TREATMENT FOR ADULT MENTAL ILLNESS IN SAN MATEO COUNTY
WHAT EXISTS? WHAT SHOULD EXIST?

ISSUE

Mental health support in our community is a complex issue that has an impact on all residents. What services are available to support mentally ill adults and their families? Could the system of care be more effective?

SUMMARY

One in four adults will suffer some form of mental illness in a given year,[1] and many of these people will be diagnosed with more than one mental disorder at a given time. The burden of mental illness is particularly concentrated among those who experience disability due to serious mental illness (SMI). SMI strikes one in 17 people.[2] SMI includes schizophrenic disorders, severe bipolar disorders, and severe depression. These individuals reside in our community; they include our family members, friends, and neighbors. Mental illness affects us all.

Despite the best efforts of the County of San Mateo's (the "County") Health System, many mentally ill individuals end up incarcerated. According to the Treatment Advocacy Center, prisons and jails have become America's "new asylums."[3] Currently, there exists a large population of inmates in San Mateo County jail facilities with a diagnosis of mental illness (19%-24%) or substance abuse (approximately 70%). As addiction is common in people with mental health problems, many of these inmates are diagnosed with both disorders.[4]

The County recognizes the impact of mental illness and provides an extensive network of services through its Health System. Many officials believe that these services are "some of the best in the state."[5] The 2014-2015 Grand Jury investigated current County programs and services that are designed to support mental health. This report finds that many of these services are not well known to the public. And with three different divisions of the County's Health System[6] providing adult mental health services, navigating the system is extremely challenging.

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[1] "Mental Illness Facts and Numbers," National Alliance on Mental Illness (NAMI). http://www2.nami.org/factsheets/mentalillness_factsheet.pdf.

[2] "About Mental Illness: Mental Disorders in America," The KIM Foundation. http://www.thekimfoundation.org/html/about_mental_ill/statistics.html.

[3] E. Fuller Torrey et al., "The Treatment of Persons with Mental Illness in Prisons and Jails: A State Survey," April 8, 2014. http://s3.documentcloud.org/documents/1095566/persons-with-mental-illness-in-jails-and-prisons-2.pdf.

[4] Officials from County of San Mateo Health System and San Mateo County Correctional Health Services, interviews by the Grand Jury.

[5] Officials from County of San Mateo Health System, interview by the Grand Jury.

[6] The three divisions are: the San Mateo Medical Center, BHRS, and Aging and Adult Services.

Based on this investigation the Grand Jury determined that some of the County's programs and services need to be strengthened. In particular, the Jury recommends that the County of San Mateo address the following:

- Adopt the form of assisted outpatient treatment (AOT) known as Laura's Law in California[7]
- Establish a mental health jail diversion program
- Improve coordination and organization among the various divisions and contractors of the Health System that provide mental health services
- Develop a comprehensive public awareness program

GLOSSARY

AOT: Assisted Outpatient Treatment (AOT) is court-ordered treatment for individuals with SMI who meet strict legal criteria and *do not voluntarily* accept treatment.

BHRS: Behavioral Health and Recovery Services (BHRS) is a division of the San Mateo County Health System. It provides mental health and substance abuse treatment to County residents who qualify for public insurance such as Medi-Cal or the Health Plan of San Mateo.

SMC: San Mateo County, the geographic entity. Local governments and residents collectively.

SMI: Serious Mental Illness (SMI) typically includes schizophrenic disorders, severe bipolar disorders, and severe depression.

BACKGROUND

In 1957, the California legislature passed the Short Doyle Act in response to the growing number of mentally ill individuals being confined in public hospitals. The Act, which provided state funds to local mental health service delivery programs, was developed to address concerns that some mentally ill people were better served by local outpatient services, rather than by 24-hour hospital care.[8]

In 1968, the legislature passed the Lanterman-Petris Short Act,[9] which further reduced the number of persons involuntarily hospitalized (including those in state mental health hospitals) by requiring a judicial hearing prior to any involuntary commitment.

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[7] AOT allows courts to order mentally ill individuals to comply with psychiatric treatment while living in the community.

[8] Darrell Steinberg, David Mills, and Michael Romano, "When Did Prisons Become Acceptable Healthcare Facilities?" Stanford Law School Three Strikes Project, 2014. https://www.law.stanford.edu/sites/default/files/child-page/632655/doc/slspublic/Report_v12.pdf.

[9] The Lanterman–Petris–Short Act (California Welfare & Institutions Code, Section 5000 et seq.) concerns the involuntary civil commitment to a mental health institution in the State of California. The act set the precedent for modern mental health commitment procedures in the United States.

These two acts resulted in the long-term transfer of state operation and oversight to a decentralized, community-based mental health care delivery model. The state mental hospital population declined from 36,319 in 1956 to 8,198 in 1971. Three state public mental hospitals closed during this time period. This led to a dramatic decline in the number of mentally ill individuals being treated in a hospital setting.

The legislature proposed that the savings from the hospital closures be distributed to community programs. However, in 1972 and 1973 then-Governor Ronald Reagan vetoed the transfer of these funds. Thereafter, between 1974 and 1984, the funding of community mental health programs was in constant flux, with many counties lamenting local mental health service gaps due to lack of sufficient funding.[10]

Reforms in the 1970s in California and other states led to the 1975 United States Supreme Court landmark decision *O'Connor v. Donaldson* in which involuntary commitment was restricted to individuals who were found to be both dangerous and mentally ill. Civil commitment standards essentially were changed from a "need-for-treatment" to an "imminent dangerousness" standard. Following these modifications, some mental health providers noted that the combination of narrowed treatment criteria and under-funded community mental health services was contributing to "revolving door" relapse and recidivism—the mentally ill shuttling endlessly between hospitals, correctional facilities, and the streets.[11]

Subsequent to the closing of a number of state mental hospitals, many of these patients ended up in jail. The population of mentally ill inmates in California prisons has almost doubled since 2000. In 2010, the population of California prisons was 162,000 people, of whom 45% were estimated to be mentally ill.[12] Currently, in San Mateo County, 46% of all inmates are part of Correctional Mental Health's caseload. Of these inmates, 19% are diagnosed with a mental illness, of which 50% have been diagnosed with SMI.[13] Inmates with substance abuse disorders approach approximately 70%.[14] This has led at least one commentator to describe jails and prisons as "the mental asylums of the 21st century."[15]

Assisted Outpatient Treatment (AOT)

In the 1980s a number of states pushed to lower commitment standards and to expand the state's role in the management of the chronically and seriously mentally ill. From that time to the

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[10] Steinberg, Mills, and Romano, "When Did Prisons Become Acceptable Healthcare Facilities?" Stanford Law School Three Strikes Project.

[11] Erika King, "Outpatient Civil Commitment in North Carolina: Constitutional and Policy Concerns," *Law and Contemporary Problems* 58.2 (1995): 251-281. http://scholarship.law.duke.edu/cgi/viewcontent.cgi?article=4279&context=lcp.

[12] Steinberg, Mills, and Romano, "When Did Prisons Become Acceptable Healthcare Facilities?" Stanford Law School Three Strikes Project.

[13] San Mateo County Correctional Mental Health & Recovery Services

[14] Officials from County of San Mateo Health Services and San Mateo County Correctional Health Services, interviews by the Grand Jury.

[15] Anasseril E. Daniel, "Care of the Mentally Ill in Prisons: Challenges and Solutions," *Journal of the American Academy of Psychiatry and the Law* 35.4 (2007): 406-410. http://www.antoniocasella.eu/archipsy/Daniel_2007.pdf.

present, states have enacted preventive outpatient civil commitment statutes,[16] also known as assisted outpatient treatment (AOT).[17]

AOT is court-ordered treatment (including medication) for individuals with SMI who meet strict legal criteria and *do not voluntarily* accept treatment. In some states, the violation of the court-ordered conditions can result in the individual being involuntarily hospitalized for further treatment.[18]

In 2002 the state of California passed a version of AOT named Laura's Law.[19] The statute can only be utilized in counties that choose to enact outpatient commitment programs based on the measure. At this time, San Mateo County has not implemented Laura's Law.

Laura's Law permits law enforcement, medical professionals, and family members to request the County mental health director to petition the court to provide AOT for individuals with serious mental illness. A court must find that the individual has: (1) a recent history of hospitalization or violent behavior, and (2) noncompliance with a voluntary treatment plan that indicates the individual is or is likely to become dangerous or gravely disabled without AOT.[20] Unlike outpatient commitment/conservatorship, AOT does not force medication on a patient. However, proponents contend that the court and/or physicians can persuade individuals to comply or face hospitalization. AOT motivates patients by impressing upon them, through the symbolic power of the court, the seriousness of their need to comply with treatment. The court's influence is known as "the black robe effect." Some medical professionals refer to AOT as "conservatorship-lite."[21]

Under Laura's Law, the failure to comply with a court's order of outpatient treatment does not, by itself, constitute grounds for involuntary civil commitment. However, if these individuals fail to obey the court's order, they may be brought to an emergency room for evaluation as to the necessity of an involuntary commitment.[22]

Rights-based arguments against AOT focus on "self-determination," and the view that any form of involuntary treatment is a violation of one's civil liberties.[23] In addition, opponents allege that such legislation is a "regressive and reprehensible scheme to enforce coerced drug treatment

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[16] K. B. Tavolaro, "Preventive Outpatient Civil Commitment and the Right to Refuse Treatment: Can Pragmatic Realities and Constitutional Requirements Be Reconciled?" *Medicine and the Law* 11.3-4 (1992): 249-267.

[17] Susan Stefan, "Preventive Commitment: The Concept and Its Pitfalls," *Mental and Physical Disability Law Reporter* 11.4 (1987): 288-302. http://www.bazelon.org/LinkClick.aspx?fileticket=AQp-De3H3WQ=&tabid=222.

[18] Treatment Advocacy Center, *Assisted Outpatient Treatment Laws.* http://www.treatmentadvocacycenter.org/solution/assisted-outpatient-treatment-laws.

[19] California Welfare & Institutions Code 5346. http://www.leginfo.ca.gov/cgi-bin/displaycode?section=wic&group=05001-06000&file=5345-5349.5.

[20] Treatment Advocacy Center, *Assisted Outpatient Treatment Laws.*

[21] Medical professional from San Mateo County Health Services, interview by the Grand Jury.

[22] "Assisted Outpatient Treatment: Recovery Oriented Care for the Severely Mentally Ill Laura's Law" http://mentalillnesspolicy.org/states/california/lauraslawpresentation.pdf.

[23] H. Richard Lamb and Linda E. Weinberger, "Some Perspectives on Criminalization," *Journal of the American Academy of Psychiatry and the Law* 41.2 (2013): 287-293. http://www.jaapl.org/content/41/2/287.full.pdf.

regimens against the will of patients."[24] This position has important clinical implications for people who lack insight into their own illness (anosognosia) and refuse to take medication.

Proponents of AOT argue that self-determination in the context of impaired decision-making capacity is impossible. Persons with SMI who do not adhere to their prescribed medication regimens in the community are at high risk of relapse and requiring acute psychiatric care.[25] A study examining re-hospitalization costs for Medicaid recipients who relapse because of non-adherence estimated annual costs to be $1.479 billion. Evidence shows that earlier diagnosis and treatment of psychosis leads to improved prognosis.[26]

Opponents of Laura's Law say it is an idea whose time has passed and that a law that takes away hard-won civil rights would likely lead to greater loss of rights. They say other, newer community-based treatment programs can also save money and help pull people out of the legal system.[27] Many of the opponents of Laura's Law favor a peer-wellness approach to mental health and rehabilitation. The peer-wellness approach focuses on having fellow patients serve as counselors and coaches, encouraging the mentally ill to stay on the straight and narrow.[28]

In 2011, BHRS advised the Housing, Health, and Human Services Committee of the Board of Supervisors not to adopt Laura's Law, as there were many effective treatment program models in place, including Full Service Partnerships (FSP). However, FSPs are only available to those who are willing to engage in voluntary treatment. Laura's Law is only for those who do not.[29]

According to proponents, AOT has proven to help address the "revolving door" that traps far too many individuals with SMI. These studies have shown that AOT improves treatment compliance and reduces: (1) hospitalizations, (2) arrests and incarceration, and (3) violence, crime, and victimization (see Appendix B).[30]

In California, Nevada County implemented Laura's Law in 2003 and found that:[31]

- Hospitalization of SMI patients was reduced 46%
- Incarceration was reduced 65%
- Emergency contacts (by first responders) were reduced 61%
- Nevada County saved $1.81 for every dollar spent on Laura's Law

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[24] Nancy Beckley, "Community Fights the Psychiatric Steamroller," *Freedom.* http://related.scientology.org/.

[25] Ira D. Glick, Steven S. Sharfstein, and Harold I. Schwartz, "Inpatient Psychiatric Care in the 21st Century: The Need for Reform," *Psychiatric Services* 62.2 (2011): 206-209.

[26] Shawn H. Sun et al., "Review and Analysis of Hospitalization Costs Associated with Antipsychotic Nonadherence in the Treatment of Schizophrenia in the United States," *Current Medical Research and Opinion* 23.10 (2007): 2305-2312.

[27] Frank Hartzell, "Contradictory Legal Opinions on Laura's Law," *Fort Bragg Advocate-News*, December 8, 2011.

[28] Zachary Matzo, "Laura's Law, Forced Psychiatric Treatment, and a Visalia Couple's Schizophrenic Son," *Free Advice*, May 27, 2014.

[29] Mental Illness Policy Org, "Summary Analysis of Presentation by San Mateo Health Care Officials to the Housing, Health, and Human Services Committee of the San Mateo Board of Supervisors on Implementation of Laura's Law at Hearings 10/18/11." http://mentalillnesspolicy.org/states/lauraslawindex.html.

[30] Treatment Advocacy Center, *Assisted Outpatient Treatment Laws.*

[31] Mental Illness Policy Org, "Laura's Law Results in Nevada County and Los Angeles County," Unbiased Information for Policymakers and Media. http://mentalillnesspolicy.org/states/california/llresultsin2counties.pdf.

To date, 45 states permit the use of some form of AOT.[32] Evidence from a variety of states and counties support the notion that AOT intervention is effective when appropriately funded, implemented, and applied (see Appendix B). In California, the decision to adopt Laura's Law is left to the board of supervisors of the individual counties. Currently, in addition to Nevada County, the following counties have adopted some form of Laura's Law: Los Angeles County, San Francisco City and County, Orange County, and Contra Costa County. San Mateo County has not implemented Laura's Law.

In December 2014, Marie Waldron, R-Escondido, introduced AB59. This bill would expand Laura's Law and make it mandatory in all California counties. As of this writing, AB59 is still in committee.

Mental Health Jail Diversion Program

While an AOT program may decrease criminal behavior over the long-term, it does not address the situation of individuals with SMI who are already in trouble with the law. A mental health jail diversion program is specifically designed to identify and divert individuals with mental illness from the criminal justice system into appropriate treatment in the mental health system. Although a variety of models of jail diversion programs exist, they have the following elements in common:

- They screen detainees in contact with the criminal justice system for the presence of mental disorders.

- They employ mental health professionals to evaluate the detainees and work with prosecutors, defense attorneys, community-based mental health providers, and the courts to develop community-based mental health resolutions for mentally ill detainees.

- Mental health resolution is sought as an alternative to prosecution, as a condition of a reduction in charges, or as satisfaction for the charges; for example, as a condition of probation. Once the settlement is decided, the diversion program links the client to community-based mental health services.[33]

According to Amy Yannello of *SF Gate,* "Our jails are overflowing with people who need treatment; our streets are teeming with mentally ill individuals who have fallen through the cracks because they don't recognize their own illness."[34] Since 2000, the number of mental health programs has expanded rapidly.

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[32] Treatment Advocacy Center, *Civil Commitment Laws: A Survey of the States*. http://tacreports.org/state-survey.

[33] North Carolina Department of Health and Human Services, "What Is a Jail Diversion Program?" January 26, 2015. http://www.ncdhhs.gov/mhddsas/providers/NCjaildiversion/faqs.htm.

[34] Amy Yannello, "How We Bring Laura's Law to All Californians," *SF Gate Opinion,* December 28, 2014.

METHODOLOGY

In preparing this report the Grand Jury reviewed various materials including Internet websites, articles, and publications concerning mental illness (see Bibliography), conducted a site visit of a private sector mental health support facility, and conducted interviews with key personnel as listed below. Additionally, a list of many of the private services that support the mentally ill is included in Appendix A.

Interviews

In the course of this investigation, members of the Grand Jury interviewed individuals from the following County commissions, departments, or divisions:

- San Mateo County Health System
- Behavioral Health and Recovery Services (BHRS)
- San Mateo Medical Center
- National Alliance on Mental Illness (NAMI)
- Board of Supervisors
- County Manager's Office
- Correctional Health Services
- Private Defender Program
- Private SMC Mental Health Providers

DISCUSSION

AOT: A Successful Method for Treatment of People with SMI

Many people diagnosed with SMI can be treated successfully. However, approximately half of the people with SMI also suffer from "lack of insight," or anosognosia, i.e., an unawareness of their illness. In fact, 50% of individuals with schizophrenia and 40% of those with bipolar disorder experience moderate to severe impairment in their awareness of their illness.[35]

Those SMI individuals who suffer from lack of insight do not take their medication. Non-adherence to medication has been found to predict poorer outcomes for patients, including hospital admission, violence, suicide, and premature mortality. Non-adherence has been associated with premature mortality in schizophrenia. Non-adherence to antipsychotic drugs has been suggested to be one of the most significant factors in increasing service costs. Anosognosia and adherence problems leading to relapse can have profoundly detrimental long-term

[35] Treatment Advocacy Center, *Assisted Outpatient Treatment Laws.*

consequences. A psychotic relapse is a serious medical emergency and is recognized as such by clinicians. Relapse-prevention strategies such as AOT should include providing the most appropriate medication and ensuring that medication lapses are minimized or eliminated.[36]

To grasp the importance of AOT, it must be understood that many researchers believe that non-adherence to prescribed treatment is the single largest reason that people get caught in the mental health system's "revolving door," shuttling endlessly between hospitals, correctional facilities, and the streets.[37] AOT has proven to help address the revolving door that traps far too many individuals with SMI. For example, in 2012, the Department of Justice deemed AOT to be an effective, evidence-based program for reducing crime and violence.[38] (See Appendix B.)

In addition, AOT could reduce the number of psychiatric beds needed in SMC, albeit not many. Although the Grand Jury does not offer any recommendations in this regard, we find the above situation to be a serious problem, which was reiterated by many County officials.[39] Currently, funds have been appropriated to renovate Cordilleras Mental Health Rehabilitation Center, a facility run by Telecare and affiliated with Behavioral Health and Recovery Services (BHRS). This renovation will increase the number of beds available for SMI individuals; however, the project will not be completed for several years.[40]

Alternatives to the Incarceration of Individuals with Mental Illness

A general consensus of the individuals interviewed by the Grand Jury is that jail is not an appropriate place to treat the mentally ill.

According to a number of County personnel interviewed by the Grand Jury, inmates with mental illness are often better served in a hospital. They require treatment, not incarceration. A jail is ill equipped to 'treat' such inmates insofar as jails do not have the resources or experienced personnel to work with the mentally ill. Nevertheless, it appears to the Grand Jury that some inmates remain in jail because adequate treatment options are not available elsewhere.[41]

Mentally ill inmates cost the county about $120 per day versus around $45 per day for other inmates, because they require medication, separate housing, and increased monitoring. According to BHRS, the estimated average cost per mentally ill inmate is approximately $3,500 per month.[42]

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[36] Sarah C. E. Chapman and Rob Horne, "Medication Nonadherence and Psychiatry," *Current Opinion Psychiatry*. 26.5 (2013): 446-452.

[37] Treatment Advocacy Center, *Research from the Treatment Advocacy Center: Outpatient Commitment (Assisted Outpatient Treatment/AOT)*. http://tacreports.org/state-survey/quality-of-laws/outpatient-commitment-aot.

[38] CrimeSolutions.gov, *Assisted Outpatient Treatment*, National Institute of Justice. Office of Justice Programs.

[39] Officials from the County including medical, correctional, and BOS, interviews by the Grand Jury.

[40] Professionals from San Mateo County Health Services, interviews by the Grand Jury.

[41] County officials, interview by the Grand Jury.

[42] "Mental Health Grant in Jeopardy," County of San Mateo Behavioral Health. http://www.sanmateo.networkofcare.org/mh/news-article-detail.aspx?id=53928.

Inmates with mental illness who are placed in administrative segregation (solitary confinement) are at a great risk of injury. The conditions of solitary confinement can exacerbate their symptoms or provoke recurrence for the prisoner. Solitary confinement is recognized as difficult to withstand; psychological stressors such as isolation can be as clinically distressing as physical torture.[43] In order to avoid confinement, the counselors and medical staff at the County jail have devised ways to convince or coerce inmates to take their medication—sometimes with chocolate milk and cookies. On a positive note, Measure A funds have provided a temporary county jail staff position for a psychologist to oversee the mentally ill and their health. To help the inmates who have been isolated, the jail staff has goals to improve the situation by providing inmates with more outdoor recreation and identifying inmates who can be housed together.[44]

One alternative to incarceration is the restoration center model, such as the one proposed for Fresno[45] that is modeled after the Center for Health Care Services (CHCS) in San Antonio, Texas. CHCS provides a "wraparound model"[46] for homeless and justice-involved individuals and families as well as emergency medical and substance use services to poor and indigent people. CHCS estimates that their programs save Bexar County approximately $10 million dollars a year.[47]

A second alternative to incarceration is a pre-plea diversion program. After an arrest, individuals can be referred to a mental health program at many points as their case proceeds to trial and beyond. Such programs typically offer eligible offenders a treatment option that is judicially supervised. The goal is to divert mentally impaired offenders out of the traditional criminal justice process and into appropriate rehabilitative alternatives. Once offenders have been screened and approved for participation in the program, they would promptly begin a treatment regimen specific to their needs.[48]

Individuals may be referred to a mental health program during the pre-adjudication stage or the time before final resolution of their case (e.g., at arraignment, in a hearing, or during pretrial proceedings). Some mental health programs that provide case plans with treatment and terms of supervision before adjudication are considered pretrial release programs; where the charges are filed but suspended, these programs are called deferred prosecution programs. One of the benefits to pre-plea diversion programs, cited by advocates, is the fact that the successful completion of the program will leave the individual with no criminal record.[49]

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[43] Jeffrey L. Metzner and Jamie Fellner, "Solitary Confinement and Mental Illness in U.S. Prisons: A Challenge for Medical Ethics," *Journal of the American Academy of Psychiatry and the Law* 38.1 (2010): 104-108.

[44] Officials from County Correctional Health Services, interview by the Grand Jury.

[45] The Fresno Restoration Center. http://www.fresnorestorationcenter.com/multi-service-center/.

[46] The wraparound model for services typically includes formal services and interventions, together with community services and interpersonal support and assistance provided by friends, family, and other people drawn from the family's social networks. The San Mateo County Health System designates its FSP as a "modified wraparound model" for the seriously mentally ill.

[47] The Center for Health Care Services, *Mental Health and Substance Abuse Solutions: Restoration Center.* http://www.chcsbc.org/innovation/restoration-center/.

[48] Henry J. Steadman, Editor, "Jail Diversion for the Mentally Ill. Breaking through the Barriers," The National Coalition for the Mentally Ill in the Criminal Justice System. https://s3.amazonaws.com/static.nicic.gov/Library/008754.pdf.

[49] Officials from the San Mateo County Private Defender Office, interview by the Grand Jury.

According to NOLO, most states have recognized that low-level offenses, particularly those committed by first-time offenders, should not necessarily trigger the normal criminal-case process. They have acknowledged that offenders with minor crimes may not be best served going through the regular court process of a plea and sentence or, in the case of a not-guilty plea, a trial. Counseling, rather than punishment, can often help and deter such people.[50] Young adult offenders and behaviorally challenged individuals may not always understand the consequences of what they do.

With records available on the Internet, simple mistakes may follow offenders for the rest of their lives. In California applications for expungement (erasure of record) are filed under Penal Code 1203.4; however the case is never sealed (only available by court order). A criminal record is not actually *expunged* under this statute. That term implies complete erasure, as if the case had never occurred. A more proper term is *dismissal*. The conviction remains on the record for many purposes, including employment, housing, and immigration consequences. A diversion court avoids this process.[51]

Currently the County of San Mateo does not have a pre-plea (pre-trial) mental health diversion program.[52] A mental health diversion program may be set up as a pre-plea or post-plea program (Pathways court is a post-plea program).[53]

Public Services for Mental Health Support in SMC

Below is a list of mental health public services provided to SMC residents. It demonstrates the complexity of the system and the need for coordination. The Grand Jury tried to navigate this system and the services available through law enforcement and the Health System and found both to be very complex. Regrettably, this makes it difficult for at-risk patients looking for emergency help. The Grand Jury concludes that there is a need for coordination of services including a central point of contact.

Many mental health services are provided by private contractors, which are listed in Appendix A.

- **Behavioral Health and Recovery Services** (**BHRS)—**BHRS provides a continuum of services for children, youth, families, adults, and older adults for the prevention, early intervention, and treatment of mental illness and/or substance abuse.

  BHRS provides services to people who are eligible for California's Medicaid system, known as Medi-Cal. Medi-Cal is free or low-cost health coverage for children and adults with limited income and resources. They will also provide services to patients with SMI. (For the general public with private insurance, services are generally provided by a variety of private providers including Sutter Health, Kaiser, and other nonprofit healthcare providers. Many of

[50] NOLO Law for All, *Diversion Programs.* http://www.nolo.com/legal-encyclopedia/diversion-programs.html.

[51] Law Office of the Los Angeles County Public Defender, *Frequently Asked Questions: How Do I Get an Expungement?* http://pd.co.la.ca.us/faqs_Expungement.html.

[52] Officials from the San Mateo County Private Defender office, interview by the Grand Jury.

[53] County of San Mateo Pathways Court is a post-plea program for the mentally ill; however, individuals must plead guilty, and their record is not expunged.

these providers also accept low-income patients.) To access mental health services, individuals may call ACCESS Call Center: Phone: (800) 686-0101.

- **Community Service Areas (CSA)—**A BHRS-integrated approach. CSA offices treat mental health and substance abuse patients and are geographically distributed around the County in order to strengthen the collaboration and coordination of services within each area. The CSAs are organized into six regions within San Mateo County to help reach people more efficiently.[54]

- **Full Service Partnership (FSP)—**FSP programs do "whatever it takes" to help seriously mentally ill adults, children, transition-age youth, and their families on their path to recovery and wellness. In San Mateo County there are currently four comprehensive FSP contractors: Edgewood Center and Fred Finch Youth Center serve children, youth, and transition age youth (18-25 years) (C/Y/TAY) (approximately 90 children) and Caminar and Telecare serve adults (approximately 250 individuals). FSP programs are considered to be a modified version of the wraparound model[55] (for child/youth/TAY consumers) and Assertive Community Treatment services (for adults and older adult consumers). Both models provide individualized integrated services, flexible funding, intensive case management, and 24-hour access to care. FSP participation is voluntary. The 2005 Mental Health Services Act (MHSA) funds the program.[56] A Full Service Partnership is a twenty-four seven (24/7) team response to people, including providing housing and other supports, medication, etc. The gross cost per patient is approximately $20,000-$25,000 a year. The County draws federal dollars to pay for essentially half, so the net to the County is $12,500 a year for every person that is in an FSP.[57]

  In August 2014 BHRS reported on an evaluation of the FSP program conducted by Davis Y. Ja and Associates, Inc. Findings from this report were generally positive, but addressed the challenges for serving the mentally ill such as insufficient availability of safe, accessible, affordable housing and insufficient funding to provide an ideal spectrum of services.[58]

  If the Board of Supervisors adopts Laura's Law, it may be possible that many of the mentally ill individuals will accept FSP services voluntarily. However, all existing slots are currently full.

- **San Mateo Medical Center Psychiatric Emergency Services—**Psychiatric Emergency Services offers 24-hour emergency psychiatric services to people in emotional crisis. Contact

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[54] CSAs are divided into: (1) Northwest CSA—Daly City, Pacifica, Colma; (2) Northeast CSA—Brisbane, South San Francisco, San Bruno, Millbrae; (3) Coastside CSA—Half Moon Bay, La Honda, Pescadero; (4) Central CSA—Burlingame, Hillsborough, San Mateo, Foster City, Belmont; (5) South CSA—San Carlos, Redwood City, Woodside, Atherton, West Menlo Park, Portola Valley; (6) East Palo Alto CSA—East Menlo Park, East Palo Alto.

[55] See footnote 44 for specific information on the wraparound model.

[56] Officials of the San Mateo County Health System, interview by the Grand Jury.

[57] San Mateo County Board of Supervisors, Housing, Health, and Human Services Committee. Laura's Law Hearing, October 18, 2011 Meeting. http://mentalillnesspolicy.org/states/california/sanmateohcapresentation.pdf.

[58] County of San Mateo Health System, *Mental Health Services Act (Prop 63).* www.smhealth.org/bhrs/mhsa.

may be by phone or visit to the emergency room at San Mateo Medical Center. The staff offers crisis intervention in immediate problems so that long-term solutions may be pursued. They also provide information about and referral to a wide range of services including adolescent treatment programs, drug programs, abused women's and children's programs, and alcohol programs. The Medical Center also operates nine primary outpatient clinics throughout SMC that include mental health treatment linked with BHRS.

- **Aging and Adult Services—**This agency is under the control of the County of San Mateo Health System and provides social and health care management for seniors and adults with disabilities who are eligible for Medi-Cal**.**

- **Family Assertive Support Team (FAST**)—The Family Assertive Support Team is an in-home outreach service that offers assessment, consultation, and support services to adults (age 18+) in San Mateo County experiencing a severe mental health problem and their designated family members (broadly defined as "individuals with close and enduring emotional ties"). The FAST team provides information, education, and support to individuals and their family/friends and helps connect them to appropriate services.

Services Available through Law Enforcement and/or County

- **San Mateo County Mental Health Assessment and Referral Team** (**SMART**)— SMART is a new program developed by the Health System and American Medical Response West (AMR) in which a specially trained paramedic will respond to law enforcement Code 2 Emergency Medical Service (EMS) requests for individuals having a behavioral emergency. This SMART paramedic will be able to perform a mental health assessment, place a 5150 hold[59] if needed, and transport the client to Psychiatric Emergency Services, or, in consultation with County staff, arrange for other services to meet the individual's needs. Access to the new SMART program will only be through the County's 911 system.

  Recently the SMART program/team was successfully deployed in San Mateo when police confronted a man, allegedly suicidal, with a gun. Instead of a potentially deadly shootout, the police decided to summon the SMART team, which contacted the subject's mental health professional and thereafter defused the situation.

- **The Psychiatric Emergency Response Team (PERT)—**PERT is currently a pilot program. PERT's role is to respond to mental health emergencies where the situation could be de-escalated and there is no immediate threat to the safety of others. Currently, PERT provides such services along the San Mateo County coast (excluding Pacifica and the CalTrans right of way). PERT will also engage in law enforcement training and presentations concerning mental health issues.

- **Pathways Court**—Pathways is a voluntary post-plea mental health diversion program allowing offenders with mental illness to avoid jail time by agreeing to be treated in a

[59] Section 5150 is a section of the California Welfare and Institutions Code (in particular, the Lanterman–Petris–Short Act, or "LPS"), which authorizes a qualified officer or clinician to confine a person involuntarily for up to 72 hours; individuals must be suspected to have a mental disorder that makes them a danger to themselves or a danger to others, and/or are gravely disabled.

community setting and agreeing to plead guilty.[60] Pathways is a partnership of the San Mateo County Superior Court, Probation Department, District Attorney, Private Defender Program, Sheriff's Office, and Health System (primarily Correctional Health and Behavioral Health and Recovery Services). Through criminal justice sanctions/approaches, and treatment and recovery supports addressing individuals' underlying behavioral health and recovery problems, offenders are being diverted from incarceration and placed into community behavioral-health-based services.

Referrals to Pathways are accepted from interested parties, including self-referrals. The criteria for eligibility include: SMC residency, statutory eligibility for probation, a diagnosis of a serious mental illness, and willingness to agree voluntarily to participate in Pathways. Approximately 54 individuals are enrolled in Pathways Court annually.

In addition to the many public services provided by the County, there are many private providers that are available to individuals with mental illness (see Appendix A). Many of these services are under contract with the County.

Public Awareness, Communication, and Coordination

As evident from the listings above, the county delivers a wide range of mental health services for children, adults, and older adults with a mental illness. The Grand Jury interviewed many public officials who felt that the health services provided are some of the best in the state.[61] The Grand Jury agrees that the County offers a wide variety of services from excellent professionals who care about residents and their mental health. However, based on its investigation, the Grand Jury has concluded that many of the County's services are not well known and, in any event, it is difficult for the average resident to navigate the complex matrix of services to determine which are most applicable to a given situation. Therefore, the Grand Jury recommends that the County's Health System initiate a public awareness and education campaign.

Awareness of the County's key mental health programs by the general public is essential for success. Families experiencing situations with mentally ill individuals need to be able to find services quickly. The Grand Jury spent many hours trying to learn how to navigate these systems. We found it to be extremely confusing. Any public awareness campaign or a central point of access to information/direction to services would be welcome. Social media as well as the public school network are both potential ways for the County to advertise its mental health services to younger people.

The Grand Jury reviewed a number of County department websites for support services around the community and found many to be easy to maneuver, but some lack ease of access or navigation. Both the County of San Mateo's Health System and BHRS websites are examples of websites that the Grand Jury found particularly difficult to navigate, with hard-to-find links. It is important for any individual, especially in need of treatment, to locate the appropriate information for help quickly. Emergency phone numbers should be highlighted and placed in a conspicuous location. (For example, the ACCESS call center number should be located at the top

[60] Pathways participants must plead guilty and the criminal offense is recorded and public.
[61] County public officials, interviews by the Grand Jury.

of the webpage.) Links to services should be easily accessible to all individuals regardless of public, private or lack of insurance. In contrast, the Grand Jury found the website for Santa Clara County's Mental Health Department to be easier to follow. The toll-free number is easy to find. Drop-down menus are available and include quick links to all services, especially Psychiatric Emergency Services. The website makes clear that its services are not limited to Medi-Cal or low-income individuals.[62]

County mental health coordinators interviewed by the Grand Jury agreed that communication between the public and the service providers is essential as well as communication and coordination between the various divisions and contractors of the Health System.[63] The Grand Jury discovered, through interviews, a lack of consistent technology across County services. For example, BHRS and the San Mateo Medical Center's County Psychiatric Emergency Services division have separate medical record systems. Similarly, the Correctional Health division of the Health System, which provides services in the County jail, does not have a computerized medical record system. Records and statistics are entered by hand. For individuals with mental illness who are in a "revolving door" between jail and hospital, this is costly and inefficient and ultimately could affect the health of the individual. Coordination among agencies, including medical records, would benefit all people involved in caring for patients and/or inmates. A greater and more seamless flow of information within a digital health care infrastructure, created by electronic health records, encompasses and leverages digital progress and can transform the way care is delivered and compensated. The good news, from County officials, is that a project to update record systems is in the works and may be available within a year.[64]

In conclusion, mental illness is not a lifestyle choice. Mental health professionals recognize it as an illness, outside of an individual's control. People with SMI have a premature mortality, with a rate up to three times higher than that in the general population.[65] Needless to say, the issues that face the mentally ill and their families can be overwhelming but with the proper support can be moderated.

FINDINGS

F1. As of May 2015 there are 812 inmates in the County jail. Approximately 19% are diagnosed with mental health illness. Seventy-eight of these inmates have been diagnosed with SMI and 27 of them are kept in administrative segregation away from the general population.

F2. Studies have shown AOT to be effective in reducing the incidence and duration of hospitalization, homelessness, arrests and incarcerations, victimization, and violent episodes.

F3. Laura's Law, California's form of AOT, has not been implemented by the County's Board of Supervisors.

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[62] County of Santa Clara Mental Health Department. http://www.sccgov.org/sites/mhd/Pages/default.aspx.

[63] San Mateo County Mental Health Coordinators, interview by the Grand Jury.

[64] San Mateo County Health Official, interview by the Grand Jury.

[65] M. De Hert et al., "Physical Illness in Patients with Severe Mental Disorders. I Prevalence, Impact of Medications and Disparities in Health Care," *World Psychiatry* 10.1 (2011): 52-77.

F4. Mental health jail diversion programs have emerged as a potential solution to the criminal detention of individuals with mental disorders. The County of San Mateo does not have a pre-plea mental health diversion program.

F5. Medical record keeping is not consistent among the Health System's divisions. In particular, BHRS and the San Mateo Medical Center's Psychiatric Emergency Services have separate electronic medical record keeping systems. The Correctional Health division, which provides services in the County's jails, does not have a computerized system for medical records.

F6. The County's network of mental health services is highly complex and difficult to navigate with no central point of access. As an example, there are three Health Systems divisions that deal with adult mental health: San Mateo Medical Center, BHRS, and Aging and Adult Services, as well as many private mental health service providers that contract with the County.

F7. Public awareness of mental health services is insufficient. Websites regarding County services to the mentally ill are difficult to navigate. There is an information deficit for mental health services.

RECOMMENDATIONS

The San Mateo County Grand Jury recommends that the Board of Supervisors:

R1. Implement AOT, known as Laura's Law in California.

The San Mateo County Grand Jury further recommends that the Board of Supervisors direct the County's Health System to:

R2. Implement coordinated and computerized medical records systems across its divisions (including but not limited to the San Mateo Medical Center, BHRS, and the Correction Health Services division) to the extent consistent with existing law.

R3. Design County Health System division websites to be more useful for individuals who need immediate help with behavioral issues and emergencies. Links to all providers should be well-placed and easy to access.

R4. Develop a public awareness campaign regarding mental health services including which services are available to individuals with private insurance. The public should be aware of existing programs such as FAST and SMART as well as other programs under development.

The San Mateo County Grand Jury further recommends that the District Attorney's Office and the Health System coordinate their efforts to:

R5. Develop a mental health pre-plea jail diversion program. To the extent that such a pre-plea program requires the cooperation of the Superior Court, the Grand Jury recommends that the District Attorney's Office and the Health System coordinate their efforts to obtain such cooperation.

REQUEST FOR RESPONSES

Pursuant to Penal code section 933.05, the Grand Jury requests responses as follows:

- County of San Mateo Board of Supervisors – R1-R4
- County of San Mateo District Attorney – R5

The governing bodies indicated above should be aware that the comment or response of the governing body must be conducted subject to the notice, agenda, and open meeting requirements of the Brown Act.

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APPENDIX A

Private Services for Mental Health Support in SMC

- **California Clubhouse—**Clubhouse is a membership-based social/vocational community where people living with persistent mental illness come to rebuild their lives. Participation is free. It is a place to go from 9:00 a.m. to 5:00 p.m. weekdays to build upon strengths and abilities and a place to socialize evenings and weekends.

- **Caminar for Mental Health**—A nonprofit community-based agency that has provided services to individuals with mental health disorders for 50 years. Caminar contracts with the County to provide services to the community. (www.caminar.org)

- **Mateo Lodge**—A nonprofit organization, Mateo Lodge has been providing services to the seriously mentally ill in San Mateo County since 1975. Mateo Lodge provides 24-hour residential care, case management, outreach services, and full-service partnerships. (www.mateolodge.org)

- **Mills-Peninsula Health Services**—A nonprofit health center that offers specialized programs for those with mental health issues as well as substance abuse, including dual diagnosis. (http://www.mills-peninsula.org/behavioral-health/mental-health-services)

- **NAMI (National Alliance on Mental Illness) of San Mateo County—**A nonprofit 501(c)(3) exempt organization governed by a dedicated volunteer board of directors comprised of family members who have a loved one with a mental illness. NAMI San Mateo provides many support programs to individuals with behavioral health issues and their families. (http://namisanmateo.org)

- **Respite Center**—A respite house for the mentally ill in SMC is being planned and will be administered by HealthRight360 a nonprofit out of San Francisco. This respite house will be a place with approximately 10 short-term beds to provide housing, food, and rest for the mentally ill. This may serve as an alternative for 5150 enforcement in lieu of hospitalization.

- **StarVista—**A nonprofit agency that delivers services through counseling, skill development, and crisis intervention to children, youth, and families. (http://www.star-vista.org/)

- **Telecare Corporation—**An organization that has provided community-based, acute, crisis, residential, and longer-term recovery programs nationally for 50 years. Telecare contracts with San Mateo County Health Services to run Cordilleras Mental Health Services. (www.telecarecorp.com)

The above list is not meant to be comprehensive, but is an example of the number of providers that SMC residents have at their disposal. The Grand jury apologizes to any that were omitted.

APPENDIX B

AOT Statistics from Other States

AOT Reduces Hospitalization

AOT reduced hospitalization by 50% in a 2009 study of New York's Kendra's Law, and the length of hospital stays decreased about 44% for those admitted.[66]

Hospitalization was reduced by 57% and hospital stays reduced by 20 days in a North Carolina study. Hospitalization was reduced by 72% and length of hospital stay by 28 days for patients with schizophrenia and other psychotic disorders.[67]

In Washington State, AOT decreased hospitalization by 30% over two years, which resulted in hospital cost savings of $1.3 million for the 115 patients studied.[68]

In Florida, AOT reduced hospital days by 43% over 18 months with savings in hospital costs of $14,463 per patient.[69]

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AOT Reduces Arrests and Incarceration

A study of Kendra's Law in New York concluded the odds of arrest for those receiving AOT were nearly two-thirds lower than those not receiving AOT.[70]

Another New York report showed that arrests for AOT participants were reduced by 83% after participating in the Kendra's Law program.[71]

A Florida report found AOT reduced days spent in jail by 72%.[72]

A Duke University study found that long-term AOT reduced the risk of arrest by 74%.[73]

AOT Reduces Violence, Crime, and Victimization

A New York State Office of Mental Health report reported the following statistics in regard to Kendra's Law (New York AOT) participants:

55% fewer recipients engaged in suicide attempts or physical harm to self
47% fewer physically harmed others
46% fewer damaged or destroyed property
43% fewer threatened physical harm to others

Overall, the average decrease in harmful behaviors was 44%.[74]

A Columbia University study of Kendra's Law concluded that AOT patients were four times less likely to perpetrate serious violence after undergoing treatment.[75]

The Duke University study concluded that long-term AOT combined with routine outpatient services reduced the predicted probability of violence by 50%.[76]

The Duke study also concluded that the SMI who were not on AOT "were almost twice as likely to be victimized as were outpatient commitment subjects."[77]

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AOT Improves Treatment Compliance

In New York, AOT more than doubled the exhibition of "good" adherence to medication.[78]

In North Carolina, only 30% of AOT patients refused medication during a six month period, compared to 66% of patients not under AOT.[79]

In Ohio, AOT increased attendance to outpatient psychiatric appointments by 128% per year and attendance at day treatment sessions by 161%.[80]

In Arizona, "71% of AOT patients voluntarily maintained treatment contacts six months after their orders expired" compared with "almost no patients" who were not court-ordered to outpatient treatment.[81]

In Iowa, "it appears as though outpatient commitment promotes treatment compliance in about 80% of patients. . . . After commitment is terminated, about 75% of that group remain in treatment on a voluntary basis."[82]

In addition, in 2012, the U.S. Department of Justice deemed AOT to be an effective, evidence-based program for reducing crime and violence.[83]

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