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**El Dorado County Board of Supervisors
El Dorado County Department of Mental Health
El Dorado County Mental Health Commission**

Review of South Lake Tahoe El Dorado County Jail

By:

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Participants:

Jon Eslick – Lieutenant, S.L.T El Dorado County Jail
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Interview Questions and Answers

Answers have been transcribed from audio recording.

1) How do you determine if an individual needs a medical evaluation or mental health evaluation? Do you ask additional questions regarding mental illness when booking?

When a person first enters the jail they are given a health evaluation. There are some questions that are specific to see if the person is being treated for a mental illness. The nurses do this interview. As soon as they come in, they are booked into the system and the nurse is called. The nurse has a questionnaire for him/her, and some of the questions pertain to mental illness, such as if they have ever sought mental health services, or if they are currently a mental health patient. If they are, they are usually put on the telepsych list by the nurse or to see the psychologist Dr. Branton. This process usually takes 10 minutes and is done immediately.

2) Is the individual asked to sign a medical release form and when are doctors and family members included?

The jail doesn't require a release form from those in jail to be used unless calling a pharmacy, hospital, or doctor's office. A medical release is signed if a family member comes to visit before they talk to the nurse regarding care and medications. It probably is going to depend on how the conversation goes. Generally, it's the family members giving the nursing staff the information and a release is signed, our nurse is going to share that with our own medical staff, our own doctors and determine what kind of medications they will receive.

3) Sometimes people are put in safe cells. How often are these individuals evaluated before they may join the rest of the population?

Safety cell use has gone down, but is still used. If somebody comes in and say they're suicidal or has been involved in some sort of incident where they try to commit suicide, they go into the safety cell. If they try to commit suicide while they're in jail or discuss it, there's an evaluation process. Once they're placed in a safety cell there's a time frame for everything. They have to be viewed by the doctor or mental health within 24 hours of placement. Their status is reviewed every eight hours. They are checked on twice every 30 minutes by the staff. There is no good answer to say how long a person will spend in a safety cell. It's completely random. Some people get out within a few hours and some people remain for days.

4) Its our understanding that medications may be brought in if they are in a prescription bottle and no other medications are mixed in the bottle. What happens when that bottle is empty? Can the patient's psychiatrist or doctor be called for refills? If not, what happens? We are concerned because we would like to see continuity of care and to avoid drastic changes in treatment without reason as this can create an unnecessary patient burden.

Medications can be brought in by those who represent the individual as long as the prescription is not too old, or does not have other drugs mixed. Meds must be in a prescription bottle. If it looks like the individual has not taken their medications they may be put on the closest generic pill to that prescription. If there is a prescription that is funded by family or insurance the jail will refill that prescription.

Sometimes the psychiatrist may change the medication if he deems it necessary.

Nurses are willing to take information from family members and talk with them if the supply runs out, but they have to verify the prescription. They have to verify the number of pills left to see if the quantity is close to what should be left. If so they are allowed to take it. If they haven't been taking it over a long period of time, it is obvious. If it's issued March 1st and it's March 4th and he/she takes two a day and there's 10 left and there's 30 pills, or vice versa the med is not approved. At that point they see the psychiatrist first.

5) Do most of the inmates who suffer from a mental illness refuse to take meds while in jail? We know they cannot be forced; do you have a suggestion on how we can handle this problem better?

Many times individuals will not take any medications and they cannot be forced to. The nurses do try and convince them to take medications.

6) Do you have a record of mentally ill people who return to jail?

The jail does not keep a list of clients who suffer from a Mental Health issue, but because the Tahoe community is so small they know many of them and some are frequent guests.

7) How often does the psychiatrist see a mental health client and for how long?

If referred to Dr. Johnson the Psychiatrist will see him once a week for what time is needed.

8) Is there a nurse present during the meeting with the psychiatrist and is it recorded?

Nurses do not go into the meeting with the individual unless the person being seen requests it. All records go to California Forensic Group. The visit to the psychiatrist is not recorded.

9) When is the mental health department called in and who comes?

If there is a crisis or a person who needs help and having problems, psychologist Dr. Sandra Branton is called in to see him/her or a Mental Health Crisis person is to be called. However, Dr. Sandra Branton visits the jail once a week.

10) The judge has had problems with sentencing inmates with mental illness because they are not stable enough to understand what is happening. They are then sent back to jail and told to come back after stabilization. Often they are given meds then taken off those meds after seeing the judge. What do you suggest can be done so those clients are not held longer than necessary?

Usually they would be sent to the PHF or State Hospital or to a program to help them stabilize, then brought back to jail. The jail said they are not responsible to stabilize an individual. The Judge has no say about that when they show up in court and not able to understand their sentence.

11) When a person leaves are they given a 30-day prescription, or is it called into the drugstore they use? Do you ask if they can pay for that medication?

When an individual leaves the jail and are on medications they are usually given a prescription to be filled, not called in, at whatever pharmacy they wish.

Hopefully, they have funds for those medications. I heard they are given a two-week supply. So that means they must be able to get refills from somewhere quickly or become unstable again.

12) Is the nursing staff within the jail allowed to discuss inmate medications with family members? What is the best way for family members to do this so the nurse has input regarding the illness of their family member? For instance, discussing what meds the patient was on or if they were not taking their prescribed medication and so on?

I don't know what the [California Forensic Medical Group] CFMG policy is as far as what they'll share with the family members. But I really would doubt that they would be sharing what they know with the family members unless there is some sort of agreement in place. There is a form on the El Dorado County Jail website and family can fill it out and submit it, so that it can be shared with medical regarding medical and mental health history.

13) Do you have a written treatment plan for those with mental illness? Are copies provided to their ongoing care doctor or just the inmate?

The jail says they have mostly seen this with individuals in the crisis stage. If there is somebody that comes in who is suicidal or has some sort of suicidal attempt and there's no legal reason to hold him/her, the mental health people will sit down with him and write up a plan. It's only a treatment plan if meds are involved. He is not told, "Hey, you need to take your meds for this long," but the psychiatrist gives him a two-week prescription to the pharmacy of their choice. They have to go pick it up themselves because once they leave here... there's a cost. NAMI has been paying a lot but there has been less money for prescriptions. I doubt if I have ever seen anyone leave with a *full* treatment plan. "I only see [treatment plans] on people getting released out of state or somebody in the act of crisis." I have seen crisis workers come in and write them a plan. They even sign contracts and a promise not to harm themselves.

14) If a person is diagnosed for the first time with a mental health issue does the jail notify Mental Health so outreach can be done, or is that left up to the inmate?

When the person with mental issues is released he is told to go to Mental Health, but cannot be made to do so. The officers say the Crisis Intervention Team (CIT) can be given the name and follow through with these folks, so Mental Health can do an outreach. There are only two Crisis Intervention Officers in Tahoe, which makes it difficult. We need more trained CIT officers, and are told they will be doing training for more officers. The jail has no authority to make Mental Health do anything. In jail meetings, names and release dates are given if someone is being

released within the month. There are some positions that the jail shares with Health and Human Services where people come in and work with inmates who are scheduled for release and get them signed up for services. However these positions are not being filled. One position was filled, but was gone within four weeks of accepting to take a new job.

15) With the new law, AB 109, how is it affecting clients who are mentally ill with simply a misdemeanor crime? Who, and what person in what position, determines the release of an inmate?

With the new law AB 109 there are less individuals in jail and they are released quickly sometimes. If someone is just drunk or disorderly, they let him/her stay the night, feed them breakfast and release them. They have rules that apply to other releases that are no longer considered a felony. They have space in the jail now, not all cells are full.

16) What training do your jail officers get regarding mental illness? Do you feel training would be helpful or, how often would you recommend training due to turnover?

The officers would like more training on mental illness so they can understand what the individual is going through. Officers take a 4 hour class on the internet and read and answer questions which doesn't give much perspective of where the client is mentally, acting strangely, or why they can not always follow certain rules because of their illness. An example is a young man who would not turn his back on anyone and yet they are told to turn around by the officers, but because of the individuals mental state they are afraid to do that and they end up in trouble for not following rules.

17) We understand you have some wonderful programs; can you give us a list to highlight what they might be? Do inmates earn their way into the programs or are they placed in those programs?

The jail has several good programs for the inmates, but the inmates have to want to participate. The Judge sometimes orders participation but the inmate must be willing. There is the HEARTS Program which is about behavior management, information regarding AIDS, sex education, drug and alcohol problems. Another program is called Moral Recognition Therapy, a 12-step program. Inmates are given assignments and other inmates decide if the assignments were done satisfactorily, otherwise they have to redo that assignment. The inmates are the judges. This is a technique that has been approved and many jails use. There is a culinary program that right now is trying to be put back together.

18) What messages or requests can we forward to the Mental Health Commission? What suggestions do you have to make your jobs easier dealing with those suffering from mental illness?

The jail would really appreciate paper bound books, paper bound Bibles, and brochures of other services in town like the Family Resource Center, Tahoe Youth and Family, Tahoe Turning Point, Women's Center, Job One and so on. With 150 beds many copies would be helpful. Those should be taken to the office and visitors area and dropped off. Officers believe it would be helpful to tour the Mental Health facility in Tahoe to become more familiar with its operation.

Commissioners Comments:

Thank you to the courteous staff that was willing to meet with us and give us a tour of the jail, which was clean and well kept. It was nice to be able to meet the nursing staff who have contact with mental health patients and to be able to view the detox rooms, holding cells, safety cells, and control room.

With regard to outreach services for individuals newly diagnosed with mental illness while incarcerated, we would like to recommend that a direct point of contact be established between El Dorado County Mental Health and the patient. We realize this might be challenging, but would be helpful to the patients for continuity of care while also reducing recidivism.

As mentioned by one of the officers we spoke to, we also like the idea of encouraging the Sheriffs and SLTPD officers to visit El Dorado County Mental Health, take a tour, ask questions, and get a visual blueprint for how the mental health department operates. Additionally, we would like to propose a more hands on police officer training course, perhaps involving face to face interactions with a mental health care provider who could answer questions and help put mental illness in perspective, or maybe even hear from patients themselves.