

CARE Court, 988, In-Custody Medications

Mental Health Board
06/14/2022



SUPPORT



TRUST



UNITY



EXCELLENCE

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Community Assistance, Recovery, and Empowerment (CARE) Court

Focus on individuals with:

- A schizophrenia spectrum or other psychotic disorders and whose judgement is so impaired by the symptoms of their mental illness that they lack the capacity to make informed or rational decisions about their medically necessary treatment
- Not yet Gravely Disabled/eligible for LPS Conservatorship per statute

Up to 12 months, with a possibility of an additional 12 months

If unsuccessful, proceed with LPS Conservatorship

Components of CARE Plan and New Roles

3 components:

- Community based behavioral health services
- Stabilization medication
- Housing plan

New roles

- The Supporter – help participant understand, consider and communicate decisions
- Public Defender

Pathway Through CARE Court



Local Impact of CARE Court

Increase in new clients referred to BHRS services through CARE Court

- Unknown total numbers, but likely in the range of 200 to 500 people per year
- Potential need to expand BHRS services to serve those who are privately insured

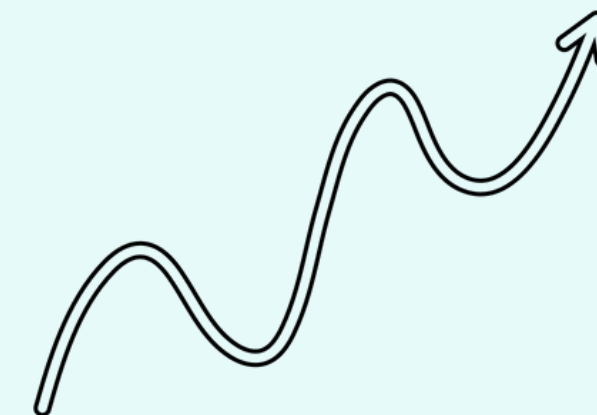
Increase in LPS referrals

- Lack of success at any stage of CARE Court leads to a referral for conservatorship investigation

Increased usage of Court, Public Defender, and County Counsel time

Need for housing

988 Behavioral Health Crisis Number



988 will be confidential, free, and available 24/7/365, connecting those experiencing a mental health, substance use, or suicidal crisis with trained crisis counselors.

Access will be available through every landline, cell phone, and VOIP internet device in the US.

988 services will be available in English and Spanish with interpretation available for over 150 languages.

988 will be operated by Buckelew Programs through the Suicide Prevention Lifeline. BHRS will be contacted for in-person mobile crisis response, as needed.

Launches **July 16, 2022.**



If you are a person with a disability and require this document in an alternate format (example: Braille, Large Print, Audiotape, CD-ROM), you may request an alternate format by calling: (415) 473-4167 (Voice), (415) 473-3232 (TTY), or by e-mail at: cmal@marincounty.org

988 Builds Directly on the Existing National Suicide Prevention Lifeline

988

2001

Congress appropriates funding for suicide prevention hotline; SAMHSA awards competitive grant to establish a network of local crisis centers

2007

SAMHSA and VA partner to establish 1-800-273-TALK as access point for the Veterans Crisis Line (VCL)

2015

Disaster Distress Helpline was incorporated into Lifeline cooperative agreement

2020

Lifeline began incorporating **texting** service capability in select centers

2021

SAMHSA/VA/FCC are responsible for submitting multiple **988 reports to Congress**

2022

988 transition complete
July 16, 2022

2005

National Suicide Prevention Lifeline (Lifeline) was launched with number 1-800-273-TALK

2013

Lifeline began incorporating **chat service** capability in select centers

2020

FCC designates 988 as new three-digit number for suicide prevention and mental health crises

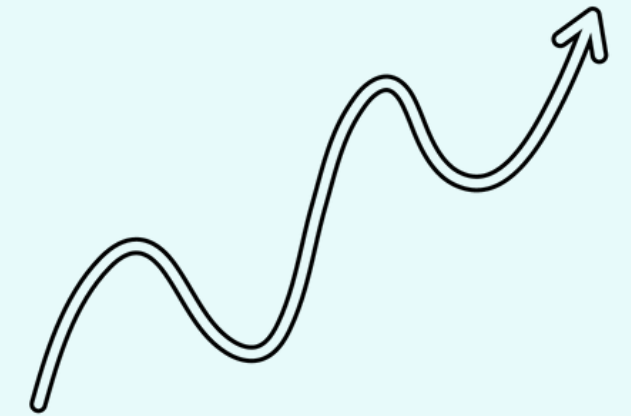
2020

National Hotline Designation Act signed into law, incorporating 988 as the new Lifeline and VCL number

2021

State 988 funding opportunity released, and states are responsible for submitting **planning grants to Vibrant**

Local Impact of 988



Potential to transform behavioral health crisis response in Marin.

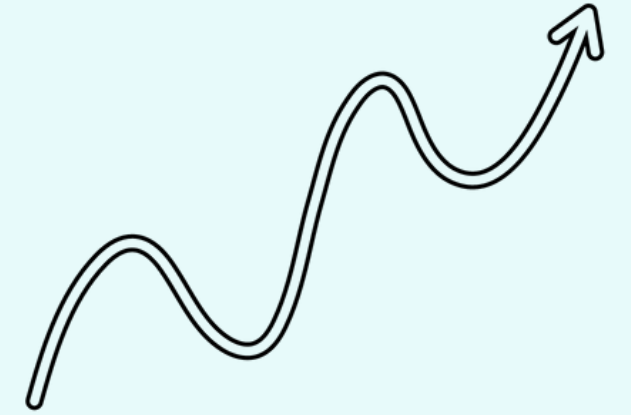
Likely to result in increased requests for crisis services (e.g. Mobile Crisis Response Team, Crisis Stabilization Unit).

Need for high level coordination of dispatch and initial point of contact:

- 911
- 988
- Mobile Crisis Response Team
- BHRS Access

Ongoing funding to be determined.

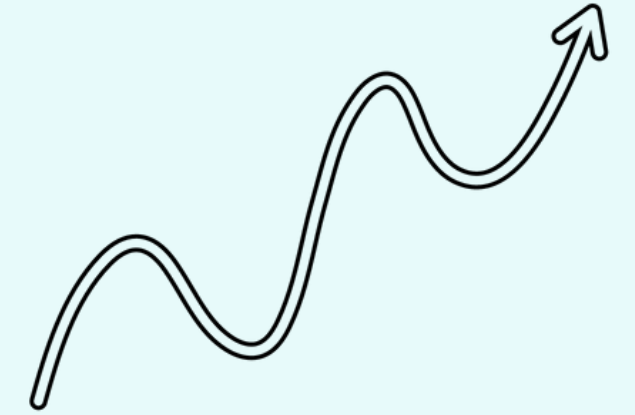
988 vs. 911



988 services are distinct and separate from the emergency and public safety response associated with 911. 988 crisis counselors are trained to use the least invasive interventions, when possible, and often the call, text, or chat is the only intervention needed.

Coordination between 988 and 911 will help people in crisis get the appropriate supported needed, which may include deployment of Mobile Crisis Response Team or other community-based team in place of law enforcement or EMS.

What Happens When Someone Calls 988



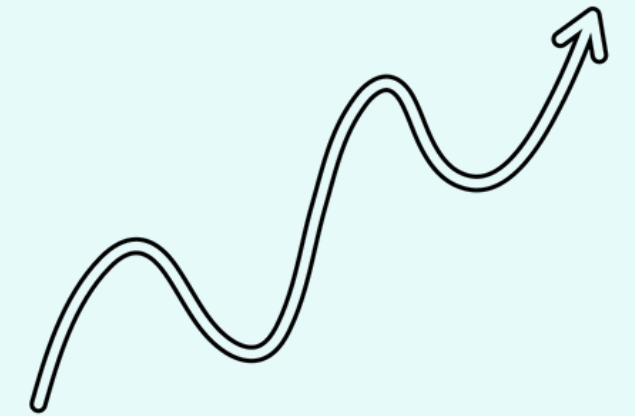
Call goes to a dedicated call center in Novato with trained crisis counselors on duty 24/7/365.

Provide basic information, including name, phone number (to call back if disconnected), and address.

Crisis counselor will ask questions to assess person's safety and the safety of others, including suicide and violence risk, mental health or substance use symptoms, protective factors (i.e. things that keep a person safe such as family support), and the person's wants and needs.

Crisis counselor will provide support and guidance. The goal is to use the least invasive measure to ensure safety. Based on what the person says and their expressed wants and needs, the counselor may intervene on the phone only, they may send out the Mobile Crisis Response Team, or they may contact 911 dispatch.

988 Upcoming Events



Community forum June 15th from 6-7 pm

Formal launch of 988 July 16th

Events and activities during Suicide Awareness and Prevention Month in September



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In-Custody Psychiatric Medications

Current Practice

- Psychiatrist on-duty at the Marin County Jail 20 hours/week. On-call coverage available 24/7
- 100% of incarcerated people are screened for behavioral health disorders upon booking. Of those who screen positive for serious mental illnesses, all are provided a full mental health evaluation.
- Psychiatric medications provided to incarcerated people voluntarily
- If someone declines prescribed psychiatric medications, even if Court ordered, there are limited-to-no options to help.

In-Custody Psychiatric Medications

Need for Involuntary Medication Procedures

- Untreated individuals with SMI in the Jail at times experience acute and untreated psychosis, which may manifest by screaming, hoarding bodily fluids, smearing feces, engaging in self-injury, violence towards medical and custody staff, and other mental health symptoms.
- These individuals are clearly suffering.
- These individuals are difficult to manage by custody staff.
- These individuals may have extended lengths of stay in the Jail (waiting for beds at DSH)
- If these individuals were not in Jail, they likely would be eligible for involuntary medications through hospitalization and/or conservatorship

In-Custody Psychiatric Medications

2017 Grand Jury Report

- Marin County used to contract with Santa Clara County for involuntary administration of medications. This contract ended several years ago, and “since that contract ended, Marin County Jail has not had a procedure that would allow involuntary administration of psychiatric medication.”
- “Addressing the need to be able to administer medications on an involuntary basis for the health and welfare of a mentally ill inmate in crisis is not adequately addressed by transporting an inmate to a distant facility...Local solutions to address this issue should be identified and implemented.”

In-Custody Psychiatric Medications

Legal Framework

- Penal Code 1368 *et seq* includes a process for Court ordered involuntary medications for individuals found Incompetent to Stand Trial.
- Penal Code 2603 details the process for Court ordered involuntary medications for any individual in a Jail who is a danger to self, others, or gravely disabled.

In-Custody Psychiatric Medications

Proposal

- For the past year, a cross-departmental workgroup including BHRS, Public Health, and the Sheriff have been meeting to develop policies and procedures for involuntary medications in non-emergency situations. This has included tours and informational sessions with other County jails and reviews of protocols by County Counsel.
- Steps: 1) Documentation of medical need and offering/refusal of prescribed treatments, 2) Attestation by treating Psychiatrist, 3) Petition to the Courts for involuntary medication (or, confirmation of existing Court order), 4) Designated team of custody staff and BHRS RN to administer medications, 5) Follow up observation and care.
- Per PC 1369.1, Jail must be designated a “treatment facility,” through concurrence by the BOS, County Behavioral Health Director, and County Sheriff.
- Goal to pilot protocol by the end of Summer 2022

In-Custody Psychiatric Medications

Potential Benefits

- Compassionate treatment of incarcerated people with SMI, matching the community standard.
- Calmer, safer, more stable Jail environment.
- Reduction in length of stay and need for referral to state hospitals.
- Reduction in revolving door to DSH for people who are incompetent to stand trial

Potential Risks

- Injury to incarcerated person, custody or medical staff.
- Medication adverse effects.