

In Jail and Out of Options

An Examination of the Systemic Issues affecting the Housing and Treatment of Iowans with Mental Illness in County Jails

- Recommendations -

Unfortunately, without major systemic reform, mentally ill individuals will continue to end up in county jails in unnecessarily large numbers. The difference between county jails and mental health institutions in reality exists in name only. In every other way each facility is in the position of housing seriously mentally ill individuals and being responsible for their basic needs. By relying on Iowa's jails to serve as the last resort for those with significant mental illness, Iowa echoes the dangerous, dehumanizing, and fundamentally unsound approaches to mental health treatment of generations past. We can and must do better.

As such, DRI recommends the following:

1.) Sheriffs and Jail Administrators must evaluate their current operations, training requirements, and resources to identify areas they can improve in and then take action. DRI will be developing a checklist to assist jails in assessing current operations. Ongoing relationships with treatment providers, pharmacists, and MHDS Regional staff are a necessity to preparing for, and providing adequate care for inmates with mental illness. Disability Rights Iowa urges all Sheriffs and Jail Administrators to review their current jail policies with their respective County Attorneys to evaluate whether their current provision of treatment complies with the legal standards and best practices. Specifically, Sheriffs and Jail Administrators need to:

- i. Ensure that you have existing relationships with mental health treatment providers, and that your jail staff have thoughtful and practical policies and procedures to rely upon in safely and humanely housing inmates with mental illness.
- ii. Ensure provision of medications and care in a timely manner. The Eighth and Fourteenth Amendments to the United States Constitution require jails to provide inmates with adequate and timely mental health care. As such, inmates must be provided with access to their existing prescription medications after being booked into a jail, or they need to be taken to a physician immediately if their medications treat life threatening conditions. Additionally, physician monitored taper procedures should be initiated when medically indicated.
- iii. Ensure medical decisions are made by a qualified medical provider, never by correctional officers or other staff.

- iv. Ensure medical decisions are not made based on non-medical factors, such as the inmate's ability to pay for the treatment.
- v. If an arresting officer brings a person charged with a simple misdemeanor to your jail for booking who you believe is seriously mentally ill and because of that illness is likely to physically injure the person's self or others, you should admit that person to the jail only if the arresting officer has already demonstrated a reasonable effort to comply with the emergency hospitalization procedure, as provided in Iowa Code §229.22, as described in the Iowa Administrative Code §201—50.15(6)(d).
- vi. Have a process for staff to utilize to refer a person for mental health services and make sure staff know when it is appropriate to do so.
- vii. Exercise an abundance of caution. If your jail has security risks, such as areas of low or no visibility, architectural design risks, or you have low staff, work with jails located in nearby counties to arrange for the housing of an inmate at risk. Work with your Board of Supervisors to address needs posed by security risks if approval or funding is the barrier to making your jail safer.
- viii. Take precautions against inmate self-harm and suicide. Routinely evaluate your jail facility to identify potentially dangerous qualities such as hanging points and areas of low visibility which create opportunities for self-harm. Reach out to other jails if needed to learn what steps they have taken in these matters, or to have professionals from outside of your agency view your facility to identify risks you may not identify.
- ix. Ensure you have enough staff members on-site at your jail facilities to appropriately supervise all of your inmates and respond to emergencies. This is especially true if you are currently operating a jail that only has one staff person on-site who is also responsible for other duties such as operating the emergency response phone line and coordinating dispatch. Such a practice is an unacceptable risk to the safety of your inmates.
- x. Provide training to your correctional officers that will give them skills to appropriately respond to and de-escalate situations involving inmates with mental illness. Mental Health First Aid, Crisis Intervention, and de-escalation training are all excellent trainings to provide in addition to officers basic training requirements. Such approaches improve outcomes for inmates with mental illness, and create a safer, more stable environment for all involved.
- xi. If you are unsure whether your current policy and practice is compliant with legal requirements, reach out to your County Attorney for advice.

2.) Mental Health and Disability Service Regions must be a partner to county jails in providing mental health services to current inmates with mental illness, and following up with those individuals in the community once they are released. The best form of jail diversion is an accessible, affordable, complete and effective community mental health system. However, lacking a comprehensive and adequate mental health system, those in the criminal justice system and the Regional MHDS system can work together to drastically reduce the number of individuals with mental illness who cycle through jail stays without getting connected to the necessary treatment resources. Jail diversion efforts significantly reduce the strain on the operation of jails, law enforcement, and our communities, but also have a life-changing impact on the individual who gets connected with much needed treatment and assistance. Specifically, MHDS Regions should:

- i. Reach out to the county jails in their areas and identify areas of need and potential collaborative solutions.
- ii. Consider investing in or working with other agencies to provide Crisis Intervention Training, Mobile Crisis, transitional housing, or other jail diversion programs in your areas. Refer to local successful efforts for information on their programs when determining what efforts are right for your Region.
- iii. Provide Jail Diversion as a Core Plus service when funds are available.

3.) The state of Iowa must invest resources to support a robust mental health system. The best form of jail diversion for Iowans with mental illness is an accessible, affordable, complete and effective community mental health system. Additional mental health resources need to be added to the state service system, including sub-acute and crisis services, to prevent individuals from unnecessarily coming into contact with law enforcement by providing effective treatment in the community. Specifically, the state of Iowa needs to:

- i. Increase the number of inpatient mental health beds that serve the specific needs of individuals with mental illness and establish subacute beds in all geographic regions of the state.
- ii. Incentivize attraction and retention of psychiatrists, psychologists and other qualified mental health professionals, especially in rural areas of the state.
- iii. Ensure that there are qualified mental health professionals in every region of the state that can perform competency evaluations for individuals who are awaiting trial while incarcerated in a county jail.
- iv. Encourage law enforcement agencies to complete additional training that will assist officers in responding to, and de-escalating situations involving someone with mental illness.

4.) Members of communities, Boards of Supervisors, and other stakeholder agencies should evaluate what you can do to alleviate the effects of transinstitutionalization in your area. Whether you can provide support to individuals with mental illness, support Sheriff's and county jail staff who are housing mentally ill individuals, or advocate for additional mental health services in your area, these efforts accumulate and have the potential to effect real positive change for all members of your communities.

For jails and community partners that are interested in jail diversion there are several excellent resources available to provide additional information and guidance. Iowa Therapeutic Alternatives to Incarceration (ITAIC) is a statewide jail diversion workgroup that meets quarterly. This group consists of staff and coordinators of several jail diversion programs around the state, as well as MHDS Regional staff and various other stakeholders, and is a great resource for agencies considering jail diversion efforts.

To reduce the overwhelming number of individuals with mental illness entering our county jails, system stakeholders must come together and implement jail diversion efforts that make sense in their respective communities. DRI recommends that MHDS Regions, county jail staff, criminal justice professionals, and other community stakeholders evaluate current community interventions available to prevent mentally ill inmates from becoming involved with the criminal justice system, and consider taking actions to reduce the number of individuals with mental illness from cycling through the justice system in their local communities. Regardless of the wealth or lack of resources in any community, creative interventions and measures can be implemented that will have an effect on the population of citizens with mental illness who are, or are at risk of being arrested and jailed. To not make use of the considerable resources of innovation, empathy, and professional capacity available to Iowa stakeholders surrounding mental health and the justice system is to perpetuate the cycle funneling Iowa's mentally ill population into our county jails, and falls far short of the foundational values so central to our state's identity.