

Mentally ill face long jail stays
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The Avalanche-Journal used pseudonyms for the case studies in this series. The woman in this story will be referred to as "Grace."

Grace was arrested in 2002. She was released on bond two weeks ago. Her case has yet to go to trial.

Grace suffers from multiple mental illnesses and was declared incompetent to stand trial numerous times.

After nearly a decade in stagnation, her case can move forward as she is on medication, competent and living in an apartment.

"I'm just so amazed at how far she's come since I met her," said Amelia Salazar with the Lubbock Special Needs Defender's Office.

Grace is an example of how long mentally ill defendants can sit in jail and also the success they can have when given the proper resources.

When police arrested Grace for aggravated assault in 2002 and until earlier this year, she was a different person because of her mental illness.

She is charged with stabbing her roommate with a kitchen knife during an argument.

Police reports indicated a history of scuffles between the roommates.

Grace was in and out of mental health treatment beginning in 1982 until 1999, when she last had contact with Mental Health Mental Retardation caseworkers, according to court documents.

She self-reported homelessness in her initial competency examination.

The report from that examination lists diagnoses of bipolar disorder, a non-specified psychotic disorder and major depressive disorder with psychosis.

Grace was first declared incompetent in 2003 and sent to North Texas State Hospital in Vernon.

Vernon declared her incompetent and not likely to regain competence and she returned to the Lubbock County Jail, where she languished until January of this year.

Her file is full of requests for competency evaluations but she did not return to Vernon until January, according to court documents.

In March, she was recommitted to Vernon to continue restoration and in May was declared “not dangerous” and moved to the state hospital in Big Spring.

She was declared competent in July and returned to Lubbock County in August.

Two weeks ago, Grace was released from the Lubbock County Detention Facility. She has daily visits from MHMR and continues to meet regularly with Salazar.

David Hazlewood, Grace’s attorney, said the process has been frustrating but finally things are on the right track.

“The end result in this case turned out well,” Hazlewood said.

While few cases drag on as long as Grace’s, officials agree changes must be made to address the way mentally ill inmates are treated.

With beds full at state mental health facilities and less-than-adequate funding at the local level, it will take a collaborative effort to ensure inmates like Grace can get the help they need and proceed through the criminal justice system.

There was a sea of change in care for the mentally ill in the United States beginning in the 1960s, as legislation passed opening community mental health centers and phasing out the state-run facilities that had garnered so much negative attention.

Stories of abuse and neglect led to multiple lawsuits during the civil rights movement and a complete revamping of the system, said Brian Shannon, a professor at the Texas Tech School of Law who served on the task force that rewrote the state’s criminal competency statutes.

“You had this combination of a desire to make the state hospitals better places and an ability where you had some treatments that worked,” Shannon said. “So many times the census in these facilities shrunk, which was a good thing.”

With the advent of effective psychotropic medications and the groundwork laid for community mental health facilities, that is where the focus shifted, Shannon said.

However, when the floodgates at the state hospitals opened, many mentally ill people were turned out on their own. Some received treatment at community mental health facilities and some didn’t, Shannon said.

This led to what some people call transinstitutionalization, Shannon said, where people were no longer in the state system, but not getting help in the community health centers.

“The goal was to provide services in the community,” he said. “The problem was that many times the dollars didn’t flow; so you had significant sums in the state hospital system, but the dollars didn’t necessarily follow the individuals into the community.”

An estimated 1,037,833 adult Texans have a serious mental illness, according to statistics from the Texas Department of State Health Services Continuity of Care Task Force, and nearly two-thirds of all people with a diagnosable mental disorder do not seek treatment.

As a result, jails are where a lot of people with mental illness show up, Shannon said.

“That might be the first identification of a person with mental illness is in criminal justice, and often, a lot of the statistics have shown, it’s for non-violent offenses,” he said.

The underlying problem with the way the criminal justice system handles the mentally ill is that a large number of them in jail are there because of minor offenses, said Cathy Pope, executive director of the Lubbock Regional Mental Health Mental Retardation Center.

Mentally ill inmates are often not violent or bad people; they are unsupported in lives complicated by mental illness and poverty, Pope said.

Collateral expenses of recidivism end up costing more than treatment would, Pope said, as some people in that perfect storm of poverty and illness continue to reoffend because jails come with warmth, stability and daily meals.

“We have to stop the recycling of people through the system,” Pope said. “Especially for minor offenses.”

The state psychiatric hospital system is currently stretched to capacity, according to the Continuity of Care Task Force.

In fiscal year 2009, one or more state hospitals were at or beyond capacity each day, meaning inmates in local jails who had been found incompetent had to wait long periods of time for admission to psychiatric hospitals for treatment, according to the task force report.

Locally, Lubbock Regional MHMR is unable to meet demand.

At one point, Lubbock MHMR was serving as many as 3,000 people, but has been forced to scale back to its designated capacity of 1,057, Pope said.

Approximately 300 people are waiting for local services, and Pope said there is about a two-year waiting period for anyone not receiving Medicaid. Medicaid recipients are bumped to the top of the list.

“Many of those people may never get service,” Pope said.

Pope and Judge Drue Farmer, who maintains a competency docket dedicated to specialneeds defendants, agreed the goal now is to pool resources to focus on getting inmates medication and getting them stabilized.

Inmates like Grace stay in a state of flux within the system because they aren't competent to stand trial and can't work toward competency restoration without an evaluation from two doctors, one being a psychiatrist, Farmer said.

Grace sat in jail for seven years before the necessary appointments were made to get her restored. Just months after that, she was released.

"Keeping somebody stabilized and on medication is challenging and until that happens, nothing can happen with the case," Farmer said.

Farmer said it is essential to get a psychiatrist in the jail to perform competency exams, but there are few psychiatrists in Lubbock and even fewer who are qualified and willing to work in the jail setting.

Lubbock County must devise a system that operates to get defendants out of the criminal justice system and integrated into society with the resources to decrease the likelihood of recidivism, Farmer said.

Pope agreed.

"There's not enough money in the world to solve this problem," Pope said. "So the solution is collaboration."

Hazlewood said collaboration has made representing mentally ill defendants easier.

"Now with the Special Needs Defender's Office and the current staffing at MHMR, its a lot better," Hazlewood said. "It's come light years from where it was the last few years."