

Sonoma County Department of Health Services
Mental Health Division

Criminal Justice System A Collaboration That Works

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Introduction and Overview

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Section Manager Forensic Mental Health
MHSA Project Coordinator

Why collaborate now? We need each other!

- Over the past 15 to 20 years, law enforcement agencies across the United States have amended policies and procedures - largely through innovative partnerships with the mental health community - to improve their responses to people with mental illness. These new approaches evolved in response to increasing numbers of people with mental illness in crisis coming to the attention of the police - often the same people repeatedly and sometimes with very poor outcomes for all involved.
- When persons with mental illness in the community are in crisis, neither the police nor the emergency mental health system alone can serve these individuals effectively. It is essential for the two systems to work together.

Collaborations - Why bother?

What does it take to create and sustain an efficient and effective collaboration?

One with many partners, different points of view, and potentially controversial subject matter?

Today, you will hear from a number of individuals across disciplines who make the partnership work.

Speaker's Panel

| | |
|-------------------|----------------------------|
| Mike Kennedy | Forensic MH and MHSA |
| Christina Barasch | CONREP and FACT |
| Stephany Joy | Court Commissioner |
| Joan Risse | District Attorney's Office |
| Bob Turner | Probation |
| Steve Ranish | Psychologist |
| John Abrahams | Public Defender |

Goals of the Partnership

- Improved services to people with mental illness
- Improved efficiency of law enforcement response
- Diversion from the criminal justice system
- Reduction in officer and civilian injuries
- Improved criminal justice system knowledge about mental illness
- Effective partnerships with the mental health community including consumers and family members

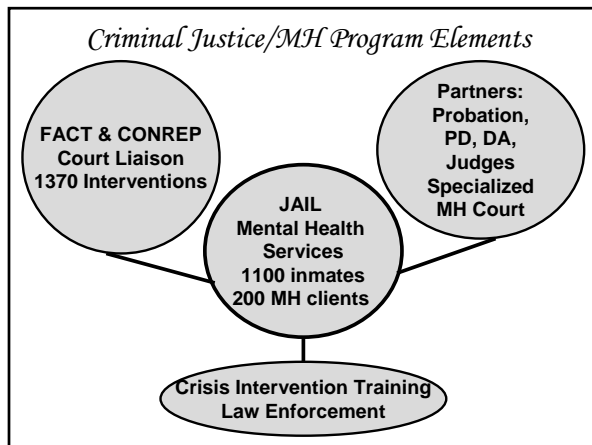
Partners also include:

→ Sheriff's Department which funds Jail Mental Health Services

→ Alcohol and Other Drug Services (AODS)
– Clients access detox services and treatment services through programs funded by AODS

Systems integration occurs when there is the sharing of clients, information, planning, and resources.

- Sharing clients: multi-problem clients receive coordinated care in both systems.
- Sharing information: information about programs and clients move across traditional lines of service delivery systems in a seamless manner.
- Sharing planning: multiple systems engage in joint planning processes.
- Sharing resources: the resources available to multiple systems are blended and/or shared to ensure that services are configured in a way that meets the needs of the clients.



Actions Taken at County Level for Change

- **Forensic Assertive Community Team (FACT) Project-** Services for Mentally Ill Offenders. Serves individuals coming directly from the jail through a Mental Health Court.
- **Conditional Release Program (CONREP)** Intensive outpatient supervision of Not Guilty by Reason of Insanity (NGRI) and Mentally Disordered Offenders (MDO).

- **Court Liaison and 1370 Interventions** - MH consult, provides in-custody for both misdemeanor and felony 1370's

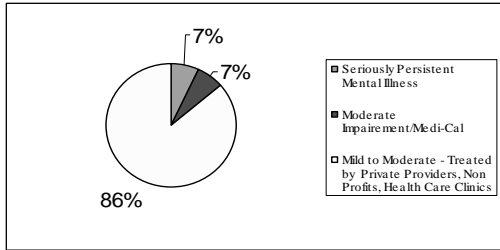
- **Jail Mental Health Services** – 24/7 mental health services in the Jail. Staff include a MH Discharge Liaison worker.

- **Crisis Intervention Training (CIT)** - for law enforcement agencies in Sonoma County

Criminal Justice System

- Number of individuals under some form of justice system supervision increased by approximately 75% between 1980 and 2002.
- Number of youth placed on probation or in juvenile correctional settings increased by 57% between 1985 and 2000.

Sonoma County Mental Health 9,000 Clients Served in 2006-2007



What are the numbers? Serious mental illness. . .

- Approximately 5 - 7% of US residents have a serious mental illness
- 6 - 15% of jailed people have severe mental illness
- An estimated 7% of police contacts (>100,000) involve the mentally ill
- 75% of SMI inmates also have a substance abuse disorder

Prevalence Estimates of Select Mental Disorders Among Criminal Justice System Populations (2002)

| Disorder | Comparison Rates (U.S.) % | Jails % |
|------------------|---------------------------|-------------|
| Schizophrenia | 0.9 - 0.8 | 1.0 - 1.1 |
| Major depression | 11.6 - 20.6 | 7.9 - 15.2 |
| Bipolar | 1.5 - 3.6 | 1.5 - 2.6 |
| Dysthymia | 3.5 - 7.3 | 2.7 - 4.2 |
| Post-traumatic | 6.7 - 10.5 | 4.0 - 20.0 |
| Anxiety | 18.5 - 28.3 | 14.1 - 20.0 |
| Antisocial | ----- | 26.3 - 46.2 |

N=500,483

Addressing Morbidity and Mortality in People with Serious Mental Illness

- Persons with serious mental illness (SMI) are dying **25 years earlier** than the general population.
- While suicide and injury account for about 30 - 40% of excess mortality, 60% of premature deaths in persons with schizophrenia are due to the medical conditions such as cardiovascular, pulmonary and infectious diseases.

Morbidity and Mortality - SMI

Higher rates of modifiable risk factors:

- Smoking (44% of cigarettes consumed nationally)
- Alcohol consumption
- Poor nutrition/obesity
- Lack of exercise
- "Unsafe" sexual behavior
- IV drug use
- Residence in group care facilities and homeless shelters

Vulnerability due to higher rates of:

- Homelessness
- Victimization/trauma
- Unemployment
- Poverty
- Incarceration
- Social isolation

ACT Programs Work . . .Community Resources

Assertive Community Treatment (ACT) is a service delivery model in which treatment is provided by a team of professionals and a mix of disciplines, including social work, psychiatry, nursing, addiction counseling and support services.

The effectiveness of ACT has been well established with over 55 controlled studies in the US and abroad.

Assertive Community Treatment

Christina Barasch, LCSW
Community Program Director CONREP
Program Manager FACT

Conditional Release Program

☛ The Conditional Release Program (CONREP) is a state funded intensive outpatient treatment program for individuals with serious mental illness who have committed serious/violent felonies and deemed Not Guilty by Reason of Insanity (NGRI) or Mentally Disordered Offenders (MOD).

☛ Individuals are court-ordered into treatment, the majority spending an average of four years in the State Hospital before being placed in the community under CONREP supervision.

☛ Primary concern is public safety while at the same time to provide treatment for managing the client's mental illness and developing skills that will sustain them once restored to sanity.

☛ Sonoma County Mental Health contracts with the state to run this program and has been doing so since its inception.

CONREP Benefits and Challenges

Benefits:

1. Protects society and provides a less costly vehicle for treatment.
2. Re-offense rates are low and violent felonies are reduced substantially.
3. Allows client to have a second chance.

Challenges:

1. Maintaining a census of 20
2. Transitioning from a highly structured setting to minimal supervision
3. Having to function both as a probation officer and therapist at the same time
4. Educating the Courts, District Attorney and Public Defender on the importance of making appropriate assessments and recommendations for long term stabilization of mental illness.

Forensic Assertive Community Treatment

- Forensic Assertive Community Treatment (FACT) treats individuals who have committed non-violent or misdemeanor offenses and face time in jail. As a condition of probation, they agree to participate in the program for 3 years in lieu of having to serve time in jail.
- A 24-hour a day, 7-day a week treatment program that includes intensive case management, group and individual therapy, vocational rehabilitation, housing and mental health court. Staffed by a multi-disciplinary team of mental health professionals and a probation officer.

- Primary concern is to provide treatment for 50 individuals with Severe and Persistent Mental Illness (SPMI) while at the same time reducing number of days in jail.

- Funded through the Mental Health Services Act (MHSA). Clients must meet eligibility criteria for Medi-Cal and Social Security benefits.

FACT Benefits and Challenges

Benefits:

- Provides treatment options and stability for high end users of the jail.
- Reduces the number of days in incarceration, hospitals and crisis stabilization.

- Assists clients in developing a strong support network and community to help sustain stability.

- Provides stable housing

- Establishes social security benefits

Challenges:

1. To make accurate assessments to determine who meets criteria for SPMI
2. Delays in the court process
3. Clients being released on Own Recognizance before they can be officially enrolled in the program

4. Becoming incompetent during the court process which then makes potential clients ineligible for the program
5. Establishing immediate stable and permanent housing
6. Transitioning from an unstructured environment to following rules, schedules and maintaining sobriety.

Similarities and Difference Between FACT and CONREP

Similarities:

- ➔ Have committed crimes due to mental illness
- ➔ Provide intensive case management and therapy
- ➔ Caseloads are small
- ➔ Face consequences for violating Terms and Conditions of Probation
- ➔ Substantial substance abuse problem and Axis II issues

Differences Between FACT and CONREP

FACT

- Client often times have never been in treatment

- Need to establish a rapport and relationship

CONREP

- Clients in treatment for many years

- Clients seen every 6 months in a State Hospital until released into the community

FACT

- Minimal understanding of mental illness or belief that a mental illness exists

- Unable to identify precursors to mental illness and no relapse prevention plan to manage symptoms

CONREP

- Clients accept and acknowledge they have a mental illness

- Clients know their warning signs and have extensive relapse prevention plans

FACT

- Clients are not stable on medications and are dealing with acute symptomatology

- Clients actively use illicit substance or abusing prescription medications prior to placement

CONREP

- Clients have been stable on medication for many years

- Clients have been free of drugs and alcohol for a least one year

FACT

- Clients have not been held accountable for their actions or used to following specific terms and conditions for treatment

- The majority of clients have never been in group or individual therapy

CONREP

- Clients used to following a prescribed treatment program and hospital rules

- Clients have spent hundreds of hours in group and individual treatment

Benefits of Integration of Services

- CONREP, FACT and the Director of the 1370 program in the jail are all housed in the same location
- Ability to consolidate services (groups and housing)
- Ability to work directly with the Court, Public Defender, and District Attorney to get charges reduced so clients can be eligible for FACT. Or, if charges are too violent or considered to be a poor candidate for probation, to recommend a NGRI evaluation.
- Provides attorneys more options for placing clients in a more appropriate treatment venue.

What Makes This Work

- Having more experts working together in close proximity establishes more collaboration between all forensic programs, the courts and mental health.
- More treatment and placement options available for both programs

- Staff hired that have experience working/participating in both programs
- Buckelew supported housing component
- Utilizing alcohol and drug treatment programs in the County to provide services
- FACT Operations Team

Mental Health Court

Stephany Joy
Court Commissioner

The Mental Health Court functions with:

- A single Judge
- Voluntary participation
- The use of graduated sanctions and incentives
- Specified district attorneys and a public defender assigned to the cases
- Specified probation officer

- Program progress is monitored by the court, with court appearances no less than once per month
- The judge is kept aware of the clients progress through progress reports provided to the judge prior to court appearance
- Successful participation ends probation

Benefits and Challenges for the Courts

Benefits:

1. Gets clients out of jail and into treatment where they can best be helped.
2. Allows the mental health client to succeed in their battle with the illness in incremental steps that will build success upon success.

3. Allows Court opportunity to fashion beneficial and meaningful requirements for the offender to pay back for their actions; gets away from the “punishment for its own sake” model of rehabilitation.
4. Works at trying to break the recurring cycle of crime so that public safety can be assured.

Benefits and Challenges for the Courts

Challenges:

1. Can we affect change in a person's life during the time they are in the program?
2. Can we reverse years of neglect?
3. Should we limit or expand our expectations from the individuals in the program?
4. Harm Reduction: Is this an acceptable alternative to total success? OR, when do we throw in the towel?

District Attorney's Office

Joan Risse
Deputy District Attorney

● Role of the District Attorney

Historically, role is to “seek justice” which is usually interpreted as protecting the public through prosecution. Offering plea bargains to the mentally ill was, and still is, considered risky. While their culpability may be diminished by their lack of capacity to form the requisite intent, it in no way diminishes what has occurred to the victim.

Additionally, there is the concern that because of the mental health issues, behavior may be repeated, necessarily impacting the safety of the community.

Guidelines have been established as to the ineligibility of certain offenders: Past strikes or current strikes, registerable sex offenses, homicides and manslaughter (including attempts), felony drunk driving, life sentences, and those determined to be a public safety risk or poor candidate for probation.

Benefits and Challenges

Benefits:

- ☞ Designated DDA who is intricately involved in the process of FACT Court
- ☞ Knows the clients and becomes familiar with their issues and patterns
- ☞ Wrap around services for clients enable them to become a functioning member of society
- ☞ Reduces recidivism
- ☞ Reduces the commission of new crimes and the revolving door syndrome

Challenges:

- Early referral and intervention
- Funding
- Selection of the “proper candidates”

Probation

Bob Turner
Probation Officer

Role of the Probation Officer

- Conducts investigations and provides information to the Court, both orally and in written form
- Provides case management and monitoring of probationer to ensure compliance with the Court's orders
- Determine probationer's issues and needs and refers probationer to appropriate agencies for counseling services

- When appropriate, files violations of probation with the Court
- If necessary, arrests probationer for non-compliance
- Victim liaison

Benefits and Challenges

Benefits of having a Probation Office as part of the team:

- ❖ Help Mental Health Division personnel interpret and understand laws
- ❖ Help set up and administer specific aspects of the program, such as urine testing

- ❖ Assist case managers in gaining compliance with their directives
- ❖ Assist case managers in setting firm boundaries with probationers
- ❖ Conduct home visits to ensure compliance with court orders and report observations to case managers

- ❖ Provides a different perspective regarding compliance and possible consequences
- ❖ Assists probationers to reintegrate into the community
- ❖ Assists with court proceedings

Challenges of having a Probation Officer as part of the team:

- Understanding that each department, though dealing with the same probationer, has a different philosophy of how to accomplish the stated goals

- Employees of both departments need time to adjust to each departments' processes and procedures
- Defining what priorities each team member would be responsible for in order to eliminate duplication of services
- Understanding that each team member was only part of the decision making process and that each member needs to be heard before any decisions are made

- Probation Officer and case managers learning to trust each others' decisions, even though it may be contrary to how each department normally does things
- Balancing each department's wants and needs while still recognizing that the needs of the probationer are first and foremost.

Court Liaison

Steve Ranish
Psychologist

Court Liaison Role

- ❖ Screening and assessment (in custody and out of custody)
- ❖ Early intervention for potential PC 1368's/1370's
- ❖ PC 1368 evaluations
- ❖ Non-PC 1368 evaluations

❖ Assist in the mobilization of mental health resources.

❖ PC 1370 placements

❖ Provide progress reports to Court

❖ Work with families

The Team

○ Marriage Family Therapist (MFT)

○ Psychiatrist

○ Clerical support staff

○ Jail Mental Health staff

Sources of Referral

Courts (Judges, Attorneys, Probation)

Jail Mental Health

County Mental Health

Families

Goals and Impacts

1. Early intervention
2. Diversion from criminal justice system
3. Reduction of referrals from jail to inpatient care
4. Early disposition of PC 1370's to reduce in-custody days

5. Avoid/minimize state hospital placements

6. Assist the court in recognizing and understanding psychological issues which impact sentencing options.

Mental Health Review Team

- Participants include the Judge, District Attorney, Defense Counsel, Probation, Mental Health and AOD Services
- A forum for discussion about mental health issues
- Collaboration of efforts

Public Defender

John Abrahams
Public Defender

Collaboration is multi-dimensional, requiring:

- A shared understanding of goals and roles
- Effective communication
- Shared communication

How does collaboration develop?

Ensure that the people or the group in charge is sanctioned and authorized to make decisions for both the mental health and criminal justice systems.

Collaboration in Sonoma County

Joint Planning efforts:

- MIOCRG ➤
 - MHSAs ➤
 - Substance Abuse Programs
 - Mental Health and Drug Courts
 - Criminal Justice Council
- FACT

Future Direction

- Jail Alternatives
- Pre-Trial Program
- Community Correctional Facility
- Jail Expansion

*“The time has come for a bold new approach . . .
A national mental health program to assist in the
inauguration of a wholly new emphasis and
approach to care for the mentally ill . . . ”*