

January 11, 2024
The Honorable Michael B. Harper
Judge of Trinity Superior Court
P.O. Box 1258
Weaverville, CA 96093

RE: 2023 Civil Grand Jury - Mental Health Report

Dear Judge Harper:

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This letter is the invited response requested by the Trinity County Civil Grand Jury in their 2023 Mental Health Report. After numerous thorough readings of the report, it is important that I convey my appreciation to the Grand Jury for their attempt to understand and make recommendations to resolve issues with mental health care that is very complicated in Trinity County and every other county in the country. I also want to clearly state that the Grand Jury members that interviewed me about Mountain Communities Healthcare District (MCHD) (Trinity Hospital) were cordial, respectful, and interested in the topic of healthcare. They asked about many other things about healthcare and our hospital that did not have anything to do with mental health. In fact, even after two interviews, I never was sure what topic they were really investigating. Consequently, there are pretty significant errors in detail in the report because of the lack of depth in our discussion and the complicated nature of the topic. In this response, I hope to clarify what we are doing and planning to do to improve mental health care in Trinity County, but also correct errors of the report.

Over the past nine years that I have been an employee at MCHD, we have had many discussions with Behavioral Health administration and staff along with multiple Chief Administrative Officers of the county. These discussions have included me, ER physicians, and ER Medical Director, Dr. Patrick Shipsey. All parties in these discussions over the years had one goal in mind; provide better care for our mental health patients. Certainly there are many obstacles such as: staffing, budget, expertise, education, facilities/infrastructure, transfer capabilities, and many other factors. I can assure you; this is not a topic that has been

neglected. MCHD and Trinity County Behavioral Health (TCBH) have not always agreed or seen eye to eye on everything, but it isn't for lack of effort or care from either entity.

Finding 1: "Private rooms and a portable 'office on wheels' seem to be available at Trinity Hospital for Behavioral Health staff to use in the care and placement of crisis patients, however these resources are not being utilized and it is unclear why."

Response Finding 1: This finding is completely inaccurate. MCHD does have workstations on wheels that may be rolled around into patient rooms, but these workstations only have computers that have MCHD electronic health record (EHR) software on them. It is not a rolling office. It does not have phone connectivity and the MCHD ER has very poor cell service. This workstation would not even benefit TCBH staff at all because they have their own EHR software that is not on the hospital network. This workstation does not contain office supplies or copy/scan/fax capabilities.

Finding 2: "Trinity County Behavioral Health and Trinity Hospital are dependent on each other's cooperation to ensure the needs of crisis patients are being met. It appears that there is a lack of cooperation of miscommunications on the responsibilities of each partner."

Response Finding 2: This finding is completely inaccurate. TCBH and MCHD have spent hours trying to care for mental health patients as thoroughly, safely, and efficiently as possible, but there are a number of factors outside our control that are present. Both entities have very limited budgets, trained staff, appropriate facilities for a true 5150 hold, and most of all, a facility to appropriately and readily transfer these patients to for specialized care. These are all issues that have been problems in the past and will continue to be long into the future in pretty much every county in the state and county.

Continuing in the report, MCHD physicians are not allowed to place a 5150 holds according to county regulation, so TCBH is never dependent on MCHD to initiate a hold. MCHD ER physicians are well trained in resolving medical issues which many 5150 patients have along with their crisis situation. Medical issues such as illness, disease, or injury are the first priority of the ER physicians, even with a mental health patient. ER physicians are not expertly trained in mental health and rely on behavioral health specialist or psychiatrists to lead the crisis situation.

There is an MOU that was going back and forth between the county, TCBH, and MCHD until Richard Kuhn resigned as CAO of the county. We still have a copy, have spoken to CAO Trent Tuthill about it, and recently spoke with TCBH Director, Connie Smith, about picking back up where we left off. While it may have some benefits, overall, we still lack in staffing, budget, space, and hospitals that accept transfers in a timely fashion. Connie and I have a good relationship and have spoken recently. We agree that continually trying to make these tough situations better is a goal for both of us and the entities that were lead. I have complete faith that CAO Tuthill has similar goals in the discussions I have had with him, but the limitations

that I have listed are true barriers that are real and not things that likely can be resolved, and certainly not resolved as simply as the Grand Jury report makes it sound.

In closing, I do appreciate the intent of the Grand Jury but this topic is widely considered unsolvable across the country. That absolutely does not mean that we won't continually try to improve the processes every step of the way, because we will. It is important to MCHD, TCBH, and Trinity County, but so much of the final outcomes rely on specialized hospitals and funding outside of Trinity County.

Sincerely,

Aaron Rogers, CEO

CC: County Administrative Office "Clerk of the Board"