

**ADMHS Departmental Response
To
2006-7 Grand Jury Report
“Health Care within Detention Facilities”**

Finding 1

Staff is not consistent in executing procedures for detoxification and completion of the Receiving Medical Screening Form CO-1122.

Response: (Partially Agree)

ADMHS concurs with the Sheriff’s Department finding of partial agreement with the finding of inconsistency in detoxification procedures. Persons under the influence who enter the jail require varying degrees of detoxification treatment based on their level of intoxication and other medical issues. Trained jail medical personnel make subjective reviews of each inmate undergoing detoxification and prescribe the appropriate treatment.

Recommendation 1

Policies should be posted at the booking site clearly defining the procedures for detoxification and completion of the Receiving Medical Screening Form (CO-1122).

Response: *The recommendation has been implemented, with a summary regarding the implemented action.*

Per the recommendation, the policies were posted at the designated detoxification holding cells and receiving areas on June 12, 2007.

Finding 2

It is difficult to establish the physical and mental state of the person being booked because a trained health care professional staff person may not always be available at intake.

Response: (Disagree)

ADMHS disagrees with the finding. At the time of intake, a Receiving Medical Screening is performed, following a structured written format, by the Receiving Officer. Other medical and mental health information is obtained by visual review and observation, as well as comments from the arresting personnel. In addition, information provided by family and/or significant others is well-received by Jail and ADMHS staff providing mental health and substance abuse treatment within the jail. Often arrestees have required a medical clearance from a local hospital prior to booking and that information is provided to the Receiving Officer and medical staff. The jail has 24 hour/7 day medical staff on site, which can respond to reception within 5 minutes of notification by intake staff. The Jail is

also provided crisis response by the ADMHS Mobile Crisis services to evaluate inmates who manifest signs of mental illness. ADMHS does not see support for this finding.

Recommendation 2

A trained health care staff person should always be present at each booking.

Response: *The Department does not agree with this recommendation*

ADMHS concurs this is not warranted. The system that exists is sensitive to the identification of both physical and mental health conditions. When urgent/emergent mental or physical health conditions present, the Jail has existent Prison Health Service medical response, and ADMHS Mobile Crisis response available to immediately attend and evaluate the needs of any inmate. Not all bookings require medical staff presence immediately at intake. The existing protocols listed in the Response to Finding 2 should ensure that medical staff is appraised of inmates needing medical/ mental health attention.

Finding 3

Inmates are released at any time of day or night without consultation with the Prison Health Service and Alcohol, Drug and Mental Health Services staff.

Response: (Partially Agree)

ADMHS concurs with the Sheriff's Department and partially agrees with this finding. There exist legal statutes that govern inmate retention and release that must be followed; however, development of a planned release system for at-risk inmates is supported by the Sheriff's Department and described in the response to Recommendation 3. ADMHS is a partner in the planned release of inmates and works with the Sheriff to coordinate notification of release for special needs clients.

Recommendation 3

Staff should consult with Prison Health Services and Alcohol, Drug and Mental Health Services when appropriate before releasing an inmate.

Response: The recommendation has not yet been implemented, but will be implemented in the future (see text for timeline)

Planned inmate release is the best solution for at-risk/special needs inmates. Currently the planned release occurs on a specific case-by-case basis. Medical and mental health personnel who are aware of inmates with special needs will seek to provide continued coordinated care, and transition incarcerated inmates to appropriate mental health and/or drug & alcohol treatment resources. ADMHS and the Sheriff's Department has been working on refining this process.

The needed last piece of this involves the Sheriff's Department working with the courts, attorneys and other service providers to enhance coordinated planned releases for inmates with special medical and mental health needs. The courts must approve the Planned Release Court Order form and this is expected by July 15, 2007. This process will assure improved release coordination. The scope of available community resources and housing, however, are key to the success of this program.

Finding 4

Inmates placed into the general population of the jail might be infected with communicable diseases.

Response: (Agree)

ADMHS concurs with the Sheriff's Department and agrees with this finding. Communicable diseases are prevalent in the general public and it is probable that some inmates will be admitted with such diseases. Once a communicable disease is identified or suspected, custody personnel will contact medical staff for the appropriate response and treatment.

Recommendation 4

Any person suspected of having a communicable disease at booking should be kept in isolation and tested promptly.

Response: *The recommendation has been implemented.*

As a component of the booking screening process, inmates displaying symptoms of a communicable disease are referred to medical staff immediately. If an infectious disease is identified from this screening or from existing custody records and/or knowledge, appropriate housing occurs based on medical and classification recommendations.

Finding 5

The Intake Screening Officer and/or medical staff person impounds all personal property including medications during the booking process.

Response: (Agree)

ADMHS agrees with this finding. It is not possible to identify with confidence that medications brought into Jail by an inmate are pure and free from tampering or contamination, and do not contain banned substances.

Recommendation 5

Inmates determined to be mentally incompetent by the courts should be removed from the general jail population.

Response: *The Department does not agree with this recommendation*

ADMHS has improved community crisis response through the CARES program, and as well mobile crisis services have been augmented by directly employed professionally trained county staff. Our intention is to work with law enforcement and divert those who are involved in minor criminal activity into treatment, thus avoiding incarceration. Within the Jail and the courts, ADMHS Jail and Justice Alliance staff work to secure appropriate acute and subacute treatment for those in need, which may include early release arrangements when a proper treatment program can be identified. However, there are instances wherein mentally ill and substance abusing individuals are involved in alleged criminal activity of such magnitude that does require the security of a jail setting. These individuals may require both incarceration and treatment. In addition, the lack of mental health acute and sub-acute bed space is a nationwide concern, which does limit options. These beds and supportive interventions have only lately become a policy priority as evidenced by the Mental Health Services Act programming. It must also be noted that the jail has specific housing and accommodation responses for those inmates with mental health issues. The existence of mental illness and/or alcohol and drug problems, however, are just several of the factors that the Jail must consider in determining “inmate classification” and resultant housing arrangements. Criminal charges, past jail history, classification concerns, along with mental health and medical recommendations are some of factors used. Some mental health inmates do well in general population. The housing placement should be a considered evaluative approach utilizing all the specialized professionals within the jail environment along with any other data that can be obtained from the inmate’s family, personal physician, or mental health provider.

Finding 6

Inmates have a basic understanding of the procedures for sick call and filing written grievances. However, some say they are reluctant to file written grievances for fear of retribution.

Response: (Partially Agree)

ADMHS partially agrees with this finding. In any situation of authority, some people are fearful of complaining. Many existing safeguards prevent or address any issue of retribution. However, ADMHS is made aware of all requests for service involving psychotropic medications, and related grievances. ADMHS must respond and interview individuals who make such requests or grievances. The numbers of both service requests and grievances seems significant enough to produce the sense that any fear of retribution is having a minimal impact upon the writing of such papers.

Recommendation 6

The county should authorize and fund a court-appointed ombudsman, beholden neither to detention authorities nor detention advocacy groups, to evaluate and report complaints.

Response: *The Department does not agree with this recommendation*

ADMHS concurs with the Sheriff's Department and disagrees with this recommendation. The county should not bear the cost of this position as there are many existing avenues and remedies to identify and resolve grievances. Complaints by inmates are actively identified and investigated by many means. Education of inmates regarding the grievance procedure is the best course to ensure that all complaints are properly documented. Lastly, it seems that inmates feel quite comfortable in requesting any medical or mental health treatment that they feel needed. The volume of reviewed requests for services and grievance reviews are not insignificant.

Finding 7

Mentally ill inmates are housed in the general population and many receive medications to treat their conditions. Medications are issued from the jail formulary and may differ from medication received prior to incarceration.

Response: (Agree)

ADMHS concurs with the Sheriff's Department and agrees with this finding. Jail medical and mental health personnel evaluate an inmate's needs and prescribe the appropriate medications. The medication prescription practices in a forensic environment must differ from community practice. The physicians and facility must be alert to medications with a high abuse potential, and cautious about what medications are utilized. At times this may mean a same class of drug will be used that differs in specific from what the individual takes within the community. Addictive potential drugs such as stimulants, benzodiazepines (Valium, Atavan, Xanax, e.g.) and narcotics can, if prescribed in a jail setting, result in extortion of the inmate to secrete and pass on the medication to others. There are drugs that are simply not possible to use in the jail setting. But appropriate alternatives are always identified and prescribed if needed.

Finding 8

Inmates who are determined mentally incompetent by the courts are not segregated from the general population in the Main Jail before transfer.

Response: (Partially Agree)

ADMHS and the Sheriff's Department partially agree with this finding. Mental health personnel, along with the jail Classification Unit determine the best housing available for each mental health inmate on a case-by-case basis. These housing arrangements are made with the needs of the individual in mind. Those

who do well in a congregate living environment may be housed there. Those whose needs indicate for individual housing or other arrangements will be so housed. Currently there is an extended delay for admission to state mental hospitals, governed by the one state hospital discharge to any one state hospital admission, which adds to the difficulty in locating appropriate housing. These beds are in constant demand.

Finding 9

A volunteer ombudsman visits the Main Jail.

Response: (Agree)

ADMHS concurs with the Sheriff. Any additional contact for jail inmates is another link to the society outside, and is a therapeutic, beneficial contact. This also promotes communication and awareness between the inmate and the institutional staff.