

## **CUT BACKS IN MENTAL HEALTH SERVICES IMPACTING LAW ENFORCEMENT**

May 1, 2013

### **SUMMARY**

The Grand Jury (GJ) conducted mandated jail visits (California Penal Code Section 919(b)) as well as visited local law enforcement agencies. The GJ found all facilities to be safe and well functioning within budgetary restrictions. All visited agencies expressed the need for additional staff. There was one issue that came up repeatedly, the impact of 5150 arrests on departmental resources and public safety. A 5150 is an individual displaying high risk behavior posing an imminent safety risk to themselves or others.

Every 5150 arrest takes an officer away from patrol duty for hours at a time as they wait for a crisis worker to arrive or until preliminary procedures are complete. The severe cuts to the County's Mental Health (MH) budget have resulted in less staff and resources. As a result, there is one crisis worker on duty for the entire county after hours and on weekends. Crisis workers have the authority to release patients over the objections of police, hospital staff, and psychiatrists. The lack of MH workers is costly to law enforcement and local hospitals as well as to the safety of all citizens. Additionally, there are conflicting opinions on how this County's Health and Human Services Agency (HHS) treats dual diagnoses.

The GJ is recommending MH administration continue and expand the search for a county psychiatrist for the jail, provide additional crisis workers after hours, and re-examine the 5150 hospitalization and release procedures. MH needs to make funds available to implement a discharge plan to aid the mentally ill released from jail. The medical provider at the jail is currently using a *doc-in-a-box* (telepsychiatry) in the absence of a psychiatrist. There is a psychiatric nurse on site. The GJ observed and determined the position of the camera was inadequate. Jail administration needs to move the camera closer to achieve personal contact. Telepsychiatry provides prescription service only, no counseling.

### **GLOSSARY**

**5150:** California Welfare & Institutions code: Individuals displaying high risk behavior posing an *imminent* safety risk to themselves or others

**Doc-in-the-box:** Telepsychiatry, flat screen TV with two-way communication

**Dual diagnosis:** Co-occurring mental illness and substance abuse disorders

**HIPAA:** Health Insurance Portability and Accountability Act

**MOU:** Memorandum of Understanding

## **BACKGROUND**

The GJ visited law enforcement facilities including mandated jail visits in the County. During site visits to Willits, Fort Bragg, Ukiah Police Departments and Mendocino County Sheriff substation in Fort Bragg, the GJ heard frequent complaints that officers were taken off the street to deal with 5150s, making it difficult to respond to other emergency calls.

Every 5150 arrest takes an officer off patrol as the subject is accompanied to the hospital for processing. The officer must wait at the hospital for a County MH crisis worker to arrive and make an assessment.

Severe cuts to the mental health budget have caused a reduction in services and personnel. This has resulted in an additional burden on law enforcement and the hospitals.

The GJ decided to investigate this problem to see how it is affecting law enforcement and public safety. In addition, the GJ reviewed mental health services and the impact of 5150s on the Mendocino County jail.

## **APPROACH**

The GJ visited the Fort Bragg, Willits, and Ukiah Police Departments, Fort Bragg substation, Mendocino County Jail and interviewed department heads and staff. Supervisory staffs from MH and Ukiah Valley Medical Center (UVMC) were also interviewed.

Documents and reports reviewed included:

- California CSA “White Paper” on Jails and the Mentally Ill
- Mendocino County Jail Incident reports
- Correction Division Policy and Procedures: Rules for Safety Cells
- Police Department Staffing schedules
- Corrections Standards Authority reports
- Mendocino County Jail – Medical Receiving – Screening forms
- California Forensic Medical Group – Nursing Assessment of Psychiatric and Suicidal Inmate form/Triage Assessment form/Sobering-Safety Cell-Restraints Log
- Mendocino County Sheriff’s Office Annual Report 2010-2011
- Mendocino County Health and Human Services Budget

## DISCUSSION

People exhibiting behavior that is a danger to themselves or others are brought to the hospital under California Code Section 5150. When these individuals are brought in by law enforcement, it takes officers away from other assigned duties. When an individual is under arrest or violent, the officer is required to wait for the County crisis worker. After 6:00 p.m. and on weekends, there is only one crisis worker on duty for the entire County. Officers can be detained for extended periods of time. In small communities, where only one officer may be on duty, this can leave the streets unprotected for several hours.

UVMC reports one to two 5150 cases in the emergency room daily. Lab work and evaluation is required at the hospital with no guarantee of payment. This can represent an average loss of \$4,000 per 5150. Law enforcement officers are required to complete burdensome paperwork. Of the 5150s, less than one third are placed in a mental facility. A crisis worker can release the patient over the recommendation of a psychiatrist, medical physician, or law enforcement officer. However, in order to recommend hospitalization the crisis worker must obtain supervisory approval. Often hospitalization has been recommended by a crisis worker only to be overridden by MH administration. This County does not have a facility to house the mentally ill. MH does not recognize dual diagnoses of substance abuse and mental illness as a mental health emergency. HIPAA regulations preclude direct communication between hospital staff and the arresting officer. Hospital staff may only communicate information directly to the medical staff at the jail.

During a visit to the County jail, it was reported close to 20% of all inmates have MH issues. Due to the lack of MH services and facilities in this County, people arrested for behavioral issues end up in jail. There are people in jail who are not accepted by MH facilities, not deemed competent to stand trial, or are waiting for conservatorship status. Reduced resources within the MH department have resulted in reduction of staff and less funds for hospitalization of the mentally ill. At the time of the GJ visit, it was reported there were 254 inmates, of which 46 had mental health issues. One third of these are women. Twelve inmates are acutely mentally ill (half men, half women) and should be hospitalized. This includes one inmate with a misdemeanor waiting months for a MH bed.

The GJ heard testimony at the jail that their biggest issue is mental illness. Since there is no psychiatrist available for the jail, management at the jail insisted that a MH nurse be available to administer drugs and provide some counseling. The medical provider offers telepsychiatry two hours a week. Services consist of diagnoses and prescriptions for medication, no counseling. Telepsychiatry (*doc-in-the-box*) is an impersonal replacement for a psychiatrist. During a visit to the jail, the GJ participated in an interview with the telepsychiatrist. The placement of the camera focused on the doctor all the way across the room. Repositioning the camera to focus on the doctor's face would make the experience more personal. This limited service would not work without a psychiatric nurse on staff to provide patient evaluations. Telepsychiatry costs the same as an on-site psychiatrist but does not provide the same level of service. There is no other facility in

the County for mentally ill who are acting out. The only place to confine them is jail. Patient inmates are often placed in solitary confinement for their own safety, as well as the safety of others. Jail staff quoted, “solitary confinement in jail is the worst thing we can do to someone...safety cells are a horrible, horrible necessity. There is no other way.”

A senior jail official stated, “We provide more mental health services than the Mental Health Department. We are the end recipient for the people the Mental Health Department no longer serves.” County jail personnel and MH staff are working on the development of a follow-up program for released patients deemed mentally ill.

Law enforcement officers stated they no longer have confidence in statements made by MH. The Willits Police Department refused to sign a MOU with MH due to lack of trust. In an effort to control costs, County administration has decided to contract out MH services in 2013. It is unclear, at this time, what the final contract will include. Since the county has put the MH service contract out for bid, the department is having difficulty replacing staff.

## **FINDINGS**

- F1. The Mental Health Department scheduling one crisis worker after hours and weekends is insufficient for Mendocino County.
- F2. Crisis workers have conflicting responsibility and authority.
- F3. Health and Human Services Agency and Ukiah Valley Medical Center have conflicting views on the procedures for treatment of patients with dual diagnoses.
- F4. Mendocino County Jail enlisted the help of MH staff to begin a follow-up program for released patients deemed mentally ill.
- F5. The current method of providing psychiatric services needs improvement. Telepsychiatry (*doc-in-the-box*) is an expensive/poor substitute for the “real thing”, a psychiatrist.
- F6. Mental health patients in crisis are costly to area hospitals and law enforcement.
- F7. HIPAA regulations prevent mental health communication between law enforcement and medical staff. Hospital staff may only transmit patient information to the medical staff at the jail.

## **RECOMMENDATIONS**

- R1. Mental Health provides an additional crisis worker after 6:00 p.m. and on weekends. (F1)
- R2. The Health and Human Services Agency re-examine their policies regarding crisis workers making the determination for releasing 5150s when a supervisor’s authorization is required to hospitalize a patient. (F2)

- R3. Health and Human Services Agency clarify the procedures for treatment of patients with dual diagnoses. (F3)
- R4. Mental Health funds be used to implement a discharge /follow-up program for mentally ill inmates released from the jail. (F4)
- R5. The *doc-in-the-box* camera be repositioned for improved personal interaction. (F5)
- R6. Mental Health continues the search for a County psychiatrist for the jail. (F5)

### REQUEST FOR RESPONSES

Pursuant to Penal code section 933.05, the following responses are *required*:

- Tom Allman, Sheriff, Mendocino County: respond to F4- F5 and R4- R5 within 60 days
- Board of Supervisors, Mendocino County: respond to F1- F4, F6 and R1- R4, R6 within 90 days
- Stacey Cryer, Director, Health and Human Services, Mendocino County: respond to F1- F6 and R1- R4, R6 within 60 days

The governing bodies indicated above should be aware that the comment or response of the governing body must be conducted subject to the notice, agenda and open meeting requirements of the Brown Act.

The Grand Jury *requests* the following individuals to respond:

- Tim Pearce, Captain, Mendocino County Jail Commander: respond to F4- F5 and R4- R5 within 60 days
- Tom Pinizzotto, Mental Health Branch Director, Mendocino County: respond to F1- F6 and R1- R4, R6 within 60 days

Reports issued by the Civil Grand Jury do not identify individuals interviewed. Penal Code Section 929 requires that reports of the Grand Jury not contain the name of any person or facts leading to the identity of any person who provides information to the Civil Grand Jury.
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