Memorandum of Understanding

between

The Mental Health Department, VMC Health and Hospital System

and

The Sheriff's Office, Santa Clara County

July 7, 1997

Term of the Agreement and Relation to Other Agreements
This agreement for participation by the Sheriff's Office in the Mobile Mental Health Team pilot project will be in effect during July, 1997 through June, 1998; the term of this agreement may be extended on mutual agreement of the parties. A thirty-day written notice from either party is necessary to substantially change or terminate this agreement prior to June, 1998.

This pilot project was started February 6, 1997 with the San Jose Police Department, and it will continue to meet all obligations to support that Department. At this time, the Team will also begin responding to other law enforcement agencies in the central San Jose area.

Pilot Program Objectives

The primary objective is to divert qualified persons with apparent mental disabilities from the criminal justice system by providing initial assessments, crisis intervention, and linkage to other mental health services.

Operational Structure

The Mobile Mental Health Team will consist of qualified mental health professionals, employed by the Mental Health Department. They will have LCSW or MFCC licence or waiver, and will be authorized to write a 5150 psychiatric hold. The Team will be in service from 10:00 AM to 12:30 AM, daily, including weekends and holidays (In order to schedule a weekly staff meeting, the times on Wednesdays will be 10:30 AM to 12:00 midnight). The base of operations will be the Mental Health ACCESS program, located on the VMC campus at 2221 Enborg Lane. Staffing during the day shift (10:00 AM - 5:00 PM) will be one person; during the PM shift (5:00 PM - 12:30 AM) two staff will be available, usually working together but able as needed and safe to respond to two situations.

The ACCESS unit will screen phone calls and provide the necessary clerical support. Access will also facilitate new referrals to the various service providers in the public system of mental health care.

All program staff will comply with the W&I Code Sec. 5328 regarding patient confidentiality.

Any incidents, procedural concerns or staff-related complaints will be reported promptly to the appropriate supervisor. Mental Health staff will notify their supervisor of concerns about deputies' behavior, and the supervisor will discuss the incident with the Sheriff's Office liaison with this project. Appropriate action will be up to the Sheriff's Office. Deputies with concerns about Mental Health staff behavior will notify their supervisor, who will discuss the incident with the Mobile Team supervisor. Appropriate action will be determined by the Mental Health Department. In urgent incidents Team staff or deputies may contact the Sheriff supervisor or Mobile Team supervisor/director/on-call administrative staff as appropriate.

Target Group and Target Area

The intended target group for these services are those qualified adult persons with apparent mental disabilities in the San Jose urban area who come to the attention of Sheriff deputies and can benefit from the Mobile Mental Health Team intervention. This will generally be limited to the Cambrian and Burbank Districts, the urban area of the East Side District, and to the Transit Police in the urban San Jose area. Qualified persons may be arrested or cited for nuisance misdemeanors, may have behavior as described in WI5150, or may be involved in other public disturbances.

Dispatch Procedures and Referrals

At the request of the deputy at the scene County Communications dispatchers will contact the Team via cellular phone or pager. If the Team is not involved in another police incident or 5150 evaluation, they will respond to the scene and evaluate the individual, with special consideration to any possible diversion from the criminal justice system. The deputy will work cooperatively with the Team until the situation is resolved or until the deputy and the Team agree that the deputy can leave and the Team can safely continue. It is understood that in managing the situation at the scene and in final case disposition the deputy will be the ultimate authority. The Sheriff's Office will give the Team a phone number for a direct line into Communications so that the Team can discuss referrals and can call for assistance. The Sheriff's Office will give prompt support to the Team when the Team feels their safety is at risk.

Transportation of clients

All clients who are on 5150 holds must be transported to an approved facility (usually EPS) by ambulance or Sheriff deputy, or to a medical hospital by paramedics. Placement transportation

Program Evaluation

Data requested by either the Sheriff's management team or Mental Health Administration will be collected by the Team supervisor. Progress reports will generally be done bi-monthly.

The Sheriff's Office will send a representative to an planning group meeting monthly or as needed to evaluate the effectiveness of the program and to plan for program changes, working relationships, etc.

For the Mental Health Department

Soleng Tom, MD
Interim Director

For the Sheriff

Charles Gillingham
Sheriff, Santa Clara County

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James T. Beall, Jr.
Supervisor Fourth District

MEMORANDUM

November 2, 2004

TO: **Board of Supervisors**

CC: **Peter Kutras**
County Executive

FROM: **James T. Beall, Jr.**
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.An 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.

County of Santa Clara
Santa Clara Valley Health & Hospital System
Mental Health Services

HHS07 012505

Prepared by: Nancy Pena, Ph.D
Director, Mental Health Department

Submitted by: Nancy Pena, Ph.D
Director, Mental Health Department

DATE: January 25, 2005

TO: Board of Supervisors

FROM: Robert Sillen
Executive Director, Santa Clara Valley Health & Hospital System

SUBJECT: Report Back on Referral Regarding De–escalation Training and Crisis Intervention for First Responders to Calls Involving Mentally Ill Consumers

RECOMMENDED ACTION

Accept report back on de–escalation training and crisis intervention for first responders to calls involving mentally ill consumers.

FISCAL IMPLICATIONS

There is no impact on the County General Fund due to acceptance of this informational report.

REASONS FOR RECOMMENDATION

At its November 2, 2004 meeting, the Board of Supervisors approved Supervisor Jim Beall's request for a report on the current services available to incarcerated mentally ill consumers in Santa Clara County. The referral further requested information on the cost of the services and the source of funding for these services. Specific information requested included:

1. Recent history and current status of collaboration between County Mental Health Department and first responders when addressing incidents involving mentally ill consumers.

2. 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.

3. Provide list of services or rights to medical care that mentally ill clients lose once placed in the criminal justice system.

4. Provide medical perspective of case management challenges for mentally ill clients within criminal justice system.

5. Provide description of potential consequences of interruption of medical treatment to incarcerated mentally ill clients.

6. Describe best practices that improve both practices and communications between mental health professionals and first responders, and improve client outcomes.

BACKGROUND

The Custody Health Services (CHS) Division of the Santa Clara Valley Health and Hospital System (SCVHHS) provides medical and mental health services to incarcerated adults. The Mental Health Department (MHD) provides the mental health services to juveniles in Juvenile Hall and Ranch custody and medical services are provided through CHS. MHD also provides

the aftercare services to adults and juveniles through county–operated and contracted community providers, with the exception of the PALS (Providing Assistance with Linkages to Service) program that is administered through CHS.

Approximately 17% of the average 4,000 adult Jail population receives mental health services while in custody. Due to the lifestyles of many adult inmates, Jail often becomes the first provider of medical and mental health services. Initiation of treatment for long–standing but previously unidentified health problems, such as AIDS, Hepatitis, and Schizophrenia, is common among the inmate population. Additionally, due to the unique stressors associated with incarceration, many inmates receive mental health services in Jail (i.e., medications, support therapy, and counseling) that they would not seek or qualify to receive free of charge in the community.

When inmates are to be released from Jail, CHS staff work aggressively to connect them to community based services to insure continuity of services. Inmates who are diagnosed with serious mental illnesses are referred to MHD for continued treatment through an established referral protocol.

Mental health services provided by CHS to referred inmates in the adult custody facilities include:

a. Crisis Services– Crisis assessment and intervention, brief supportive counseling 24 hours per day, 7 days per week. Referrals may be made to Mental Health at the time of booking by the arresting officer, medical staff (based on arrestees response to several screening questions), Department of Correction (DOC) staff, family members, or at the request of the arrestee. Referrals may also be generated automatically based on the particular charges (i.e., murder, crimes against a child, sex crimes, etc.).

b. Outpatient Case Management – Ongoing supportive counseling, medication management, and crisis intervention for inmates who are not in the acute psychiatric treatment unit. Inmates treated on the acute psychiatric unit are followed by Outpatient Case Management staff upon release from the acute psychiatric unit (8A).

c. Acute Psychiatric Treatment – Hospitalization for inmates who are dangerous to self, dangerous to others or are gravely disabled as a result of mental illness.

d. Medical Aftercare – CHS has recently implemented a Discharge Planning Program to provide continuity of care for inmates released from jail who have a medical condition that requires follow up care. The goal of this program is to provide medication prescriptions, medical provider and appointment information to inmates who need to continue medical care after release from custody. This program targets all inmates, mentally ill or not.

The following addresses specific items outlined in the referral from Supervisor Beall:

1. Recent History and Current Status of Collaboration Between County Mental Health Department And First Responders When Addressing Incidents Involving Mentally Ill Consumers.

MHD has worked to provide for the mental health needs of community members that come in contact with law enforcement and other first responders. The most enduring collaboration is the Crisis Intervention Team Academy (CIT), a collaborative training effort that provides 40 hours of training to police personnel. The training, designed in collaboration with San Jose Police Department (SJPD), National Alliance for Mentally Ill (NAMI), and, public and private mental health professionals, gives police officers a basic understanding of the symptoms and behaviors associated with mental illness, and offers strategies for managing mental health related concerns in the course of community police work. To date, fifteen academies have been offered to approximately 322 SJPD law enforcement personnel, and an additional 33 law enforcement personnel from other jurisdictions.

In addition, police have access to mental health information when they are dealing with a community crisis where a possible mental health client is involved. The law allows for the Emergency Psychiatric Services (EPS) staff to provide information that may assist in the management of the situation. EPS evaluates approximately 35 individuals each day who are brought to the emergency service for evaluation and treatment. Approximately 75–85% of those individuals, approximately 28 per day, are brought in by police. In addition, MHD administration provides consultation and coordination to SJPD upon request, and continues ongoing dialog regarding the interface between SJPD and MHD.

In the FY02/03 budget reduction process, the Board of Supervisors approved the elimination of the Mental Health Mobile Crisis Team ($376,998), a program consisting of 4.5 FTE clinicians who responded to calls for mental health assistance with police situations involving the mentally ill. The elimination of this program was proposed in large part because of the dramatic reduction in calls for mental health assistance since the implementation of the CIT training program.

A second program that was also eliminated in recent reductions was the Intensive Alternative Program (IAP), a program for dually diagnosed individuals referred from the custody setting. This program offered residential and treatment services and showed promise in providing specialized services to the criminal justice population. It was eliminated during budget reduction process, the rationale being that the program was not a mandated, core service of the MHD.

A third successful program that continues is the Dual Diagnosis Treatment Court, which offers case management and linkage services to individuals with concurrent mental health and substance abuse problems through the Drug Treatment Court.

2. 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.

Information on FY03/04 medical and mental health service costs provide a picture of general fund dollars spent each year to care for incarcerated individuals served in the Main Jail, Elmwood/CCW. Total health costs to the Health and Hospital System in FY03/04 totaled approximately $27.5 million.

Clients Served FY03/04

Average FY04 Admissions to 8A Inpatient Unit: 1,484 (includes 175 out of County)
Average Daily Inpatient Census: 27.5

Outpatient Main Jail Monthly Caseload: 476

Outpatient Elmwood Complex Monthly Caseload 380
Main Jail Crisis Referrals 18,128
Elmwood Complex Crisis Referrals 6,577
Total Number of Inmates on Psychotropic Medication 7,585
Total Number of Inmates seen by MD/Nurse Practitioners 6,544

Total Expenses

FY03/04 Adult Custody Mental Health $ 8,224,039
FY03/04 Adult Custody Medical $19,327,384
FY03/04 Total Adult Custody Medical/MH $27,551,423

Revenues associated with the provision of these services are not credited to SCVHHS even though the majority of the reimbursed cost is attributed to SCVHHS (Custody Mental Health expenses are charged back to MHD). Department of Correction (DOC) staff indicates that FY03/04 revenue from other Counties for Mental Health services in the jail totaled $1,919,091 and this revenue is credited to the DOC budget. In addition to this amount, a small portion of the daily rate revenue DOC collects for Federal/State prisoners relates to routine medical services provided in the jail by CHS. Finally, upon implementation of new information technology CHS will be able to identify specialized medical services provided to Federal/State inmates so that DOC can bill for these services.

3. Provide List Of Services Or Rights To Medical Care That Mentally Ill Clients Lose Once Placed In The Criminal Justice System.

Mentally Ill clients that are incarcerated in the Jails in Santa Clara County do not lose access to any health care services during their detainment that they would have received or had access to in the community. In fact, the majority of inmates incarcerated in the Jails in Santa Clara County receive more medical and mental health services in Jail than they typically receive when they are residing in the Community.

Title XV, CCR (California Code of Regulations), mandates the provision of medical and mental health services to inmates incarcerated in California Jails and Prisons. The regulations

specific to Medical and Mental Health Services are delineated in Article 11, Sections 1200 to 1230 and include regulatory statutes related to Medical Records, Treatment Plans, Pharmaceutical Management, Communicable Disease Management, Suicide Prevention, Admission Screenings, Access to Treatment, Mental Health Services, Detoxification Treatment, Informed Consent and Dental Care.

A full array of medical and mental health services are provided to inmates incarcerated in the Santa Clara County Jails. We have historically interpreted the Title XV regulatory requirement of access to care as provision of health services to inmates that are comparable to services that inmates could access in the community if they were not detained in the Jail. Thus, health care services in the Jails include disease prevention, treatment of chronic and episodic physical and mental illnesses, and rehabilitative and palliative treatment for life threatening diseases. To the extent possible, services are provided on site at the Jail facilities but services that are not provided on site at the Jail such as specialty medical treatment and hospitalization are provided at Valley Medical Center (VMC). The Jail does maintain a designated LPS Unit for inmates who require acute level of mental health services during their incarceration.

4. Provide Medical Perspective Of Case Management Challenges For Mentally Ill Clients Within Criminal Justice System.

Experience in Santa Clara County with programs designed specifically for mentally ill clients upon release from custody has shown that the majority of clients who are admitted to treatment programs upon release from custody, came into custody on felony charges (approximately 80%) while misdemeanor charges accounted for a much lower number (approximately 20%). Of those that came in on felony charges, about 60% (of the 80% of felony charges) were related to drugs. Problems providing mental health services in the custody setting present in several ways in the criminal justice system:

a. Initial Identification of persons with a mental illness may be missed or delayed for several reasons:

* At the time of booking some mentally ill clients deny that they take medications or have a mental illness. This may be due in part to the fact that the arresting officer is present

during the booking process. Mentally Ill clients often believe that admitting to having a mental illness will label them in the system or create additional problems related to the charges and court case.

* Many clients stop taking their psychotropic medications for a variety of reasons, and revert to street drugs. They come in under the influence and are seen initially as requiring detoxification. The need for mental health treatment doesn t make itself apparent until later.

* Although there may be a delay in initial identification of a mentally ill inmate, they typically come to the attention of mental health once they are in jail because of their behavior which will cause officers or other inmates to initiate a referral. MHD staff also receives calls from attorneys or family members or the mentally ill client will self refer because they are experiencing symptoms which cause them distress.

b. Release from Custody prior to Case Management Services being completed:

* Arranging Community Mental Health Services for a Seriously Mentally Ill client in and of itself is not a problem. MHD has been receptive and facilitates these connections, however, system issues complicate this process. For example, it can take as much as six weeks to obtain an appointment with a MHD service team. When inmates are released prematurely they do not have access to the mental health system and will not have access unless they take the initiative themselves.

* Mentally ill clients may be identified and treated by CHS mental health staff, however, inmates are bailed out and leave the jail prior to case management services being completed.

c. The Court may release mentally ill inmates after a court date, and by law they must leave the facility by midnight. Although an inmate may be undergoing treatment with custody mental health, their case management services may not have been completed, and mental health is not aware of their release until after they have left the jail.

* CHS mental health staff triage the priority order for Case Management Services in Jail by release dates noted in Criminal Justice Information Computer (CJIC). This is done to ensure that mentally ill are not released prior to completing case management services.

* Inmates who are mentally ill with a low level of functioning, but with misdemeanor offenses are often sentenced to programs. Once they are in the programs, they can t function at the level required to participate, and they go AWOL from the program. These individuals are often rearrested, and having gone AWOL, they have violated a condition of their probation and this creates a cycle of recidivism.

* An incarcerated mentally ill client may be stable on medication while in jail, however they may not be able to maintain stability once released risking re–incarceration.

d. Level of community based support may not meet the needs for this population due to the extensive and complicated nature of their problems.

· Chronically mentally ill clients involved in the criminal justice system often have compliance problems that require an intensive period of hands–on support and linkage to services to promote effective engagement in follow up services. Such services are only available to a limited number of clients in the community.

· Chronically mentally ill clients have frequently alienated their families and have no support system on the outside. Left on their own to cope with the requirements of the court, registering with probation, payment of court fines/fees, reinstitution SSI, attending court dates, and appointments with mental health, they fail to be able to organize and complete these requirements. This leads to the issuing of Bench Warrants, and when police stops the client, this leads to re–arrest and recidivism.

5. Provide Description Of Potential Consequences Of Interruption Of Medical Treatment To Incarcerated Mentally Ill Clients.

As indicated above, many inmates receive mental health services for the first time upon their incarceration. The interruption of services is not the most critical issue, as ongoing treatment is provided for those who are incarcerated who enter jail while in treatment. Rather, the

biggest barriers to treatment appear to be more related to connecting discharging inmates to effective aftercare services that will address a multitude of complex problems, which often include substance abuse, joblessness, homelessness, medical problems, absence of medical insurance, and resistance to treatment. Thus, it is most important that effective aftercare and diversion services be established to reduce the number of mentally ill who are involved in the criminal justice system.

6. Describe Best Practices That Improve Both Practices And Communications Between Mental Health Professionals And First Responders, And Improve Client Outcomes.

It is not realistic to expect that mentally ill individuals who are released from custody will be able without assistance to meet the requirements of the court system to address the fines and fees incurred during their incarceration, to address the need to register with the probation department and meet requirements of probation, and to comply with traditional requirements in the community for their mental health treatment. These clients, many with complex problems, require specialized and often expensive individualized services to break the cycle of untreated mental illness and repeated incarcerations.

Programs that provide intensive case management, such a the IAP and the PALS Program, at the time of release from custody have a higher compliance rate and have demonstrated some reduction in recidivism. In addition, programs funded through AB34 are proving successful in Santa Clara County and across the state. These programs are producing positive outcomes, including a decline in new arrests for new offenses. (It should be noted that there are often times remands to jail for failure to follow probation requirements which can skew the recidivism rates, and that these remands are often seen by attorneys and judges as a slip vs. commission of a new crime).

Some of the key best practice elements to services most effective with the mentally ill involved in the criminal justice system include:

§ Intensive case management and engagement Criminal justice involved mentally ill clients require a period of hands–on support and linkage to services to promote effective engagement in follow up services.

§ Integrated substance abuse and mental health treatment Criminal justice involved mentally ill clients frequently have concurrent substance abuse problems that often are the primary issue leading to incarceration. Effective services provide an integrated treatment approach that addresses both problems.

§ Self–Help and Recovery Strategies Criminal justice involved mentally ill clients are often alienated from families and primary social support that offer a sense of hope and opportunity for recovery. Self help programs, often run by recovered consumers have proven to be successful at providing alternative social support and incentives for recovery. Programs such as the PALS Program– designed to address the needs of this population are effective and relatively low cost.

§ Housing and Vocational Support Criminal justice involved mentally ill clients often lack adequate housing and vocational skills. Intensive support is needed to assist these individuals to obtain stable, drug–free housing. Many lack vocational skills and require assistance in acquiring vocational skills that will allow them to support themselves.

Because services that include the above elements and are geared towards the criminal justice involved mentally ill are expensive (many of these individuals do not qualify for public health benefits) and limited, these individuals are much more likely to return to behavior that is comfortable and known to them upon release from custody. Unfortunately this behavior often involves resuming old contacts and relationships that were responsible for creating the situations for which they were incarcerated in the first place, thus creating a cycle of recidivism.

To ensure the adequacy of treatment for mentally ill (or those with medical problems), treatment must be viewed as a continuum of services involving the jail and treatment resources and providers in the community. Failure to view the need for treatment on a continuum results in a splintered overall program for provision of adequate treatment.

An important aspect of treatment for mentally ill clients, is that both a person s mental disorder and his substance abuse problems must be addressed. As noted, most inmates have both problems. To treat only one or the other does not effectively address the inmates total treatment needs. However, detoxification must occur before an inmate s treatment needs can

be effectively identified and then addressed. For inmates who remain in custody for a longer time, experience has shown that treating both disorders, at the same time in an integrated manner, using cross trained staff in the same service setting is most effective for people who have moderate to severe symptoms.

Expanding the PALS Program (increasing the PALS Staff and numbers served), and including a coordinator for medical discharge planning would provide a wrap–around model. This model would incorporate best practices to deal with continuity of care issues and improve client outcomes.

Additional measures which would improve client outcomes would be to have a liaison person responsible for communication between VMC, Community Law Enforcement Agencies, Community Mental Health, DOC, and Custody Health Services. Custody Health Services has attended meetings with these entities and made significant headway in dealing with problems specific to Custody Health and each of these agencies. A designated liaison could provide linkages and communication between these agencies, thus assisting with the resolution of issues on a more global scale, which would be a significant benefit to each of the entities involved.

CONSEQUENCES OF NEGATIVE ACTION

The Board will not receive the requested information.