

MHMR services possible for jail
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County commissioners are scheduled to vote later this month whether to enter a contract with Lubbock Regional Mental Health Mental Retardation Center to provide mental health services at the Lubbock County Detention Center.

The services for severely mentally ill inmates would include intervention, rehabilitation, competency restoration and education and are meant to reduce mentally ill inmates' length of stay behind bars and reduce the probability they will return.

Officials hope the \$260,000-per-year program will reduce the amount of time mentally ill defendants spend in jail by providing services — namely competency restoration — the county isn't currently equipped to provide.

“The whole thing is to shorten the length of stay they have and reduce recidivism,” said Cathy Pope, chief executive officer of Lubbock MHMR.

She said the program that would be implemented is based on existing best practices programs around the country.

A psychiatrist would spend three or four hours per week at the jail and the contract would fund three mental health workers in the Special Needs Unit, which is scheduled to open as soon as mental health positions are funded.

Although the workers perform other functions, such as cognitive rehabilitation, the primary focus is on competency restoration, Pope said. That means psychiatrically stabilizing the individuals and then getting them to a point where they can assist in their own legal defense.

Restoration is currently done locally at MHMR's Sunrise Canyon and also in Vernon at North Texas State Hospital. But limited beds at the local and regional level have forced Lubbock County inmates to sit in jail, oftentimes for years, with no conviction and no treatment.

In-jail restoration will be another option for critically mentally ill inmates, but Sheriff Kelly Rowe said the jail is not going to become a mental health hospital for all mentally ill defendants, such as those who are out on bond.

“I still am not going to put anybody in that building that I don't have a lawful commitment to place in there,” Rowe said. “This isn't any kind of a replacement or anything for any of the services that are currently in place for those who are not in custody.”

The program aims to help people like the inmates The Avalanche-Journal has profiled recently.

Inmates like “Grace,” who finally got out of jail in September after seven years, but is still awaiting trial; and “Robert,” who despite medication is still fully psychotic and will be turned out on the street if he is not committed to a mental hospital before his length of stay eclipses the maximum jail time he would receive if convicted.

“If they don’t stabilize, their case can’t get heard. If their case can’t get heard, they stay there longer. If they stay there longer, their case can’t get heard. If their case can’t get heard, they stay there longer. It never ends,” said Denette Vaughn, regional managing attorney for disability advocacy group Advocacy Incorporated. “And it’s all done without a conviction. That’s just wrong.”

The jail is not, nor should it be, a mental health hospital, Vaughn said. But if inmates are going to be in jail for an extended period of time before they are restored and can move forward in the legal process, the jail must provide at least some mental health services.

Failing to do that is not only unconstitutional, it is immoral, Vaughn said.

“I mean this is West Texas. There was a time in this area when you just did what was right because you did what was right. And you didn’t leave somebody who was sick sitting in jail for seven years because they’re sick when they haven’t even been convicted of anything,” Vaughn said. “That’s just something you don’t do because it’s wrong to do that.”

Precinct 1 Commissioner Bill McCay said the program could allow the next level of mental health services — supplementing the work of the Lubbock Special Needs Defender’s Office — to help care for the 300-plus inmates at the jail with mental health issues.

The money has already been budgeted for the Sheriff’s Office, but would instead be allocated to MHMR so it can autonomously manage treatment within the jail, McCay said.

“MHMR is far more qualified to hire and manage and understand what kind of personnel would be needed to address those kinds of concerns,” he said.

Rowe said ultimately the goal with the Special Needs Office is to be able to manage mentally ill inmates and to stabilize them — potentially even get them to a point where they can actually be moved into general population and function in general population with the rest of the inmates.

Rowe said spending the money up front to pay for mental health workers in the jail will mean the county will spend less over time on jailing inmates with mental illness.

“The bottom line is there’s going to be dollars spent somewhere to manage this,” Rowe said. “It’s not going away; it’s obviously a very critical problem.”

Rowe said the county has a high volume of mentally ill inmates, at least 300 who had been identified as having received mental health services before ending up in jail.

He said many of them are repeatedly re-offending and returning to the jail — where Rowe's office estimates it currently costs about \$63 per day to house an inmate.

"The jail is going to be the most expensive," Rowe said.

He said the best solution is to get to a point where mentally ill defendants are in treatment, will follow up on their treatment and can work with MHMR on an outpatient basis to get medication and education and counseling.

"The more we can get them getting what they need outside of the jail, it's certainly going to cost, overall, a lot less," Rowe said.

Ted Hogan, a criminal defense attorney and board president of the Special Needs Defender's Office, said the Commissioner's Court and the county have done a fantastic job of dealing with a long-standing and very complex issue.

The program is going to help a large number of special needs clients, while also saving the county significant resources and money, Hogan said.

"I'm concerned, though, that we should be careful to make sure that we do it correctly because these individuals' rights are at stake," he said. "There are also a number of people who, for various reasons, cannot be served by this program and we need to make sure they don't get lost in the system."

It was still unclear what could be done to address mentally ill inmates like "Robert," who remain incompetent and are not likely to regain competency.

Rowe said it was up to the court system.

"If they ultimately can't determine them competent for trial, then they've gotta look at some form of commitment to a mental institution or something along those lines," Rowe said.