

**Pennington County Human Service Committee**

**Meeting Agenda**

**March 15, 2016**

**12:00 pm**

**Section A**

Members Present:

\_\_\_\_\_ Darryl Tveitbakk                      \_\_\_\_\_ Don Jensen                      \_\_\_\_\_ Neil Peterson  
\_\_\_\_\_ Cody Hempel                      \_\_\_\_\_ County Attorney                      \_\_\_\_\_ Oliver Swanson

- I. Reading of February 16, 2016 HSC Meeting Minutes
- II. Personnel
  - A. Updates
- III. General
  - A. Child Welfare Data
  - B. Child Support Performance Report
  - C. OLA Report on Mental Health Services in Jails
  - D. Out of Home Cost Report
  - E. Month's End Cash Balance
  - F. Other

**Section B**

- I. Special Case Situations for Case Review (Social Services)
- II. Income Maintenance Update
- III. Special Case Situations (Public Assistance)
- IV. Payment of Bills

**Section C**

- I. Dates of Next Committee Meetings:

04/19/2016	05/17/2016	06/21/2016
7:00pm	7:00pm	7:00pm

**SECTION A**

The regular meeting of the Pennington County Human Service Committee was held at 12:00 pm, February 16, 2016 at Pennington County Human Services.

**COMMITTEE MEMBERS PRESENT**

Don Jensen	Darryl Tveitbakk
Oliver Swanson	Neil Peterson

**STAFF MEMBERS PRESENT:**

Ken Yutrzenka	Scott Sommers
Julie Sjsotrand	Kathleen Herring

I. **MINUTES:** The January 19, 2016 Human Service Committee meeting minutes were read. Noting no changes a recommendation was made to forward the minutes to the consent Agenda.

III. **PERSONNEL:**

After presentation and discussion, recommendation was made to forward the following personnel items to the Consent Agenda.

- A. The resignation of Tammie Blacklance, Eligibility Worker, effective 02/03/2016.
- B. The promotion of Laurie Hamness to Lead Social Worker, effective 01/21/2016.
- C. The hiring of Sarah Burthwick, Office Support Specialist, effective 02/01/2016.
- D. To re-classify a vacancy from Social Worker/Child Protection Specialist to Social Worker.

IV. **GENERAL**

- A. A proposed resolution authorizing the Director to sign the Master Subscriber Agreement and Request Form to establish a new MGA (Minnesota Government Access) account was presented for consideration This account allows registered agency staff business-need access to statewide electronic public and confidential case records and documents. Upon completion of the presentation and follow up discussion a recommendation was made to forward this item to the Consent Agenda.
- B. The Director presented information on the upcoming statewide MSSA (Minnesota Social Service Association) training conference scheduled for March 16-18 in Minneapolis. There is interest amongst staff members to attend. Following discussion on this item a recommendation to allow up to four staff members to attend the training conference was forwarded to the Consent Agenda.
- G. The January 2016 out-of-home cost report was presented for review.
- H. Month's end cash balance for January 2016 stands at \$1,814,014.90.

**SECTION B**

- I. No Social Service cases were presented for Special Case Review.
- II. Kathleen Herring, Financial Assistance Supervisor, presented the crisis assistance activity report and the most recent Income Maintenance caseload report.
- III. No Income Maintenance cases were presented for Special Case consideration.
- IV. A listing of bills presented for payment was reviewed. Recommendation for payment of the bills was moved to the Consent Agenda.

**SECTION C**

Be it resolved that the foregoing record is a true and accurate recording of the official actions and recommendations of the Human Service Committee for Pennington County and, as such, constitutes the official minutes thereof.

Chair: \_\_\_\_\_

Attest: \_\_\_\_\_



## Human Service's Month End Balance

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
January	1,309,156.86	1,237,104.03	1,122,389.02	771,407.81	701,564.42	929,075.49	1,197,979.30	1,389,512.16	1,271,780.24	1,417,880.34	1,647,300.14	1,814,014.90
February	1,147,870.39	1,104,373.70	1,022,585.37	607,319.40	635,264.10	903,465.27	1,157,578.43	1,331,478.96	1,198,866.83	1,307,072.82	1,618,976.04	1,801,985.24
March	1,029,374.21	908,840.83	705,442.69	428,905.97	463,085.65	810,094.43	1,096,732.38	1,165,062.80	1,062,709.62	1,159,500.45	1,375,360.09	
April	788,416.16	747,437.52	467,998.34	262,762.58	310,616.16	506,305.55	825,804.92	819,532.72	808,225.65	930,693.70	1,088,964.93	
May	653,690.74	691,752.23	382,551.08	142,246.78	161,895.69	447,916.22	768,561.39	678,196.10	552,664.08	693,604.86	961,748.47	
June	1,122,336.68	1,156,696.29	856,293.17	748,735.68	813,433.08	1,253,180.74	1,615,579.53	1,560,001.28	336,353.50	1,534,085.80	1,932,135.73	
July	1,425,888.93	1,429,151.24	1,073,512.78	906,246.71	925,265.96	1,327,951.41	1,313,679.13	1,659,331.53	1,693,689.91	1,538,687.96	2,047,715.90	
August	1,295,253.41	1,253,678.57	887,436.09	751,562.11	882,810.00	1,312,090.88	1,599,387.92	1,694,786.46	1,636,358.00	1,483,015.19	2,097,897.09	
September	1,073,403.66	1,006,514.93	700,638.09	633,565.54	726,047.54	1,094,067.41	1,349,316.27	1,431,613.15	1,468,683.30	1,236,816.55	1,844,296.27	
October	897,378.14	846,958.68	534,556.62	500,741.08	525,397.26	954,484.86	1,188,529.69	1,116,275.87	1,174,910.46	919,650.64	1,492,630.60	
November	765,995.33	1,307,027.10	892,920.21	422,625.48	1,261,703.28	1,422,560.89	1,732,295.38	877,736.63	1,756,882.42	1,900,971.24	2,213,985.52	
December	1,415,786.24	1,320,805.76	877,663.14	907,713.54	1,119,405.06	1,377,405.92	1,588,551.10	1,485,681.91	1,678,723.86	1,833,528.58	2,083,484.81	

**Pennington County Human Services  
Emergency Assistance/Emergency General Ass  
Emergency Requests Related to Potential Evictions/Hous  
Date: February 11 - March 9, 2016**

**Approvals**

Eligibility Worker	File Date	Case	Request	Employment Status	Number of Children	Amount and Purpose
X157524	2/16/2016	1923271	rent	part time	1	\$750 - to prevent eviction
<b>TOTAL</b>						<b>EA</b>
						<b>EGA</b>

**Denials**

X157517	3/4/2016	1178803	rent and first month's deposit	full time	4	unknown
X157524	2/18/2016	22270	electric	unemployed	1	\$435 - to prevent electric disconnection.
X157535	1/25/2016	1794938	unknown	full time	0	unknown
X157535	2/25/2016	1592449	unknown	part time	0	unknown
X157540	2/18/2016	227354	unknown	unemployed	0	unknown
X157540	3/1/2016	326374	unknown	UIB (Unemployment Insurance Benefits)	0	unknown
X157546	2/11/2016	968638	unknown	self employed	3	\$629 - to reconnect electric service

**istance  
sing and Utilities**

<b>Agency Action</b>	<b>Date of Action</b>
EA Approved - \$750.00	2/16/2016
<b>\$750.00</b>	
<b>\$0.00</b>	

EA Denied. No emergency at this time. Living with parents rent/utility-free. Plans to save money for future housing needs.	3/8/2016
EA Denied. MFIP approved and MFIP funds paid to electric provider to prevent disconnection.	2/18/2016
EGA Denied. No emergency and no available funds.	2/19/2016
EGA Denied. No emergency and no available funds.	2/26/2016
EGA Denied. No emergency and no available funds.	2/18/2016
EGA Denied. No emergency and no available funds.	3/1/2016
EA Denied. Did not meet 30% co-pay.	2/16/2016

Expense	January 2016	February 2016	March 2016	April 2016	May 2016	June 2016	July 2016	August 2016	September 2016	October 2016	November 2016	December 2016	YTD	2015	Change
Foster Care	\$ 12,121.02	\$ 9,722.77										\$ -	\$ 21,843.79	\$ 10,750.40	103.2%
Rule 4	\$ 7,241.53											\$ -	\$ 7,241.53	\$ 18,191.89	-60.2%
Rule 8	\$ -	\$ 561.00					\$ -				\$ -	\$ -	\$ 561.00	\$ 12,301.00	-95.4%
Rule 5	\$ 22,359.43	\$ 12,299.90										\$ -	\$ 34,659.33	\$ 20,641.35	67.9%
Corrections	\$ 26,936.19	\$ 12,780.00										\$ -	\$ 39,716.19	\$ 91,617.22	-56.6%
Adoption Aid	\$ 26,993.00											\$ -	\$ 26,993.00	\$ -	
<b>Totals</b>	<b>\$ 95,651.17</b>	<b>\$ 35,363.67</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 131,014.84</b>	<b>\$ 153,501.86</b>	-14.6%						

Revenue															
Reimburse	\$ 2,286.03	\$ 503.35										\$ -	\$ 2,789.38	\$ 4,880.78	-42.8%
MH Recovery	\$ 822.00	\$ 822.00										\$ -	\$ 1,644.00	\$ 3,265.20	-49.7%
4E Recovery	\$ -	\$ 3,303.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,303.00	\$ 22,220.00	-85.1%
<b>Totals</b>	<b>\$ 3,108.03</b>	<b>\$ 4,628.35</b>	<b>\$ -</b>	<b>\$ 7,736.38</b>	<b>\$ 30,365.98</b>	-74.5%									

<b>Net Expense</b>	<b>\$ 92,543.14</b>	<b>\$ 30,735.32</b>	<b>\$ -</b>	<b>\$ 123,278.46</b>	<b>\$ 123,135.88</b>	<b>0.1%</b>									
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2015 Totals	\$ 74,103.23	\$ 49,032.65	\$ 63,800.77	\$ 122,647.50	\$ 39,412.60	\$ 74,829.58	\$ 52,954.66	\$ 18,966.88	\$ 101,067.37	\$ 95,903.51	\$ 69,719.50	\$ 51,684.77	\$ 814,123.02	\$ 814,123.02	0.0%
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YTD Change	\$ 18,439.91	\$ 142.58	\$ (63,658.19)	\$ (186,305.69)	\$ (225,718.29)	\$ (300,547.87)	\$ (353,502.53)	\$ (372,469.41)	\$ (473,536.78)	\$ (569,440.29)	\$ (639,159.79)	\$ (690,844.56)	\$ (3,856,600.91)		
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Expense	January 2015	February 2015	March 2015	April 2015	May 2015	June 2015	July 2015	August 2015	September 2015	October 2015	November 2015	December 2015	YTD
Foster Care	\$ 5,764.88	\$ 4,985.52	\$ 4,596.48	\$ 4,786.71	\$ 4,632.30	\$ 7,634.91	\$ 6,644.19	\$ 9,449.67	\$ 14,488.19	\$ 13,068.11	\$ 13,313.39	\$ 12,071.40	\$ 101,435.75
Rule 4	\$ 9,581.24	\$ 8,610.65	\$ 4,737.86	\$ 12,365.22	\$ 7,248.60	\$ 7,516.85	\$ 7,840.48	\$ -	\$ 2,827.98	\$ 25,211.11	\$ 4,122.95	\$ -	\$ 90,062.94
Rule 8	\$ 5,760.00	\$ 6,541.00	\$ 25,249.97	\$ 12,240.00	\$ -	\$ 3,964.04	\$ -	\$ -	\$ 15,776.00	\$ 49.63	\$ -	\$ 5,236.00	\$ 74,816.64
Rule 5	\$ 7,522.47	\$ 13,118.88	\$ 5,092.60	\$ 37,755.47	\$ 13,289.66	\$ 20,659.09	\$ 3,508.50	\$ 3,625.45	\$ 25,935.92	\$ 10,975.20	\$ 13,544.87	\$ 22,046.40	\$ 177,074.51
Corrections	\$ 49,459.94	\$ 42,157.28	\$ 27,286.00	\$ 58,719.94	\$ 37,968.80	\$ 38,249.46	\$ 33,855.16	\$ 35,168.19	\$ 44,225.23	\$ 47,910.13	\$ 40,881.23	\$ 26,993.00	\$ 482,874.36
Adoption Aid													\$ -
<b>Totals</b>	<b>\$ 78,088.53</b>	<b>\$ 75,413.33</b>	<b>\$ 66,962.91</b>	<b>\$ 125,867.34</b>	<b>\$ 63,139.36</b>	<b>\$ 78,024.35</b>	<b>\$ 51,848.33</b>	<b>\$ 48,243.31</b>	<b>\$ 103,253.32</b>	<b>\$ 97,214.18</b>	<b>\$ 71,862.44</b>	<b>\$ 66,346.80</b>	<b>\$ 926,264.20</b>

Revenue													
Reimburse	\$ 3,015.30	\$ 1,865.48	\$ 1,370.14	\$ 674.84	\$ 620.70	\$ 679.77	\$ 488.67	\$ 488.67	\$ 498.95	\$ 488.67	\$ 1,320.94	\$ 1,340.03	\$ 12,852.16
MH Recovery	\$ 970.00	\$ 2,295.20	\$ 1,792.00	\$ 2,545.00	\$ 3,432.06	\$ 2,515.00	\$ (1,595.00)	\$ 1,693.00	\$ 1,687.00	\$ 822.00	\$ 822.00	\$ 822.00	\$ 17,800.26
4E Recovery	\$ -	\$ 22,220.00	\$ -	\$ -	\$ 19,674.00	\$ -	\$ -	\$ 27,094.76	\$ -	\$ -	\$ -	\$ 12,500.00	\$ 81,488.76
<b>Totals</b>	<b>\$ 3,985.30</b>	<b>\$ 26,380.68</b>	<b>\$ 3,162.14</b>	<b>\$ 3,219.84</b>	<b>\$ 23,726.76</b>	<b>\$ 3,194.77</b>	<b>\$ (1,106.33)</b>	<b>\$ 29,276.43</b>	<b>\$ 2,185.95</b>	<b>\$ 1,310.67</b>	<b>\$ 2,142.94</b>	<b>\$ 14,662.03</b>	<b>\$ 112,141.18</b>

<b>Net Expense</b>	<b>\$ 74,103.23</b>	<b>\$ 49,032.65</b>	<b>\$ 63,800.77</b>	<b>\$ 122,647.50</b>	<b>\$ 39,412.60</b>	<b>\$ 74,829.58</b>	<b>\$ 52,954.66</b>	<b>\$ 18,966.88</b>	<b>\$ 101,067.37</b>	<b>\$ 95,903.51</b>	<b>\$ 69,719.50</b>	<b>\$ 51,684.77</b>	<b>\$ 814,123.02</b>
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# Mental Health Services in County Jails

## Key Facts and Findings:

- Problems with service availability in Minnesota’s adult mental health system have persisted for years, limiting peace officers’ options for referring persons with mental illness they take into custody.
- The Department of Corrections has not collected reliable data from jails on the number of inmates assessed for mental illness. However, our surveys of sheriffs suggest that one-third of jail inmates may be on medications for a mental illness.
- State rules do not adequately address some important areas of jail-based services, including mental health assessment of inmates following admission to jail.
- Most sheriffs and county human services directors believe that jail inmates should have better access to psychiatric services, counseling, and case management than they now have. In addition, these officials widely believe that the number of beds in Minnesota’s mental health facilities—particularly secure inpatient beds—is inadequate to meet current needs.
- There is limited compliance with a state law that requires discharge planning for sentenced jail inmates with mental illness.
- Contrary to law, some Minnesota defendants deemed mentally incompetent to stand trial remain in jail while awaiting court action on their possible civil commitment to competency treatment. Many incompetent defendants do not ultimately receive treatment to restore their competency.

- A 2013 law (the “48-hour law”) that gives jail inmates priority for placement into Department of Human Services (DHS) facilities has not always worked as intended, and it has limited the access of other patients to the Anoka-Metro Regional Treatment Center.

## Key Recommendations:

- The Legislature, DHS, and counties should fund and implement a more comprehensive set of community-based mental health services.
- DHS, with legislative support, should relocate some Anoka-Metro Regional Treatment Center patients who do not need hospital care so that this facility can better serve patients with challenging behaviors. The Legislature should fund DHS’s community behavioral health hospitals so they can use more of their licensed beds and provide a better resource for law enforcement.
- The Legislature should authorize a streamlined judicial process for individuals deemed incompetent to stand trial to be placed into treatment or referred to county social services. If the Legislature retains the current process, however, it should specify a time limit in law for incompetent inmates to remain in jail while awaiting commitment.
- The Legislature should amend state law to require mental health assessments of persons who remain in jail at least 14 days.
- The Legislature should amend state law to allow jails that have proper staffing and training to administer medications involuntarily, pursuant to a court order.

**Weaknesses in community-based and jail-based mental health services place at risk the well-being of persons with mental illness taken into custody by law enforcement.**

## Report Summary

Minnesota's county jails house persons taken into custody by law enforcement who have not yet had a criminal trial. They also confine persons who have sentences of up to one year. Courts have ruled that jails may not show "deliberate indifference" to inmates with serious medical issues, including mental health problems.

The Minnesota Department of Corrections (DOC) requires jails to report information on the number of inmates referred for mental health evaluations. However, the data collected have not been complete or reliable, and we recommend that the department ensure better reporting. Lacking good information on how many jail inmates have mental illness, we solicited information from county sheriffs about their inmate populations. Their estimates suggested that at least one-third of jail inmates take medications for a mental illness.

Among persons who received publicly funded services in Minnesota for a serious mental illness in 2014, at least 18 percent had an arrest in 2013 or 2014, and at least 10 percent had a conviction in those years.

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### **Limited availability of community and state-operated mental health services affects persons taken into custody.**

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In 1987, the Legislature passed the Minnesota Comprehensive Mental Health Act, and it set a target of full implementation by 1990. But, today, many mental health services remain unavailable—as indicated by the Department of Human Service's (DHS's) own analyses and by our surveys of county sheriffs and human services directors. As a result, law enforcement has limited options when they take someone with mental illness into custody, or when they seek treatment during or after an inmate's stay in jail.

Community hospital psychiatric beds are often full, partly because they have had problems discharging patients to state-run

psychiatric facilities. In 2015, it typically took more than 50 days for community hospitals to place someone in the Anoka-Metro Regional Treatment Center. A contributing factor is that jail inmates receive priority for placement at Anoka under a 2013 law (the "48-hour law"), limiting Anoka's ability to serve others. For example, 42 percent of Anoka's June 2015 patient population came to Anoka from a jail, up from 12 percent two years earlier. Nearly half of the patients in Anoka's "competency restoration" program (for persons deemed incompetent by a court to stand trial) did not require the hospital level of care that Anoka provides.

Meanwhile, DHS's smaller psychiatric hospitals have had significant staffing reductions, and they are now operating well below their capacity.

There is no single solution to improving community services for persons with mental illness who come into contact with law enforcement. As a first step, DHS, the Legislature, and counties should continue to address service availability problems in the state's mental health system. Second, the Anoka-Metro Regional Treatment Center needs to be available for patients who need inpatient mental health care in a secure setting. Transferring many of that facility's competency restoration cases to other locations would be helpful. Third, the Legislature should fully fund DHS's behavioral health hospitals so more of their beds are available in the communities they serve, including for persons taken into custody by law enforcement who have not been committed by a court to treatment.

Where possible, counties should formalize arrangements with community or state-run hospitals to help ensure that there will be places for persons who need inpatient care while in jail (or instead of going to jail).

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### **State rules for jails inadequately address some mental health issues.**

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DOC has adopted rules that govern jail practices. These rules are consistent with

some standards adopted by the corrections profession, but there are important areas in which the rules and standards do not align.

For example, professional standards suggest that jails should assess the mental health of inmates within prescribed periods after admission; state rules have no such requirements. Professional standards recommend the development of treatment plans for inmates with mental illness, but state rules do not require this. We recommend that DOC update its jail rules. In some areas—like mental health assessment—we think the Legislature should amend state law to ensure prompt implementation of changes.

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### **Services in jails for persons with mental illness are limited.**

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In surveys we conducted, a majority of Minnesota’s sheriffs and county human services directors said that jail inmates with mental illness should have better access to psychiatric services, counseling, and case management services.

DOC’s jail inspections have identified general issues that could affect inmates with mental illness. For example, 40 percent of jails’ most recent inspection reports cited problems with the jails’ ongoing checks on inmates’ well-being. Also, DOC often cited jails for inadequacies in staffing, training, and programming, which could adversely affect persons with mental illness.

Since 2000, there have been more than 50 suicides and 770 suicide attempts in Minnesota jails—some potentially preventable, according to DOC reviews. Litigation related to jails’ services for inmates with mental illness have been infrequent, but some settlements related to inmate suicides or self-harm have been large.

Some jail inmates do not comply with their prescribed medications. Minnesota law has provisions that allow for involuntary administration of antipsychotic medication in certain situations. The law does not explicitly

authorize these practices in jails, and jails rarely pursue this option. Further, state law only allows courts to authorize involuntary medication for individuals who have been court-committed to treatment (or for whom such commitments are under consideration). However, medications may help some individuals manage their illnesses so that commitments are unnecessary. We recommend that the Legislature consider statutory changes that would allow jails that have proper staffing and training to administer medications involuntarily at a court’s direction.

Inmates with complaints about mental health services have limited recourse. Just as there is a state ombudsman who investigates problems related to mental health services in human services facilities, we recommend that the Legislature consider establishing an ombudsman focused on investigating issues related to mental health services in correctional or detention facilities.

State law requires DOC to develop a “model discharge planning process” for certain jail inmates with mental illness. However, there has been limited compliance among counties with the law’s discharge planning requirements.

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### **Incompetent defendants often remain in jail and are not always treated to restore competency.**

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Under state law, individuals may not be criminally tried if they lack the mental ability to consult with attorneys, understand court proceedings, or participate in their defense. Thus, courts have procedures for evaluating defendants, and courts may determine that individuals are “incompetent” to stand trial.

In Minnesota, unlike most states, a person deemed incompetent must subsequently go through a separate commitment process to be placed in treatment intended to restore competency. The median time for determining competency in cases we reviewed was 50 days, and this was followed by a median time of an

additional 20 days for a decision on civil commitment.

State law says that individuals who are awaiting court decisions on their commitment cannot be in jail, unless a court finds this necessary to protect the life of the individual or others. But we found that 63 percent of incompetent defendants we tracked were in jail while awaiting commitment decisions—typically for at least a week. Counties should develop placement options so that incompetent individuals awaiting civil commitment do not sit in jail.

Minnesota’s standard for civil commitment is higher than the standard for incompetency. We found that in most cases where someone was found incompetent, no commitment petition was filed or the court did not commit the person. These individuals may simply have been released from custody, and it is unclear whether their mental health issues were addressed.

We recommend that the Legislature create a special commitment process so that persons charged with felonies or gross misdemeanors who are found incompetent could be immediately placed by a court in competency treatment. Those deemed incompetent for misdemeanor charges would be referred to a county human services agency for follow-up.

We also recommend that DHS implement competency restoration services in a full

range of settings. Currently, nearly all such services are provided in DHS’s high-security inpatient facilities, which may not be necessary for all cases.

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### **The “48-hour law” has not always worked as intended.**

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In 2013, the Legislature passed a law that required prompt placement of civilly committed jail inmates into DHS facilities. This law has mostly applied to persons deemed incompetent to stand trial and subsequently committed to treatment.

The law requires placements to occur within 48 hours, but it is unclear in law whether this is computed from the commitment order or DHS’s notification of the order. Courts have not always provided timely notification to DHS.

As of August 2015, about one-fourth of all individuals subject to the 48-hour law had not been placed within 48 hours of DHS’s notification of the order. There were various reasons for noncompliance; in some cases, the DHS commissioner chose not to comply due to concerns for staff and patient safety.

We recommend statutory changes to clarify how the 48-hour law should be administered, and to clarify whether there are circumstances in which DHS is not required to comply with the law.

## **Summary of Agencies’ Responses**

*In a letter dated February 17, 2016, Department of Corrections Commissioner Tom Roy said that OLA’s evaluation was “professional and thorough.” He said the department agrees with each of the OLA recommendations directed toward his agency, including those related to updates of statewide rules for jails and improved DOC oversight of certain jail-reported data.*

*In a letter dated February 22, 2016, Department of Human Services Commissioner Emily Piper said OLA’s report is “comprehensive” and makes “sensible recommendations.” She said a strong community mental health system is important for preventing incarceration of persons with mental illness, and she said 2015 legislative funding will help in this regard. Consistent with OLA recommendations, she said DHS is exploring ways to “free up” beds at its Anoka psychiatric hospital and provide more placement options for competency restoration treatment.*

The full evaluation report, *Mental Health Services in County Jails*, is available at 651-296-4708 or:  
[www.auditor.leg.state.mn.us/ped/2016/mhjails.htm](http://www.auditor.leg.state.mn.us/ped/2016/mhjails.htm)