

VENTURA COUNTY
HUMAN SERVICES AGENCY

M E M O R A N D U M



Date: AUGUST 31, 1998
To: JUDGE CHARLES CAMPBELL
PRESIDING JUDGE OF THE SUPERIOR COURT
From: STEPHEN KAPLAN, DIRECTOR^{SK}
BEHAVIORAL HEALTH DEPARTMENT
RE: 1997-98 GRAND JURY RECOMMENDATIONS
REGARDING BEHAVIORAL HEALTH SERVICES

The Grand Jury formulated recommendations in two areas pertinent to the Behavioral Health Department: 1) Crisis Intervention Team, and 2) Juvenile Justice System. Please find below our official response.

Recommendations:

1. *The Crisis Intervention Team should be expanded to include 24 hour mobile response from its Thousand Oaks location.*

This team operates the noon to midnight shift as a result of negotiations with local police departments in order to meet peak service needs and maximize existing resources that are available for clients. Data verifies that, over time, this noon to midnight shift does, in fact, hold the highest demand for services. We will continue to review this data and expand services as necessary.

2. *Serious consideration should be given to placing mobile crisis response units at outlying police stations during peak hours.*

The Crisis Intervention Team should be equipped with radios that provide direct communications with law enforcement officers during mutual response to Mental Health emergencies.

Policy changes should be considered which would allow the Crisis Intervention Team to participate actively in partnership with law enforcement during potentially violent Mental Health crises.

Efforts should be made to provide use by law enforcement officers of Crisis Intervention Teams as a resource in handling 5150 emergencies.

A system of key words and phrases should be developed to provide concise behavioral descriptions and to facilitate clear communication among law enforcement personnel, caretakers of mentally ill patients and the Crisis Intervention Team. Only one phone call should be necessary to summon a mobile response.

In an effort to increase communication between the Behavioral Health Department and law enforcement officials throughout the County, the Behavioral Health Director and the Chair of the Mental Health Board have convened a Law Enforcement Task Force that meets regularly to proactively discuss and resolve issues involving the mentally ill.

A substantial portion of this Task Force's time is focused upon Crisis Intervention, education of law enforcement personnel, and collaboration for improved outcomes. Representatives at this Task Force include the Mental Health Board, Behavioral Health Department, District Attorney's Office, County Counsel, and various law enforcement agencies including California Highway Patrol.

3. *The Crisis Intervention Team should increase efforts to work closely and harmoniously with private agencies and individuals who care for the chronically mentally ill in Ventura County.*

The Human Services Agency, and the Behavioral Health Department, place a strong value on developing and maintaining strong partnerships in an effort to provide the most effective services to seriously mentally ill individuals. We continuously examine ways to improve these partnerships including finding meaningful ways for clients and family members to participate in the planning, implementation and evaluation of our department.

4. *" the JPAT staff be increased sufficiently to allow caseloads appropriate for full utilization of Multisystemic Therapy (MST), and additional Behavioral Health Department Social Workers be assigned to advise and assist DPO's in dealing with substance abuse and mental health." (from recommendations re: Juvenile Justice)*

Approximately six months ago we changed the assignment of the Social Workers for the Colston Youth Center (CYC) in-house and Phase II components by designating four Psychiatric Social Workers (PSWs) to work exclusively with minors and their families during Phase I and selected minors and their families for a facility based component of Phase II. We assigned the remaining four PSW's to an expanded aftercare program and added a fifth PSW to this component. These PSW's provide intensive, MST-like services to minors and

their families during Phase II and for up to the continuing three month period of JPAT aftercare.

These changes have strengthened the in-house facility based Mental Health Services, helped us more clearly define who is most in need and/or would most benefit from the community-based, intensive services, lowered the caseload of the community-based PSW to eight families, increased the amount of community-based services from two months to up to five months and strengthened the collaborative working relationships with the JPAT DPO's.

Behavioral Health is also planning to expand by two PSW positions, to the one current PSW position, working with minors in residential out-of-home placement so that there is an interagency assessment, monitoring and transition plan when minors return home to their families.

5. *"... that responses be allocated to develop mental health and substance abuse programs at juvenile detention facilities as recommended in the Ventura County Juvenile Justice Action Plan"*

We currently have one full-time Alcohol and Drug Treatment Specialist, assigned to Colston Youth Center. We have restructured the services to try to better address more of the treatment, as opposed to substance abuse education, needs of the youth. We are also having outside providers and support groups provide programming in this area. There is also an expanded effort to be sure minors are linked to community resources when they transition to Phase II and increased communication in Release Plan Meetings focused on the substance abuse interventions required in aftercare.

Minors lose their Medi-Cal benefits once they are incarcerated, therefore, it is difficult to expand Behavioral Health Services that do not generate revenue. We would be able to do so through Probation, TANF funding, and have discussed possibilities for increased assessment and treatment at Juvenile Hall as well as CYC. Presently, we are providing an on-going group for girls at Juvenile Hall (co-facilitated by Mental Health and VCSS staff) and are planning a substance abuse group as well.

Due to the structural conditions at Juvenile Hall, specific treatment units are extremely problematic at this time. With the on-going planning of a Juvenile Justice Complex, Behavioral Health Services can be expanded and new resources allocated.

I appreciate the opportunity to respond to these recommendations. If you have any questions, please call me.

cc: Lin Koester, CAO ✓
Barbara Fitzgerald, HSA Director
John Chaudier