



NAPA COUNTY GRAND JURY

2018-2019

FINAL INQUIRY REPORT

APRIL 11, 2019

NAPA COUNTY JUVENILE HALL

PROBATION DEPARTMENT

MENTAL HEALTH SERVICES IN THE

NAPA COUNTY JUVENILE HALL

**Grand Jury Inquiry Report on the Mental Health Services in Napa County Juvenile Hall
PUBLISHED APRIL 11, 2019**

SUMMARY

The 2018-19 Grand Jury’s annual review of the Napa County Juvenile Hall (NCJH) is a targeted inquiry into the mental health services available to juveniles at the NCJH. Mental health services include the diagnosis, treatment, and therapeutic services for juveniles diagnosed with a form of mental health disorder or experiencing a form of substance abuse. It was reported to the Grand Jury by the administrative and mental health staff that the need for mental health and substance abuse services for juveniles is a high priority.

To determine the minimum standards for mental health services in juvenile detention facilities, the Grand Jury reviewed the guidelines in the California Board of State and Community Corrections Handbook (BSCC) Title 15, Minimum Standards for Juvenile Facilities.¹ During the most recent BSCC Biennial Inspection in December 2017,² NCJH was found to be in full compliance with all of the Title 15 guidelines, which included seven minimum standards for mental health services. A list of these minimum standards is included in the Discussion section of this inquiry report.

As this was an inquiry report and not a full investigation into the NCJH, the Grand Jury has no recommendations to offer. However, it would like to commend the Napa County Probation Department as well as the Napa County Board of Education and Crossroads School for their work in addressing the mental health and education needs of juveniles in Napa County.

GLOSSARY

ADP: Average Daily Population
BOS: Napa County Board of Supervisors
BSCC: Board of State and Community Corrections
DSM-V: Diagnostic and Statistical Manual of Mental Health Disorders- 5th Edition
HHSA: Health and Human Services Agency
JHC: Juvenile Hall Counselor
JJS: Juvenile Justice System
LVN: Licensed Vocational Nurse
MACITM: Millon Adolescent Clinical Inventory
MHC: Mental Health Counselor
NCJH: Napa County Juvenile Hall
NCOE: Napa County Office of Education
NCPD: Napa County Probation Department
RN: Registered Nurse

¹ All superscript footnote references refer to the numbered glossary at the back of this document.

BACKGROUND

The Napa County Grand Jury conducted an inquiry into the mental health services at the Napa County Juvenile Hall as part of its yearly mandate to review Napa County's detention facilities. The NCJH is administered by the Napa County Probation Department (NCPD), under the authority of the Napa County Board of Supervisors (BOS), and is one of two detention facilities in Napa County. The Napa County Office of Education (NCOE) also works closely with the NCPD by providing an alternative education program for juveniles at the NCJH. The educational component at the NCJH is called Crossroads School.

During its inquiry, the Grand Jury reviewed the prior six years of Juvenile Hall Annual Reports³ and found that there were timely reports on security issues, unused capacity, and staffing problems, but only brief reviews of the mental health services. The main focus of this year's inquiry report on the NCJH is a thorough examination and a detailed summary of the mental health services that are available to juveniles who enter the NCJH with a mental health or substance use disorder.

The Grand Jury used the guidelines found in Title 15, Minimum Standards for Juvenile Detention Facilities in California⁴ as a baseline for determining the mental health services that are available to juveniles at the NCJH. The Grand Jury also reviewed the mental health policy guidelines outlined in the NCJH Procedures Manual⁵ and examined the most current BSCC Biennial inspection report for the NCJH facility.²

METHODOLOGY

In the course of its inquiry the Grand Jury:

1. Conducted two tours of the Napa County Juvenile Hall facility
2. Conducted seven interviews with the following:
 - a. Two members of the NCJH Administration
 - b. Three members of the Health and Human Services Agency's (HHS) Department of Mental Health
 - c. Two members of the NCOE
3. Reviewed the following documents:
 - a. NCJH Procedural Manual
 - b. BSCC Biennial Inspection Report, December 2017
 - c. NCJH 2017-2018 Budget
 - d. Wellpath Medical Procedures Manual
 - e. Various research articles on mental health issues in the Juvenile Justice System

DISCUSSION

The Napa County Juvenile Hall was built in 2004 as a secure, 24-hour detention and rehabilitation facility, designed to house 50 juveniles. The average daily population (ADP) shrank by 35% from 17 juveniles in October 2017 to 11 juveniles in September 2018. This trend of fewer juveniles entering the JJS in Napa is supported by a report issued by the California Center on Juvenile and Criminal Justice ⁶ showing the ADP in California juvenile halls has declined by an average of 5.1% from 2017 to 2018. Listed below are the ADP statistics for the NCJH from FY 2014 to FY 2018:

<u>YEAR</u>	<u>AVERAGE DAILY POPULATION</u>
2014	24
2015	19
2016	17
2017	17
2018	16

NCJH is staffed with 30 Juvenile Hall Counselors (JHCs) who work 2 overlapping 12-hour shifts, to provide 24-hour staff coverage 365 days a year. Several of the current JHCs are bilingual. There are two Mental Health Counselors (MHCs) at NCJH: one full time and one part-time. Together they share a total of 60 work hours a week, including weekends. The MHCs are fully licensed health care professionals who undergo mandated yearly training through Napa County HHSA.

The JHCs oversee the daily activities of juveniles during the day and evening hours. Prior to assuming any responsibilities, each JHC shall receive a minimum of 40 hours of facility specific orientation as outlined in Title 15, Minimum Standards for Juvenile Detention Facilities in California, Section 1322, Child Supervision Staff Orientation and Training.⁷ The training is supervised by a senior NCJH supervisor and includes:

1. Individual and group supervision techniques
2. Regulations and policies relating to discipline and the basic rights of minors pursuant to law
3. Basic health and sanitation measures
4. Suicide prevention
5. Policies relating to the use of force

Most of the JHCs have not had the advanced training required to deal with juveniles having severe mental health issues. However, they are trained by the MHCs and the administrative staff to anticipate possible situations where a juvenile may be a danger to themselves or others, and alert the MCHs or an administrator as soon as possible.

As a baseline for determining the minimum standards for mental health services at Juvenile Hall facilities in California, the Grand Jury used the guidelines found in Title 15, Minimum Standards for Mental Health Services, Section, 1347¹ that lists seven minimum standards for mental health services. The Grand Jury found that the NCJH was compliant in all seven minimum standards.

A. MENTAL HEALTH SERVICES AT THE NCJH

1. QUICK SCREENING FOR PSYCHIATRIC PROBLEMS

Upon booking into the NCJH, each juvenile is automatically screened for possible mental health issues by licensed MHCs and the NCJH psychiatrist. The screening tool used at the NCJH is the Millon Adolescent Clinical Inventory (MACI™).⁸ This screening tool targets a juvenile's psychopathology, and is used widely in California JJS. It is a self-report questionnaire specifically designed for juveniles in correctional settings. It measures anxiety levels, suicide tendencies, and substance abuse problems.

The personality levels of MACI™ reflect guidelines as outlined in the Diagnostic and Statistical Manual of Mental Health Disorders, 5th Edition, (DSM-V).⁹ The DSM-V is the handbook used by health care professionals in the United States and much of the world as the authoritative guide to the diagnosis of mental disorders.

2. TREATMENT PLANS THAT STABILIZE JUVENILES WITH MENTAL DISORDERS

Treatment plans for each juvenile are based on individual assessments taken from the clinical evaluations of the MACI™ screening inventory tool. The NCJH psychiatrist and the MHCs share the responsibility for the clinical evaluations. The treatment plans are systematically documented, reviewed, and communicated to the detention center staff at weekly meetings. The MHCs, the psychiatrist, the licensed registered nurse (RN), probation officers, superintendent, and the assistant superintendent all attend these weekly meetings. MHCs oversee and monitor the treatment plans as needed.

Wellpath, a private, for-profit medical group under contract with the Napa County HHSA, provides a licensed forensic psychiatrist, one RN, and one licensed vocational nurse (LVN) to NCJH. The nurses are on-duty from 8 a.m. until 5 p.m., 7 days a week. Wellpath provides health care services to more than 30 juvenile and adult correctional facilities in California.

3. MEDICATION SUPPORT SERVICES

During the booking process, a review of the juvenile's medication history is undertaken in consultation with the juvenile's parents or legal guardian. In some cases, the juvenile's personal physician may be consulted. Any type of medication the juvenile is currently taking, along with the duration and the timing of dosages is noted. Every effort is made by the MHCs not to interrupt the established medication routine. The medical records of all juveniles are subject to protection under the California Welfare and Institutions Code Section 827,¹⁰ which requires a judge's order to release them.

The psychiatrist visits NCJH at least once a week to monitor the juvenile's medication use. However, with the low numbers of the current juvenile population and reduced

workload, the visits may be more frequent. If medication is needed by any of the juveniles, it is prescribed by the psychiatrist and administered by a RN in consultation with the MHCs. No juvenile is ever forced to take medication and the parents or legal guardians are always consulted before the medication treatment plan is implemented.

4. CRISIS INTERVENTIONS AND THE MANAGEMENT OF ACUTE PSYCHIATRIC DISORDERS

The MHCs at the NCJH respond to acute psychiatric symptoms in a timely and personal, one-on-one manner. While intervention measures for dealing with serious emotional issues in juveniles vary, interactive dialogue, or “talk therapy” as it was described to the Grand Jury, is the preferred method used by the MHCs. Talk therapy involves two-way communication between the juvenile and the MHCs. The juveniles are encouraged to verbalize their feelings instead of acting out with physical action or remaining silent.

5. SUICIDE PREVENTION MEASURES

The NCJH has a policy in its Procedures Manual⁵ on suicide prevention that protects the juveniles from harm while maintaining the privacy of the individual. The policy of the NCJH, in cooperation with the HHSA, is to have a suicide prevention procedure well known by all staff. This policy concerns itself with identifying and responding to youth in detention who are manifesting signs of depression or mental illness thought to be harmful or leading to self-destructive behavior.

The policy states that when a juvenile displays signs of suicidal tendencies—such as telling anyone that they want to harm themselves or attempting to harm themselves, either at intake or any time during custody—they are immediately put on a suicide watch until the MHCs can assess their risk. Depending on the level of risk as determined by the MHCs, a suicide watch could mean a 1:1 juvenile to MHC ratio for as long as it takes for the situation to stabilize. It could also mean a visual sighting by the on-duty RN or MHC every 15 minutes while the juvenile is in a safety cell.

The safety cell is located in the main control room where it is visible by multiple staff at any given time. The safety cell is well lighted and free from any objects that may harm the juvenile. After a juvenile has been released from the suicide watch, a MHC will monitor the juvenile’s behavior every 15 minutes for 24 hours until it is determined the juvenile is no longer at risk for a potential suicide. The administrative staff reported to the Grand Jury that there has never been a suicide at the NCJH since it opened in 2004.

6. TRANSITION PLANNING AND ARRANGEMENTS FOR CONTINUATION OF MEDICATION AND THERAPEUTIC SERVICES IN COMMUNITY SETTING

Once a juvenile is released from custody and placed on probation, the NCJH staff coordinates with the Probation Department to provide links and referrals to mental health care in the community. The NCPD administers these programs in consultation with both public and non-profit agencies. There are approximately 135 juveniles on probation, but the number fluctuates monthly based on the number of juveniles who graduate off probation and new juveniles coming into the system.

Probation officers keep track of each juvenile's progress while on probation. If a juvenile violates the conditions of probation, he could be sent back to NCJH or receive a new, court-ordered probation agreement. The consequences for probation violations depend on the severity of the violation and the impact on community safety. The probation agreement, and how it is recorded and reported, is protected under the California Welfare and Institutions code 827.¹⁰

The Community based intervention programs in Napa County for juveniles on probation provide for the continuation of medication and therapeutic services as needed. The Community based intervention programs include the following agencies:

- The Wolfe Center's Aldea Behavioral Health Services
- The Nexus Program
- The Child Mental Health Center

The Wolfe Center is a local, nonprofit organization serving Napa County youth and their families through drug and alcohol abuse prevention, intervention programs, and treatment plans.

The Nexus Program was described to the Grand Jury as a wrap-around school resource program that pairs a probation officer with an educational team to make sure a family receives the individual services it needs. Services may include family meetings where issues about school attendance and discipline are discussed together. Services also include referrals to the Parent Project, an evidence-based program featuring a 10-week program to give parents new skills in working with their child.

A basic criterion of the Nexus Program states that a youth has been diagnosed with mental health issues and may end up being placed in an environment without the proper support. Placement, if needed, is through the new Resource Family Homes program, which has replaced Foster Homes, where a relative or family friend willing to offer the needed support cares for the juvenile.

According to the administrative staff at the NCJH, the Nexus Program is the most intensive program for youth at home who have mental health issues. It was reported to the Grand Jury that there are eight juveniles on probation who participate in the Nexus

Program and that there are less than ten juveniles currently in a placement program. Most of the juveniles are there because of mental health issues.

The Child Mental Health Center works with families that have been affected by mental health disorders to teach parenting skills and provide emotional support.

7. TIMELY REFERRALS AND ADMISSION TO LICENSED MENTAL HEALTH FACILITIES FOR JUVENILES WHOSE PSYCHIATRIC NEEDS EXCEED THE TREATMENT CAPABILITY OF THE JUVENILE HALL

The Grand Jury was informed by the MHCs that a community-based crisis intervention program administered by HHSA is available for juveniles who have been detained whose psychiatric needs may exceed the services available at the Juvenile Hall. The program is called Exodus Recovery – Crisis Stabilization Services, Napa Valley.

The Exodus Recovery program is a 24-hour psychiatric crisis center for adults and minors in Napa County. It is open 7 days a week, 365 days year. It is administered by the HHSA and offers comprehensive mental health services that include: mental health assessments, medication evaluation, and therapeutic interventions. The actual number of juveniles referred to this program is protected by the Welfare and Institutions code 827.¹⁰

B. EDUCATIONAL PROGRAM THAT SUPPORTS THE MENTAL HEALTH SERVICES

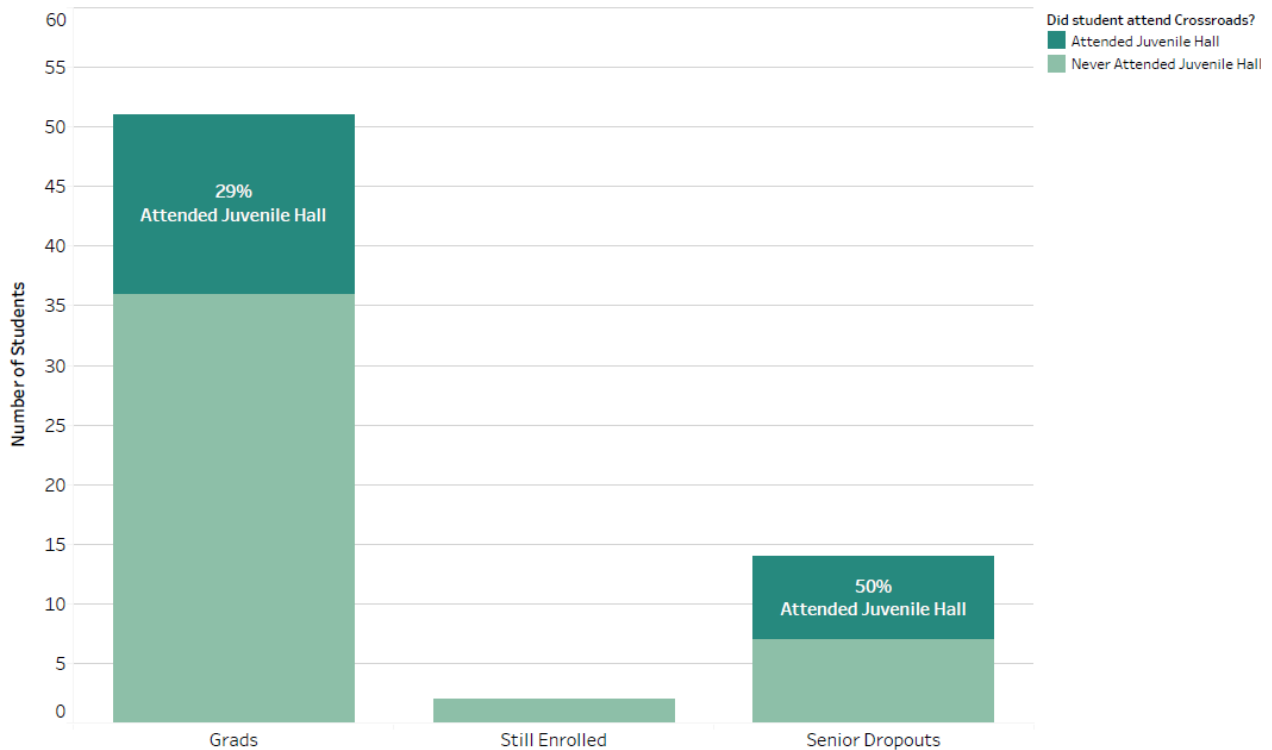
The Napa County Office of Education administers an alternative school program at NCJH called Crossroads School. The school program functions as a support system for juveniles who are in custody and awaiting court proceedings. All juveniles in custody at the NCJH are required to attend daily classes unless they have already received a High School Diploma. Provisions in the daily curriculum for English as a Second Language (ESL) students are available. A Special Education Credentialed teacher, qualified to identify, assess, and evaluate individual educational programs for students with special academic and behavioral needs, is assigned to the school.

The Crossroads School curriculum is organized by grade level in the core subjects of math and language. For example, a student at the 9th grade level would be given school subject matter that correlates with similar subject matter at the 9th grade level in a regular school program. The classroom teacher oversees the subject matter and the student works independently using appropriate software in the core subjects. The same teacher teaches science and social studies.

Juveniles attending Crossroads School may earn a High School Diploma or General Education Certificate. Elective classes such as Nimbus Art, culinary skills, and technical coding instruction are also offered to all juveniles. Individuals not directly connected to the school system but who work in specialized professions often teach the elective classes.

A behavioral modification program at Crossroads, called Restorative Justice, features a prevention and a resolution model to handle disruptive and defiant behavior. JHCs are engaged in the daily lessons as classroom instructional assistants. The teachers and supervisory staff are trained to defuse situations that may escalate by using verbal cues to anticipate disruptive behavior and to intervene when a situation has the potential to become confrontational. Through this program, juveniles learn interpersonal and behavioral skills to manage their own behavior by taking responsibility for their actions and not blaming others for their disruptive behavior.

NAPA COUNTY OFFICE OF EDUCATION
2017-18 Graduation Rate
 (includes 5th year graduates)



Visual shows the sum number of students in NCOE's 2017-18 one-year graduation cohort.

Each bar reflects the number of students who exited one of Napa County Office of Education's programs in each category. The marks are labeled by % of total number of students in each category. The color shows whether or not the student was ever enrolled at Crossroads Juvenile Hall in their educational career.

Fifteen students who graduated in 2017-18 attended Juvenile Hall at least once (29% of NCOE graduates).

The success of the Crossroads School at the NCJH is best illustrated by the recent data from the NCOE showing the 2017-18 high school graduation rates.¹¹ The data shows that 22 seniors had attended Crossroads School while in custody at NCJH, and 15 (68%) of them went on to earn their diploma.

CONCLUSION

The Grand Jury concluded that the mental health services available at the NCJH met all seven of the minimum standards as outlined in Title 15, of the Minimum Standards for Juvenile Detention Facilities in California.⁴ In addition, the Grand Jury found the mental health services were easily accessible to the juveniles and were delivered in a consistent manner by a dedicated and professional mental health staff.

FINDINGS

F1. The Napa County Juvenile Hall staff works collaboratively and cohesively with the mental health counselors and the medical staff from Wellpath to provide adequate mental health services to all juveniles who are in custody.

F2. The Napa County Office of Education's Crossroads School provides juveniles with a pathway to continue their education toward earning a high school diploma.

COMMENDATIONS

C1. The Grand Jury commends the Napa County Juvenile Hall staff, the mental health counselors, and the medical staff from Wellpath for their dedication and professionalism in providing mental health services to all juveniles who are in need of these services.

C2. The Grand Jury commends the Napa County Office of Education and their supporting staff at Crossroads School for their commitment to offer a pathway to High School graduation.

BIBLIOGRAPHY

1. Section 1347, Minimum Standards for Mental Health Services, Title 15. Minimum Standards for Juvenile Facilities, Board of State and Community Corrections, 2016
2. Board of State and Community Corrections Biennial Napa County Juvenile Hall Inspection Report– December, 2017
3. Napa County Grand Jury Reports 2012-13; 2013-14; 2014-15; 2015-16; 2016-17; 2017-18.
4. Title 15. Minimum Standards for Juvenile Facilities in California: Board of State and Community Corrections, Sacramento, California, 2017.
5. Napa County Juvenile Hall Procedures Manual, Revised 2016
6. California Center on Juvenile and Criminal Justice Abstract: Fewer Juveniles Entering California Juvenile Detention Facilities, 2018.
7. Section 1322, Child Supervision Staff Orientation and Training, Title 15. Minimum Standards for Juvenile Facilities in California: Board of State and Community Corrections, 2016
8. Millon, Theodore, PhD, Millon, Carrie, PhD, Davis, Roger, PhD, Grossman, Seth, Speed. Millon Adolescent Clinical Inventory, (MACI), The Millon Personality Group, 2006.
9. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Arlington, VA, American Psychiatric Association, 2013
10. California Welfare and Institutions Code – 827, Legislative Intent Service, Inc. May 2015.
11. Napa County Office of Education, Department of Data + Analytics, 2018

Reports issued by the Grand Jury do not identify individuals interviewed. Penal Code section 929 requires that reports of the Grand Jury not contain the name of any person or facts leading to the identity of any person who provides information to the jury.