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

“Jails are not hospitals, they are not designed as therapeutic environments, and they are not equipped to manage mental illness.”

-U.S. District Court Judge Marsha J. Pechman

Part I: Transinstitutionalization of individuals with mental illness from hospitals to jails — How Iowa’s county jails are responding

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Disability Rights Iowa (DRI) is the Congressionally-mandated protection and advocacy system for Iowans with disabilities, including individuals with mental illness. DRI’s mission is to protect the human and legal rights of Iowans with disabilities and/or mental illness. DRI, as well as the other 56 protection and advocacy systems throughout the country, have the authority under federal law to investigate incidents of abuse and neglect of individuals with disabilities and to pursue legal, administrative, and other approaches to ensure the protection of individuals with disabilities. Protection and advocacy agencies are authorized to engage in a wide variety of activities to protect individuals with disabilities and/or mental illness, including monitoring facilities, conducting investigations, issuing public reports, engaging in litigation, administrative hearings and other dispute resolution activities, and educating policymakers. DRI’s work to prepare, write, and distribute this report is funded under the Protection and Advocacy for Individuals with Mental Illness (PAIMI) grant, the Protection and Advocacy for Individuals with Developmental Disabilities (PADD) grant, and the Protection and Advocacy for Individual Rights (PAIR) grant.
Executive Summary

On any given day there are over 4,000 individuals residing in Iowa’s jails, and approximately 49% of those individuals have a mental illness. Nationally, as large institutions housing thousands of mentally ill individuals have been shuttered, and states have failed to develop comprehensive adequate community care solutions, jails and prisons have expanded in response. This shift is known as “transinstitutionalization.” Iowa currently has inadequate mental health services to serve the specific needs of Iowan’s with mental illness. Often, individuals with mental illness end up in jail for misdemeanors and nonviolent crimes of survival. Once the person is arrested and brought to jail, jails are responsible for the necessary medical and mental health treatment of their inmates.

Iowa has 97 county jails which grapple with providing this care, and all of the jails operate differently based on their physical facility, financial resources, and the local availability of mental health resources. Some jails, especially those located in rural areas, face significant barriers to providing safe housing and mental health treatment for inmates. These barriers are significant, yet they in no way absolve Iowa’s jails from the basic legal standard of care. In recent years DRI has received hundreds of letters from inmates about their care and treatment in county jails, most commonly stating that they have been denied access to their mental health medications.

To better understand how Iowa’s county jails were handling how to house and treat the large number of inmates with mental illness DRI visited 30 county jails and interviewed staff. We also obtained info from current and former inmates, and representatives of Mental Health and Disability Service (MHDS) Regions. During the interviews at each jail DRI asked about issues involving the housing and treatment of inmates with mental illness, the provision of medications and medical care, conditions of confinement, and access to mental health treatment in the local community.

Overall DRI discovered dozens of jails that evaluate their operations and work to identify solutions to ensure that inmates with mental illness are treated with dignity, receive appropriate mental health treatment and services, and ensure safety for all concerned. The majority of Sheriffs and Jail Administrators are doing excellent work by contracting with mental health providers, creating jail diversion programs, working with MHDS staff, and treating inmates with quality medical care and respect.

However, DRI also discovered some dangerous and discriminatory practices occurring at several jails throughout this project. Specifically, DRI found that:

A. Some county jails are ill equipped to house mentally ill individuals even temporarily. Several county jails in Iowa do not have the physical safety features or staffing levels to effectively serve inmates with mental illness.

B. Jail staff at some facilities lack the training to properly serve individuals with mental illness and typical incident response tools such as restraint, use of force, and isolation may escalate a situation or cause further significant and lasting mental health deterioration for the individual.
C. Some jails abruptly discontinue access to medications a person was taking in the community, whether the medication treats a heart condition, seizure condition, or mental illness, a practice that can result in death. Approximately 30% of county jails in Iowa do not provide mental health treatment beyond medication confirmation and management, indicating that hundreds of Iowans with mental illness who get incarcerated in these jails do not have access to basic mental health treatment.

D. Some jails use practices that result in medical decisions being made by non-physicians, or medical decisions being made for non-medical reasons such as the inmate’s ability to pre-pay for the treatment.

E. In Iowa, diversion efforts are being led by individual counties stepping up to create jail diversion programs, multiple counties working together to pool resources, and MHDS Regions partnering to provide much needed funding and support. Jails that have most successfully treated inmates with mental illness are engaging with MHDS Regions and community mental health providers before, during, and after housing people with mental illness, but several Regions have no relationships with the county jails in their areas.

Therefore, DRI makes the following recommendations:

1. Sheriffs and Jail Administrators must take steps to prepare to house inmates with serious mental illness by creating relationships with mental health providers before they are needed, and by ensuring there is continuity of access to mental health treatments and medications between the jail and the community for inmates with mental illness.

2. Mental Health and Disability Service Regions should reach out to local jails to identify how they can work together to ensure current inmates, and individuals who are being released from the jail, have access to available mental health services and resources.

3. The state of Iowa must dedicate resources to increase the adequacy of the mental health service system by ensuring services and supports match the needs of Iowans with mental illness and by attracting qualified mental health professionals to work in all parts of our state.

In sum, DRI urges all stakeholders in Iowa’s county jail and mental health service systems to work together to improve outcomes for Iowans with mental illness who have been, or are at risk of, entering the criminal justice system. Despite the logistical challenges, financial constraints, and other barriers, Iowa must move forward to prevent individuals with mental illness from ending up in our county jails. Although transinstitutionalization and the lack of an adequate community service network may have resulted in Iowa’s county jails becoming de-facto mental health institutions, dedicating resources to building a robust and effective community mental health system, thoughtful and effective jail policies, and jail diversion efforts, can and must be supported to prevent serious harm to our community members with mental illness and stop the unnecessary criminalization and incarceration of Iowans with mental illness.
I. Introduction

Inmates in local jails are over four times more likely to have a disability than the general population of people living in our communities. Prisons house inmates in large facilities on a long-term basis when a person is convicted of a crime and is sentenced to serve more than one year of incarceration. County jails, on the other hand, are meant to house inmates on a temporary, short-term basis when they are awaiting trial or serving sentences for less than one year. As such, county jails face unique challenges in housing and providing treatment for a revolving door of individuals, who come to the jail with various medical needs and disabilities. The purpose of this report is to highlight this systemic problem, and expose how it affects people in our communities with disabilities and mental illness who end up in Iowa’s county jails.

II. Project Description and Methodology

This report contains three important parts. The information contained in this first part focuses on explaining why there has been a drastic increase in mentally ill inmates in county jails, and how Iowa’s county jails are logistically and systemically responding to the increase of mentally ill inmates in the context of dramatic differences in resources and the changing community mental health system. Parts two and three of this publication will focus on the provision of mental health treatment and medications, and systemic solutions to these issues.

To get a comprehensive understanding of the issues involved when individuals with mental illness get entangled in the criminal justice system, and the resulting issues housing and treating these individuals in county jails, DRI staff traveled to thirty of Iowa’s county jails. During those on-site visits DRI spoke with Sheriffs, Jail Administrators, Deputies, jail diversion staff, and medical personnel. DRI also received information from inmates, and spoke with representatives of the Mental Health and Disability Services (MHDS) Regions.

![Figure 1 Map showing locations of jails DRI visited as part of this project.](image-url)
Of the 97 existing county jails in Iowa, DRI chose thirty jails to visit based on a variety of factors to ensure that we heard from diverse perspectives from all over the state. DRI visited at least one jail in every MHDS Region, and we selected an array of jails based on total county population, disability population, bed count at each jail, and age of each jail. Several jails were also selected based on media reports about successful diversion or treatment programs, and reports of public statements made by Sheriffs or jail staff about the need for better systemic solutions relating to their housing of mentally ill inmates.

During each jail visit, DRI interviewed jail staff members, and viewed the jail facilities. DRI also received considerable information from current and former inmates. Interview responses from all the visits were compiled to generate data, which form the basis of many of the findings discussed within this report.

III: Discussion
A. Transinstitutionalization: Systemic Diversion of the Mentally Ill from Institutions to Incarceration Through the Path of Least Resistance.

Transinstitutionalization: A process whereby individuals, supposedly deinstitutionalized as a result of community care policies, in practice end up in different institutions, rather than their own homes. For example, the mentally ill who are discharged from, or no longer admitted to, mental hospitals are frequently found in prisons, boarding-houses, nursing-homes, and homes for the elderly.

On any given day there are over 4,000 individuals residing in Iowa’s county and local jails. It is well established that the numbers of individuals with mental illness incarcerated in jails and prisons across the nation has increased dramatically in recent decades. As large institutions housing thousands of mentally ill individuals have been shuttered and adequate community mental health services were not built, jails and prisons have expanded, and the need for psychiatric services in correctional settings has followed.

“Before deinstitutionalization, jails and prisons held relatively few mentally ill inmates. This made for few forensic patients for state hospitals to treat. By 2014, a prison or jail held more individuals with serious mental illness than the largest remaining state psychiatric hospital in 44 states and the District of Columbia.”

“A lot of people in our custody are in for non-compliance, (not) taking their medication. They didn’t do what the court ordered them to, the court has no place to put them, so they put them in our jail. Don’t you find that disturbing that someone ends up in our jail just because somebody didn’t take their meds? It’s just not the place for them. So we’re all sitting here not knowing where to place them, and (jail) is just not where they belong.”

-Woodbury County Sheriff Dave Drew
In Iowa there are only 64 state hospital beds remaining to provide inpatient treatment to mentally ill Iowans, meaning that there are only two state run beds to serve every 100,000 Iowans. Additionally, 60% of those beds are currently occupied by inmates from Iowa’s prison system, indicating that in reality there are only 26 state beds available for over three million Iowans who are not currently incarcerated. Continuing with the push to provide services in community settings rather than large, dated facilities, last year two of Iowa’s four mental health institutes were closed. The closures were controversial as Iowa was already facing a shortage of mental health beds and services, however the public was assured that additional beds were being added to the remaining institutes to compensate for the closures. Although the two mental health institutes closed as planned, additional beds were never added to the other institutes. As a result, including privately run beds, in total Iowa currently has 731 mental health inpatient beds to serve an estimated 123,000 mentally ill Iowans, a decrease of 85 beds since 2010.

Health policy experts recommend a minimum of 40 to 60 inpatient beds per 100,000 population members. This means that according to Iowa’s current population of 3,123,899 we should have approximately 1250 to 1875 inpatient mental health beds to meet the needs of our residents with mental illness. Accordingly, Iowa is “dead last” in the national ranking in available state mental health beds and critically deficient in the total number of available public and private mental health beds.

Nationally it is estimated that 49% of individuals housed in prisons, and 60% of individuals housed in jails have current symptoms of mental illness, and approximately 17% have a serious mental illness. In Iowa 47% of our prison inmate population has a
mental illness, and approximately 28% have a serious mental illness.\textsuperscript{18} Correspondingly, data from DRI’s jail visits found that 49% of our county jail inmate population is mentally ill.

Often, individuals with mental illness end up in jail for “misdemeanors and crimes of survival” and they are often “minorities, almost always impoverished and disabled by their illness.”\textsuperscript{19} “Families and friends of the mentally ill routinely report that police officers, mental health workers and other families advise that the most reliable way for their loved one to get treatment is to be arrested.”\textsuperscript{20} “There’s even jargon for when law enforcement resorts to arrest because treatment isn’t available: “mercy bookings.”\textsuperscript{21}

In addition to basic supervision, prisons and jails are responsible for the necessary medical and mental health treatment of their inmates. In Iowa there are 97 county jails, ranging in size from 4 beds to over 1500 beds.\textsuperscript{22} “County jails operate within budgets that limit facilities, staffing, and resources, and which vary widely from county to county.”\textsuperscript{23} Many of these jails are located in rural areas of Iowa, hours away from the accumulation of mental health resources located in larger cities. Still, the law requires the same basic level of treatment and care whether the jail is small and rural, or large and located in resource-rich areas.

![County Jail Inmate Population](image)

\textit{Figure 2: Pie chart showing that 49% of inmate’s in Iowa’s county jails have a mental illness, the remaining 51% are undiagnosed or their mental illness is unknown to jail staff.}
The issues faced by inmates with mental illness in our county jails, and the staff charged with their care, is amplified by the fact that length of stay of these inmates is markedly longer than others. Some estimates conclude that inmates with mental illness stay in jail 2–5 times longer than other inmates. The increased length of stay in jails for inmates with mental illness is also affected by significant wait times for competency evaluations. If a person with a mental illness is arrested and charged with a criminal offense, they may be ordered to undergo a competency evaluation to measure whether they are able to be tried for the offense charged. If such an evaluation has been ordered by a court, criminal proceedings are effectively put on hold until a determination has been made as to the person’s competency. In Iowa and other states inmates “can spend months in jail awaiting evaluations.” In the case of inmates with misdemeanors or other low-level charges, this wait can exceed the maximum jail term sentence that could have been imposed for their original charge.

Recently a federal court ordered that competency evaluations must be completed within fourteen days of a court order in the state of Washington. In other states, by law competency evaluations must be done in a timely fashion, often within days or weeks. Iowa has no such time limit, or even suggestion of a “prompt” evaluation. Jail staff reported to DRI that inmates housed in their jails wait anywhere from days, to weeks, to months, even over a year, to receive a court ordered competency evaluation. During the wait, an inmate’s mental health may deteriorate, as they languish in jail without having been convicted of a crime.

Suicide and incidents of self-harm are also of major concern for inmates with mental illness. In Iowa at least 15 county jail inmates have committed suicide in the last three years. “Suicide is the leading cause of death in jails, yet suicide and suicide attempts represent a small share of the acts of self-harm inmates inflict. Self-mutilation is commonplace, especially in solitary confinement, where mentally ill prisoners make up most of the population.”

“I need to see a mental health doctor. I have bad days where I want to hurt myself.”

– an inmate in a county jail in Iowa

“I am having a lot of problems in this jail hearing voices, doing things that people here find abnormal.”

– an inmate in a county jail in Iowa
B. Iowa: Housing and Treatment of Inmates with Mental Illness in our County Jails.

County jails are routinely in the predicament of providing housing and treatment to individuals with mental illness when jail facilities are not designed to house that population, and jail staff are not typically selected or trained to manage individuals with associated behavior issues. Indeed, correctional agencies struggle to adjust from their intended structure and purpose, to accommodate housing mentally ill individuals—a process that can be naturally at odds and very logistically challenging while maintaining safety and security.

i. Identification and Classification

Early identification of an individual’s mental illness to initiate or maintain treatment that will prevent decompensation is key to the safe housing of an inmate. Each jail evaluates and classifies inmates differently. Some use intake software with questions generated by the basic requirements set by the Iowa Administrative Code. Other jails supplement with questions of their own design, or with a branded mental health screening tool such as the Brief Jail Mental Health Screen. Most jails do not automatically classify or house those with mental illness any differently than other inmates. Typically, if an inmate shows signs of self-harm or suicidal ideation, or atypical behavior, most jails will temporarily house that person in a holding or

Figure 3: The Polk County Jail, pictured, houses up to 1584 inmates, making it one of the largest mental health treatment providers in the state of Iowa.

JOHN ENTERS JAIL

John entered a county jail in 2012. From the beginning, it was apparent to jail staff that John had significant mental health issues that fell far outside the range of what the jail was equipped to address. John had angry outbursts and remained naked in his cell most days. From the onset jail staff attempted to identify possible placements for John. Jail staff candidly reported John’s behaviors and their concerns to the court in an attempt to get John into a treatment facility. However, when approached, local hospitals and inpatient psychiatric facilities denied him placement. Although the jail provided outpatient level mental healthcare in the jail, attempts to provide medication alone were insufficient. Lacking the staff or environment to treat him effectively, but failing to secure an alternative, John deteriorated daily in the jail.
observation cell for increased supervision often known as Mental Health Observation (MHO) or Suicide Self-Harm Prevention (SSIP).


text

ii. Physical Plant Issues

Figures 4-2: The old Fremont County Jail (left) and the new Fremont County Jail (right)

County jail structures vary widely across the state, and the physical characteristics and condition of these jails are determinative of several issues that affect the experience of inmates, and the ability of correctional officers to house inmates safely. Many counties have recently built or are in the process of building new jails to replace facilities that have been outgrown. Needless to say, the variations of experience of inmates in these different jails are notable and the environments of these jails are drastically different. The average county jail in Iowa is 32 years old and houses up to 71 inmates.35

Figures 3-7: Photos of living units in an older jail (left) and a newer jail (right)

Older jails can pose more risks by design. Although most modern facilities are built with supervision and secure materials in mind, old jails pose more opportunities for harm. For example, older jails may contain metal bar doors or walls made of crumbling materials, and by design provide less effective supervision based on linear layouts. Some jails in Iowa are over 100 years old and are still functioning. The Fremont County Sheriff’s Office used to operate one such facility in southwest Iowa that was built in 1889. After
successfully advocating for a new jail, the Sheriff opened a modern new facility last summer. The environmental conditions, and safety and security benefits of the new facility are immeasurable as compared to the former jail site. Not all Sheriffs operating aged facilities have been so lucky. Some jails have been forced to send significant numbers of inmates to other counties for housing as a result of lack of space. Smaller, more rural jails also tend to rely on good relationships with other counties to place inmates with significant behavior or security issues in larger or newer jails that have the staff and tools to house that person. This comes at significant expense to the originating jail.

Many Sheriffs advocate for replacing old jails that have been outgrown, and many are successful, however there are still a few counties whose citizens have voted to block these efforts time and again. Some jails are so overcrowded, or have such structural deficiencies from age, that they are operating under variances issued by the State Jail Inspector. Eventually these variances will end and the jails will have to close if new alternatives are not established.

iii. Rural Jails Access Fewer Resources Inherently

Alarmingly, 87% of jail staff interviewed indicated that their local communities lacked adequate mental health resources for residents. “Mental health professionals are in dire shortage. Of the nation’s 3,100 counties, 55% have no practicing psychiatrists, psychologists or social workers.” Jails located in rural areas and in counties with low populations have limited access to community mental health resources for their inmates. For example, one jail DRI visited had no mental health resources at all in the county except for the services provided within their jail. Although provision of mental health treatment inside jails is a much needed resource, confinement in a jail should never be the only way a resident can receive treatment locally. Often, those that need mental health treatment services do not have access to consistent transportation to existing providers in other counties. Such deficiencies in community mental health resources greatly increase the chance of an individual with mental illness returning to jail.
iv. Understaffed Jails Pose Safety Risks for Vulnerable Inmates

Consistently, jail staff who were interviewed self-identified the safety risks of housing mentally ill inmates in their facilities and acknowledged the need for additional staff, housing options, or security measures in relation to this issue. Jails are often tightly budgeted and restricted in their abilities to increase staff numbers or hours. Adequate staff numbers are essential to be able to supervise inmates and respond to situations that occur. For example, a jail which only has one person staffed to operate a master control room and view security cameras, who is also responsible for answering phones and processing mail is not able to identify and respond to medical emergencies, altercations, or other inmate distress as quickly as those which have adequate supporting staff or multiple persons assigned to supervise.

At least one county jail visited was operating at dangerously low staff levels, and although this has been brought to the attention of that county’s board of supervisors for many years, this jail is consistently denied the additional funding to provide adequate staff. In this case, the board of supervisors acknowledged the issue and potential for great harm, but instead chose to risk the safety and security of the inmates and facility. Even more troublesome are the jails that routinely operate with only a dispatch-jailer on site at the facility during certain hours, with no dedicated jailers present to respond to emergencies.

v. Incident Responses by County Jails

Prisons and jails are not designed to be therapeutic environments, nor can they compromise safety and security to reflect a more therapeutic atmosphere. Correctional staff operate on policies designed to safely house people whose behavior violates the law, who can be threatening, violent, or destructive. For individuals with mental illness who get entangled with the criminal justice system instead of accessing treatment services, these policies may result in some grim responses to behaviors associated with their illness behind county jail bars. Jails use a variety of “tools” as responses to incidents of violence, self-harm, and rule breaking. One such tool is a restraint device. Jails typically use one of two possible restraint devices, a 4 or 5-point restraint chair, or a restraint table. One jail DRI visited uses a third type of device called a “wrap” that resembles a sitting-position straight jacket.
Restraint devices can be used when an inmate is actively self-harming, violent or aggressive. However some jails identified using these devices when inmates were damaging jail property. Inmates with mental illness who are experiencing self-harm or suicidal ideations are likely candidates for restraint as there is not typically a mental health staff person employed full-time at most jails, and jail staff need to use the only tools they have on hand to prevent the person from hurting themselves.

Another "tool" that a few jails use if a person is suicidal or self-harming is a meal substitute that does not need to be served with utensils or a tray, which could be used to harm someone. This substitute meal is revoltingly known as “the loaf.” This meal replacement traditionally is called “Nutra Loaf” and should consist of a standard recipe for a calorie and nutrient dense food, which is baked in a small pan. However historically some jails have not used a separate recipe for creating food loaf, and instead have just blended the contents of a regular inmate meal tray, and then baked the resulting product in a pan until it is solid. Iowa law indicates that deviation from normal inmate feeding procedures shall not be used as punishment; however, the existence and process of “the loaf” in the latter description in itself indicates that this policy is not followed. Legally jails must provide a nutritionally adequate diet; however, beyond that standard it is up to jail staff’s discretion to control the actual contents of the meals served. However, if safety and security are truly the concern behind restricting utensils and trays to inmates, then a sack lunch or soft foods may be provided to the inmate with a process that is much easier for jail staff and much less disgusting for inmates. Most jails DRI spoke with stated that they have their own internal policies prohibiting the use of food loaf. However as with most issues not specifically regulated by Iowa law, jails are left to decide for themselves whether or not to implement such practices and as such it continues in a few jails across the state.
Another possible incident response at the disposal of many jails is the use of a special cell in which to temporarily house an inmate experiencing behaviors typically associated with mental health crisis. These cells, often called “special management cells,” “suicide cells,” “dry cells,” or “strip cells,” can have different amenities, but typically have less furniture than a typical cell or no furniture at all. These cells also traditionally have higher visibility to security staff, and often do not contain fixtures for running water or toilet facilities. In some cases the cell is simply a small room with a solid door, containing a drain in the floor for the person to use as a toilet. Although these “special” cells are not exclusively used to house inmates with mental illness, the behaviors that predicate placement in these cells are often the same behaviors expressed by someone in a mental health crisis: self-harm or suicidal behaviors, aggression, and unpredictable or defiant behaviors.

Figure 10: A special status cell.

“I cry a lot at night when they put me in that dark room. I feel like giving up. Now I’m at the point I don’t want to live at all.”

– an inmate in a county jail in Iowa

vi. Correctional Officer Training

In Iowa jail officers must complete a training program that includes instruction in recognizing symptoms of mental illness and suicidal tendencies. Additionally “all law enforcement officers are required to have continuing education in mental health;” however, even training above the minimum requirement “still does not provide the skills necessary to meet the critical needs of many prisoners.” Training content is not defined under law, and can...
sometimes consist of the officers watching a video describing hallmarks of some mental illnesses, others may have mental health practitioners perform training for their agency in person. 67% of county jails only provide the basic minimum requirement of training to their officers. 20% of jails provide additional mental health training to select senior officers, and only 33% of jails require additional mental health training for every correctional officer. Several Sheriff’s offices have arranged multi-agency trainings that were available to other law enforcement agency staff that included information from professionals and practitioners on crisis intervention and de-escalation techniques.52

Some Sheriffs who were interviewed expressed resistance to the idea of any additional training for their officers, stating that the officers already have time-consuming training requirements, and no additional mental health training is needed because their facility is not a mental health institution.
End Notes


4 Although many counties provided information contained in this report, the county jails DRI visited specifically as part of this project were: Adair, Adams, Allamakee, Black Hawk, Buchanan, Cerro Gordo, Cherokee, Clay, Crawford, Dallas, Davis, Des Moines, Dickinson, Dubuque, Fremont, Hamilton, Jasper, Jefferson, Johnson, Linn, Marion, Mills, Polk, Poweshiek, Scott, Washington, Wayne, Webster, Woodbury, and Worth.


7 William Kanapaux, The Mentally Ill Are Kept in Prisons Due to Inadequate Health Services, in Mental Illness and Criminal Behavior (2009) [hereinafter Inadequate Services].


10 Going, Going, Gone, supra note 8, at 7.

11 Mark Smith, Terry Branstad’s Mental Health Care Crisis, IOWA STARTING LINE, June 24, 2016, [hereinafter Branstad’s Crisis] citing to “Going, Going, Gone,” supra note 8.


13 “Under (Governor Terry Branstad’s plan) 30 beds for general adult psychiatric care would be added at the Independence mental institute, replacing a total of 24 at Clarinda and Mount Pleasant.”

14 Branstad’s Crisis, supra note 11.

15 Going, Going, Gone, supra note 8, at 3.


17 Branstad’s Crisis, supra note 11.


20 Inadequate Services, supra note 7.

21 Going, Going, Gone, supra note 8, at 19.

22 The Lucas County Jail (holding facility only) and the Polk County Jail, which can house 1584 individuals.


24 “People with untreated psychiatric illnesses spend twice as much time in jail as non-ill individuals and are more likely to commit suicide.” Consequences of Non-treatment Fact Sheet, TREATMENT ADVOCACY CENTER available at http://tac.nonprofitsoapbox.com/resources/consequences-of-lack-of-treatment/violence/1384.

25 Dogged by Delays, supra note 2.

In the state of Washington there is a court-ordered limit of 14 days to provide a competency evaluation after the order is entered, see id. In Maine, by statute if a person is incarcerated there is a 21-day deadline. ME. REV. STAT. tit. 15, §101-D (2016). In Wisconsin there is a 15-day deadline to provide the evaluation if the person is incarcerated/inpatient, and 30 days if the person is an outpatient. Wisc. Stat. §971(14)(2).


Going, Going, Gone, supra note 8, at 9.

33 Sheriff photo of the old Fremont County Jail. The old Fremont County Jail was one of the oldest operating jails in the state. The Sheriff was very vocal about the safety and security risks inherent in operating out of the old building and was successful in advocating for the new facility.
34 DRI photo of the new Fremont County Jail, see above.
35 Calculated from data received by jail inspector and site visit confirmation. Please note the Polk County Jail was excluded from the bed count average as an extreme outlier.
40 Going, Going, Gone, supra note 8, at 9.
45 Iowa Admin. Code §201—50.16(7).
46 See Divers v. Dep’t of Corrections, 921 F2d 191, 194 (8th Cir. 1990).
49 Last Resort, supra note 23.
50 For more information on John Doe’s story see Tony Leys, One Mentally Ill Man’s Horror Story, Des Moines Register, July 8, 2013.