

# **MAIN JAIL HEALTH SERVICES Inmate Care Gets a Check-Up**

## **SUMMARY**

The Santa Barbara County Sheriff's Department is responsible for all health care for inmates incarcerated in any of the adult detention facilities under its jurisdiction. As many of the inmates have long-neglected health problems and have led very unhealthy lifestyles, including abusing drugs and alcohol, tending to their health has become a formidable and expensive task indeed. On the whole, inmates at the Main Jail receive quality care under difficult and complex conditions. Yet problems can, and do, surface.

Health services in jail are regularly reviewed by the Institute for Medical Quality (IMQ), which accredits health care facilities. Such a review was conducted in August 2007, and accreditation was denied based on deficiencies identified by the reviewers. The Sheriff requested an additional review, conducted by the National Institute of Corrections/Jail Division (NIC) in November 2007. In preparing this report, members of the 2007-2008 Santa Barbara County Civil Grand Jury reviewed the relevant documents prepared by both these agencies and by the Santa Barbara County Public Health Department in 2007. Although the Grand Jury cannot match the time, personnel, and expertise involved in the preparation of the IMQ, NIC, and the Public Health Department reports, it believes comments on some of their findings are appropriate. While most of the deficiencies require action by the contracted health care provider, Prison Health Services (PHS), the Sheriff's Department is ultimately responsible for health care management in the jail. The Sheriff's Department should, at the least, address deficiencies in discharge planning, electronic records, and mental health staffing.

## **INTRODUCTION**

The Main Jail has a rated bed capacity of 618; the Medium Security Facility (Honor Farm) has a rated capacity of 161. However, the average daily inmate population has often been over 900. Floor sleeping, due to the overcrowding of the Main Jail, often contributes to inmate complaints. Between 35 and 50 arrestees are booked into the Main Jail daily. Every incoming inmate receives a screening for physical and mental health, which consists of the observations by an intake officer and self-disclosure. The Jury learned that inmates are not reluctant to self-disclose, knowing that they will receive health care in the jail. Medical jail staff reported that a large majority of the inmates who require medical attention are repeat offenders and thus receive a good deal of their medical care only at the jail.

The Sheriff's Department contracts with PHS, a nationwide private organization, to provide medical care to inmates of the Main Jail. PHS employs 20 nursing staff plus a

full-time physician. A part-time dentist provides dental care. In addition, the Sheriff's Department contracts with Santa Barbara County Alcohol, Drug and Mental Health Services (ADMHS) to provide mental health care for inmates. Inmates requiring hospitalization are admitted to Cottage Hospital or the Psychiatric Health Facility, also paid for by the Sheriff's Department. The total cost of providing health and mental health care for inmates exceeds \$4,000,000 per year, or 10% of the total budget for the jail. Of the approximately \$4,000,000 cost, over \$800,000 is spent on mental health care, including hospitalization of mentally ill inmates at the Psychiatric Health Facility when needed. In addition, medications cost over \$400,000 per year, the majority for psychiatric medications. The cost of pharmaceuticals continues to escalate. MediCal and Medicare do not pay for either medical services or pharmaceuticals for jail inmates.

The three medical reports reviewed by the Grand Jury were the *Institute for Medical Quality: Accreditation Report to the Corrections and Detentions Health Care Committee, Santa Barbara County Main Jail*, dated May 24-25, 2007; the *Technical Assistance Report for the Santa Barbara County Sheriff's Department: NIC-Technical Assistance Grant #08J1013*, dated November 29, 2007; and the *Public Health Department Adult Type I, II, III and IV Facilities: Local Detention Facility Health Inspection Report*, dated February 13, 2007.

### **Institute for Medical Quality Accreditation Report**

Review by the Institute for Medical Quality (IMQ) is strictly voluntary, but accreditation by this agency is sought as evidence for high standards of medical care. As part of the evaluation, the IMQ reviewer, a physician, reviewed 17 patient charts and noted:

The medical chart review discovered gaps in patient care, a lack of attention to identified health problems, and questionable medical practices. (Page 26)

The above deficiencies noted by the IMQ must be corrected by the Sheriff's Department and PHS in order to obtain accreditation at the next review, which has been requested but not yet scheduled. Given the professional expertise required for the corrections to be made by PHS and the Sheriff's Department, the Grand Jury defers to the second review by the IMQ inspectors.

Additionally, the IMQ report noted six deficiencies out of 238 criteria:

1. Many policies and procedures in the Policy Manual were found to be outdated and differed from actual practice.
2. Problems identified during routine audits were not re-evaluated until the next scheduled audit.
3. There were no procedures in place for monitoring patients with mild symptoms of detoxification, and patients were not monitored to see if their condition was deteriorating.

4. Deaths in custody were reviewed by medical and custody staff independently, rather than collaboratively, and there were no procedures in place for medical staff to review autopsies. (The IMQ physician noted that the two deaths reviewed occurred over a year prior to the review.)
5. There were no written, individualized treatment plans in some charts, especially in the mental health section.
6. Policies for exercise for inmates met the minimum required by state law but in some sections of the facility did not meet the minimum IMQ standards.

## **Technical Assistance Report**

The Technical Assistance Report by the National Institute of Corrections (NIC) was prepared in response to a request by the Sheriff after the IMQ accreditation was denied. The NIC reviewer, also a physician, gave health care at the Main Jail positive marks. After reviewing 35 patient charts, he noted that:

The health care provided to the inmates in the Santa Barbara County Jail met and or exceeded the minimal standards and guidelines in Title XV of the California Administrative Code of Regulations. In addition these health care services comport with the best practices of the Correctional Health Care profession and are within reach of Accreditation by the California Medical Association's Institute of Medical Quality contingent upon continued correction of the deficiencies identified in the May 2007 survey. (Page 1)

Unlike the IMQ review, the review done by NIC is not based on specific criteria; however, the reviewer made numerous recommendations, some similar to those made by the IMQ. Different NIC recommendations included:

1. Transfer the responsibility for intake health screening from a correctional officer to PHS health staff.
2. Improve the transfer of information from consulting physicians and the hospital to the jail health staff.
3. Provide additional funding for 1.5 full-time equivalent psychiatrists, which would bring the total staffing to 2.0 full-time psychiatrists.
4. Provide funding to establish a full-time discharge planner to facilitate community transition for mentally ill inmates.
5. Develop a written Communicable Disease Management Plan in collaboration with the local Public Health Officer.
6. Discontinue the practice of crushing or liquefying medications without a physician's order and documented evidence of "cheeking" or hoarding.
7. Continue efforts and progress toward implementation of electronic medical records.
8. Cease the practice of charging inmates \$3 for medical visits when they are not seen by the physician.

## Public Health Department Evaluation

The County Public Health Department conducts a mandatory annual jail inspection, which includes a medical/mental health evaluation of the Main Jail and the Medium Security Detention Facility. Out of 198 items covered, the Public Health Department report noted only the following deficiencies:

1. No written plan to address translation needs to assure informed consent in a language understood by the inmate
2. Lack of policies and procedures regarding self-administration of medication
3. No birth control measures provided for female inmates.

### METHODOLOGY

Grand Jury members visited the Main Jail, including medical facilities and housing for medically or psychiatrically ill inmates. Staff from the Main Jail, PHS and mental health staff working in the jail, including administrators, nursing and medical personnel, were interviewed. Members of the Jury spoke with the Sheriff about changes in policy and procedures that addressed situations listed in the medical reviews. Documents reviewed included budgets, reports from the IMQ, NIC, and the Santa Barbara County Public Health Department, previous Grand Jury reports, and a long list of complaints received from inmates by the Grand Jury and the American Civil Liberties Union (ACLU). Health care policies and procedures and various forms and protocols were also reviewed. The Grand Jury did not review any patient charts, as was done by the IMQ and NIC.

This Grand Jury report discusses some of the specific recommendations listed in the three medical inspection reports in the following order:

- Transferring intake health screening to the PHS staff
- Monitoring new inmates with mild detoxification symptoms by medical staff
- Stopping the \$3 charge if the inmate does not see the doctor
- Creating written policies for self-administration of medications
- Providing birth control
- Funding a full-time discharge planner
- Discontinuing crushing or liquefying medications
- Providing funding for two full-time psychiatrists
- Writing individualized treatment plans
- Improving information transfer from outside physicians or hospitals
- Instituting electronic medical records

This report focuses only on health care services at the Main Jail. The IMQ and NIC medical reviews do not cover any other facilities. Where deficiencies have been addressed by the Sheriff's Department or PHS, this jury report notes changes or decisions made. Administrative changes such as translation, a communicable disease plan, the policy manual and the medical review of deaths in the jail are not discussed in this report,

as these procedures are being revised by the Sheriff's Department. Increasing exercise space, noted in one report, is limited by the aging and crowded facility.

## **OBSERVATIONS AND ANALYSIS**

### **Medical Services**

Arrestees coming into the jail are seen by an Inmate Screening Officer (ISO), and the inmate fills out a health questionnaire (the Receiving Medical Screening form). Any indication of illness on the Receiving Medical Screening form is turned over to nursing staff for prompt evaluation. Nurses are on duty 24 hours a day and are available to assist in the intake process if requested by the ISO. Jail staff believe that this method of screening is appropriate and adequate. Furthermore, all inmates are seen by nursing staff for medical evaluation within 14 days of incarceration.

There are written nursing evaluation tools and treatment protocols for most common conditions, such as diabetes, hypertension, asthma, and alcohol or opiate withdrawal. All inmates are screened to determine the need for detoxification. Incoming inmates experiencing severe alcohol withdrawal are not accepted; they are sent immediately to the hospital. Inmates with mild symptoms of detoxification from alcohol are housed in a special unit that is under video monitoring. According to jail staff, this method of monitoring suffices in most cases. The admission form also provides information used for screening inmates with mental health problems; these inmates are referred to the mental health staff. Jail health administration has increased staff training for handling dementia and recognizing dangerous shifts in behavior.

While in custody, inmates can at any time fill out a request form for sick call. Sick call is conducted daily, and a physician is available five days a week, eight hours a day. Staff indicated that they receive between ten and twenty requests a day. These are prioritized by a nurse, and either a nurse or doctor will see the inmate within 48 hours. Inmates are required to pay \$3.00 to see the physician, but they will be seen without pay if they are indigent. The practice of charging inmates \$3.00 when they do not follow through with their appointment has been stopped.

Medications are dispensed by nursing staff. Any medications brought to the jail by inmates are taken away and stored. There had been complaints from inmates because they were not allowed to take their own medications. However, jail staff have no way of verifying the nature of the medications brought in by inmates. In response to inmate grievances, inmates may now receive medications prescribed prior to incarceration when validated by medical staff rather than substitutes from a formulary. Doing so did not increase costs by a great amount, according to PHS staff.

The Public Health Department report noted certain deficiencies with the self-administering of medication and unavailability of birth control pills. Self-administration

of medication is limited to medications such as eye drops and inhalers. Also, birth control measures are not provided, except during the month prior to release per inmate request.

The Grand Jury received several complaints directly from inmates and reviewed a summary of complaints sent by inmates to the ACLU. Common themes were lack of attention to inmates' ailments or pain, delays in getting medical attention, and rude or uncaring attitude of some health care staff. Jail health staff acknowledged the absence of a "good bedside manner" in some instances and have addressed this concern with PHS over the past few years. While this does not necessarily reflect a lack of quality medical care, the Grand Jury believes that these are issues which jail health staff should not ignore.

Inmates are transferred to Cottage Hospital for evaluation and treatment of serious conditions which are beyond the capability of the jail medical services such as diabetic coma, delirium tremens, or any needed surgical procedures. All services by Cottage Hospital to jail inmates are paid for by the Sheriff's Department. These costs can be considerable. The cost of treatment for one inmate who had cancer exceeded \$1 million. A recent agreement by Cottage Hospital to bill the Sheriff's Department at Medicare rates should help decrease some of these expenses. The hospital has also agreed to minimize expensive elective tests such as CT scans and MRIs.

Specialist care is provided at the Santa Barbara County Public Health Clinic. Various clinics such as obstetrics, eye, and hand are held every week at the Public Health Clinic. Inmates who choose to see their private physician on the outside are accommodated at their expense and taken to the physician's office by Sheriff's deputies.

Jail staff commented that they are seeing an aging, less healthy and less mentally stable population. Many inmates have chronic ailments such as diabetes, hypertension and/or obesity. There is an increasing risk of inmates with TB, HIV/AIDS, hepatitis, and Methicillin Resistant Staph Aureus (MRSA), the antibiotic-resistant infection. Jail staff also noted deterioration of teeth from use of methamphetamines. Currently, a dentist comes to the jail twice a week. Jail staff see a need to increase the number of these dental clinics.

A problem brought up by PHS staff was that when inmates are released, they do not have follow-up medical arrangements for their ongoing medical problems, such as hypertension or diabetes. Inmates with psychiatric problems need a safety net once released. The NIC Technical Assistance Report made specific mention of the lack of adequate discharge planning and recommended hiring two discharge planners, one for medical and one for psychiatric services. Medical and mental health staff frequently do not know when an inmate is about to be released, since inmates are sometimes released by the courts without notice. A new procedure, the Planned Release Program, has recently been implemented. Under this program, staff of the Public Defender's office help make after-care contacts, including residential treatment programs, for inmates prior to release. Even with this new program, jail staff recognize the need for a discharge planner.

## **Mental Health Services**

The Sheriff's Department contracts with County Alcohol, Drug and Mental Health Services (ADMHS) for mental health care in the jail. Staffing consists of a half-time psychiatrist who is present weekday afternoons, and approximately two full-time-equivalent nursing staff (Registered Nurse or Licensed Psychiatric Technician) to provide 7-days-a-week, 10-hours-a-day coverage. The usual caseload is 100 to 130 patients. There is a position for a clinician-administrator, which has remained unfilled for a number of years.

Many inmates are on psychotropic medications when they come into the jail. The psychiatrist evaluates these cases for a history of mental illness or specific target symptoms. Mental health staff obtain previous records from outside sources, including physicians, clinics, and state prisons, from which a number of the jail inmates come. Medications are usually continued if the psychiatrist agrees that there is a legitimate indication for the medication. Since many of these patients are stable on their medications, they require only monthly medication checks by the psychiatrist.

Medications requested by inmates are sometimes refused because of the drug's addictive and abuse potential. These refusals generated numerous complaints. Another frequent complaint from inmates has been that, for some of them, medications are crushed or liquefied to prevent "cheeking" and subsequent hoarding or sharing with other inmates. This problem continues to be monitored.

Conversely, some of the most seriously mentally ill inmates refuse medications. Psychiatrically ill inmates who cannot be managed in the jail setting, usually because they refuse their medications, are transferred to the 16-bed Psychiatric Health Facility near the jail. Correctional staff commented on the inadequacy of 16 beds for the county.

The NIC Technical Assistance Report noted that there are 100-130 inmates on psychotropic medication, and it concluded that all have a serious mental illness. On that basis the reviewers recommend two full-time psychiatrists. According to mental health staff, many of these inmates are stable on their medications, and perhaps only 20-25 would be considered seriously mentally ill. While two full-time psychiatrists may not be needed, jail mental health services are nonetheless understaffed. At the minimum, the vacant clinician-administrator position should be filled. This individual is needed not only to provide direct clinical services, but also to represent jail mental health in discussions and planning with administration. Currently, jail mental health staff are not included in monthly meetings held with PHS and jail administration. Moreover, increased staff could allow the development and supervision of individualized treatment plans, the absence of which was noted in the IMQ report.

The psychiatrist and mental health staff evaluate inmates for mental disorders and prescribe medications when needed. Counseling and psychotherapy are not routinely provided due to the shortage of staff. However, inmates with drug, alcohol or anger

management issues may attend prevention and intervention classes as part of the Sheriff's Treatment Program (STP). There is a high demand for these classes, and many inmates have to wait 30 to 60 days to attend. Trained staff at the jail lead these classes, and some classes are a joint effort with outside agencies such as Santa Barbara City College. Ideally, all inmates who wished to would be able to participate in these classes. Santa Barbara has many outside agencies that work with these issues which are becoming more prevalent in the jail population. With impending budget cuts, the Sheriff's Department needs to find sources of volunteers to act as partners with STP in their treatment programs.

### **Medical Record Keeping**

Medical records by both the jail mental health and PHS staffs are handwritten. Most health facilities have converted to electronic medical record keeping. The NIC Technical Assistance Report recommends that the Sheriff's Department and PHS "continue their effort and progress toward roll out of an Electronic Medical Record." Electronic record keeping would not only reduce errors, but also increase the efficiency of transmission of needed information between the jail and other medical providers, including facilities where the inmates are referred for continuing care after release from jail. Moreover, this could improve the process of obtaining an initial medical history, a process found sometimes lacking by one of the medical reviewers. At the same time, electronic medical records would facilitate the retrieval of prior records for repeat offenders upon entering the jail, especially if there is a history of drug or alcohol abuse. Electronic medical record keeping would furthermore facilitate the individualized treatment plans required for mental health patients.

When inmates are sent to Cottage Hospital, no records are sent back with them. Cottage Hospital records and results from all local laboratories and imaging facilities (X-rays, CT scans, MRIs) are available to physicians in the community on-line. However, PHS staff are unable to access this information, since the Sheriff's Department and PHS computer networks cannot install the special software needed on their computers. Having access to this information in a timely manner would permit more rapid diagnosis and treatment and could avoid unnecessary duplication of lab work. To accomplish this, jail health services would need one independent computer with direct connection to the internet.

### **CONCLUSION**

At a meeting with Sheriff's Department staff in February 2008, the Grand Jury was informed that the deficiencies and recommendations of the IMQ had been addressed by its staff and Prison Health Services and that most of the deficiencies had been corrected. A new accreditation review by the IMQ will occur in the near future. The Sheriff should be commended for showing enough concern to order a second independent medical review and for following up on the first review.

Nevertheless, medical and mental health staff at the Main Jail must be on the alert for myriad and increasingly complex conditions inside the jail. If inmates do reflect an aging, less healthy, and more mentally disturbed population, jail health staff must continuously upgrade its practices and review staff response. Training must be continual. For the most part, jail health staff perform efficiently and appear to care about the inmates. But they need to maintain the important standards to which all three reviewing agencies hold them.

## **FINDINGS AND RECOMMENDATIONS**

### **Finding 1**

The Institute for Medical Quality denied accreditation to jail health services in August 2007.

### **Recommendation 1**

The Sheriff's Department and Prison Health Services should correct all deficiencies noted in the Institute for Medical Quality review and insure that accreditation is granted at the next review.

### **Finding 2**

The costs of medications are over \$400,000 per year and are increasing.

### **Recommendation 2**

Jail staff should pursue ways to decrease pharmacy costs such as forming a purchasing pool with other county departments and/or other sheriffs' departments from other counties.

### **Finding 3:**

There is inadequate discharge planning for inmates with medical or mental health problems.

### **Recommendation 3**

Jail health staff should be assigned to assist in discharge planning.

### **Finding 4**

The clinician-administrator position has remained unfilled.

### **Recommendation 4**

The clinician-administrator position for mental health should be filled.

### **Finding 5**

Classes for the Sheriff's Treatment Program are full, and all inmates cannot attend.

### **Recommendation 5**

The Sheriff's Department should increase efforts to partner with outside agencies to run drug, alcohol and anger management classes for the Sheriff's Treatment Program.

**Finding 6**

Jail medical records are handwritten.

**Recommendation 6a**

Jail health services should convert to electronic medical recordkeeping.

**Recommendation 6b**

Mental health records should be part of the Alcohol, Drug and Mental Health Services on-line medical records system.

**Finding 7**

Jail health staff do not have access to on-line medical records from other local health care facilities.

**Recommendation 7a**

Prison Health Services should have an agreement with Cottage Hospital that when inmates are treated at the hospital, copies of medical records accompany the inmate when the inmate returns to the jail.

**Recommendation 7b**

The Sheriff’s Department and Prison Health Services should make a collaborative effort to obtain a freestanding computer with high-speed internet access to allow access to on-line medical records from other health care facilities.

**REQUEST FOR RESPONSE**

In accordance with Section 933(c) of the California Penal Code, each agency and government body affected by or named in this report is requested to respond in writing to the findings and recommendations in a timely manner. The following are the affected agencies for this report, with the mandated response period for each:

**County Sheriff’s Department – 60 days**

Findings 1,2,3,4,5,6,7  
Recommendations 1, 2, 3, 4, 5, 6a, 6b, 7a, 7b

**Alcohol, Drug and Mental Health Services – 60 days**

Finding 4  
Recommendation 4

**Information copy only – Prison Health Services**