

County of Santa Clara

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James T. Beall, Jr.
Supervisor Fourth District

MEMORANDUM

November 2, 2004

TO: Board of Supervisors

CC: Peter Kutas
County Executive

FROM: James T. Beall, Jr. *Jim Beall*
Supervisor, District Four

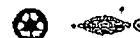
RE: Accept referral regarding de-escalation training and crisis intervention for first responders to calls involving mentally ill consumers.

RECOMMENDED ACTION

Direct Administration to report back to the Board of Supervisors in early December 2004 related to providing training in mental health issues and de-escalation techniques, and direct crisis intervention for first responders to incidents involving mentally ill consumers.

Staff report should include, the following:

- ♦ Recent history and current status of collaboration between County Mental Health Department and first responders when addressing incidents involving mentally ill consumers.
- ♦ Provide estimates of the un-reimbursed General Fund dollars spent on medical care for the mentally ill in the criminal justice system; pre-sentencing through incarceration.
- ♦ Provide list of services or rights to medical care that mentally ill clients lose once placed in the criminal justice system.



- ♦ Provide medical perspective of case management challenges for mentally ill clients within criminal justice system.
- ♦ Provide description of potential consequences of interruption of medical treatment to incarcerated mentally ill clients.
- ♦ Describe best practices that improve both practices and communications between mental health professionals and first responders, and improve client outcomes.

FISCAL IMPACT

No fiscal impact to the general fund.

REASONS FOR RECOMMENDATION

From a humanitarian and treatment perspective the criminal justice system is an inappropriate environment to place individuals with serious mental illnesses. Many people with mental illness; especially those who are poor, homeless, or challenged with substance abuse problems, are unable to obtain mental health treatment while incarcerated. If they commit a crime, even for a nonviolent offense, sentencing laws mandate imprisonment.

I believe that successful jail diversion is essential to ensuring the success of mental health treatment programs. By referring and treating the non-violent mentally ill within the community health and human service system, the County can provide better case management, and provide appropriate treatment. A successful jail diversion program promotes public health and improves public safety by expanding treatment alternatives and thus improving outcomes for mentally ill clients.

Depending upon the outcome of Proposition 63 and the state efforts to obtain a Medi-Cal waiver, there may be expanded opportunities for addressing the needs of incarcerated mentally ill clients in our community. Although the Board has prioritized care for mentally ill clients within our community for many years, these additional funds may assist in preserving services as we experience several years of budget deficits.

For 2004-2005, the Large Urban County Caucus of the National Association of Counties has selected the loss of federal entitlement benefits for the mentally ill in county jails as one of its top four legislative priorities (See attachment).

I believe that jail diversion programs for the mentally ill when appropriately applied are ethically and fiscally prudent. Furthermore, I believe that such programs are consistent with basic human rights.

BACKGROUND

The fatal police shooting of the mentally ill have become a critical issue for our community. The most recent incident occurred in September and resulted in the death of a Bosnian refugee who had shown signs of a mental disorder. It was the fifth fatal officer involved shooting by San Jose police this year alone.

In June 2002 the Board approved the elimination of Mobile Crisis Team (\$376,998). The Mobile Crisis Team had consisted of 4.5 FTEs Psychiatric Social Workers and Rehab Counselors who provided de-escalation training and direct crisis intervention in response to San Jose Police Department. Staff states that this budget elimination was justified, because fewer referrals had been forwarded to this program as more police officers became more directly trained in Crisis Intervention Team services. However, staff has also indicated that there are important areas where collaboration between the mental health department and police department were improved as a result of the Mobile Crisis Team.

This referral seeks to better understand what resources exist in the absence of the Mobile Crisis Team and within the current budget. Furthermore, the referral seeks to clarify what services incarcerated mentally ill clients receive and how those services are paid for.