Mental Health and Law Enforcement Working Together

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It may seem weird but it is a good partnership.
My Experience....

- Worked past ten years with mental health
- Currently assigned as Mental Health Re-Entry Deputy
- Assigned to Forensic Case Management team (STAR)
- FMDT Leadership Team
- Mental Health Liaison Deputy
- CIT Coordinator and instructor
- Coordinator for Peer Support Team
- Facilitate Critical Incident Stress Debriefings
Breaking through the barrier

- Understanding our differences
  - Language
  - Stereotypes
  - Culture
  - Filters
  - Training

BARRIERS
They are meant to be broken
Speaking different languages

Mental Health
- Suffers from intermittent explosive personality disorder
- Consistently engages in extended tangential speech patterns
- Suffers from bi-polar disorder with psychotic features

Law Enforcement
- Jerk
- Rambles
- Nuts
Stereotypes

PEACE, LOVE, HAPPINESS
Different Cultures

Law Enforcement
- Black and White
- Quick and move on
- Short term
- Negative
- Behavioral
- Possibility

Mental Health
- Not so clear cut
- Take time
- Long term
- Affirming
- Medical
- Probability

Cross-Culture
Police Officers live in the world of possibilities

It will happen

The Police World

It could happen

Impossible to happen

Kevin Gilmartin
Filters - Cop vs Mental Health

It's not that I'm anti-social...

It's that everyone else is an a-hole.
Training

Mental Health

- Citizen Academy
- FATS (Use of force simulator)
- Ride along
- Jail Visits
- Court
- What is and is not a crime
- when arrest is possible

LE

- Visit PES
- Mental Illness vs DD and Medical issues
- Medications
- LPS
- Conservatorships
- Case management
- What can and can't be done
Collaboration Examples- STAR
STAR

- Support and Treatment After Release
- Joint venture between the Sheriff’s Office, Probation and Community Mental Health
- Provide treatment plans to mentally ill that can be enforced by law enforcement
- Specially trained officers to work with mentally ill
- Support case managers with violent or unpredictable clients
How STAR began

- MIOCRG from 2000
- 3 year study
- Arrests, 5150s, days in jail, days in hospital all drastically reduced
- Grant ended, but agencies kept people in there because of outcomes
STAR Example
Cutting back on STAR is like burning down the barn because the horse got out. I still would like to sit down and figure out the cost of my recovery vs the costs of incarceration. Why can't the bean counters understand what a huge difference recovery makes in expense to the county, the state? Not to mention the enormous difference in the quality of life for people like me. No amount of jail time helped at all, how many times did I go to the emergency room apparently dead? How much did that cost? Who benefits from this sad state of affairs? It makes me sick to know in my heart that people just like me will freakin' DIE.... I enclosed a family pic here to demonstrate that STAR has influenced people far removed from the courtroom. This picture would not have otherwise been possible....
Crisis Intervention Team
CIT

CIT is a 24-40 hour State approved course that teaches officers about mental illness, how to interact with people who are mentally ill and explains the services that are available to the mentally ill and their families.
What does CIT Cover

- Mental Illness
- Medications
- Resources (field trips to facilities)
- Officer Safety
- Tactics to approach Mentally Ill
- Writing better 5150 Holds
- LPS/Conservatorships
- DD and Medical Issues
- Community Mental Health (CM and PES)
Why CIT?

“I take more people to Unit B (Psychiatric Emergency Services) then I do to jail on a weekly basis.” (quote from a deputy during a CIT class)
Basic Police Academy
Chapter 1: Disability Laws- Overview/Americans With Disabilities Act/Types of Disabilities/Peace Officer Interactions with Persons with Disabilities

Chapter 2: Developmental Disabilities- Overview/Lanterman Developmental Disabilities Services Act/Persons with Developmental Disabilities/Mental Retardation/Cerebral Palsy/Autism/Epilepsy

Chapter 3: Physical Disabilities- Overview/Neurologically Based Disorders/Blindness and Visual Impairments/Deafness and Hearing Impairments/Additional Laws Protecting the Rights of Persons with Physical Disabilities

Chapter 4: Mental Illness- Overview/Persons with Mental Illness/Field Contact with Persons with Mental Illness/Lanterman-Petris-Short Act/Resolution Options/
Basic Police Academy

- SRJC Training Center 800 Hours-
  - Of those 800, how many are devoted to training recruits about mental illness and tactics to use?
Basic Police Academy

- SRJC Training Center 800 Hours-
  - Of those 800, how many are devoted to training recruits about mental illness and tactics to use?
  - 6 hours
FMDT
Forensic Multi Disciplinary Team
How It Started in Marin

- 1999 Officer and DR. Joel Fay
- Assigned food beat downtown SR to address mentally ill homeless population
- Developed and started FMDT
- Became Model for many counties
- Collaborative effort between Mental Health, LE, other county agencies and community organizations
How it got “sold”

- Get buy in from other agencies
- At first, paid LE agencies to come
- Feel good vs. financial
- Reduce calls for service/PES visits
- What is in it for them-
  - provide one person and get help from numerous other agencies in return
  - Solutions for problem people
WHY FMDT

- Realized releasing mentally ill offenders to street with no plan or support would guarantee recidivism
- No one to coordinate government and non-profit services
- No one to advocate for client in judicial system (except defense attorney)
- Paradigm shift for all involved
Out with the old....

FORETHOUGHT
Think about the consequences before you mess with a Deputy Sheriff.
In with the new.....
Developing A New Approach

- Community Policing “Authorized” Non-Traditional Partnerships With Community Service Organizations
- Moves Law Enforcement From Crisis Management To Long-Term Intervention
- Have plan ready for next encounter
FMDT Members

- District Attorney
- Public Defender
- Probation
- Law Enforcement - Mental Health Liaison Officers
- Marin County Jail- Re-Entry Deputies
- Jail Mental Health
- Public Guardian’s Office
- CMH - Crisis Unit
- NAMI Marin
- Jail Re-Entry
- Ritter House
- Community Action Marin
- Buckelew Programs
- STAR case manager
- Marin General – Psychiatry
- The Vine Detox
- Alcohol and Other Drug- Dual DX Counselor
- Marin County Patient’s Rights advocate
- Homeward Bound
- AIR Case Manager
- Humane Officer
How it Works

- Clients are referred to FMDT by current team members, LE or Mental Health
- No set criteria, but clients are either mentally ill, chronic substance abusers, and generate numerous calls for service, bookings or multiple 5150’s
- Meet Monthly for 2 hours to discuss clients and develop plans
- Follow up on client/plan at next meeting
How do you talk with each other?

- Two parts of meetings - Confidential and non-confidential
- Release of Information
- LE exceptions to HIPPA
- Assigned to STAR Forensic Case Management Team
Confidentiality

Marin County Support and Treatment After Release (STAR) Court Multi-Agency Authorization Form

Completion of this document authorizes the disclosure and use of health information about you. Failure to provide all information requested may invalidate this Authorization.

Participant’s Name __________________________ Date of Birth __________________________

Use and Disclosure of Health Information

I hereby authorize the following County of Marin Department of Health and Human Services (HHS) health care providers (check all boxes that apply):

☐ Detention Health Services   ☐ Detention Mental Health Services
☐ HHS Medical Clinics   ☐ HHS Mental Health Services
☐ HHS Detention Health Services   ☐ HHS Substance Use Services
☐ HHS Detention Mental Health Services   ☐ HHS Veterans’ Services
☐ HHS Medical Clinics

Use and Disclosure of Health Information

to release to representative(s) from the following Marin County agencies, entities and facilities (check all boxes that apply):

☐ HHS Children and Family Services   ☐ HHS Mental Health Services
☐ HHS Detention Health Services   ☐ HHS Substance Use Services
☐ HHS Detention Mental Health Services   ☐ HHS Veterans’ Services
☐ HHS Medical Clinics

Marin County District Attorney
Marin County Housing Authority
Marin County Probation Department
Marin County Police/Law Enforcement Agencies, except the following (list):

☐ Bay Area Community Resources (BACR)   ☐ Marin General Hospital
☐ Buckelew Programs   ☐ Marin Humane Society
☐ Community Action Marin (CAM)   ☐ Marin Integrated Community Services
☐ Golden Gate Regional Center   ☐ Marin Treatment Center
☐ Homeward Bound   ☐ Ritter Center
☐ Marin Community Clinics   ☐ Social Security Administration

☐ Other: __________________________   ☐ Other: __________________________

the following information:

☐ All health information pertaining to my medical history, mental or physical condition and treatment received

Participant’s Name __________________________ Date of Birth __________________________

☐ I specifically authorize release of the following information (check as appropriate):

☐ Mental Health Treatment Information
☐ HIV or AIDS Test Results/Information

OR

☐ Only the following records or types of health information (include any dates):

________________________

Purpose

The purpose of this Authorization to use or disclose my health information is to enable members of the authorized entities listed on the previous page to coordinate, collaborate, monitor and provide appropriate services to me.

Expiration

This authorization expires on (date):

My Rights

▸ I may refuse to sign this Authorization. My refusal will not affect my ability to obtain treatment or payment or eligibility for benefits otherwise available to me.

▸ I have a right to receive a copy of this Authorization.

▸ I may revoke (take back) this Authorization at any time. To do so I should submit my revocation request in writing to the following address:

STAR Team Supervisor, Mental Health and Substance Use Services
250 Bon Air Road, Greenbrae, CA 94904

My revocation will take effect upon receipt, except to the extent that others have already acted in reliance upon this authorization.

▸ Information disclosed pursuant to this Authorization could be re-disclosed by the recipient. Such re-disclosure is in some cases not protected by California law and may no longer be protected by federal confidentiality law (HIPAA).

Signature __________________________ Date __________________________

If signed by someone other than Participant, Indicate relationship __________________________

Print name (Legal Representative) __________________________

Witness Signature __________________________ Date __________________________

Witness Name/Agency (print) __________________________
Section 164.512(f) permits disclosure of private health information to a law enforcement officer for certain law enforcement purposes.

Section 164.512(j) permits disclosure of private health information if a covered entity in good faith believes the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. The disclosure must be made to a person who is reasonably able to prevent or lessen the threat, or for identification and apprehension of an individual.

- Covered entities may also disclose to law enforcement if the information is needed to identify or apprehend an escapee or violent criminal.
- As required by law (including court orders, court-ordered warrants, subpoenas) and administrative requests;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- In response to a law enforcement official’s request for information about a victim or suspected victim of a crime;
- To alert law enforcement of a person’s death, if the covered entity suspects that criminal activity caused the death;
- When a covered entity believes that protected health information is evidence of a crime that occurred on its premises; and
- By a covered health care provider in a medical emergency not occurring on its premises, when necessary to inform law enforcement about the commission and nature of a crime, the location of the crime or crime victims, and the perpetrator of the crime.
What Does FMDT do?

We Think Beyond the 5150/arrest. What is the ultimate goal and how do we get there.

A goal with no plan is just a wish.
Develop a Plan

If you don’t know where you want to end up…
How are you going to know when you get there?
Components of An Action Plan

• Changing The System One Individual At A Time

• Try To Meet The Individual Needs Of The Client.

• Items Can Be Accomplished.

• Represent A Change From Previous System Responses.
Look For Opportunities

- Opportunities to ARREST.
- Opportunities to 5150.
- Opportunities to Assist.
- Opportunities to Inform.
- Opportunities To Build information

Be Patient . . . People Don’t Disappear.
Criminal Case

- Track Someone’s Progress Through Court.
- If Arrested Contact DA to encourage felonies for PC 1368 reasons.
- Be Aware/Enforce their Probation Orders.
- Contact Both Public Defender and DA and Ensure They’re Aware Of the Plan.
You can’t arrest someone enough times to make them stop being mentally ill

BUT....
You can use the judicial system to get people into treatment and recovery.

That is what FMDT is all about.
FMDT....IT CAN WORK