



Mental Health Crisis

Seeking An Integrated Response

Summary

In two separate incidents in October and November of 2016, a person experiencing a behavioral crisis was shot and killed in a confrontation with law enforcement. These incidents led the Grand Jury to examine how people in a mental health crisis in our community are handled.

Why is law enforcement the primary responder to a person in crisis when the issue is one of mental health? The Behavioral Health Division of the County Health Services Agency (Behavioral Health) has field-based personnel who respond on an emergency basis, but who are not accessible through 9-1-1. Can our system of initial response be modified to more fully integrate law enforcement and mental health? And once the initial contact is over, are people in crisis receiving appropriate and quality care when delivered to the County's Behavioral Health Unit (BHU) for evaluation?

National funding priorities have resulted in law enforcement becoming the primary responder to mental health calls. While our local law enforcement agencies have done some collaboration with Behavioral Health in improving the initial contact with people in crisis, more can be done. This report recommends changes that would expand the role of Behavioral Health personnel and reduce the burden on law enforcement when responding to 9-1-1 calls concerning people in crisis.

Background

A 2010 joint report by the national non-profit Treatment Advocacy Center and the National Sheriffs' Association describes the changes that shifted responsibility for dealing with mental illness from psychiatric hospitals to the criminal justice system.^[1] This shift put law enforcement, by default, on the front line in dealing with people in crisis.

The report estimates that in 1840, 20 percent of jail and prison inmates in this country suffered from serious mental illness. For the next 40 years our nation underwent a shift from criminalization to institutionalization, with states building psychiatric hospitals for the seriously mentally ill. By 1880, the percentage of jail and prison inmates with mental illness dropped below five percent and remained there until the mid-1950s.

At this point a shift from institutionalization back to criminalization began. The creation of Medicaid in the 1965 Social Security Act shifted the financial responsibility from the Federal government to the states in funding Institutions for Mental Diseases (IMDs).^[2] An IMD is "a hospital, nursing facility, or other institution of more than 16 beds, that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services."^[3] These rules under Medicaid excluded [Federal Financial Participation](#) (FFP) to IMDs not operated in conjunction with an [acute care facility](#). The loss of this FFP, which covers about 50 percent of the cost of treatment, resulted in the states closing their mental hospitals as they no longer qualified. As a result, even though the need for inpatient treatment beds continued, the availability of beds has decreased.^[4]

Predictably, this resulted in more people with mental illness among us, more contact between them and law enforcement, and more people with mental illness in our penal system.^[5] In the late 1990s the percentage of mentally ill correctional inmates dramatically rose and continued to rise. Today, we are almost at the same levels we were in 1840. The difference is that now, with the proliferation of weapons and substance abuse, confrontations with law enforcement have resulted in deaths and serious injuries to both people in crisis and law enforcement personnel. In 2017, County correctional personnel estimated that Behavioral Health was treating 17 percent of inmates for mental illness, with additional inmates declining treatment.^[6]

In Santa Cruz County, law enforcement is the primary responder to all 9-1-1 calls involving an [emotionally distressed person](#) (EDP). Other agencies, such as fire and emergency medical services, support law enforcement as the circumstances dictate.

In two separate 2016 Santa Cruz County incidents, after non-lethal means proved ineffective, law enforcement shot and killed a person experiencing a behavioral crisis. These incidents, each involving a different law enforcement agency, sparked much public interest and debate. The District Attorney investigated both cases and determined each shooting was justified because the personnel involved appropriately followed policies and procedures.^[7]

These occurrences were not unique to Santa Cruz County. A 2012 article estimated that

of all police shooting deaths nationally, one half were of people suffering from mental illness.^[8] An article from 2017 estimated the national percentage to be lower, but still an area of concern.^[9] California recognized the problem and in October of 2015, passed SB 11 and SB 29 requiring mandatory crisis intervention training for law enforcement.^[10]

Scope

The Grand Jury investigated the County's system of crisis intervention from contact to treatment by ascertaining what resources are available, how they are accessed, and what circumstances dictate which resources are sent. We examined whether modifications could be made to our system that would prioritize de-escalation and reduce the likelihood of a crisis ending in death by force.

The Grand Jury made site visits to the County's detention facilities and the County Regional 9-1-1 center. We also interviewed prominent people in the mental health field, key administrative personnel in County law enforcement and Behavioral Health, and first responders from each department. We obtained related policies, procedures, budgets, and contracts. We researched facilities, past and present, and their staffing levels. We also looked at the level of training for law enforcement in general and specifically in crisis intervention and the use of force prior to and after the 2016 incidents.

Investigation

Law Enforcement

The County's [crisis intervention training](#) (CIT) curriculum, developed jointly by mental health and law enforcement professionals in Santa Cruz County, was fashioned after a 2007 CIT model published by the University of Memphis.^[11] The goal of the CIT program is to train law enforcement that people in crisis need to be approached differently, with an emphasis on de-escalation.

The first 24-hour CIT course was held in Santa Cruz County in the Spring of 2016. Instruction was provided by Behavioral Health and law enforcement trainers. Attendance was offered to the five County law enforcement agencies, all of which sent some of their personnel. The County continues to offer this curriculum and the intent is to train all deputies and officers.^[12] As of this writing there have been three such training seminars hosted by three different law enforcement agencies, and attendance has included personnel from dispatch, parks, and corrections.

Attendees complete the CIT course with a deeper understanding of mental illness and its resultant behaviors. One example from the training is a role playing exercise that gives some insight into the behavior of a person in crisis in response to commands by officers. Attendees learn that behavior that appears to be blatant defiance of an officer's authority could be the result of a person responding to internal voices or an inability to understand the officer's commands.^[13]

Attendees also learn techniques for finding a connection with the person in crisis, engaging them in dialog, and taking the time to allow the person to calm down.

Providing the calming-time increases the chance that the person will comply with instructions and decreases the need for law enforcement to use force. ^[14]

Mental Health Liaisons

In 2013 Behavioral Health embarked on a program of providing mental health liaisons to accompany law enforcement on 9-1-1 EDP calls. Funding for these liaisons is 50 percent from the Health Services Agency (HSA) and 50 percent from the law enforcement agency to which the liaison is assigned.

This program, in conjunction with CIT, has had a dramatic and positive effect on the way our officers and deputies interact with people in crisis. The downside to this approach is the additional time that many of these calls take. From initial contact to delivery of the person to the BHU, an officer or deputy can be occupied and otherwise unavailable for three to four hours. ^[15]

As of March 2018 there are five liaisons responding with three of the County’s five law enforcement agencies (Table 1). Participants in this program from both groups deem it a success. ^[16]

Table 1: Mental Health Liaisons and Agencies Served

	Liaison 1	Liaison 2	Liaison 3	Liaison 4	Liaison 5 ¹
Date of hire	10/2013	11/2014	1/2016	4/2017	9/2017
Agency served	Santa Cruz Police	County Sheriff	Watsonville Police	County Sheriff	Santa Cruz Police
Scheduled days and hours	Mon - Fri 8:30AM - 4:30PM	Mon - Fri 8:30AM - 5:00PM	Mon - Fri 8:30AM - 4:30PM	Sun, Mon, Tue, Thurs 8:00AM - 7:00PM	Thurs - Sun 8:00AM - 6:30PM
How utilized	Assigned to city beat officer(s)	Available to all deputies	Paired with a specific senior officer	Available to all deputies	Assigned to city beat officer(s)

¹HSA portion funded by a grant

Although the number of 9-1-1 EDP calls drops off markedly in the late night hours, the two 2016 incidents that resulted in the use of deadly force happened during that time, when no liaison was available.

Behavioral Health

Mobile Emergency Response Team

Since January 2016 Behavioral Health has operated a field-based mobile emergency response team (MERT) skilled in crisis intervention. Unfortunately, MERT is not a resource that can be accessed through 9-1-1. Instead, MERT is summoned by physicians' offices, clinics, urgent care facilities, and schools that are dealing with a person in crisis who does not pose a threat. Mental health and law enforcement personnel estimate that of all 9-1-1 EDP calls, about 70 percent of the subjects do not pose a threat to others.

We found that the MERT program is a valuable and appropriate asset for responding to people in crisis and should be expanded. If the relevant agencies develop criteria to enable our 9-1-1 center to identify subjects who do not pose a threat to others, MERT could respond as the primary agency to those 9-1-1 EDP calls, reducing the burden on law enforcement resources. This would create a three level EDP response:

1. MERT responds alone to EDP calls not routed through 9-1-1, as they currently do.
2. MERT responds as the primary agency with a deputy or an officer (as a liaison for scene safety) to 9-1-1 EDP calls that the new criteria classify as non-threatening. Once contact is made and the law liaison determines the scene is safe, the liaison can leave and be available to respond to other incidents.
3. Law enforcement responds as the primary agency with a mental health liaison to 9-1-1 EDP calls that the new criteria classify as threatening.

Crisis Stabilization

Crisis stabilization is the last step in the crisis intervention process. When a person is acting erratically or their behavior cannot be explained, they may be perceived as being in emotional distress. If their behavior generates an emergency response from a County agency, the responders will do an initial evaluation at the scene. If the responders determine that the person is a danger to themselves or to others or is gravely disabled, they will place the person on an involuntary hold of up to 72 hours.^[17] The person will then be brought to the County BHU for a more thorough evaluation. If, after this evaluation, the staff determines the person is stable and does not need to be held, the person will be given resource information for appropriate County programs and be released.

Until its closure in December 2013 the Dominican Santa Cruz Hospital BHU was the receiving facility for all people placed on involuntary holds. The County then built its own BHU, which opened in 2014. Rather than operate the BHU with Behavioral Health staff, the County contracted with Telecare Corporation, a private, for-profit provider.

Telecare's facility is now where individuals placed on involuntary holds are brought. They first are taken into the [crisis stabilization program](#) (CSP). Here those placed on hold can spend up to 24 hours while undergoing evaluation.^[18] After evaluation, the

person will either be:

- referred to an inpatient treatment facility (possibly one of the beds at the BHU) if they cannot be stabilized
- sent to a detention facility if a crime is involved
- released

The County's contract requires Telecare's CSP staff to be able to evaluate two juveniles and eight adults at any given time. They are also required to maintain separation between the juveniles and adults at all times. The Grand Jury was given a floor plan of the CSP that shows the ability to maintain a separation between the two age groups, but the floor plan has no detail as to the accommodations for either. We were told in interviews that the adult area has a large room with eight recliner chairs. It remains unclear what the accommodations are for the juveniles. We attempted to view the CSP but were unable to gain access.

In October of 2017 the National Alliance on Mental Health (NAMI) of Santa Cruz issued a task force report that was critical of Telecare's practices.^[19] The contract between the County and Telecare provides for periodic oversight meetings and the right to review services performed. There is no publicly available record of any County audit or inspection of the Telecare facility.

Grand juries do not have the authority to investigate the performance of private, for-profit contractors to government agencies, so we were not able to evaluate the accommodations in the CSP or the allegations of the NAMI Santa Cruz task force report.

Findings

- F1.** The 24-hour Crisis Intervention Training course has given law enforcement responders additional tools for dealing with people in crisis, resulting in less use of force.
- F2.** Adding more mental health liaisons and increasing their hours of availability would increase the benefit of this program to law enforcement and people in crisis.
- F3.** Having law enforcement be the primary responder to non-threatening 9-1-1 EDP calls reduces the overall availability of law enforcement to the community.
- F4.** The Mobile Emergency Response Team (MERT) is not accessible through 9-1-1, resulting in overuse of law enforcement.
- F5.** Current dispatch procedures do not distinguish between threatening and non-threatening EDP calls. Making this distinction would create an opportunity for MERT to respond to the 70 percent of 9-1-1 EDP calls that do not involve a threat.
- F6.** Having a private, for-profit contractor operate the County BHU reduces transparency between the Behavioral Health Department and the people they serve.

Recommendations

- R1.** The County Health Services Agency and the County’s five law enforcement agencies should create a plan to make mental health liaisons available to respond to 9-1-1 EDP calls at all hours in all jurisdictions. (F2)
- R2.** The County Health Services Agency and the County’s five law enforcement agencies should create a plan to make MERT available to respond to 9-1-1 EDP calls at all hours in all jurisdictions. (F3-F5)
- R3.** The County Health Services Agency, the County’s five law enforcement agencies, and Santa Cruz Regional 9-1-1 should develop a dispatch plan that classifies 9-1-1 EDP calls as threatening (the subject presents a danger to others) or nonthreatening (the subject does not present a danger to others). (F5)
- R4.** Santa Cruz Regional 9-1-1 should dispatch MERT with a law enforcement liaison in response to non-threatening 9-1-1 EDP calls. (F5)
- R5.** The County should conduct a compliance audit of the Telecare facility to investigate the allegations in the NAMI Santa Cruz task force report, post the results of the investigation on the Health Services Agency website, and recommend appropriate changes to performance specifications in any future contract. (F6)

Commendation

- C1.** The Grand Jury commends our County’s law enforcement agencies for incorporating the new methodologies set forth in the CIT course and adapting their procedures to those methodologies.

Required Responses

<i>Respondent</i>	<i>Findings</i>	<i>Recommendations</i>	<i>Respond Within/ Respond By</i>
Santa Cruz County Board of Supervisors	F2–F6	R1–R5	90 Days August 15, 2018
Santa Cruz County Sheriff	F1–F4	R1–R4	60 Days July 16, 2018

Requested Responses

<i>Respondent</i>	<i>Findings</i>	<i>Recommendations</i>	<i>Respond Within/ Respond By</i>
City of Capitola Chief of Police	F1–F4	R1–R4	60 Days July 16, 2018
City of Santa Cruz Chief of Police	F1–F4	R1–R4	60 Days July 16, 2018
City of Scotts Valley Chief of Police	F1–F4	R1–R4	60 Days July 16, 2018
City of Watsonville Chief of Police	F1–F4	R1–R4	60 Days July 16, 2018
Santa Cruz Regional 9-1-1 General Manager	F2–F4	R3, R4	60 Days July 16, 2018
Director, Santa Cruz County Health Services Agency	F1, F2, F4, F6	R1–R3, R5	60 Days July 16, 2018

Definitions

Acute care facility: a term used but not specifically defined in Medicaid; generally understood to mean a place where a patient receives active but short-term treatment for a severe injury or episode of illness

Behavioral health unit: a place designated for mental health care

Crisis intervention training: a law enforcement-based training course for assisting those individuals with a mental illness and improving the safety of patrol officers, consumers, family members, and citizens within the community^[20]

Crisis stabilization program: a segregated area in which a behavioral health unit initially evaluates patients placed on involuntary hold

Emotionally distressed person: terminology Santa Cruz County dispatch uses in lieu of referring to a person who may need to be detained involuntarily under Penal Code section 5150

Federal Financial Participation: a federal program that reimburses local health agencies for Medicaid funded services

Sources

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16. Grand Jury interviews.

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Site Visits

Regional 9-1-1 Center

Santa Cruz County main jail