

RESPONSE TO GRAND JURY REPORT

Report Title: The Last Resort

Report Date: 7/11/19

Response by: County of Humboldt Board of Supervisors

FINDINGS

1. The county agrees with the findings numbered F2, F4, F5 and F6.
2. The county partially agrees with the findings numbered F3, F9, F10, F11, F12, F13 and F14.
3. The county disagrees with the findings numbered: F7 and F8.

Date: _____ Signed: _____

Number of pages attached: _____



COUNTY OF HUMBOLDT
COUNTY ADMINISTRATIVE OFFICE
MANAGEMENT & BUDGET TEAM

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INTEROFFICE MEMORANDUM

TO: BOARD OF SUPERVISORS
FROM: AMY S. NILSEN, COUNTY ADMINISTRATIVE OFFICER
SUBJECT: RESPONSE TO 2018-19 GRAND JURY REPORT "THE LAST RESORT"
DATE: 10/1/2019

In the Grand Jury Report, The Last Resort, the Grand Jury has requested that your Board to respond to Findings 2 through 14. I am proposing the following response as detailed below. The Grand Jury also requested responses from the Department of Health and Human Services, those responses are included as Attachment 7.

FINDINGS

Finding 2: *There is a lack of MH providers willing to work for the County Department of Health and Human Services.*

Response: Agree

While the Department of Health and Human Services (DHHS) continues sustained efforts to recruit for these roles, staffing at full levels remains a challenge. However, after adding additional incentives to the position, such as hazard pay, potential for approved overtime and flexible work schedules, DHHS has hired all but two of the positions that were unfilled. Currently, the DHHS has five employees working full-time at HCCF, two at 32 hours per week and three part-time. DHHS is continuing recruitment efforts to fill the remaining two full-time positions as Mid-level Practitioner and Mental Health Clinician.

Finding 3: *Humboldt County Correctional Facility staff are hindered in their tasks by the inability of Department of Health and Human Services to recruit and retain permanent clinical staff.*

Response: Partially Agree

It is difficult to determine how recruitment efforts affect Humboldt County Correctional Facility (HCCF) staff. Vacant positions do affect staff and DHHS is actively working to fill vacant positions. In terms of retention, DHHS has created an updated onboarding and training process that includes a “toolkit” for programs to use and customize for their unique needs. DHHS is also working to reduce staff burn out through a partnership with the University of Kentucky focused on addressing secondary trauma.

Finding 4: The amount of time the Psychiatrist provides direct patient care to inmates per week is inadequate.

Response: Agree

The county currently staffs a Psychiatrist at the HCCF for 16 hours per week, however DHHS is working to secure more hours of direct patient care to inmates. Currently, DHHS is exploring filling the position with one of the contracted staffing agencies as soon as additional funding is identified.

Finding 5: The amount of time mental health clinicians are available in the Humboldt County Correctional Facility is insufficient.

Response: Agree

There are positions allocated for these roles, however recruiting and retaining clinical staff at locked facility can be difficult. As discussed in response to Finding 2, above, recruitment efforts have been met with recent success and staffing levels have improved. Additionally, DHHS has expanded service delivery through the weekend for both nursing and counseling that will increase overall service delivery at the jail.

Finding 6: Department of Health and Human Services & Humboldt County Correctional Facility mental health staff are negatively impacted by lack of dedicated therapeutic environments and counseling to provide care as required by law.

Response: Agree

Current space at the HCCF is limited, however an expansion is planned to break ground in 2020. The Correction Reentry Resource Center project (SB 863), will be a minimum security in-custody, program oriented, custody unit that focuses on preparing inmates to successfully re-enter society. It will house 44 beds (28 male, 10 female and 6 mental health). The facility would incorporate intense case management, evidence-based programs, mental health, and substance abuse services. Additionally, it will house the Sheriff’s Work Alternative Program (SWAP) and the Probation Day Reporting Center.

Finding 7: *There is a lack of direction to clinical staff about who has the legal authority to prescribe treatment orders for inmates in need of mental health treatment.*

Response: Disagree

Staff that are hired by DHHS-Mental Health (MH) to work in the HCCF are trained in their scope of practice during the onboarding process. The scope of practice guidance is clear around this matter.

Finding 8: *The lack of written policies and procedures concerning the care of mentally ill inmates at Humboldt County Correctional Facility inhibits the ability to provide quality mental health care.*

Response: Disagree

DHHS-MH HCCF provides staff with 21 policies and procedures that specifically guide the care of mentally ill inmates at Humboldt County Correctional Facility. Many of these policies have been in place since 2006.

Finding 9: *Difficulty in differentiating between drug-induced behavior and mental health issues lead to treatment errors.*

Response: Partially Agree

The county requires additional explanation on this finding, specifically what is meant by “treatment errors.” DHHS hires qualified practitioners and provides staff with appropriate training.

Finding 10: *There is a lack of agreement of the roles and responsibilities between the Patient’s Rights Advocate and the Department of Health and Human Services and Mental Health Administration.*

Response: Partially Agree

The Patient’s Rights Advocate (PRA) meets on a weekly basis with the Director of DHHS-MH to support this role in the county. The DHHS-MH Director has also involved county counsel in determining the scope of the PRA role within the county and continues to work to support the PRA.

Finding 11: *There are few long-term mental health plans in place for dealing with inmates serving extended sentences.*

Response: Partially Agree

Every treatment plan is unique to the individual and has many variables that influence long-term treatment planning for inmates. DHHS-MH does not utilize generic long-term mental health plans for dealing with inmates serving extended sentences.

Finding 12: *The inmate mental health transition plan for ongoing care after discharge from the Humboldt County Correctional Facility is incomplete.*

Response: Partially Agree

It is standard practice for every inmate who receives mental health or substance use disorder treatment in the HCCF to be provided resources for aftercare following release. There is an exception in cases where inmates are released without the awareness of DHHS-MH.

Finding 13: *The legal 5150 implementation in both the Humboldt County Correctional Facility and Sempervirens is at times in dispute amongst Department of Health and Human Services staff and local law enforcement agencies.*

Response: Partially Agree

The county actively engages the DHHS, HCCF and local law enforcement on 5150 implementation. Workgroups have been formed between the organizations and trainings are regularly conducted. The collaborative Crisis Intervention Training (CIT) conducted annually is a good example, as well as the current MOUs that are under review by law enforcement entities, local hospitals and the HCCF.

Finding 14: *There is a lack of sufficient Department of Health and Human Services administrative involvement in the treatment and care of mentally ill inmates in Humboldt County Correctional Facility.*

Response: Partially Agree

While there have been transitions within DHHS over the last few years, there has been significant focus by MH Administration on HCCF services. The MH Administration meets regularly with HCCF managers and supervisors and regularly attends the Sequential Intercept Mapping and HCCF Continuous Quality Improvement meetings. Additionally, MH Administration is actively involved in the planning meetings related to Medication Assisted Treatment implementation in the HCCF.