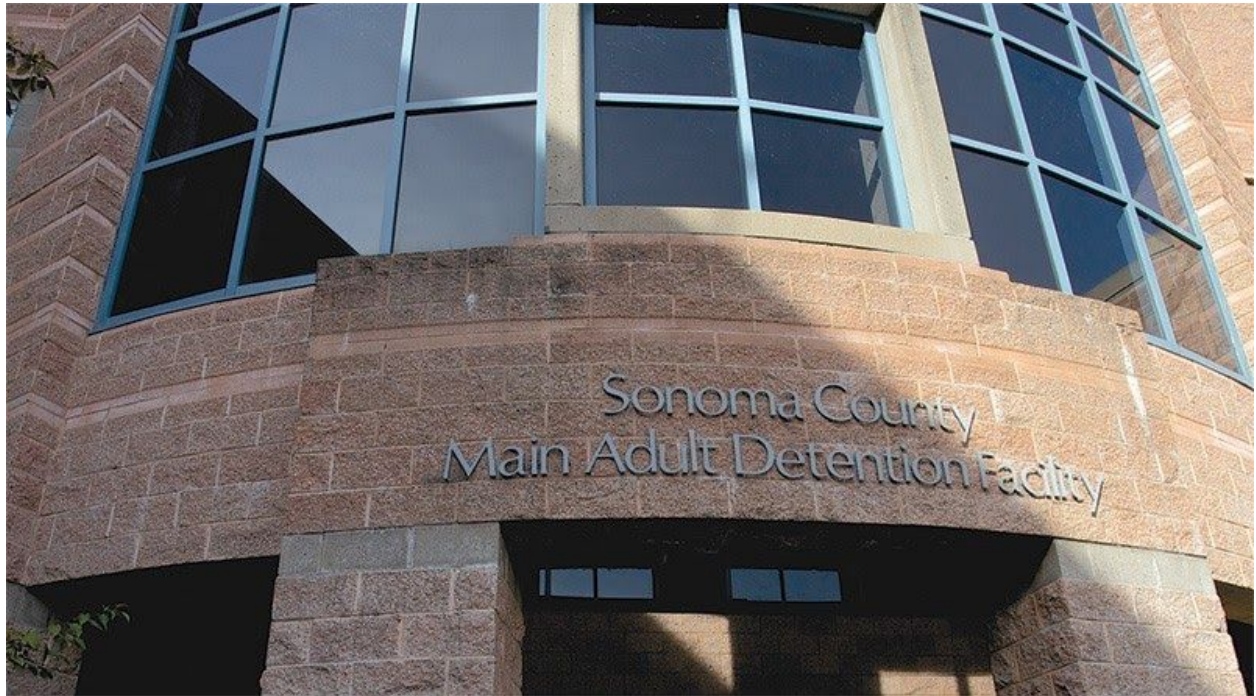


# Jail Mental Health Services in Sonoma County

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Sonoma County Mental Health Board: Brief  
October 2020

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## Introduction

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At its 2020 annual retreat, the Sonoma County Mental Health Board (board) watched the 2017 documentary [Bedlam](#). The film highlights the numbers of untreated mentally ill people who end up on the streets and in jails where they spend long periods of time “warehoused,” rather than in treatment. Reflecting the dearth of psychiatric beds and serious underfunding of the U.S. mental health system, jails today increasingly house a population they were not designed to serve.

In Sonoma County, it is estimated that at any one time, over 40% of inmates in the county jail are individuals with mental health and/or substance abuse care needs. Pre-pandemic, the jail’s average daily census approximated 1,100 or more inmates, which means that there were easily close to 500 such individuals at any one time. [Due to concerns about the spread of COVID-19, the census has been considerably lowered.] The jail has often been referred to as the largest provider of mental health services in the county. [Press Democrat, August 2017](#).

For at least two decades, mental health services within the jail were provided by Sonoma County Behavioral Health Division (SCBH) staff, which offered the opportunity for communication between SCBH, the board and the jail regarding these services. This changed In 2017, with the outsourcing of mental health and medical services to a private provider, California Forensic Medical Group (CFMG).

CFMG took over responsibility for providing behavioral health services within the jail as of July 2017. Since that time CFMG was absorbed by [Wellpath](#), another provider of behavioral health services in jails and prisons in the U.S. Its current [contract](#), approved by the Board of Supervisors, runs through June 30, 2022.

Having these services provided by a private company has presented challenges. Since 2017, there has been little communication with either SCBH or the board regarding how the jail is meeting the needs of inmates with mental health and/or substance abuse services.

### **Mental Health Board’s Jail Mental Health Work Group**

The board decided that it was important to become better informed about how the needs of inmates with mental health/substance abuse challenges are being addressed. A work group to explore this information was formed, with the intent of reopening a channel for regular communication between the board, SCBH and the jail.

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### **Work Group Goals**

- Reestablish communication between the board and the jail's mental health program and jail leadership
- Understand the needs of inmates with mental health/substance abuse care needs and how they are being met
- Identify opportunities for collaboration/support between the jail mental health program, SCBH, community-based organizations and board, for the benefit of inmates in need, during incarceration and upon discharge

The work group set up meetings with individuals knowledgeable about the jail's behavioral health services and/or the needs of inmates with mental health/substance abuse challenges. **Conversations were scheduled with:**

1. Jail Personnel
  - Asst. Sheriff Eddie Engram - Oversees Jail Operations, since June 2020
  - Lt. Liana Whisler - Detention Division Operations
  - Katee Capeto LCSW - Director, Jail Mental Health Services (Wellpath)
2. Teresa "Sid" McColley RN - SCBH Adult, Acute & Forensic Section Manager
3. Masami Ohnui, Jail Discharge Planner (Wellpath)
4. The SmithWaters Group - Sonoma County Patients' Rights Advocates

Notes from each of these meetings follow. It is important to note that these were informal conversations, held with the intent of creating a dialogue to meet the work group's goals. Data provided herein are best estimates provided during the course of these conversations, rather than the result of indepth research.

Finally, a presentation by Lt. Whistler and Katee Capeto on the jail's current mental health services was planned for the board's September 2020 meeting.

**Conversation with Jail Staff: Asst. Sheriff Engram,  
Lieutenant Lianna Whistler & Katee Capeto, July 14, 2020**

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Mental health clinicians are available on-site at the jail 24/7, 365 days of the year. Every inmate is assessed by a mental health clinician at booking; they are also screened for physical health conditions that need attention.

A first determination as to whether an inmate has mental health and/or substance use care needs is made by the clinician completing the booking assessment. When deemed necessary, a psychiatrist is called to conduct a more comprehensive evaluation.

During incarceration, inmates can verbally request access to mental health services or use a form to request services at any time. Likewise, any jail staff member can refer an inmate for services.

All inmates are assigned an Internal Behavior Code (IBC), used in part to determine where they are housed within the jail. Inmates with mental illness may be housed in a dedicated mental health housing module (with limited capacity) or they may be placed in a general housing module. For inmates with mental health conditions, their IBC code impacts whether they can participate in group-based programming or be limited to 1:1 activities.

Mental health programming is offered at three incremental levels and based on the assessed needs of each individual inmate:

- START Program (1:1 interactions)
- STEP Program (small group activities)
- PATHS Program (larger group activities, as well as the opportunity to participate in activities designed for the general inmate population)

Along with visitors, programming for inmates with mental health conditions provided by community-based organizations and individual volunteers, has been stopped due to COVID-19 concerns.

Still available is additional tablet-based (online) educational/activity programming provided by a third-party vendor and available to inmates throughout the jail, not just those with mental health conditions. To incentivize participation, inmates can earn points that can be accrued for access to movies or music.

Newly hired custody staff are provided a form of CIT (crisis intervention training), which includes training on mental health conditions as well as de-escalation techniques in the event of a mental health crisis. Training includes site visits to

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community-based mental health programs, such as the county's CSU (Crisis Stabilization Unit) and Wellness Center.

Custody staff assigned to work within the jail's mental health program are chosen based on a selection process. Candidates must demonstrate a special interest in this work, strong communication skills, patience, safety awareness and a willingness to work in a potentially stressful or dangerous environment. They receive training and ongoing mentoring to enhance their abilities to provide the best care and supervision possible for these inmates.

The jail's mental health program does have a quality assurance program, consisting of quarterly chart reviews and audits conducted jointly with SCBH staff members, but does not participate in the SCBH Quality Improvement Committee, which focuses on county mental health services at large.

Discharge planning is presently conducted by a single staff member who sees individual inmates prior to release, when possible. Pre-pandemic, she was able to offer discharge planning assistance to small groups, presumably assisting a few more individuals.

In the past, the jail has offered peer-supported discharge planning, provided by an individual with both mental health and past criminal justice experience, but this has been discontinued due to COVID-19 precautions.

The jail is able to offer a program designed for inmates with co-occurring mental health/substance abuse challenges, supported by a grant.

Mental health services within the jail have been affected by budget cuts in recent years; when jail staffing cuts were required by county budget mandates, mental health program staffing was cut along with general jail staffing.

Although the jail's census is down, the number of booked individuals experiencing a mental health crisis is up, meaning there remain a number of individuals in the jail who are experiencing acute mental illness.

A number of SCBH staff work for the jail's mental health services on a per diem basis, which has the benefit of their familiarity with community-based mental health resources

There are two Jail-Based Competency Treatment (JBCT) programs, one for inmates with misdemeanor charges (in general housing modules) and one for those with



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felony charges, who are housed together in a special module. That module was recently expanded to 14 participants from 12, with participants divided into two groups to allow for social distancing. One of the program staff is a psychiatric nurse who has been educating them on the pandemic and the need for preventative measures. There have been no COVID cases in this program.

Plans to proceed with construction of the jail's new mental health wing continue; breaking ground is tentatively anticipated in Fall 2021. Currently under construction is a tunnel between the jail and county courtrooms, which will facilitate safer movement of inmates between the two.

Some psychiatric medications (e.g., benzodiazepines, stimulants, sleep medications) known to be commonly abused in jail settings are not purposefully not used in the jail. Medications not on the jail formulary can be requested by the jail psychiatrist.

### **Jail Resources for Family Members**

- **Family Support & Education Group:** monthly; offered by the jail's mental health services on a monthly basis
- [Friends Outside:](#) drop-in office is located in Main Adult Detention Facility lobby; offers practical assistance and information (707.526.7318)
- NAMI Sonoma County: offers Warmline (866-960-6264) support and information; ongoing [Family Support Groups](#); and a practical guide created with the Sonoma County Sheriff's Office, [When Your Loved One is Arrested](#)

### **Challenges identified by Jail Staff:**

- Meeting the needs of inmates booked after having stopped taking their medications, decompensating and getting into trouble with the law, and then refusing meds in jail. They can end up being held for lengthy periods before a [Riese Hearing](#) is held, authorizing medication compliance enforcement (for the period of incarceration only).
- The perception (stigma) among community-based residential facilities that people who have been in jail are unsafe or potentially violent, which limits options for placement upon release.
- Family members are often frustrated that they cannot get information about an incarcerated loved one in jail, but information is shared only after an inmate has signed a release of information (ROI), which they are not always

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inclined to do. That said, information from family members can always be accepted.

### **Remaining Questions about Jail's mental health services:**

- How do recidivism rates differ between inmates with mental health needs and those that do not have mental health needs?
- If an inmate has a previously documented psychiatric advanced care plan ([Psychiatric Advanced Directive PAD](#)) or WRAP (Wellness Recovery Action Plan) be considered or honored by the jail mental health program?
- Would the jail consider using peers trained as Peer Post- Prison Health Workers (or the equivalent) to work in discharge planning? Could that reduce the jail's workload or decrease lengths of stay? Help to make treatment resistant inmates more able to cooperate? Minimize disruptive behavior?
- Will there be upcoming opportunities for public input to the services to be offered at the new mental health jail?
- How is data collected for the jail's various meetings and reports distributed? What's included? How could more information be shared?
- There is a post-sentencing [electronic monitoring program](#) that lets qualified individuals complete their sentences out of custody. Are inmates with mental health challenges eligible?

### **Conversation with Masumi Ohnui, Jail Discharge Planner, August 18, 2020**

As discharge planner, Masami reports having good awareness of SCBH programs including Whole Person Care and the ACCESS/ IMDT(Interdepartmental Multidisciplinary Team). The latter is a group from multiple county agencies that co-case manage individuals who are high utilizers of mental health care, at risk of homelessness and have physical health conditions. At present, communications between these groups is hampered by the numbers of county employees working from home due to the pandemic, making timely communications more difficult.

Nearly half of the jail's inmate population has a mental health challenge; they receive mental health services either because they have been assessed as in need at booking or they have requested services. Pre-pandemic, she estimated this to



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total about 500-600 individuals at any one time. Given the reduced jail census, she estimated the total to be 200-300 individuals.

There is no singular method for referring inmates for discharge planning services at this time. She assists roughly 24 inmates per day with discharge planning, although some of these are meetings with an individual that stretches out over several days.

There are individuals with mental health conditions who are frequently in and out of the jail (she didn't have access to the numbers). Some will commit an offense for the purpose of returning to a place where they feel safe and aren't either freezing or burning up outside.

If an inmate is identified as needing mental health services, they are flagged for monitoring at booking and again, prior to release, for an exit interview and assistance with discharge planning. If Masami is on duty at the time of this notification of release, she meets with the inmate to discuss post-discharge plans. If she is not on duty, an alternate member of the jail's mental health staff will provide assistance. However, this can mean a meeting of as few 10-15 minutes with the inmate; not much can be realistically accomplished.

Inmates with acute mental illness (e.g., behaving disruptively as a result of the need to detox or be stabilized with medication) may be discharged to CSU or a psychiatric hospital. If the inmate does not have insurance coverage, they will not be sent to an inpatient facility.

Discharged inmates with mental health conditions are often referred for after-care to the SCBH Access team, West County Community Health Services or Santa Rosa Community Health. But it is up to the individual to make their way to these offices, as transportation is not available. One exception are individuals who are Whole Person Care clients, in which case a team member will come to collect the individual at the time of release.

It's important to understand that referrals to SCBH are for Medi-Cal beneficiaries or individuals with no health insurance coverage. They also must meet the requirements to be eligible for specialty mental health care (high needs). Mental health providers and sometimes, even the Courts, do not have sufficient knowledge about how insurance affects eligibility for care; they often encourage referrals regardless of need or coverage.

Overall, among all inmates with mental health conditions, a very, very small percentage get adequate transition services upon discharge. Many struggle upon

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release with triggers, such as opportunities to quickly re-engage in substance use upon release in the community.

Many have no place to go on discharge; they often do not want to go to a shelter like Santa Rosa's Samuel Jones Hall, a "wet" shelter (meaning there are substances available). If they have successfully stopped using while incarcerated, they do not want to return to an environment where they will be tempted. This speaks to the shortage of basic "clean and sober" housing options.

In the jail, Masami finds custody staff generally cooperative and supportive of her work.

### **Discharge Planning Needs**

- Definitely, additional discharge planning staff
- Transportation services to help discharged individuals get to follow-up services or staff willing to meet and greet individuals on release
- More communication with outside agencies to which inmates are referred to facilitate treatment and support coordination
- Support for victims of human trafficking who too often end up in jail instead of receiving supportive services and treatment

### **Conversation with Sid McColley, Acute & Forensics Section Manager, Sonoma County Behavioral Health, July 28, 2020**

Sid's current role with Sonoma County Behavioral Health (SCBH) includes oversight of CSU, adult outpatient programs and forensic programs.

SCBH managed mental health services within the Jail for some 20 years and until the Wellpath contract was approved in 2016. She was not sure why that decision was made, but believes it was based on costs.

As a participant in the national Stepping Up Initiative ([stepuptogether.org](http://stepuptogether.org)), the county is always looking for ways to divert people with mental health conditions from jail and into treatment. The county holds two related Justice Mental Health grants. One temporarily covered the cost of a Case Manager at the jail to do inmate assessments, for recommendations made to the Court regarding candidates to be considered for diversion. A newer diversion grant comes from the CA Dept. of State Hospitals.

Diversion in the county has been slow going, with only a handful of inmates diverted to date. But COVID-19 has also decreased the number of inmates. There have been fewer

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arrests; most individuals who commit first-time misdemeanors are being cited and released.

Historically, this jail has not been a good place for people with mental health conditions. It's been a place where safety was emphasized over treatment. That very emphasis sometimes made it unsafe: putting individuals with mental health conditions in isolation for 23 hours a day (if they were not participating in any groups) is inhumane and dangerous.

Historically, the county has also had a culture of dismissing mentally ill individuals, from the District Attorney to the Courts, law enforcement and Probation. They have seen them as dangerous, even when committing very minor violations. Lately, there has been increased support for treatment of this population, but little funding is available. The diversion grants helping to deal with this issue have been relatively small.

In terms of the homeless with mental health conditions, programs like Whole Person Care are under-resourced and under-funded compared with the needs. Housing remains the biggest issue, along with wraparound issues for those discharged from the jail. Providing housing and treatment upon release would give us our best shot to help these individuals, but it also requires staff with the skills to be able engage this population. Most are not interested in treatment.

There have been peer services in the jail in the past, but not at this time. A grant application is being prepared to seek funding to provide services for inmates with co-occurring disorders, including peer navigation, a dedicated discharge planner and peer-led groups.

Sid participates in the Jail's quarterly quality assessment meetings, along with psychiatrist Gary Bravo, who does chart audits. The new Interim SCBH Medical Director will also participate. In the past, a representative from the jail participated in SCBH quality improvement committee meetings – a good idea.

### **What about the use of peer support?**

Peers used to run groups in the jail, but not at this time. The Jail is preparing a grant application to provide services for inmates with co-occurring disorders, including peer navigation, a discharge planner and peer-led groups.

### **What about Measure O?**

About "[Measure O](#)", subject to voter approval in November 2020, Sid explained that the funding generated will realistically go toward mandated crisis services rather than prevention or treatment services. However, the fewer services provided elsewhere in the county, the greater the need for crisis-level services. When SCBH was better funded, there were fewer individuals with mental health conditions in

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jail and fewer requiring hospitalization.

## **Needs**

- Use existing jail diversion/pretrial programs more effectively; means getting the Courts to understand that a person who is psychotic should be in treatment, not jail.
- Create a cadre of peer providers, people with experience with the criminal justice system.
- Create additional housing-- still needed even with peer support services!
- A shift of funding from law enforcement toward treatment; the jail is not the right environment for those with mental health needs.
- Advocacy
- Funding to cover the costs of program evaluation so that we can determine what's effective; we can't demonstrate treatment outcomes without this and can't show that we make a difference.

## **Conversation with Willyum & Frank SmithWaters, The SmithWaters Group, Sonoma County Patients' Rights' Advocacy Services, August 14, 2020**

The SmithWaters Group (SmithWaters) has some 30 years experience as patient rights' advocates in California. They currently provide these services contractually in Napa, Lake, Yolo and Sutter counties and for just over two years, Sonoma County. They have three staff members dedicated to Sonoma County clients; interpreter services are used for clients who are not English speakers.

Operating under Title IX of the California Code of Regulations as Patient Rights' Advocates, their duty is to represent the expressed interests of mental health clients in hearings or disputes. About three-quarters of their work consists of representing clients in Certification Review Hearings (concerning the extension of a 5150 involuntary hold) or Riese Hearings (concerning forced medication). These hearings take place inside the locked psychiatric facilities where the client is receiving treatment.

The remainder of their work takes place at board and care homes and other mental health programs, where they help to mediate issues between clients and mental

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health providers through mediation. This is often the result of poor communication issues.

They may also represent individuals who have been conserved when, for example, problems with the placement are identified, but they are not involved in the actual conservatorship process itself.

Between July 2019 and June 2020, SmithWaters represented Sonoma County patients at about 1,850 Certification Review or Riese (medication capacity) hearings. This was a 20% increase over the previous year.

In Napa, Sacramento and Santa Clara counties, about 16-23% of all certification hearings result in the patient's release. In Sonoma County, the release rate averages 3-5%.

Sonoma County has a single Mental Health Officer who conducts Certification Review Hearings, attorney Andrea Ponticelli. There are two back-up appointees who can serve as alternatives if she is unable to perform these duties. State law determines who can serve in this role (an attorney, licensed mental health clinician or medical professional).

Appointments to this role must be unanimously approved by a panel consisting of the county behavioral health division director, county public defender and county counsel or district attorney, as designated by the board of supervisors. SmithWaters was not clear on who this officer reports to in Sonoma County. In other California counties, the officer reports to the Superior Court with oversight provided by county counsel.

When a client loses a Certification Review Hearing, they then have the right to a Writ of Habeas Corpus hearing before a Superior Court judge. Clients can be represented in these hearings by a private attorney if they have the means to pay. Most are represented by a public defender as private attorneys are rarely sufficiently familiar with the process to take on this role.

In Sonoma County, Certification Review Hearings are most often held at Aurora Behavioral Health Hospital. Sometimes they are held at one of the hospital emergency departments (Memorial, Sutter or Kaiser Permanente) or CSU, when a patient who meets 5150 criteria is "boarded," while the search is on for an open

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psychiatric bed. Under California law emergency departments are designated as 5150 *receiving* facilities, not *treatment* facilities.

In rare instances, multiple 5150 extensions have been approved in Sonoma County. In contrast, Napa County policy that a 5150 hold cannot be extended more than once.

SmithWaters provides quarterly training on patients' rights and the State Lanterman-Petris-Short (LPS) Act, which established criteria for involuntary holds, for the Napa City Police Department. They maintain a strong relationship with this law enforcement agency and noted that they are often contacted by deputies about handling individuals in mental health crisis (noting that they cannot share information about any individual without a release of information).

SmithWaters has not had requests to train law enforcement in Sonoma County, including jail staff. They have had limited contact with Mobile Support Team staff. They acknowledged that such training requires funding. They also noted that training on involuntary holds is not required for law enforcement officers under California law. Officers have the authority to place an individual on a hold if in their assessment 5150 criteria is met.

SmithWaters believes that the jail's new mental health unit (once opened) will be a designated "LPS" or treatment facility. In such cases, they would be required to represent inmates in any Certification Review/Riese Hearings held therein.

They noted that inmates who are acutely mentally ill and disruptive are sometimes discharged from the jail to CSU, which can be difficult for CSU, as it was not designed to safely handle such circumstances. In other circumstances, some inmates end up being "ping-ponged" between the jail and CSU, which is detrimental to their mental health. When this happens, the new mental health unit will provide a much more suitable environment.

Inmates released from the jail often have little understanding of resources available to them in the community. With considerable knowledge in this area, SmithWaters thinks that they could be helpful, given the opportunity.

SmithWaters is contracted to provide patients' rights services to any person within Sonoma County who identifies with a mental illness, regardless of where they reside. While they have provided these services to inmates in the Sacramento



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County jail and others, they do not have current access to inmates in Sonoma County and therefore do not provide advocacy services in the jail.

SmithWaters does not represent individuals who might have designated them as their preferred spokesperson in the event of a mental health crisis, when they are unable to speak for themselves. This might be the case when an individual creates a PAD, naming SmithWaters in that role. While SmithWaters would not take on that role, they are able to provide guidance to individuals with finding someone who could serve as their spokesperson.

### **SmithWaters' Recommendations**

- Increase awareness patients' rights advocates cannot provide advice on matters of criminal law or make referrals to private attorneys, but can provide guidance on how to obtain legal representation
- Increase availability of their flyers/brochures

### **Potential Areas for Future Conversations**

- Peers who have experienced incarceration

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- Sonoma County Mobile Support Team (MST)
  - CAHOOTS, model mental health crisis response services in Eugene, OR
  - Opportunities for input in planning for the new Jail Mental Health unit
  - Balancing goals of safety and recovery/treatment in jail
  - Stepping Up Initiative
  - JMHCP (Justice & Mental Health Collaboration Program )
  - Psychiatric Health Facility (PHF)
  - FACT (Forensic Assertive Community Treatment Team)
  - IDMDT (Interdepartmental Multidisciplinary Team)/(AB 210 Homeless Multidisciplinary Team Protocol)
  - Mental Health Court
  - IOLERO (Independent Office of Law Enforcement Review and Outreach)
  - Community Mental Health Worker Program Coordinator, Darouny Somsanith

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## Additional Resources

### **2003 Ill-Equipped - Human Rights Watch**

**Summary:** Somewhere between two and three hundred thousand men and women in U.S. prisons suffer from mental disorders, including such serious illnesses as schizophrenia, bipolar disorder, and major depression. An estimated seventy thousand are psychotic on any given day. Yet across the nation, many prison mental health services are woefully deficient, crippled by understaffing, insufficient facilities, and limited programs.

Mental health treatment can help some people recover from their illness, and for many others it can alleviate its painful symptoms. It can enhance independent functioning and encourage the development of more effective internal controls. In the context of prisons, mental health services play an even broader role. By helping individual prisoners regain health and improve coping skills, they promote safety and order within the prison community as well as offer the prospect of enhancing community safety when the offenders are ultimately released....

The growing number of mentally ill persons who are incarcerated in the United States is an unintended consequence of two distinct public policies:

- **Elected officials have failed to provide adequate funding, support, and direction for the community mental health systems** that were supposed to replace the mental health hospitals shut down as part of the "deinstitutionalization" effort that began in the 1960s.
- **Elected officials have embraced a punitive anti-crime effort, including a national "war on drugs"** that dramatically expanded the number of persons brought into the criminal justice system, the number of prison sentences given even for nonviolent crimes (particularly drug and property offenses), and the length of those sentences.

### **Recommendations**

1. Provide sufficient numbers of qualified prison mental health staff.
2. Provide mental health training for correctional staff.
3. Ensure sufficient specialized facilities for seriously mentally ill prisoners.
4. Ensure mental health input and impact in disciplinary proceedings.
5. Exclude seriously mentally ill from segregated confinement or supermax prisons.

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6. Develop and expand continuity-of-care protocols between prisons and the community.

### **2015 Sonoma County Criminal Justice System Master Plan**

Over 17 percent of the inmate population at the Main Adult Detention Facility (MADF) has a serious mental illness (SMI). These inmates are primarily housed in general population housing units designed for large group activity and which lack space for individualized recreation or treatment service delivery. This limits the ability to provide inmates with out-of-cell time and makes programming in confidential group and/or individual counseling sessions virtually impossible.

Because of the program space problem, clinicians often conduct their interviews in front of the cells in which the inmates live. This practice lacks privacy, impedes communication, and results in ineffective clinical contact in a non-therapeutic environment. Despite attempts to modify the housing units designated for these offenders, they remain inadequate and do not provide an environment commensurate with generally recommended practices for effective management of this special population of offenders.

Although the vast majority of inmates with mental disorders can succeed in a general population unit, usually with a combination of medication and regular counseling, many inmates with serious mental illness have either a high acuity or chronicity level of disorder(s) that make them disruptive in a jail's general population housing unit and thereby need dedicated housing more conducive to stabilizing and managing their condition.

On occasion, some mentally ill inmates' behavior will deteriorate or decompensate from a stable condition to being disruptive or unsafe with general populations. The system needs a location where observations and assessments can be made with the goal of stabilizing these inmates to be able to return to general population housing. Those with the most severe cases will need to remain in a dedicated mental health housing unit for their entire stay in jail before transfer or release.

There are no facilities in either the Main Adult Detention Facility (MADF) or the North County Detention Facility (NCDF) appropriate for this type of program.

### **Recommendation:**

A new Behavioral Health Unit designed to provide effective supervision and evidence-based programs would address the treatment needs of the inmate population diagnosed.

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## **2016 Sonoma County Justice Mental Health Collaboration (JMHCP) Grant (1st of 2 grants)**

Funded (\$250,000) through the Mentally Ill Offender Treatment and Crime Reduction Act of 2004, to increase public safety by facilitating collaboration among the criminal justice, juvenile justice, and mental health and substance abuse treatment systems to increase access to mental health and other treatment services for those individuals with mental illness or co-occurring mental health and substance use disorders.

Grant funds were designated for completing an already-initiated plan for criminal justice and mental health collaboration, and to begin implementation of the plan during the project period.

How grant funds were used:

- To support law enforcement response programs including mental health courts, pretrial services, and diversion/alternative prosecution and sentencing programs.
- For treatment accountability services, specialized training for justice and treatment professionals as well as corrections/community corrections, transitional, and reentry services to create or expand mental illnesses or co-occurring mental health and substance abuse disorders support services; and non-treatment recovery support services coordination and delivery. These services may also include case management, housing placement, job training, education, primary and mental health care, and family supportive services. CA/NCF

## **2017 Corrections News article on Sonoma County Jail's New Mental Health Unit Design**

## **2018 Sequential Intercept Model (SIM) Mapping Report for Sonoma County, CA (98 pages) Policy Research Associates**

A Sequential Intercept Model (SIM) mapping is a workshop to develop a map that illustrates how people with behavioral health needs come in contact with and flow through the criminal justice system. Through the workshop, facilitators and participants identify

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opportunities for linkage to services and for prevention of further penetration into the criminal justice system. There are three primary objectives:

1. Develop comprehensive picture of how people with mental illness and co-occurring disorders flow through the criminal justice system along six distinct intercept points: (0) Mobile Crisis Outreach Teams/Co-Response, (1) Law Enforcement and Emergency Services, (2) Initial Detention and Initial Court Hearings, (3) Jails and Courts, (4) Reentry, and (5) Community Corrections/Community Support.
2. Identify gaps, resources, and opportunities at each intercept
3. Develop priorities for activities designed to improve system and service level

### **SIM Mapping Report Recommendations**

- increase housing options,
- expand Mobile Support Team (MST)
- expand the use of peer services in the jail
- expand the use of peer services at discharge
- create better communication amongst the partners
- expand the mental health court

### **Top reasons people with mental health issues go to jail**

- Poverty
- Lack of housing
- Trespassing
- Addiction issues
- Disorderly conduct
- Resisting arrest

### **2018 Report to Mental Health Board on SIM Workshop, April 2018**

Sid McColley shared an update on the Sequential Intercept Mapping (SIM) Workshop, paid for by a Justice Mental Health Collaboration Program (JMHCP) Grant, held in Santa Rosa in March 2018. Participants included staff from the Sheriff's Office (patrol and jail staff), Santa Rosa Police Department, Probation Department, District Attorney's Office, Public Defender's Office, Human Services Department, Behavioral Health Division, Catholic Charities, Buckelew, Goodwill, California Forensic Medical Group (jail mental health services provider) and NAMI Sonoma County.



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The first day was spent mapping out the Sonoma County criminal justice system to identify the points of intersection with people with mental health disorders, from contact with law enforcement on the street, to release from jail. The group then identified gaps where there might be interventions to prevent individuals with mental health disorders from going to jail and instead be provided treatment and resources.

The group voted on the top initiatives they would like to see, and then broke into workgroups to brainstorm how to create effective interventions and identify what resources would be needed. Finally, the consultants running the workshop facilitated a commitment by group members to start working on the proposed initiatives. Some of the areas prioritized by the group were increasing housing options, expanding the Mobile Support Team (MST), expanding the use of peer services in the jail and at discharge, creating better communication amongst system partners, and expanding the mental health court.

## **Jail Interfacing Sonoma County Programs/Offices**

### **Sheriff's Office / Detention Facility Resources**

#### **[data.sonomacounty.ca.gov](https://data.sonomacounty.ca.gov)**

Data includes Event, Incident, Arrest and Jail Population data. For assistance, please contact Sg. Juan Valencia at [sheriff-pio@sonomacounty.org](mailto:sheriff-pio@sonomacounty.org) or call 707-565-2650.

### **Forensic Assertive Community Treatment Team (FACT)**

This team provides community-based specialty mental health services to non-violent adult offenders with severe and persistent mental illness referred through the Mental Health Court.

The **Mental Health Court** is a collaboration between the Sheriff's Office, Probation, the District Attorney, Public Defender, the Superior Court, and the Santa Rosa Police Department, and addresses the complex needs of mentally ill offenders through community-based sentencing and closely supervised probation. Services include:

- Assessments
- Individual/collateral/family/group therapy
- Rehabilitation services

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- Medication support
  - Crisis intervention services
  - Scheduled and random urinalysis testing
  - Money management
  - Coordination with substance use treatment services
  - FACT contracts with [Buckelew Programs](#) for supportive housing services, which includes independent living skills training, case management, and program management.

**Sonoma County Behavioral Health Division Access Team**: is the first contact to request mental health services and can be reached at (707) 565-6900.

**Mobile Support Team (MST)**: a partnership with the Santa Rosa, Sebastopol, Cotati, Rohnert Park and Petaluma police departments, SRJC District Police and Sheriff's Office; provides field-based support to requesting law enforcement officers responding to a behavioral health crisis.

MST goals:

- Promote the safety and emotional stability of community members experiencing behavioral health crises
- Minimize further deterioration of community members experiencing behavioral health crises
- Help community members experiencing crises to obtain ongoing care and treatment
- Prevent placement in settings that are more intensive, costly, or restrictive than necessary and appropriate

MST operate in these areas:

- Santa Rosa, Windsor, Rohnert Park, Cotati, Petaluma, Sonoma Valley
- Guerneville, Forestville, Sebastopol (Triage Grant funded service area)
- **New!** North County - Board of Supervisors approved funding Sep 2020

MST is staffed by licensed mental health clinicians, certified substance abuse specialists, post-graduate registered interns, mental health consumers and family members who:

- Receive specialized field safety training by law enforcement partners.
- Participate in law enforcement shift briefings to maintain open communication
- Respond to crisis at the invitation of law enforcement officers and step in once the scene is secured

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- Provide intervention to individuals experiencing a behavioral health crisis, including determining if the individual should be placed on an involuntary hold
  - Provide support and referrals to ongoing care to mitigate future crises

## 2020 Recap of Jail Diversion programs in Sonoma County:

1. **Mental Health Diversion:** People are sent **pre-adjudication** to diversion by regular court proceedings. If they comply with treatment and other court-set conditions for a period of up to 2 years, their charge is erased. People are eligible for this program when the crime is not sexual, violent or serious and when their mental health condition was the primary factor in committing the crime.
2. **FACT (Forensic Assertive Community Treatment):** People are “sentenced” to the program by the court, so **post-adjudication** (and not strictly a diversion program) – but it’s an alternative to jail. People who go to FACT must comply with their prescribed treatment and with other conditions set by the Court. If they don’t comply, they face time in jail.
3. **Justice Mental Health Collaboration Program (JMHP):** an alternative to detention during the **pretrial** period.
4. **1370 Placement and Outpatient Restoration** is for people who are incompetent to stand trial; the program seeks to restore them to competency. Some are placed in a hospital or other mental health facility while in the program. People are able to participate concurrently in JMHP and 1370 restoration, although none have to date.
5. **AB 109 Mental Health/Probation Program:** people participate only **after serving their jail or prison time and while on probation**. AB 109, also known as Realignment, took certain types of felony offenders out of the prison and/or parole systems and put them into the county jail/probation systems. The types of felonies involved are the “non, non, nons” so non-violent, non-sexual, non-serious felony offenses.

## Links to Helpful Links/Resources

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## NAMI (National Alliance on Mental Illness)

- [NAMI “Diverting people with mental illness” \(web article\)](#)
- [NAMICON 2020 Track 3 workshops on “Getting Diverted from Justice System Involvement” downloadable until 12/30/2020:](#)
  - Crisis Hotlines: The Gateway to Crisis Systems
  - Engaging Individuals Who Have Mental Illness in the Stepping Up Initiative
  - Using CIT Programs to Reduce Stigma and Trauma While Changing Our Communities’ Crisis Response

## NAMI California

- 2020 Free Virtual Annual State Conference  
Monday & Tuesday, October 12-13, 2020: Criminal Justice Track
- Town Hall with Department of State Hospitals, July 2020 (video replay)

## NAMI Sonoma County

- [When Your Loved One is Arrested: Steps to Take](#)

[Bedlam](#), documentary by psychiatrist and documentarian Kenneth Rosenberg, MD

## What is Cahoots?

2020 [This US city sends mental health workers instead of police to non-criminal emergency calls](#)

2006 [A Systematic Approach to the Decriminalization of People with Serious Mental illness: The Sequential Intercept Model. CIBHS Criminal Justice Related Documentation for treatment/court planning](#)

[CIBHS Diversion Training: Criminal Justice Data Sharing](#)

[SAMHSA: Guidelines for Successful Transition of People with Mental or Substance Use Disorders from Jail and Prison \( 32 Pages\)](#)

[National Juvenile Justice Network](#) <http://www.njjn.org/>

[Juvenile Justice Reform: A Blueprint](#)

[MHSA Position Statement on Seclusion and Restraint](#)

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Patients' Rights Advocacy Services, Orange County