

SHERIFF'S DEPARTMENT RESPONSE
SANTA BARBARA COUNTY CIVIL GRAND JURY'S 2006-2007 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 to Finding 1: The Sheriff's Department partially agrees with this finding. 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 to Recommendation 1: 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 to Finding 2: The Sheriff's Department disagrees with this finding. At the time of intake, a Receiving Medical Screening form is completed 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. 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.

Recommendation 2: *A trained health care staff person should always be present at each booking.*

Response to Recommendation 2: The recommendation will not be implemented because it is not warranted. 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 to Finding 3: The Sheriff's Department partially agrees with this finding. There are legal statutes that must be followed regarding the release of inmates; however, planned release is supported by the Sheriff's Department and described in the response to Recommendation 3.

Recommendation 3: *Staff should consult with Prison Health Services and Alcohol, Drug and Mental Health Services when appropriate before releasing an inmate.*

Response to Recommendation 3: The recommendation has not yet been implemented, but will be implemented by December 15, 2007. Planned inmate release is the best solution for this issue and this occurs on a case specific basis. Medical and mental health personnel who are aware of inmates with issues will seek to provide continued care as available. Currently the Sheriff's Department is 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. The key to planned releases is a system of continuing care after release; however, this will require greater community resources.

Finding 4: *Inmates placed into the general population of the jail might be infected with communicable diseases.*

Response to Finding 4: The Sheriff's Department 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 to Recommendation 4: The recommendation has been implemented. At the time of intake, inmates displaying symptoms of a communicable disease are referred to medical staff immediately. This would also occur from inmate disclosure or existing custody records and/or knowledge. The appropriate housing is 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 to Finding 5: The Sheriff's Department agrees with this finding.

Recommendation 5: *Inmates determined to be mentally incompetent by the courts should be removed from the general jail population.*

Response to Recommendation 5: The recommendation will not be implemented because it is not warranted. The lack of mental health bed space is a nationwide concern. The jail has specific housing units for those inmates with mental health issues; however, many factors are used to determine the appropriate housing area. Crime charges, past jail history, classification

concerns, along with mental health and medical recommendations are some of factors used. Some mental health inmates program well in general population. The housing placement should be a subjective 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. This all must be combined with safety and security protocols.

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 to Finding 6: The Sheriff's Department 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.

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 to Recommendation 6: The recommendation will not be implemented because it is not reasonable. The Sheriff's Department 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.

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 to Finding 7: The Sheriff's Department agrees with this finding. Jail medical and mental health personnel evaluate an inmate's needs and prescribe the appropriate medications.

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 to Finding 8: The Sheriff's Department partially agrees 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. Currently there is an extended delay for admission to state mental hospitals, which adds to the difficulty in locating appropriate housing.

Finding 9: *A volunteer ombudsman visits the Main Jail.*

Response to Finding 9: The Sheriff's Department agrees with this finding.