

The Mentally Ill—A New Approach to Crisis Services

In October 2001, the Department of Mental Health (DMH) opened an unlocked Crisis Service Center (CSC) and changed from a medical model to a recovery model of treatment. Although reactions are mixed, the changes are generally getting positive reviews. Additional training within and among agencies and an integration of mental health and substance abuse treatment is needed.

Method of Investigation

The Grand Jury interviewed employees of the DMH, the Mendocino County Sheriffs Department (Sheriff), Fort Bragg, Willits, and Ukiah police departments, and private service providers. Memorandums from Public Defender and the District Attorney offices expressing concerns about the closure of the Psychiatric Health Facility (PHF) were reviewed. The Grand Jury visited the CSC and the Mendocino County Jail (Jail). The Grand Jury encouraged comments from patient advocacy groups. The Grand Jury reviewed the DMH proposal “A Changing System” which contained documents from the Public Defender, District Attorney, and other documents related to Mental Health delivery system in the County. The Grand Jury also reviewed the October 1, 2001 Memorandum of Understanding and the sixth and seventh drafts of the CSC policy statement. The Grand Jury reviewed a portion of the California Health and Safety Code, §5150.

Background Information

In November 2000, the Board of Supervisors (BOS) gave the Director of the DMH authority to close the PHF due to a shortage of required medical staff. The PHF was the only facility in the county licensed to detain persons for mental health evaluation and treatment. After much study, numerous reports and meetings and input from various groups, the BOS approved a plan for a restructuring of the DMH, which included a permanent closure of the PHF to be replaced by the unlocked CSC that began operations in October 2001.

Section 5150 establishes the grounds for detention, upon probable cause, of a person dangerous to himself or others or who is gravely disabled, as a result of mental disorder. The person can be held for evaluation and treatment for 72 hours by specified people, including a peace officer or a DMH crisis worker.

Law Enforcement officers often respond to calls concerning persons exhibiting behavior that might be related to mental illness. During the period of June 30, 2001 and February 27, 2002, the Sheriff received 186 calls that were characterized as possible “mental illness” taking a total of 216 hours of officer time. Seventy of the calls resulted in detention under

§5150 or referral to another agency. This data does not include mental health contacts handled by the three city police departments. Since the officers are not mental health professionals, the DMH has developed a process in which they work in partnership with the police for assessment and disposition of these cases.

Findings

1. While causing concern in the County, many saw the closure of the locked PHF as an opportunity for change. The loss of the PHF triggered a comprehensive re-evaluation of the delivery system of help to the mentally ill, especially to those in crisis. Numerous stakeholders were brought together to examine the system in place, research the latest practices in the field, and explore the various options for possible change.
2. On July 17, 2001, the DMH submitted a staff report on mental health services in the County. The nine-page report summarized various possible solutions. The recommendations were: close the PHF and create the CSC, adopt a community-based Adult Systems of Care model, assign mental health workers to the Jail, increase staff for case management, and continue to use out-of-county contract mental health treatment facilities. In addition the County would take over the operation of a residential recovery center, Casa de Marta, in Ukiah, and provide for quick response crisis workers to hospitals, Jail, or other places in the community needing their services. The new plan, with the CSC as an important component, would result in a community based program, a “recovery model” with case management to bring together available resources, including patient advocacy groups, to provide each case with a range of services and continuing follow-up.
3. The BOS approved the plan, which the County Administrative Office described as “a major shift in the delivery of mental health services in our community.” County administrative employees recognized that the changes would require a great deal of effort to overcome resistance and for various departments and clients to work together to make the new system successful.
4. An important piece in the new system is the Memo of Understanding between the DMH, the Sheriff, the three city police departments, and the three hospitals in the County whose emergency rooms will be receiving people in mental health crisis. The document, effective October 1, 2001, establishes the protocols for the assessment and care of persons exhibiting signs of mental illness who come into contact with law enforcement.
5. DMH, law enforcement, and hospital staff, do not meet regularly to share knowledge and procedures. Agencies confer on a case-by-case basis.

6. The CSC, located at 860 North Bush Street in Ukiah, in the government complex, went into full operation in the middle of October 2001.
7. The CSC is open and staffed 24 hours a day, seven days a week. Participation of clients is voluntary and there are some beds for overnight “time-out” stays if necessary.
8. A CSC worker’s duties include evaluation, intervention, placement at a contract psychiatric hospital for 72-hour evaluation under §5150, and planning for discharge from the center to follow-up services.
9. The policy statement for the CSC includes job descriptions for all staff, definition and philosophy of the recovery model concept of treatment, and details of operations.
10. State regulations require the County to provide a Patient Rights Advocate. The patient rights advocate office is now in the CSC, a partial implementation of a 2000-2001 Grand Jury recommendation.
11. The CSC has developed a transportation system to drive clients to out of county psychiatric facilities thus relieving the sheriff from that duty except when the client requires a law enforcement escort. These workers will also have other duties at the center.
12. The CSC is officially designated under State of California guidelines as a Community Mental Health Clinic in which client services are billed under Medi-Cal regulations. It is anticipated that the final costs to the County could be reduced while at the same time providing better services to the mentally ill.
13. Records indicate that as many as one in four inmates housed at the Jail have mental health issues. When the PHF was closed, officers no longer had a secure facility to leave people who needed evaluation. Patrol Officers reported being out of normal service while they waited for mental health crises workers to respond to hospital emergency rooms to evaluate and assume custody of the client. In addition, mental health or law enforcement staff time had to be increased to transport patients to out of county psychiatric facilities.
14. With the assignment of DMH personnel to the Jail and the ability of the CSC to send crisis workers to the jail after regular working hours, Jail workers believe the treatment of inmates with mental health issues has improved.
15. There is a strong connection between mental illness and substance abuse. Clients in crisis typically exhibit a multitude of problems in addition to the ones that have brought them to the immediate crises. These include homelessness, health, employment, and childcare. DMH has recognized the multiple layers of need with the creation of a new position, Consumer Services Coordinator, with the job of ensuring that the clients receive the help needed from whatever source is available.

However, some clients exhibiting aberrant behavior are sometimes shuffled back and forth between AODP and DMH.

16. With the PHF no longer available, the need for costly transportation of patients out of the county has increased. Both the Sheriff and the DMH have standby transportation staff and/or ambulances available (if restraint is required) to transport patients to out-of-county psychiatric facilities.
17. Redwood Coast Regional Center, DMH, and the Sheriff are collaborating in a unique grant-funded training program to bring more understanding of the relationship of law enforcement and the developmentally disabled and the mentally ill. A private training group from the Bay Area has been conducting the training.
18. DMH has in place tools for evaluation, such as the Client Satisfaction Questionnaire and the California Quality of Life instrument. The Mental Health Board is planning to evaluate client satisfaction.

Coast Crisis Services

19. The Grand Jury has heard testimony that the impact of the new procedures on Fort Bragg and the coastal areas of the County have been mixed. The Fort Bragg area had in place, prior to the closure of the PHF, a system for crisis response that has not changed. The Fort Bragg office of the DMH has employees to respond to crisis calls Monday to Friday 8 a.m. to 5 p.m. The County has a contract with Ford Street Project, a private non-profit human service organization, to provide crisis response during all other times. DMH supervisors are available for telephone consultation with the Ford Street crisis workers. The Ford Street Project also provides three beds for “time-out” cases in the same situations now available at the CSC. The primary change has been for §5150 cases, which require a custodial setting. Information from crisis workers on the coast indicates without a PHF, it sometimes takes longer to find a placement for persons who must be detained under §5150 because they must be taken out of the county.
20. There are currently three on-call crisis workers who are employed in other human service jobs. They participate in continual training and case conferences and are supervised by on-call DMH personnel. Often the crisis workers have extensive prior knowledge of the client and the needs of the case, thus facilitating decision-making.
21. Other partners in the process, law enforcement and hospital medical staff, at times, question the qualifications and decisions made by the crisis workers. On the other hand, crisis workers feel that police officers and emergency room staff do not understand the requirements and consequences of a §5150 detention nor the difficulty in diagnosing a mental disorder.

22. There is no licensed holding cell or room on the coast. At times a patient will be held at the Sheriff's substation in Fort Bragg or by the Fort Bragg Police, perhaps in the back of a patrol car, until a crises worker arrives.

Recommendations

- A. Law enforcement agencies strengthen their partnership with the DMH and other mental health stakeholders. (Finding 5, 13)
- B. The BOS fund training to improve understanding of the new procedures, to allow each group to appreciate the concepts and problems of the other, and to help clients to use all resources to the fullest. (Finding 5, 13)
- C. DMH, law enforcement, and hospital medical personnel meet on a regular basis to share knowledge and procedures in dealing with the mentally ill. (Findings 5, 13)
- D. DMH and AODP integrate health services and substance abuse treatment (Finding 15)

Comments

The Grand jury believes that the criminal justice system, the Jail in particular, is not an effective venue for the treatment of behavior that might violate a criminal statute, but with cause rooted in illness that can be treated. Yet the Grand Jury acknowledges that under our present system, the criminal justice system will continue to be involved with the mentally ill. Mendocino County should be commended for making these changes with the expectation that the need for criminal justice intervention will be significantly reduced and that successful client outcomes be improved.

The CSC is an evolving and expanding concept.

Response Required

Mendocino County Board of Supervisors

Mendocino County Sheriff

Ukiah City Council

Fort Bragg City Council

Willits City Council

Response Requested

Department of Mental Health Director

Ukiah Police Chief

Fort Bragg Police Chief

Willits Police Chief

AODP Director