



Jeff Gerritt: When jails must be mental clinics

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Justin Monroy, 22, center, on the front porch of his Grass Lake home with his family. Suffering with paranoid schizophrenia and bipolar mood swings, he spent four weeks in jail, charged with assault and domestic violence. In jail, lacking needed medications and stunned with a Taser, pepper-sprayed and shackled, his condition worsened. His family members are, clockwise from center, his mother Tina, brothers Cody, Jordan and Alex, sister Audrey and father Dan. / LON HORWEDEL/SPECIAL TO THE FREE PRESS

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Justin Monroy fell out of a fourth-story mental hospital window after being transferred from jail, injuring his back and ankle. He is now back home with his family in Grass Lake, undergoing treatment for paranoia and psychosis. / LON HORWEDEL/SPECIAL TO THE FREE PRESS



From left, Robert Lathers, CEO of Ionia County Community Mental Health; Jay Vandenbrink, a mental health worker in the jail diversion program; and Ionia County Sheriff Dwain Dennis met last week in the Ionia County Jail. Cooperation between the Sheriff's Department and community agencies has made Ionia County a leader in mental health jail diversion and treatment. / JEFF GERRITT/DETROIT FREE PRESS

Michigan's county jails hold as many as 10,000 mentally ill prisoners. Many sheriffs say their jails have become the busiest mental health institutions in their communities.

But that's only half true.

Mentally ill people are confined in these short-term lockups -- where stays average about 90 days -- but they are not treated.

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"We exacerbate the problem -- we don't make it better," said Sheriff Dwain Dennis of Ionia, one of the few counties that work effectively with local [Community Mental Health](#) to divert and treat mentally ill prisoners.

Justin Monroy's family found out the hard way.

Monroy was locked up in the Jackson County jail for a month after he threatened his sister with a knife. A 22-year-old paranoid

schizophrenic, he was pepper-sprayed, stunned with a Taser, and left naked and handcuffed in a solitary cell. By the time he was moved to a psychiatric hospital in Detroit, he believed government agents were out to kill him and climbed out of a fourth-story window, breaking his back and ankle.

With the closing of most state psychiatric hospitals and cuts in community mental health programs, jails will [continue](#) to hold thousands of mentally ill prisoners. Easing the problem will require sheriffs to work closely with local Community Mental Health authorities, assess mentally ill prisoners immediately, maintain medications, and divert more nonviolent offenders from costly jail time to treatment.

Federal and state lawmakers should enact legislation requiring insurance and Medicaid benefits to continue in jail.

Sheriffs didn't ask to ride shotgun on Michigan's mental health crisis. But working with other community agencies, they must deal with it -- effectively, humanely.

When jails must be mental clinics

Wayne County Sheriff Benny Napoleon has called his jail the county's largest mental health institution. Sheriffs in most of Michigan's 82 other counties, whose jails hold up to 10,000 mentally ill people, could say the same -- and many have.

Cuts in community mental health programs and the closures of most of Michigan's state psychiatric hospitals have helped put county jails at the center of Michigan's [mental health care](#) crisis.

"Jails have become the bastion of last resort," Terrence Jungel, executive director of the Michigan Sheriffs' Association, said last week.

To stem the human and economic costs of untreated mental illness, Michigan must divert more mentally ill people from its jails and find ways to treat those who must remain incarcerated. Many, if not most, mentally ill jail prisoners lack access to needed medications and get little psychiatric or medical treatment.

Michigan's county jails hold nearly 20,000 prisoners. Jungel estimates that about 20% are mentally ill; others estimate half or more are.

In 1999, a Department of Community Health study conducted by Wayne State University found that more than half the jail populations in Wayne, Kent and Clinton Counties were mentally ill, and that one-third were seriously afflicted, suffering from schizophrenia and bipolar and other psychotic disorders.

If anything, the crisis has worsened since. Another state psychiatric hospital, Northville Regional, closed in 2003 -- one of 12 state psychiatric hospitals shut down by the state since 1987. Moreover, since 2008, the state has slashed \$50 million from community mental health agencies, with Wayne County absorbing more than half of the cuts.

As short-term lockups that hold mostly pretrial detainees and misdemeanor offenders -- stays average about 90 days -- county jails are not designed for treatment. Without it, the symptoms of mentally ill prisoners typically worsen, sometimes dramatically.

"We exacerbate the problem -- we don't make it better," said Ionia County Sheriff Dwain Dennis.

Just ask the family of 22-year-old Justin Monroy.

An argument leads to arrest

A month after he entered the Jackson County jail on Oct. 18, Monroy, gripped by fear and paranoia, fell 60 feet from a fourth-story window.

During his four weeks in jail, Monroy was deprived of prescribed medications, he and his family said. He was stunned with a Taser and pepper-sprayed, according to police records. The day before Jackson County sheriff's deputies transferred Monroy to a psychiatric hospital in Detroit, his mother, Tina Monroy, saw him on a security monitor pacing his cell, handcuffed and naked.

"I started to cry," she said. "Really, they tortured my son in jail."

By then, Monroy, suffering from bipolar mood swings and paranoid schizophrenia, believed his entire family was murdered and government agents were out to put him in a gas chamber.

On Nov. 14, the Jackson County Sheriff's Department finally moved Monroy to BCA StoneCrest Center in Detroit. Early the next morning, Monroy, fearing corrections officials were out to kill him, climbed out of an unsecured fourth-story window and fell 60 feet, fracturing his spine and right ankle. He told a Free Press editorial writer last week that he was alone in the room and the window was partly open.

Citing federal and state patient privacy laws, a BCA StoneCrest spokesman said last month he couldn't comment.

After the fall, Monroy was taken to St. John Hospital in Detroit, where he remained for two weeks.

Justin Monroy's ordeal started the previous month with an argument over cigarettes. Monroy, who lives with his parents, sister and three younger brothers in Grass Lake, threw a can in the kitchen and started to rage. According to a Jackson County police report, Monroy threatened his sister, Audrey, 22, with a knife.

Tina Monroy restrained her son before any harm came to her daughter, but Justin was arrested after Audrey's boyfriend called the police. Sheriff's deputies charged Justin with assault with a dangerous weapon and domestic violence.

In jail, Justin's mental condition deteriorated rapidly. On Nov. 9, he slipped out of a restraint chair and kicked a cell door window, causing \$300 in damage. Sheriff's deputies charged him with malicious destruction of police property, a four-year felony.

On the same day, according to an incident report, Monroy was sprayed with a chemical irritant after he kicked, punched and banged his head against a cell door. Officers stunned him with a Taser and shackled him in a restraint chair with ankle chains.

A March 20 psychiatric evaluation by Dr. Surendra Kelwala of Livonia concluded that Monroy had broken the glass on the cell door because he believed sheriff's deputies were plotting against him and planning

to shoot his family. "His actions were completely dictated by his illusions, and he had no specific intent to harm," Kelwala's report said.

Undersheriff Christopher Kuhl told the Free Press that Monroy received medications previously prescribed by local Community Mental Health within two days of his arrest.

"It became pretty clear in a few weeks that the medication regime wasn't working for him," Kuhl said. Two to three weeks after Monroy was arrested, Kuhl said, jail staff requested a mental health transfer.

Given the felony charges, officers couldn't move Monroy without permission from the court and prosecutor's office. Even so, Monroy had a long history of mental illness. It should not have taken a month to get him into a hospital.

Improved with medication

In treatment since age 10, Monroy took numerous medications as a child, including Ritalin, Concerta and Adderall. Monroy was treated for manic depression and aggression at Henry Ford Kingswood Hospital and other psychiatric centers. A special education student, Monroy dropped out of school in the 10th grade.

As a teenager, Monroy suffered a nervous breakdown and was hospitalized again. His thinking became increasingly psychotic and delusional, according to psychiatric reports.

Now, back at home, Monroy sees a case manager and psychiatrist twice a month and takes heavy doses of psychotropic medications, including Seroquel.

Audrey Monroy said she now regrets signing a complaint against her brother on Oct. 18. "I just wanted him to get help," she said. "The cops said he would be moved the next day to a place where he could get help, but it didn't happen."

Monroy still believes he's on a government death list. "They're going to put me in a gas chamber," he told a Free Press editorial writer. "Everyone will understand better when I'm gone."

Monroy's psychosis is under control, Kelwala said, but his underlying paranoia remains. Justin's father, Daniel Monroy, a roofer and landscaper, said his son is taking his medications and "getting back to being himself."

Justin Monroy still faces up to four years in prison on the two charges.

Teamwork is key

Diverting mentally ill people from jail and treating them requires sheriff's departments, prosecutors, police chiefs, Community Mental Health authorities and others to work together. For starters, the state should require local agencies to sign an interagency agreement outlining procedures for handling mentally ill detainees.

County jails must do a better job of getting medical information about incoming prisoners. To help them obtain confidential records, the state should develop a standard, statewide medical-release form.

Jails should assess mentally ill prisoners within 24 hours of entering the jail. Those with medical records -- or reliable family information -- documenting mental illness should take priority.

Prisoners taking psychotropic or other medications must stay on them. Counties should allow incoming prisoners with valid prescriptions to continue taking those drugs until a jail doctor can see them.

"We have to maintain continuity of medications," said Mark Reinstein, president of the Mental Health Association in Michigan. "Too often, that breaks down."

To be sure, counties can ill-afford expensive psychotropic drugs when insurance companies and Medicaid stop providing benefits after incarceration. State legislators should require insurance companies to continue providing mental health care benefits, including prescription drugs, for their jailed policyholders, at least until they are convicted of a crime. Michigan's congressional delegation similarly should push for Medicaid rules that enable jail prisoners to continue receiving mental health benefits.

At the very least, the state should amend its Medicaid plan to allow prisoners to suspend Medicaid enrollments while incarcerated -- instead of terminating them -- so that prisoners can resume benefits upon release, instead of having to reapply and wait weeks.

To help counties cover immediate costs, state legislators ought to consider a dedicated fund to pay for local efforts to divert mentally ill people from jail, where stays cost about \$24,000 a year per prisoner. Such a fund would save money in the long run by avoiding incarceration and lawsuits.

Finally, local sheriff's departments, working with Community Mental Health authorities, need to connect those leaving county jails to the services they need in the community.

Counties must do better

Even without major legislative and policy changes, local jails can do better, as Ionia County has shown. For more than a decade, the sheriff's department, local Community Mental Health authority, prosecutor's office and district court have worked together to ensure that mentally ill people headed for jail are treated or diverted into treatment.

In Ionia, Community Mental Health trains all deputies and corrections officers to recognize mental illness. Those who display symptoms are usually evaluated by mental health professionals within a few hours of entering the jail -- and sometimes even assessed at the scene and taken directly to treatment.

"Working together on this issue is integrated into the culture of the agencies here," said Robert Lathers, CEO of Ionia County Community Mental Health. "If we get a call from the jail or from a police officer on the scene, it's immediate intervention."

Mental health worker Jay Vandenbrink visits the Ionia County jail almost daily, working closely with corrections officers. He checks the roster of all incoming prisoners to determine if Community Mental Health has worked with them before. CMH also runs group sessions at the jail on coping with anxiety, depression and anger management.

The authority diverts some mentally ill prisoners -- less than 10% -- into treatment programs. Vandenbrink, for example, worked with the prosecutor's office and district court to get a 23-year-old Iraq combat veteran with three drunken driving citations out of the jail and into a VA hospital in Battle Creek. The veteran had been sobbing in a cell and corrections officers asked Vandenbrink to see him.

Vandenbrink learned the veteran drank to escape the sound of explosions in his head. He is now working full-time and has had no further legal troubles.

Finally, when mentally ill prisoners leave the jail, Vandenbrink tries to find them jobs and housing, helps them understand probation conditions, and ensures that they can get to doctor and mental health appointments.

Efforts like these have lowered recidivism rates for mentally ill prisoners in Ionia County; one evaluation showed no mentally ill prisoners returning to the jail within a year.

"A lot of sheriffs say it's not our problem, but it is," Dennis said. "When there's an issue with a mental health client, people call the police. That makes it our problem, and we ought to be able to deal with it."

With thousands of mentally ill people in jail, managing them in a humane and effective way must become the business of Michigan's 83 counties.