

# Contra Costa County

# Detention Mental Health

Presented by:

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Board of Supervisors Retreat Meeting

# TOPICS TO COVER

- ✎ Adult Detention Mental Health Services & Challenges
  - Booking Statistics
  - Behavioral Health Community Based Services
  - Inmate Classification
  - Wraparound Services
- ✎ Juvenile Detention Mental Health Services & Challenges
  - Booking Statistics
  - Behavioral Health Screening
  - Classification and Module Placements
  - Wraparound Services
- ✎ Current Partnerships and Initiatives
- ✎ Panel Discussion: Challenges and Considerations

# ADULT DETENTION MENTAL HEALTH

## ∞ Booking Statistics

- Annual – about 9.4% increase from 2014 to 2015
  - 2014 – 24, 042
  - 2015 – 26,296
- Average Daily Bookings (2015) – 72

## ∞ Daily Populations – Average for 2015

- In-Custody Facilities

	2015 Average Daily Population	Rated Capacity	% of Capacity
Martinez Detention Facility	651	695	93.7%
West County Detention Facility	660	1096	60.2%
Marsh Creek Detention Facility	66	188	35.1%
<b>Total</b>	<b>1377</b>	<b>1979</b>	

- Custody Alternative Facility – 386
- Total Average Daily Jail Population– 1763**

# ADULT DETENTION MENTAL HEALTH

## Behavioral Health Preventative Services (Pre-Arrest)

- Mental Health Evaluation Teams (MHET)
  - January of 2015 - referrals and services with Forensic Mental Health began
  - May of 2015 - the Police Chiefs Association dedicated partial funding for three police officers to participate in MHET
  - Currently collaborating with three police departments – Richmond, Concord and Pittsburg
  - Between January to December 2015, MHET has made 183 unduplicated client face-to-face contacts throughout the county.
- Primary Care integration with behavioral health
- Psychiatric Emergency Services (PES) – approx. 900 evaluations/month
- Felony Probation Collaborations
- Court Programs

# ADULT DETENTION MENTAL HEALTH

## ∞ Mental Health Screening (In Custody)

- Ten question mental health assessment conducted during intake at the booking facility.

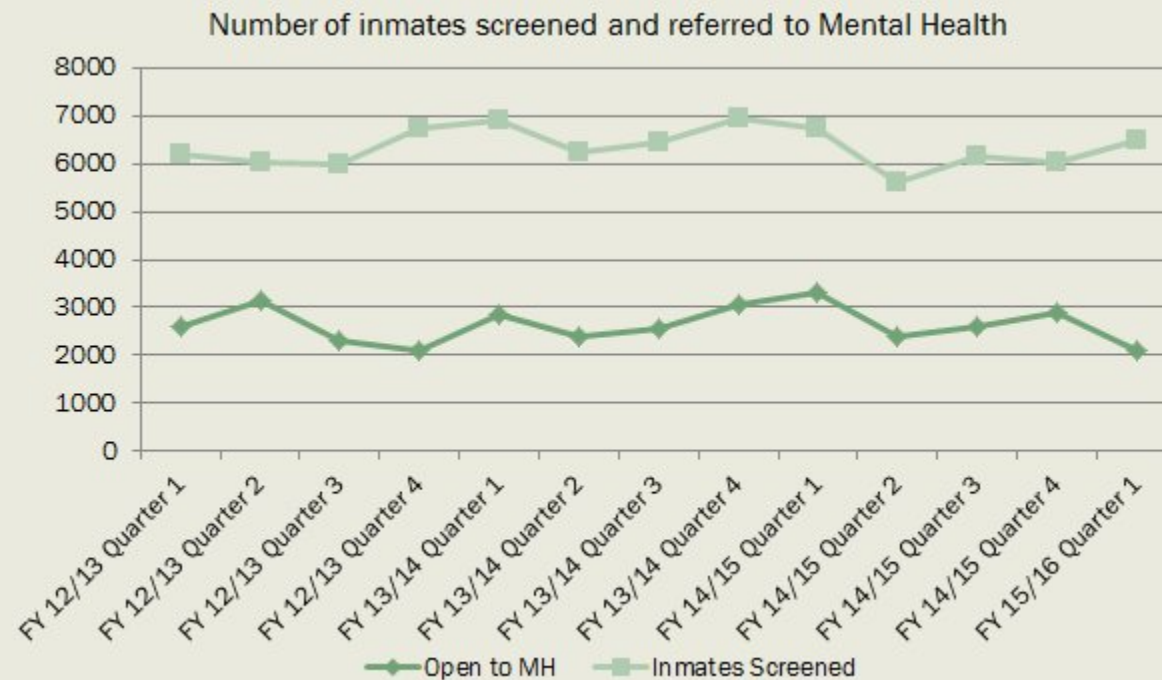
Figure 1:

MENTAL HEALTH ASSESSMENT
HAVE YOU EVER TRIED TO HARM YOURSELF OR HAD SUICIDAL THOUGHTS?
ARE YOU HAVING SUICIDAL THOUGHTS NOW?
ARE YOU CURRENTLY RECEIVING TREATMENT FOR A MENTAL ILLNESS, DEPRESSION, MOOD SWINGS OR ANXIETY DISORDER?
DO YOU HAVE UNUSUAL THOUGHTS, HEAR VOICES OR SEE THINGS?
HAVE YOU BEEN ADMITTED TO A PSYCHIATRIC UNIT WITHIN THE PAST 5 YEARS?
HAVE YOU EVER BEEN TREATED AT A REGIONAL CENTER OF THE EAST BAY OR DIAGNOSED WITH DEVELOPMENTAL/LEARNING PROBLEMS?
HAVE YOU EVER SERVED IN THE MILITARY?
DO YOU HAVE A SERVICE CONNECTED MENTAL HEALTH DISABILITY?
DO YOU HAVE A CASE MANAGER?
REQUEST MENTAL HEALTH EVAL?

# ADULT DETENTION MENTAL HEALTH

- Number of inmates with mental health service referrals while in detention can be up to 50% of the number of inmates booked during the same period.

Figure 2:



# ADULT DETENTION MENTAL HEALTH

## ∞ Post-Arrest – Classification and Placement

- Classification performed by custody staff in consultation with mental health staff.
- Mental health staff perform a psycho-social and mental status evaluation.
- Patients placed on M Module based on level of impairment, dysfunction or vulnerability.

## ∞ Placement Challenges

- Santa Clara closing
  - 2013 - 5 inmates
  - 2014 – 5 inmates
  - 2015 – 12 inmates
- Napa facilities – waiting list of up to 6 to 8 months
  - 1370 Felony cases (CONREP)
  - 1370.01 Misdemeanor cases (NHD)

# ADULT DETENTION MENTAL HEALTH

- Objective Classification System
  - Criminal History
  - Current Charges
  - Gang affiliation
  - Sexual Orientation/Gender
  - Mental Health
  - Medical
  - In-Custody Behavior
  - Enemies
  - Region of the County they reside
- Identification of Inmate Special Housing Needs
  - Protective Custody
  - Administrative Segregation
  - Medical Housing
  - Gang Separation
  - Identified Enemies already in-custody



# ADULT DETENTION MENTAL HEALTH

## ☞ Classification Challenges

- Physical Plant Restrictions –
  - Lack of therapy space, including group therapy.
  - Only space for one-on-one counseling, but no non-contact one-on-one counseling.
  - Lack of appropriate bed space for current inmate population.
  - Mental health inmates needing medication are housed throughout the Martinez Detention Facility due to lack of appropriate bed space.
- Current Inmate Population Numbers-
  - Administrative Segregation - 94
  - Protective Custody - 220
  - PC 187 (Murder) - 142
  - Mental Health – 343
  - Gang Affiliation – 200 (those are only the known members)

# ADULT DETENTION MENTAL HEALTH

## ∞ Wraparound Services (Release - out of custody)

- Collaboration with Adult Felony Probation (AB109)
- Referrals and services with Forensic Mental Health Services (FMHS)
  - The team is comprised of 3 clinicians, 2 peer specialists (CSWs), 1 registered nurse and a 0.2 FTE prescriber.
  - Between January 2012 to December 2015, FMHS has made a total of 864 unduplicated face-to-face contacts with individuals on adult felony probation.
  - Referrals are identified by probation status:
    - AB 109 – 500 referred, 303 contacted
    - General Supervision- 800 referred, 561 contacted

# ADULT DETENTION MENTAL HEALTH

## ∞ Wraparound Services Challenges

- Volume of behavioral health service needs and delivery capacity – including substance abuse treatment programs
- Lack of timely access to services – shelter, transportation, or employment
- Treatment services are voluntary
- Communications between clinicians and family
- Recidivism

# JUVENILE DETENTION MENTAL HEALTH

## ☞ Booking Statistics

- Current average of 90 – 100 youth per month
- 60% of youth who are admitted to Juvenile Hall have a mental health diagnosis.

## ☞ Daily Populations – Average for 2015

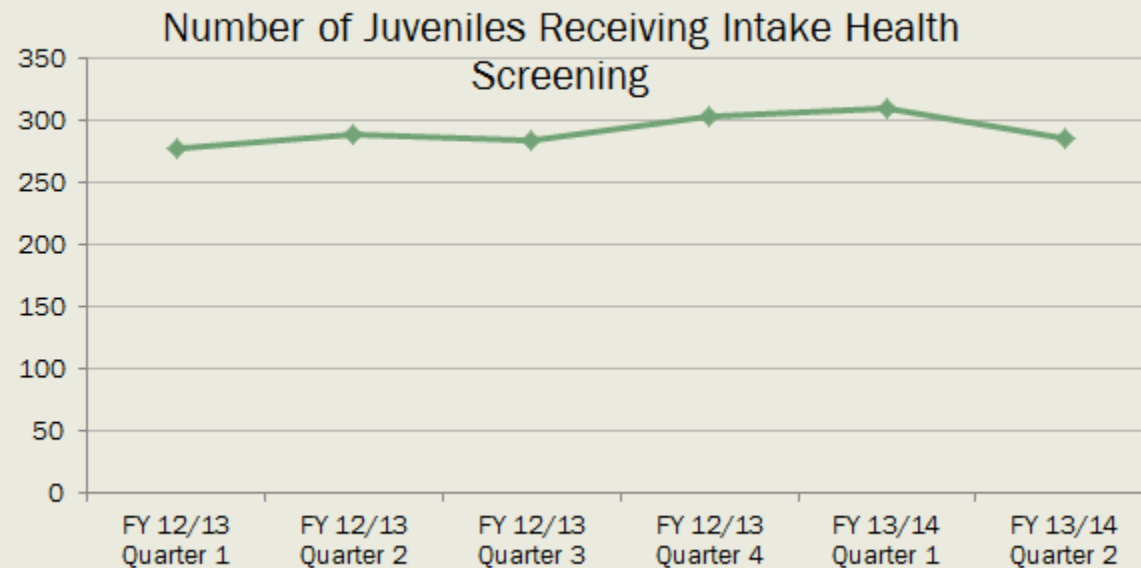
- Juvenile Hall – 140 – 150 (290 bed capacity)
- Orin Allen Youth Rehabilitation Facility – 75 youth (100 bed capacity)

# JUVENILE DETENTION MENTAL HEALTH

## Behavioral Health Screening (In Custody)

- Mental health screen conducted by health staff
- Referrals made to a Mental Health Clinical Specialist for evaluation

Figure 4:



# JUVENILE DETENTION MENTAL HEALTH

## ∞ Classification and Placement

- Eight units, two of which are treatment units
- Behavioral Health uses Massachusetts Youth Screening Instrument, Version 2 (MAYSI-2) tool to assist with the identification of youth, ages 12-17, with mental health needs.
  - Administered to all “first-time” detainees
  - 52 item questionnaire that produces composite “risk” scores across the following domains:
    - Angry/Irritable
    - Drug/Alcohol use
    - Depressed/Anxious
    - Somatic Complaints
    - Suicide Ideation
    - Thought Disturbance
    - Traumatic Experiences

# JUVENILE DETENTION MENTAL HEALTH

## Behavioral Health Services

### ○ Juvenile Hall

- Behavioral health services provided seven days a week with clinicians on site from 9:00 am to 7:30 pm. Staff includes one full-time program manager, two full-time licensed clinicians, one 0.8 FTE licensed clinician, and three 0.5 FTE clinician trainees.
- Psychiatric services are available on Tuesday and Thursday with a psychiatrist on site from 9:00 am to 2:00pm.
- Individual, family, and group therapy, as well as medication support services.
- Youthful Offender Treatment Program working with boys to prevent recidivism.
- Girls in Motion for sexually exploited girls to attempt to get them off the street and connect to mental health services.

### ○ Orin Allen Youth Rehabilitation Facility

- Year-round schooling, drug education and mental health treatment
- Limited psychiatric services

# JUVENILE DETENTION MENTAL HEALTH

## ∞ Wraparound Services

- Transition of mental health services
  - Referral to Regional Mental Health Liaison
  - Access to Family Supportive Services
- Access to several intensive, home-based therapy referral programs:
  - Seneca Mobile Response Team provides same day services for youth discharging from hospital or psych emergency services.
  - Regional county clinics for therapy and medication services
  - Functional Family Therapy (FFT) - Family based, in home program funded by the Mentally Ill Offender Crime Reduction (MIOCR) grant.
  - Multisystemic Therapy (MST) - Family based in home program.
  - Multidimensional Family Therapy (MDFT)



# JUVENILE DETENTION MENTAL HEALTH

## ☞ Behavioral Health Service Challenges

- Mental health care stigma and distrust of authority figures
- Need for additional therapists

## ☞ Wraparound Service Challenges

- Return environment
- Follow up and continuity of care (missed appointments)

# CURRENT PARTNERSHIPS & INITIATIVES

## ∞ Forensic Mental Health Services for Adults

- Adult Felony Probation Collaboration
- Court Programs
- Co-responding with Law Enforcement (MHET)

## ∞ Stepping Up

## ∞ The Mentally Ill Offender Crime Reduction (MIOCR) grant

- Partnership between Probation and Mental Health to deliver Functional Family Therapy to youth exiting Juvenile Hall and the Orin Allen Youth Rehabilitation Facility

## ∞ Youth Justice Initiative

# PANEL DISCUSSION

## ☞ Challenges

- Physical plant restrictions at MDF
- Accessibility to outpatient mental health appointments and willingness of client to continue treatment post-release
- Lack of capacity for critical, outpatient substance abuse programs
- Return home/community environment for youth behavioral health services
- Continued backlog of State Hospitals for treatment of inmates deemed incompetent to stand trial

## ☞ Considerations

- Seek funding for the construction of mental health beds
- Support pre-arrest mental health efforts, including MHET, sobering centers and other diversion programs
- Build capacity within communities for additional behavioral health programs, including substance abuse programs
- Advocate for additional funding of State Hospitals for return to competency treatment