Reducing Mental Illness in Rural Jails

CASE STUDY:
LUNA COUNTY, N.M.

THE OPPORTUNITY FOR CHANGE

Luna County is one of the poorest counties in New Mexico, located in the Southwest corner of the state along the Mexico border. In 2011, when Director Matthew Elwell of the Luna County Detention Center was hired to take over operations of the jail, the first things he noticed were the high recidivism rates of people leaving the jail and the lack of mental health services inside the jail. The jail books and releases about 4,000 people per year, including residents of Luna County and surrounding counties, as well as detainees for the U.S. Marshals Service. About 27 percent of people booked into the jail self-report having a mental illness, and about 18 percent are on medication for their mental illness. Many of these individuals were being held in solitary confinement due to their behaviors while detained. Director Elwell worked with the Luna County Manager and Board of Commissioners to explain what needed to be done to promote better outcomes for people with mental illnesses and to more safely and efficiently run the jail.

LUNA COUNTY’S MODEL

When a person is booked into the Luna County Detention Center, he or she is screened for mental health needs and, if necessary, referred for further assessment by the full-time licensed mental health therapist. If the individual does not have an existing diagnosis, he or she will be seen by a psychiatrist, who comes to Luna County once per month to meet with clients. The Detention Center is currently working on implementing telepsychiatry as a means of facilitating quicker diagnoses for people housed there. The Detention Center is also currently in the process of adding a full-time medical nurse to assist individuals with medication and detox.

As part of the assessment process, individuals are assigned to either “special management” or general population. Formerly, many individuals with mental illnesses were held in solitary confinement, where they were kept in their cells for 23 hours per day with little recreation or engagement with others. Now, individuals who are not ready to go to general population are housed in special management where they receive mental health programming from the mental health therapist, including daily visits, individual programming, substance abuse treatment, inmate-led groups and anxiety and life-skills classes. Special management has enlisted high-functioning individuals with mental illnesses as “pod mentors” within this unit to assist individuals in adjusting to the environment and engaging them in treatment and double-bunks people when appropriate. Individuals who start in special management are slowly integrated into general population to ensure that they are ready for that environment. Once in general population, they can still participate in group classes for their mental illness.

The staff of the Luna County Detention Center has received Mental Health First Aid training, and five of the staff has received formal crisis intervention training to form a Crisis Intervention Team (CIT). They are currently using these staff to train the rest of the staff in CIT. The next step is to implement CIT debriefing for staff that is called in to work with individuals experiencing crisis in the jail. A mental health therapist would be specially trained to hold this debriefing for officers after an incident to help calm them after what are sometimes stressful situations.
SUCCESSES AND OUTCOMES

The Luna County Detention Center has dramatically changed the way it works with people with mental illnesses and seen significant results.

- Prior to implementing these changes, 15 percent of people with mental illnesses were housed in solitary confinement for long periods of time. Now “special management” houses only 1 to 2 percent of people with mental illnesses and they are staying for a shorter amount of time before transferring to general population.

- The Detention Center used to provide only a three- to seven-day supply of medication when a person was released. However, due to a state law passed earlier this year, Medicaid is no longer terminated upon booking at the jail. As such, the Detention Center can do presumptive eligibility with individuals to get their Medicaid ID before they are released, making it easier to set up appointments and call in prescriptions to be ready once they return home. Even when an individual is only detained for a short period of time Detention Center staff are able to get the process started for enrollment.

The Luna County Detention Center is currently piloting an in-depth release planning program in partnership with community treatment providers, group homes and mental health advocates. Funded by the county, the Detention Center assigned one of its classification officers to take on more of a case management role to work with individuals to create a plan for their release, including re-enrolling them in entitlement programs, connecting them with treatment and services and working with peer mentors and families to make for a more successful transition out of the jail.

LESSONS LEARNED

Assess before you start doing: Before starting any sort of programs or policies to help people with mental illnesses in the criminal justice system, it is critical to know what resources are already available and where there are gaps. For example, Director Elwell was not aware that the county only had a psychiatrist for one week per month. Once identified, working collaboratively with community-based services and providers to plan programs will make for a smoother and more successful process.

“We are proud of what we have done here in the Luna County Detention Center,” says Luna County Commission Chair Joe L. “Oleo” Milo, Jr. “Mental health issues in local detention centers are arguably the single largest liability local governments face in today’s world. As a commissioner, it’s not just about the liability. The human component must be paramount in making decisions related to these individuals. This one issue covers the entire spectrum of my job as a commissioner. Being able to solve liability issues through improving the quality of life of these people is a great feeling.”

RESOURCE

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To read the full report and the companion case studies, visit www.NACo.org/Stepping-Initiative

For more information about this publication or the Stepping Up initiative, please contact Nastassia Walsh, NACo Program Manager, at nwalsh@naco.org or 202.942.4289