

Jail Mental Health Services in Sonoma County



[The new Sonoma County Adult Detention and Behavioral Health Unit in Santa Rosa, Calif., will provide 72 beds for the treatment of inmates with behavioral health issues.](#)

History/Background

- The jail has often been referred to as the **largest provider of mental health** services in the county.
 - In Sonoma County, **over 40% of inmates** in the county jail are individuals with mental health and/or substance abuse care needs. (About 500 inmates at any one time pre-Pandemic; given reduced jail census since March 202, over 200 inmates)
 - Historically, behavioral health services within the jail were provided by Sonoma County Behavioral Health. **In 2017, these services were outsourced** to California Forensic Medical Group (CFMG). Since that time
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CFMG was absorbed by [Wellpath](#). The Wellpath [contract](#) runs through June 30, 2022.

- Since these services were outsourced, there has been **reduced communication between the jail and the Mental Health Board**.
- To re-establish linkages and ideally, open a channel for ongoing connection and opportunities to offer support, the **board formed a workgroup** to take a look at how the jail is currently meeting the needs of inmates with mental health and/or substance abuse services.
- **Workgroup Members:**
 - Robert Hales, Mental Health Board Member
 - Carol West, Mental Health Board Member
 - Mary-Frances Walsh, NAMI Sonoma County

Workgroup Goals:

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

Workgroup conducted conversations with:

1. Jail Mental Health Leadership - Lt. Whisler, Katee Capeto
2. SCBH Adult, Acute & Forensic Section Manager - Sid MicColley
3. Jail Discharge Planner - Masami Ohnui
4. Sonoma County Patients' Rights Advocates - Frank & Willyum SmithWaters

September 2020 - Follow-up Presentation on Jail's Mental Health Services

On September 15, 2020, Lt. Liana Whisler and Katee Capeto shared a presentation on the goals and components of current mental health services within the jail. Lt. Whisler has overall responsibilities for this program operations within the jail and Katee Capeto is Wellpath's Director of Mental Health Services within the jail.

Background Reports, For Context

2003 Human Rights Watch Report, [Ill-Equipped: US Prisons and Offenders with Mental Illness](#)

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

- **Lack of 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.
- **The 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 *connected to homelessness*), and the length of those sentences.

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

2015 Sonoma County Report [Justice System Master Plan](#)

Report 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.

2018 Sonoma County Mapping Report, Sequential Intercept Model (SIM), Policy Research Associates

Top reasons people with mental health issues go to jail

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

SIM Mapping Report Recommendations

1. increase housing options,
2. expand Mobile Support Team (MST)
3. expand the use of peer services in the jail
4. expand the use of peer services at discharge
5. create better communication amongst the partners
6. expand the mental health court

Major Takeaways: What We Learned

Re: Jail Mental Health Services & Leadership

1. Plans for the new 72-bed mental health unit within the jail have been on hold but the intent remains to break ground in 2021. No specific date set.
2. On average, approximately 50% of inmates have a mental health condition and one third have a severe mental illness.
3. The jail's mental health clinicians provide a variety of mental health services to meet inmates' different levels of need; overall care is provided with caring, supportive approaches on the part of jail staff.
4. Jail housing is not conducive to care for individuals with acute mental health symptoms. There is a lack of privacy for individuals who need 1:1 counseling, a need to keep inmates locked in their individual cells for too many hours a day

and an absence of therapeutically appropriate cells/facilities for those whose behavior is violent or disruptive.

5. While the jail census is down, due to COVID-19, the numbers of inmates experiencing acute mental illness is reportedly up.
6. We don't have exact numbers of inmates with mental health/substance use disorders and do not know how long these individuals are in the jail before release.
7. We don't have an understanding of how extensive substance abuse services are now provided in the jail.

Re: Jail Discharge Planning

1. There is a single discharge planner for the entire jail.
2. There is an urgent need for additional staff and peers to assist with discharge planning, especially given that inmates are released throughout the day and night
3. More communication with community behavioral health providers is needed to facilitate after-care for released inmates and to lessen recidivism
4. Because staffing resources are so limited, there is no universal approach to discharge planning. It can be very minimal, when an inmate is released by the Court and the jail has little advance notice.
5. On release, many inmates who need follow-up mental health care are simply left to their own devices, with no transportation to be able to connect to the services to which they were referred. There is no ability to provide warm hand-offs, except under very limited circumstances (such as for inmates enrolled in the Whole Person Care program).

Re: Forensic Services

1. Expanded mental health community programs/ crisis management / and diversion programs are needed to decrease time spent in the jail by individuals with mental health conditions and increase access to treatment. Opportunities for jail diversion are limited by the small amounts of funding available.

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2. Outcome studies are needed to determine which interventions are most effective to decrease arrests and incarcerations of individuals with mental illness -- and to be able demonstrate positive impacts.
 3. More education within the Courts (and community?) is needed on who is eligible for mental health services provided by the County. Referrals are often made for individuals who do not meet eligibility criteria.
 4. Historically, the county's criminal justice culture from the Courts to the District Attorney's Office to law enforcement and Probation has focused primarily on safety over treatment, even when inmates with mental health conditions have committed very minor offenses. This is changing but slowly.

Re: Patients' Rights Advocacy Services

1. There is no funding for patients' rights advocacy services or patients' rights advocacy services training for staff within the jail.
2. In Sonoma County, there is one Certification Review Hearing officer for the entire County. In Sonoma County, the numbers of individuals released following such a hearing was reported as 3-5% vs an average of 20% in other counties.
3. Patients' Rights Advocacy training should be provided to Sonoma County law enforcement officers, training routinely provided by the Napa City Police Department.
4. In the 12 month period from July 2019-June 2020, the Sonoma County Patient's Rights Advocates (SmithWaters Group) saw a 20% increase in the numbers of Certification Review and/or Riese hearings over the prior twelve months. While we might guess that it reflects an overall increase in community stress, we don't have exact knowledge.
5. If the jail's new mental health unit will include a LPS-designated unit, then the jail will be able to provide more appropriate treatment services for inmates who are acutely ill and/or disruptive. Patients' rights advocacy services would be mandated within that unit.

Potential Areas for Future Conversations

- Peers who have experienced incarceration

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- Substance abuse treatment inside the jail? [SB 855 \(Weiner\)](#) Passed Sept 25 2020
 - Sonoma County [Mobile Support Team](#) (MST)
 - [Whole Person Care](#) (New name ?)
 - [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

Proposed Next Steps

- Reach out to deputy sheriff Eddie Engram to find out how to get mental health board representation on the planning team for the new mental health unit at the jail
- Ensure to include jail mental health staff in all discussions at the mental health board on matters related to law enforcement and people in mental health crisis
- Explore alternative mental health crisis management that ensures maximum diversion away from jails and referral to recovery treatment options (MST, 988 suicide, CAHOOTS, Baltimore, LA, CIT, desecalation training, down town liaison)
- Lt Lianna Whisler and Katie Capeto have been invited to present to NAMI family members with a loved one who has been or is incarcerated (Date TBC)
- Get the perspective of individuals and family members who have lived through an incarceration as the result of a mental health crisis