

INSIDE VIEW

CIC Ministries

*"...when in
prison, you
visited me..."*

Matthew 25:36

Summer 2007

Correctional Institutions Chaplaincy of Santa Clara County, Inc

Families worry about their loved ones

BY REV. EVELYN VIGIL
MAIN JAIL CHAPLAIN

The telephone calls come in English or Spanish or languages I can't speak, but the worry and concern in those voices all say the same thing: Someone's loved one is mentally ill and mom, dad, sister, brother, wife, daughter, or longtime neighbor is worried.

How are their loved ones? Are they OK? Are they treated well? What can be done?

Many families are frantic when they realize there is something wrong with their loved one. Some want nothing to do with the family member in trouble, and others are worn out. They have done all they can do; they need to pull back. They don't know where to turn, but they trust in God.

They ask the chaplains to visit their family member, take them a Bible, pray with them, assure them that everything's going to be OK.

I do what I can, but mostly I listen to the family members who don't know what to do or what happened to their loved one. I tell them the acute psychiatric unit has doctors and nurses and therapists. Their family members will be seen and will receive care, and yes, it's an awful place because it's jail, but at least the people



This mask was created by a young woman in CIC's Heart and Soul class at Elmwood women's facility. It symbolizes her scars and pain, hidden from most, yet exposed to God's healing touch.

they love are safe. I encourage them to call the therapists or doctors.

I see their loved ones, listen to them, pray with them and help them along as they struggle to find balance in a world out of balance.

We offer weekly Bible studies in these units, focusing on God's love for each of us.

I remember an 85-year-old woman who came to visit at the jail and asked me to tell her incarcerated nephew that his mother had died. His mother lived with her sister and the man often went to the home when he was out of jail. His visits were fine as long as he

took his medication, but like so many folks who hate the side effects, he quit taking the little pills that kept him steady. He started to hear voices and soon he started to tear up the house.

The woman cried, because she also wanted me to tell him that he couldn't go back to her home. She couldn't care for him.

So I went to see him. He towered over me, his hands scarred from fights, and I knew why his aunt was afraid. I told him his mother had died and that he couldn't return to his aunt's home. He nodded. He under-

Please see **FAMILIES**, Back Page

Mental illness meets the criminal justice system

By Jo ROBINSON, MFT

When President John F. Kennedy signed the Federal Community Mental Health Centers Act in 1963, he promised, "...if we launch a brand new mental health program now, it will be possible within a decade or two to reduce the number of patients now under custodial care by 50 percent or more."

Forty-two years later, one wonders what Kennedy would think if he learned that law enforcement across the country have, by default, become the mental-health providers of the marginalized mentally ill in our communities.

If he entered America's jails today he would see these institutions of criminal justice now hold more mentally ill people than our psychiatric hospitals.

A different type of custodial isolation, one of jails and prisons, has supplanted the custodial isolation of hospital care.

For example, in Santa Clara County, when Agnews State Hospital closed its doors to the mentally ill, Santa Clara's county jail population arrest rate increased by a staggering 300 percent. Inadvertently, criminal justice is tending to the disease of mental illness.

According to the National GAINS Center, approximately 804,000 inmates with serious mental disorders are admitted to U.S. jails each year -- 70 percent are incarcerated for non-violent crimes. Roughly 8-to-10 percent of the nation's jail population has a diagnosis of schizophrenia, bipolar or major depression, and jails are stressful places that can be traumatic for those with mental illness. Others have Post Traumatic Stress Disorder or significant personality disorders such as Borderline Personality Disorder, which means that incarceration can bring back memories of earli-

YOUR CONTRIBUTIONS SUPPORT:

~ Chaplains visiting local churches to describe how the Spirit is present in the jails and how inmates respond to the Grace.

~ Chaplains consulting with the congregations to develop ways of serving ex-offenders when they are released from jail or helping the congregations understand gangs, substance abuse and violence in the community.

~ Chaplains getting a prisoner's pastor in to see him or her for encouragement and faith building....

er traumas.

Because of the extreme conditions of incarceration and the consequential stress, the condition of many mentally ill people worsens during detention.

Additionally, some psychiatric medications cloud thinking, making an already vulnerable population even more vulnerable. Many individuals with a serious mental-health disorders have their first contact with a mental-health professional while in the criminal-justice system. This happens because a previously undiagnosed mental illness is identified or the first psychotic break occurs during incarceration.

Criminalizing the mentally ill is not the right answer. When possible, the goal of our community should be to prevent the incarceration of mentally ill individuals.

The ideal is to provide adequate mental-health treatment that is well received by mentally ill individuals in appropriate, least restrictive settings. This requires a user-friendly, flexible system that says any door to treatment is the right door.

Nevertheless, when a person with

mental illness does come into contact with law enforcement, appropriate programs and systems in criminal justice must be in place. These systemic programs should consist of diversion from jail; treatment while incarcerated; and discharge planning from jail into community treatment.

Treatment and diagnosis is further complicated in this population because more than 80 percent of the mentally ill offenders are dually diagnosed -- having both a mental illness and a substance-use disorder. Some are believed to be self-medicating. In others, mental illness may have been caused by the use of the illicit drugs.

Mental illness is a medical illness. The behaviors, signs, and symptoms seen in mentally ill individuals are not volitional behaviors; they are caused by illness.

While in custody, the inmate must be offered treatment for those symptoms through medications and therapy. Treatment both in jail and in the community is voluntary unless the person meets the very strict criteria for involuntary hospital treatment. Because psychiatric medications have many unpleasant side effects, many individuals choose not to stay on their medications, which causes a relapse of their symptoms and often reincarceration.

Mental Health Courts and assertive case-management teams have proven effective in keeping mentally ill individuals stable and out of custody. Santa Clara has one of the largest mental-health courts in the country and the most enthusiastic judges running the court.

Most mentally ill people do not belong in our criminal justice system.

Individuals with disease need to be treated in the community with care, hope, and the goal of recovery just as you would treat any other illness.

Community's fears focus on mentally ill

**BY THE REV. DAVID ROBINSON
CIC EXECUTIVE DIRECTOR**

Some of our communities' greatest prejudices, assumptions and fears are reserved for those diagnosed with mental illness.

Many of those arrested are displaying their symptoms and would respond quite favorably to psychiatric assistance and social rehabilitation. Our response, however, subjects individuals who may be suicidal, schizophrenic, or bi-polar to the "worst-case" scenario.

I have great concerns for the effect of budget cuts in the community mental-health system. If these cuts happen, many more very ill people will be incarcerated and their health will further deteriorate. This affects us all.

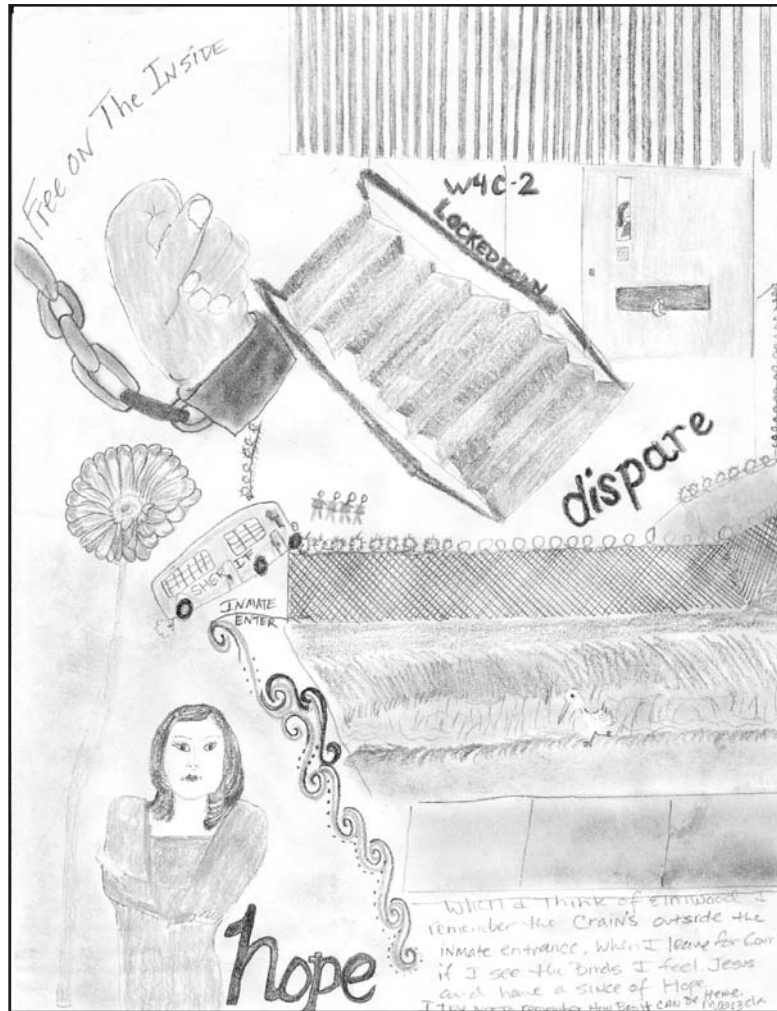
These individuals have no political voice; they are regarded as "the least" in our community and are subject to the greatest neglect and abuse. About 18 percent of the adults in jail are diagnosed with severe and persistent mental illness.

The mission of CIC Ministries is to serve the least of our brothers and sisters. Our call is directed to offer the best to those who need it the most. So, too, our Lord offers the greatest grace to those who are the neediest.

We have seen those diagnosed with mental illness, with developmental disabilities or with brain damage seek the Lord's love in very profound and intense ways. They have had everything stripped from them, including their ability to form cohesive relationships, their discernment of reality as well as being hampered by mood swings, despair and paranoia.

People in this situation feel isolated and abandoned by their people and their God. They search for meaning in complex ways -- often to our consternation and impatience.

They develop extraordinary ways



of describing God's will and actions and how God is present with them. Many of us are repulsed by their lack of orthodoxy.

Our ministry with our brothers and sisters is one of compassion, of presence, of loving patience and listening. I have learned more about the nature of God's grace from individuals diagnosed with mental illness than any other people. I have been humbled by their intense drive to know God and respond to the Love.

Our worship services in the acute psychiatric unit of the jail have humbled me by recognizing how Jesus is present in the lives of folks who others discard as "crazy". There is nothing "crazy" about knowing you are loved by God, though everything has

been stripped away. Job did not know the suffering of these friends. The sincere prayers I have had the honor of hearing have brought me to my knees.

Their search for meaning and their open hearts have inspired my own devotions. Their receptiveness and utter dependence upon our Lord Jesus in the midst of their despair, isolation and fear illuminates the reason why we offer worship inside these jails and juvenile facilities.

CIC offers the Gospel Jesus to those who need the love of God and to those who are open to receiving the Spirit. There is no greater church than when we start praying and singing *Amazing Grace* with those considered by some to be the least of our brothers and sisters.

Mental-health issues differ for juveniles

• **Editor's note: The following interview features Joanne Dobrzynski, Juvenile Hall Mental Health Acting Program Manager. She was interviewed by Juvenile Hall Chaplain, Peggy Bingham.**

1. What common mental-health issues are faced by young people in these facilities?

The most common disorders are adjustment disorders, which means young people exhibit high stress, sadness, depression and anxiety. The mental-health staff treats the symptoms, even though this may or may not develop into a full-blown diagnosis. Many youngsters show symptoms of disorders such as bipolar disorder or schizophrenia yet it is too early in their lives to diagnose.

2. What services are available to young people at Juvenile Hall?

Every girl or boy who comes into the facility is screened by a member of the mental-health staff within 24 hours. Staff will refer them for further mental-health services if they determine that there is a medical necessity. They are evaluated for homicidal or suicidal behavior. The mental-health staff will make a behavioral healthcare plan and will offer individual therapy, family therapy, and medication if necessary. For some young people, the multi-disciplinary team of probation, education, and mental-health staff will come together to develop a treatment plan for better mental and physical health. In the Mental Health unit of Juvenile Hall, a select group of boys are given extra resources including more access to mental health clinicians, individual therapy, aggression-

replacement training, and group therapy.

3. What are the facilities in the county that kids are sent to in order to help them to deal with their mental-health needs?

If a young person is very suicidal, they will be sent to EPS or Emergency Psychiatric Services. EPS is a psychiatric hospital in Fremont that will evaluate the young person, stabilize them and send them back to Juvenile Hall. Starlight is a residential program in San Jose for mentally-ill youth who have special needs. Las Plumas and Fair Oaks offer the highest level of outpatient care for youth in Santa Clara County. They provide individual and family therapy for many of the youth who get out of Juvenile Hall and need continued support.

4. How do you distinguish between the typical moods/behavior of a teenager and mental illness?

Mental illness is something that negatively affects the person's ability to provide for themselves, to function in life and to be healthy. All teenagers exhibit moods and behaviors that are not ideal. Every person has the right to make poor choices. In determining the mental-health status of a teenager, we ask, "Do they have the ability to make that choice?" We also look at the behavior of a person over a larger continuum of their life. While a psychotic break doesn't usually happen until early adulthood, there are often behaviors that one can identify with mental-health issues in every stage of life.

5. What is the goal or philosophy of the mental-health department in the Juvenile facilities?

To provide for the safety and security of the young people, to help them through a very difficult time, to

Please see JUVENILES, Page 5

W2C

We are cared for especially Because God dwells in W2C

We are baptized in our tears And here we start our lives

We become sister priests to one another And confess our sins to each other

Our healing has begun And among our pain is laughter and fun

So much innocence among the wounded We have been beat down

But here we have found Our renewed strength

Under key and lock We have become your flock

A true community God bunks in W2C.

By HW

CIC Wish List

- ~ banners for our chapel
- ~ Bibles (new or used)
- ~ Christian books - devotionals, Bible study books, dictionaries, concordances, books on substance abuse, and self-help books. (preferably paperback)
- ~ Laptop computer

Blessings abound in lessons of God's love

**BY DARRYL NODA
CIC VOLUNTEER**

Before beginning Bible study each evening, we start by asking the guys if they have any blessings - any good things that have happened to them in the past couple weeks, or any Godly encounters - that they would like to share.

Sometimes there are not many responses, sometimes everyone responds and sometimes the responses can be quite moving.

In our last session, one person shared the blessing he received when he received a letter and pictures (drawings) from his children.

As he mentioned this, I was almost mindlessly flipping pages of my notebook - a notebook I use for various committee meetings, personal notes, grocery lists, etc. As he talked about how meaningful it was to receive the letter and pictures from his kids, I coincidentally flipped the page to one that said, "I love you Daddy" and had a scribbled drawing from one of my daughters. In that instant, I felt a lump in my throat and a flood of emotion.

Truly, there is no feeling like the love you receive from a child...especially if that child is your own. I do not know what it is like to be in prison but I can imagine how wonderful it must have been for that man to have received that letter and that drawing.

In many ways, we live very different lives from the people in Elmwood yet in some very fundamental ways we share the same human conditions as our brothers and sisters in prison.

Thank you and thanks to God, as you keep these folks in your prayers.

YOUR CONTRIBUTIONS SUPPORT:

- ~ Chaplains counseling over 1,200 inmates and youth a month to help them establish a relationship with Jesus and to create hope in the midst of chaos and despair.
- ~ Chaplains coordinating and supporting more than 300 worship services a month in the facilities
- ~ Chaplains providing opportunities for the volunteers to see Jesus as they love the prisoners
- ~ Chaplains sharing the love of God to the inmates and Correctional Officers that all might see the true hope in life and the possibilities of salvation and peace
- ~ Your contributions make a difference in thousands of peoples lives each year. The ministry of CIC is dependent on the generous contributions of individuals and the local churches.
- ~ Please consider making CIC a priority in your giving. Please talk to your Pastor or church about adding CIC to your missions budget.

Juveniles...from Page 4

provide counseling services during their incarceration and to refer them to mental-health services as needed.

6. I recently read a book on Juvenile Mental Illness in Juvenile Offender Youth and their studies have shown that approximately 66 percent of boys and 70 percent of girls in United States correctional facilities are mentally ill. Is that congruent with your experience?

I have heard those statistics, and I must say that we haven't seen numbers of mentally ill youth that are quite that high. Approximately 205 out of 340 of our young people are receiving mental-health services. This is about 62 percent of the population.

7. Is there anything that I failed to ask you about that you would like to let me know?

Our Mental Health Department has greatly benefited

from the Healthy Returns Initiative Grant. It is part of MICOR or the Mental Illness Crime Reduction Act. We have greatly benefited from these grants and I am very pleased with the services that we have been able to provide. We have 17 clinicians in Juvenile Hall and are so far ahead of all of the mental-health services in other counties. More recently, there has been great collaboration with the Probation Department. We are working together with probation to offer more options for mentally ill young people. Kids are able to get transitional housing as they leave the foster care system and are trying to make their way in the adult world. Kids are receiving wholistic case management through Wrap Around Services. Mental-health services are provided based on what the client and family wants or needs. However, due to mental-health budget cuts, we are losing seven of our clinicians. Our staff will be reduced by 40 percent, but we will strive to provide the same level of mental-health care that we have in the past.

CIC MINISTRIES

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Next training session

The next training session for CIC volunteers is scheduled for Saturday, September 22, from 9a.m. to 1p.m. at Maranatha Christian Center at 1811 South 7th Street in San Jose. Current volunteers must attend one session per year for clearance renewal.

Families ... from the cover

stood.

I don't know what happened to him or where he went, but I often say a prayer for that woman, because she felt so bad. She did what she could, but her situation highlights the struggles we face as a society.

When someone is diagnosed with a mental illness, their world and the world of their family changes.

Worries about medication and how to afford it, about safety and care and about work or the lack thereof loom large. Places to keep these folks safe and off the street are drying up; neighborhoods are

scared and unreceptive; families bear unfair burdens.

Jesus calls us to love these folks, all of them. But I also remember Psalm 27: *"If my father and mother forsake me, the Lord will take me up."*

No one is forgotten in God's kingdom, and we go to them as reminders that God does, indeed, love them and has not forsaken them.

Correction

The last issue of InsideView stated that Helen Hooks' recommends that the women she counsels read Psalm 129 and Psalm 23. This was in error. In fact, she encourages them to read Psalm 121 and Psalm 23.

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