a barrier to getting the medication he needs
- teacher's friend's daughter was mentally ill and lost insurance which meant she couldn't stay in the mental hospital. She killed herself with a gun from a friend who also suffered from mental illness
- Son went blind at 24 (now 30), now suffers from anxiety and anger issues and doesn't know how to get help if needed
- has husband with mental illness and doesn't know how to handle the stigma, or where to find support
- Uncle's wife has bipolar disorder and is not getting the help needed
- family friend's daughter was schizophrenic and self-medicated with alcohol, died under mysterious circumstances
- son had ADHD and had a difficult time making it through the school system and getting access to mental healthcare. He is successful now, but it was a struggle
- CHRP sister's son took pills and tried to kill himself (22 years old), could not get mental health care from Eastern State
- son has mental health issues, insurance keeps switching which doctors they can use
- multiple family members need mental health care but cannot afford treatment, or refuse to get treatment
- Niece shot herself on mom's step waiting for a bed in rehab
- son has access to mental health services, but won't use them
- Finds homeless with mental health issues digging through his dumpster (lives near short street), he does what he can to help, but realizes there are not many resources available
- has depression, but cannot get insurance to cover care for the mental health condition
- parishioners can't access mental health care and community support that they need for their condition
- has son with mental health issue who self-medicates with alcohol
- son is on drugs to medicate for mental health problem, jail time made mental health problem worse
- sees friends with mental health issues, but they don't have access to counseling or care
- Friend's son committed suicide, they suspect he had an undiagnosed mental illness
- Son has schizophrenia, and she is worried about what will happen when he can no longer be covered by their insurance
- 28 year-old nephew is homeless because of his schizophrenia
- worried about his memory and recent lapses, but doctor couldn't give him any resources with information
- Wife suffers from depression, and she cycles in and out of treatment centers, one time he had to call the police because he had no other option
- Worries that her elderly mother is suffering from an undiagnosed mental illness and she worries about leaving her at home alone
- A member of the church has a mental illness and received treatment through Central Kentucky Recovery Center. He was stabilized and released from care, and now he has gone missing
- Son died from a drug overdose
- 16-year old girl had to go to Louisville for treatment because there was none available in Lexington