

SANTA BARBARA COUNTY JAIL

Intake Screening Process

SUMMARY

The 2015-2016 Santa Barbara County Grand Jury (Jury), reviewed the inmate intake procedures of the Santa Barbara County Jail (Jail) to ensure the facility is operating within the scope of *California Code of Regulations Title 15 (Title 15)* and the Santa Barbara Sheriff's Office (SBSO) Custody Operations Policy and Procedures Manual. This report outlines the operations, procedures, and observations made of the intake process, as well as findings, discrepancies, and recommendations made by the Jury.

The Jury found the intake screening process of the SBSO and Corizon Health (Corizon) was inconsistent in following established protocols, policies, and procedures. The medical intake process is cumbersome as the inmate medical records are not computerized. SBSO staff does not provide adequate oversight of Corizon contracted medical staff. In at least one instance, Corizon employees failed to follow established medical intake protocols.

According to SBSO staff, they are aware of these problems with the intake screening process and are already taking steps to reorganize the intake process to correct the problems identified. New protocols, policies, and procedures are being discussed by Corizon and the SBSO. In addition, a new Health Services Administrator and a Grievance Coordinator have been hired to ensure that any protocol deviations are addressed. As of the completion of this report, these changes are still in the implementation process.

BACKGROUND

The Santa Barbara County Jail (Jail) is a Type II detention facility, as described by the *California Code of Regulations, Title 15 (Title 15)*, used for the custody of persons pending arraignment, during trial and upon sentencing. The Jail is operated by the Santa Barbara Sheriff's Office (SBSO). It has been described as a revolving door with many of the same people being arrested, jailed, and released only to be arrested again. Arrestees are transported to the Jail daily from throughout the county. The Santa Barbara County Grand Jury (Jury) learned that approximately 75 percent of the Jail inmates are categorized as pretrial inmates. Some may stay less than one day or until their court arraignment proceeding and are then released. It is not uncommon for about 60 percent of the inmate population to leave within two to four weeks. There are at least 40 to 60 arrestees a day who must go through the intake procedure. Whether it's a short stay or a long stay, all arrestees entering the Jail must go through an intake process which includes a medical evaluation.

Agreement with Corizon Health

Since July 1, 2013, SBSO has had a Correctional Medical Agreement with Corizon Health (Corizon), a

national for-profit correctional health care company based in Tennessee. This two year contract with the SBSO was scheduled to expire on June 30, 2015. However, the Board of Supervisors (BOS) extended the contract to March 31, 2017.

The SBSO contract with Corizon is intended to ensure arrestees entering the Jail receive adequate medical evaluations and that inmates are provided appropriate medical care. Corizon staff are required to work within the contracted budget and operational constraints of the Jail. The Jury recognizes this can be a challenging task because many arrestees enter the Jail in poor health with preexisting medical conditions. According to SBSO staff, approximately 75 percent of inmates in the Jail have substance abuse issues. The Jury was told that most of the arrestees entering the Jail have one or more medical problems. It costs approximately \$60,000 a year to house an inmate in the Jail.¹ The recidivism rate is approximately 70 percent which means that seven out of ten inmates will re-offend and end up back in the Jail and will have to go through the intake screening process again.

METHODOLOGY

Members of the Jury toured the Jail and observed the intake operation of the Jail, during regular work hours, and reviewed a video of an intake process. The Jury reviewed the SBSO Custody Operations Policy and Procedures Manual (Manual), staff memorandums, and reports. The Jury also examined intake assessment forms. In addition, the Jury also interviewed SBSO custody officers and Corizon staff.

OBSERVATIONS AND ANALYSIS

The Jail provides the following core set of prisoner intake functions:

- Identifying the prisoner
- Developing the prisoner's record
- Conducting medical and mental health assessments.
- Determining the prisoner's threat to public safety and his/her security requirements
- Identifying sex offenders, sexual predators, and vulnerable inmates
- Scheduling transfers to the long-term facility
- Identifying and validating security threat group membership

The intake process at the Jail operates 24 hours a day with approximately 40 to 60 arrestees arriving at the Jail daily. Many are under the influence of drugs or alcohol, have physical injuries, or are mentally ill. These factors make the intake process challenging for the SBSO and Corizon staff.

According to SBSO staff, the Jail is understaffed, under-funded and not well designed to carry out all of their required responsibilities. Individuals who need significant medical attention at the time of intake are generally not accepted in the Jail. Instead they are taken to the local hospital for medical evaluation and stabilization. The intake screening would then be performed at the Jail when the inmate returns from the hospital. Once an inmate is admitted to the Jail the County of Santa Barbara is responsible for the cost of any outside medical care.

¹ Jail Staffing and Operating Cost Analysis, Santa Barbara County, Final Report CGL Companies, October 2015

The Health Services Administrator (HSA), a Corizon employee, is a Registered Nurse (RN) and is responsible for the day-to-day operations of the medical programs at the Jail. The HSA has the authority to oversee the administrative requirements of the programs, as well as recruitment, staffing, data gathering, financial monitoring, and enforcing policies and procedures.

Processing Procedures

The inmate intake procedure is a twofold process that includes a medical evaluation and a classification procedure that requires the cooperation of both SBSO staff and Corizon staff. The first step starts with a “SBSO Santa Barbara Sheriff Medical Pre-Screening” questionnaire, (see Appendix A) used to determine if there are current health issues that require prompt attention. In the past, this prescreening was performed by custody officers. According to the contract, SBSO staff receives up to 24 hours of training on medical issues annually by Corizon. However, this training is not adequate for SBSO staff to make many medical decisions. Therefore, deputies are no longer doing the medical intake prescreening on new bookings. The Jury learned that as of April 11, 2016, Corizon RNs are now performing the entire medical intake assessments. This is intended to ensure that medical needs are being met at intake. The medical prescreening questionnaire is an assessment tool used to determine if the inmate is ambulatory, alert, sick, suicidal, intoxicated, on medication, or has a history of drug or alcohol abuse. The name of the arrestee is entered into the Jail Management System (JMS), an inmate management software package, to determine if the arrestee has a previous record. If so, and if the arrestee has a significant medical condition such as heart problems, diabetes, drug/substance abuse history or psychological issues that were identified and recorded, the JMS would “red flag” the inmate information for ease of future retrieval. During the pre-screening, the detainee is asked about medication or street drugs recently used. Depending on the types of medications the detainee claims to be using, the nurse attempts to verify the prescribed medication by calling the detainee’s doctor, clinic, or pharmacy.

After conducting the medical prescreening using the SBSO questionnaire, the Corizon RN also evaluates whether the arrestee has significant medical issues that need to be addressed. This second medical evaluation uses Corizon’s “Intake and Receiving Screening form CS1101” (see Appendix B). Based on this evaluation the RN refers any arrestee with an urgent medical need to the Corizon contracted medical doctor (MD) for a follow up appointment. The Medical Process Overview, Medical Referral Sources, flow chart provided by SBSO staff (see Appendix C), does not reflect the new medical intake procedure and needs to be revised.

An arrestee who discloses a history of drug or alcohol abuse is assessed with the Clinical Opiate Withdrawal Scales (COWS) (see Appendix D.) According to Corizon staff, if an arrestee is identified as having a history of substance abuse, there is a “protocol” to ensure they are monitored closely. For example, if it is determined that the arrestee is a habitual intravenous drug user, according to the Corizon staff “the inmate is to be placed in observation and medication ordered to help reduce withdrawal symptoms.” These procedures are not outlined in the Receiving Screening Process (see Appendix E). These protocols are only referenced in the Manual Section 303. Use of Sobering/Observation Cell.

The Jury observed, that although SBSO and Corizon are supposed to work together, this cooperative collaboration has not always existed. SBSO staff has not always followed established oversight procedures to ensure Corizon staff are operating in accordance with their contract. Fundamental responsibilities may not be completed during a work shift. With proper monitoring, problems can be alleviated. SBSO staff does not have checklists or guidelines to reduce the risk of incomplete evaluation

by Corizon staff. The Jury recommends that the Sheriff Office update Appendices C and E. Additionally, two signature blocks, one for medical clearance staff the other for the custody officer prior to classification should be added to the forms in Appendices A and B.

A critically important next step, after the arrestee is medically cleared, is classification. The classification which is conducted by SBSO Staff determines where in the jail the new inmate will be housed. During this time the inmate is issued a wristband that includes pertinent personal information and moved to a holding cell. Whether the inmate is a new arrestee, or a reoffender, they go through the same intake process. For the safety of all concerned, it is imperative that this two-step process requires close collaboration between Corizon and SBSO staff to ensure that inmates entering the Jail are medically cleared and classified before placement in the general population.

Protocols

When the Intake Screening Process is completed, information is documented in the JMS which includes general health concerns. Also documented are external observations of behavior, appearance, deformities, injuries, and skin lesions, which might be indicators of illicit drug use. Inmates entering the Jail are tested for tuberculosis if they are expected to be there longer than 72-hours. In the case of a female arrestee, gynecological and pregnancy issues are noted.

If there are any concerns noted during the medical intake process, the Corizon staff takes necessary steps to reconcile these issues. The medical intake RN may refer the inmate/patient to the MD or Nurse Practitioner (NP), give them needed bridge medications, or initiate other treatments or protocols. The MD or the NP sees the patients that have been referred to them as scheduled by the intake nurse. This procedural change is an improvement that will result in inmate/patients receiving the most appropriate level of care whether it is urgent, emergent or routine. If the medical review is not conducted in accordance with written procedures, and discrepancies are not corrected, situations can develop with unforeseeable complications.

Intake Process Failure

During the intake review, the Jury observed that medical records in the Jail are stored using an antiquated, paper system. According to Corizon and SBSO staff, medical records are not computerized for quick access and both recognize this as a serious deficiency. If further information is needed during a medical intake, Corizon staff must manually retrieve medical records which are stored in paper form in the medical unit. Although the JMS flags chronic medical conditions, the information is frequently limited and insufficient to medically evaluate inmates with major medical issues. If the medical records were stored electronically, medical intake evaluations could be conducted after first reviewing their previous medical history in the jail.

SBSO staff have established procedures and protocols on how to process inmates. However, the Jury found that at least in one case, the intake procedures were not followed and an inmate was released into the general population without a completed medical screening. It is vitally important that every step of the medical intake process be conducted for each arrestee. A deviation from the approved process may result in an arrestee's significant medical needs not being met when in the custody of the county, resulting in an intake process failure and possible major liability. All medical screening forms need to be signed and dated prior to classification. The classification by a custody officer must confirm that medical clearance has been completed prior to placement of the inmate to the appropriate location in the Jail.

A combination of events, such as the arrestee not responsibly and accurately reporting their medical condition, Corizon staff not completing their medical evaluation, and/or custody staff not overseeing the Corizon process, could result in intake process failure.

The Manual, Chapter 3, Section 303 (Use of Sobering/Observation Cell), outlines procedures to be used when an inmate is admitted to the Jail while under the influence of alcohol or other substance. Determining the level of intoxication or drug effect is subjective. When in doubt, in order to err on the side of safety, the use of sobering/observation cells is imperative. The consistent use of these cells ensures that inmates who are at risk are properly monitored.

CONCLUSIONS

The 2015-16 Santa Barbara County Grand Jury (Jury) determined that there have been inconsistencies in the intake screening process at the Santa Barbara County Main Jail (Jail). The Jury finds the medical prescreening questionnaire is not sufficient for Santa Barbara County Sheriff Office (SBSO) staff to determine if an arrestee has major medical concerns. SBSO staff receive minimal medical training annually. There has been a lack of SBSO oversight of Corizon Health (Corizon) medical staff to ensure the orderly, safe, and healthy intake of arrestees into the Jail. There has been a failure of SBSO staff to consistently follow their own intake procedure.

According to SBSO staff, they are already addressing some of these issues. A new Corizon Health Services Administrator (HSA) has been hired recently. The HSA is in the process of making changes that are addressing deficiencies in the medical intake procedure. Prior to the release of this report, the Jury learned that the SBSO staff are no longer conducting medical intake screenings. Corizon Registered Nurses are currently conducting all prescreening medical intake procedures. This process should continue and be documented on the medical process overview chart.

FINDINGS AND RECOMMENDATIONS

Finding 1

The Santa Barbara County Sheriff is using an antiquated paper system for maintaining inmate medical records at the Santa Barbara County Main Jail.

Recommendation 1

That the Santa Barbara County Sheriff implement a computerized medical record system for maintaining inmate medical records at the Santa Barbara County Main Jail.

Finding 2

The Santa Barbara County Sheriff Staff, has not always followed procedures, policies, and protocols pertaining to the intake process of arrestees.

Recommendation 2

That the Santa Barbara County Sheriff follow the established procedures, policies, and protocols pertaining to the intake process of arrestees.

Finding 3

The Santa Barbara County Sheriff does not have adequate oversight methods in place for ensuring Corizon Health staff are following their medical intake procedures at the Santa Barbara County Main Jail before the inmate is transferred to custody officers for classification.

Recommendation 3

That the Santa Barbara County Sheriff update Appendices A and B and add two signature blocks, one for medical clearance staff the other for the custody officer prior to classification at the Santa Barbara County Main Jail. .

Finding 4

The Santa Barbara County Sheriff medical intake prescreening questionnaire is now being conducted by Corizon Health registered nurses; however, the Medical Process Overview Chart does not reflect this.

Recommendation 4

That the Santa Barbara County Sheriff continue to use Corizon Health registered nurses to conduct all medical intake screening of arrestees entering the Jail and include this provision in all future contracts and in the Medical Process Overview Chart.

Finding 5

The Santa Barbara County Sheriff's Custody Operations Policy and Procedures Manual regarding the intake process needs revision.

Recommendation 5

That the Santa Barbara County Sheriff update the Custody Operations Policy and Procedures Manual to reflect the new changes being implemented to the intake process.

Finding 6

The Santa Barbara County Sheriff staff has not always confirmed arrestees were medically cleared by Corizon Health staff prior to classification and placement into the Jail population.

Recommendation 6

That the Santa Barbara County Sheriff initiate a procedure to ensure that all medical intake procedures are properly completed prior to classification and that inmate classification not be allowed to occur without verification of the completion of medical evaluation and clearance.

REQUEST FOR RESPONSE

Pursuant to *California Penal Code Section 933 and 933.05*, the Santa Barbara County Grand Jury requests each entity or individual named below to respond to the enumerated findings and recommendations within the specified statutory time limit:

Santa Barbara County Sheriff 60 days

Findings 1, 2, 3, 4, 5, and 6

Recommendation 1, 2, 3, 4, 5, and 6

APPENDIX A

Santa Barbara Sheriff's Medical Pre Screening

SBSO SANTA BARBARA SHERIFF MEDICAL PRE-SCREENING

Inmate:

PLACEMENT REC:

Officer:

DATE:

ALLERGIES:

- ☐ SB
- ☐ SM
- ☐ COURT

HEALTH INS

- ☐ YES

PRIVATE

OTHER

- ☐ NO

WORKER'S COMP.

- ☐ YES
- ☐ NO

OFFICER VISUAL OBSERVATIONS:

1. WAS THE INMATE BROUGHT VIA THE HOSPITAL? IF YES, WHAT HOSPITAL?

- ☐ YES
- ☐ NO

2. DID THE INMATE ENTER THE JAIL UNDER HIS/HER OWN POWER? IF NO, HOW?

- ☐ YES
- ☐ NO

3. IS THE INMATE UNCONSCIOUS OR SHOWING SIGNS OF ILLNESS, INJURY, BLEEDING, PAIN, OR OTHER SYMPTOMS SUGGESTING THE NEED FOR IMMEDIATE EMERGENCY MEDICAL REFERRAL? IF YES, WHAT?

- ☐ YES
- ☐ NO

4. IS THE INMATE'S MOBILITY RESTRICTED IN ANY WAY? IF YES, HOW?

- ☐ YES
- ☐ NO

5. ARE THERE ANY VISIBLE SIGNS OF FEVER, JAUNDICE, SKIN LESIONS, RASH OR INFECTIONS, CUTS, BRUISES, MINOR INJURIES, NEEDLE MARKS OR BODY VERMIN? IF YES, WHAT?

- ☐ YES
- ☐ NO

6. DOES THE INMATE APPEAR TO BE UNDER THE INFLUENCE OF, OR WITHDRAWING FROM, DRUGS OR ALCOHOL? IF YES, WHAT?

- ☐ YES
- ☐ NO

7. DOES THE INMATE HAVE A PROSTHESIS (CRUTCHES, EYEGLASSES, WHEELCHAIR, DENTURES, ARTIFICIAL LIMB, HEARING AID, ETC.)? IF YES, WHAT?

- ☐ YES
- ☐ NO

8. DOES THE INMATE EXHIBIT ANY SIGNS THAT SUGGEST THE RISK OF SUICIDE, ASSAULT OR ABNORMAL BEHAVIOR? IF YES, WHAT?

- ☐ YES
- ☐ NO

9. DID THE INMATE GO DIRECTLY TO THE SAFETY CELL? (CONTACT MEDICAL)

- ☐ YES
- ☐ NO

INMATE QUESTIONNAIRE:

10. ARE YOU TAKING ANY MEDICATIONS PRESCRIBED BY A PHYSICIAN OR PSYCHIATRIST NOW? IF YES, NAME MEDICATION AND LAST TIME TAKEN

- ☐ YES
- ☐ NO

11. DID YOU COME INTO CUSTODY WITH PRESCRIBED MEDICATIONS?

IF YES, WHAT?

- ☐ YES
- ☐ NO

12. HAVE YOU BEEN TREATED FOR (CHECK AS APPROPRIATE)

- ☐ ASTHMA
- ☐ DIABETES
- ☐ ALCOHOL SEIZURES

SBSO SANTA BARBARA SHERIFF MEDICAL PRE-SCREENING

Inmate:

PLACEMENT REC:

Officer:

DATE:

- ☐ DELIRIUM TREMENS (DT'S)
- ☐ EPILEPSY
- ☐ HEART CONDITION
- ☐ HIGH BLOOD PRESSURE
- ☐ MENTAL HEALTH PROBLEMS
- ☐ ULCER

ANY OTHER MEDICAL CONDITION? IF YES, WHAT?

- ☐ YES
- ☐ NO

13. DO YOU NOW HAVE A CONTAGIOUS OR COMMUNICABLE DISEASE OR BEEN EXPOSED TO ANYONE WITH ONE? (I.E., AIDS, HEPATITIS, TUBERCULOSIS OR SEXUAL TRANSMITTED DISEASE) IF YES, WHAT?

- ☐ YES
- ☐ NO

14. DO YOU SUFFER FROM SHORTNESS OF BREATH , COUGH FOR 3 OR MORE WEEKS, BLOODY SPUTUM, NIGHT SWEATS OR FATIGUE? IF YES, WHAT?

- ☐ YES
- ☐ NO

15. HAVE YOU NOTICED A DECREASE OR INCREASE IN WEIGHT RECENTLY? IF YES, HOW MANY POUNDS?

- ☐ YES
- ☐ NO

16. HAVE YOU BEEN HOSPITALIZED BY A PHYSICIAN OR PSYCHIATRIST IN THE PAST YEAR? WHEN? WHERE?

- ☐ YES
- ☐ NO

17. HAVE YOU FAINTED OR HAD A HEAD INJURY WITHIN THE PAST 72 HOURS?

IF YES,

- ☐ YES
- ☐ NO

18. HAVE YOU EVER CONSIDERED OR ATTEMPTED SUICIDE? IF YES, WHEN?

- ☐ YES
- ☐ NO

19. ARE YOU SUICIDAL NOW?

- ☐ YES
- ☐ NO

20. DO YOU USE DRUGS?

- ☐ YES
- ☐ NO

WHAT KIND?

HOW OFTEN?

LAST TIME?

HOW MUCH?

21. DO YOU USE ALCOHOL?

- ☐ YES
- ☐ NO

WHAT KIND?

HOW OFTEN?

LAST TIME?

HOW MUCH?

FEMALES

22. WHEN WAS YOUR LAST PERIOD?

23. ARE YOU TAKING BIRTH CONTROL PILLS?

- ☐ YES
- ☐ NO

24. ARE YOU PREGNANT, RECENTLY DELIVERED OR MISCARRIED, OR EXPERIENCING ABDOMINAL PAIN OR DISCHARGE? IF YES, WHAT, AND NOTIFY MEDICAL

- ☐ YES
- ☐ NO
- ☐ PREGNANT
- ☐ RECENTLY DELIVERED

SBSO SANTA BARBARA SHERIFF MEDICAL PRE-SCREENING

Inmate:

PLACEMENT REC:

Officer:

DATE:

- ☐ MISCARRIED
- ☐ EXPERIENCING ABDOMINAL PAIN OR DISCHARGE

I have answered all questions. I have been told and shown how to obtain medical services and advised on how to obtain medication upon release. I hereby give my consent for professional services to be provided to me through Corizon Health, Inc

Inmate's Signature: _____ Date: _____ Officer's Signature: _____ Date: _____

APPENDIX B

Intake and Receiving Screening CS1101



Intake and Receiving Screening

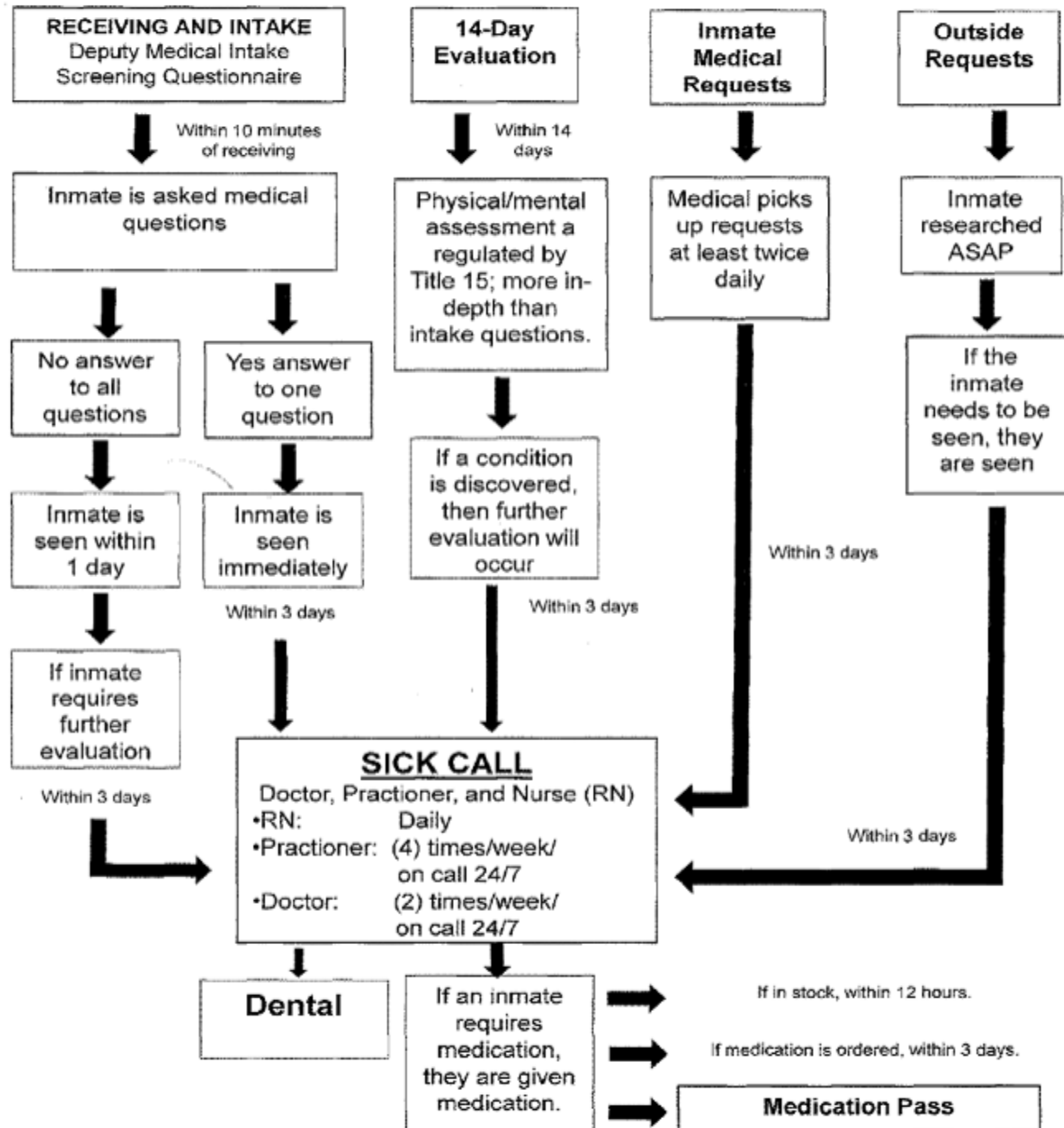
Last Name:		First:		MI:		ID:	
Date:	Time:	<input type="radio"/> AM <input type="radio"/> PM	Sex:	<input type="radio"/> Male <input type="radio"/> Female	DOB:	Alias:	
Most recent incarceration: <input type="radio"/> None When:				Where:		Intake refused:	Interpreter used: <input type="radio"/> Yes <input type="radio"/> No
Have you ever been incarcerated here: <input type="radio"/> No <input type="radio"/> Yes When:						<input type="radio"/> Yes <input type="radio"/> No	Name:
Inmate transfer: <input type="radio"/> No <input type="radio"/> Yes: Records received:				<input type="radio"/> Yes <input type="radio"/> No		Service:	
Private insurance: <input type="radio"/> None <input type="radio"/> Yes (Name):							
CRITICAL OBSERVATION							
Urgent/Emergent Medical Referral <input type="radio"/> None identified <input type="radio"/> Yes, check all that apply <input type="checkbox"/> Severe Injury <input type="checkbox"/> Life threatening illness <input type="checkbox"/> Uncontrolled bleeding <input type="checkbox"/> Severe pain <input type="checkbox"/> Head trauma with mental status changes <input type="checkbox"/> Other:				Urgent/Emergent Mental Health Referral <input type="radio"/> No <input type="radio"/> Yes, check all that apply <input type="checkbox"/> Active hallucinations <input type="checkbox"/> Active delusions <input type="checkbox"/> Actively suicidal <input type="checkbox"/> Other:		Communicable Diseases Suspected: MRSA <input type="radio"/> Yes <input type="radio"/> No Varicella (Chicken pox) <input type="radio"/> Yes <input type="radio"/> No Herpes Zoster (shingles) <input type="radio"/> Yes <input type="radio"/> No Lice/Pediculosis <input type="radio"/> Yes <input type="radio"/> No Jaundice <input type="radio"/> Yes <input type="radio"/> No Needle Marks <input type="radio"/> Yes <input type="radio"/> No	
Responsiveness (Choose one): <input type="radio"/> Alert <input type="radio"/> Verbal Stimulus <input type="radio"/> Painful <input type="radio"/> Unresponsive (Call 911) Describe Unresponsiveness:				Oriented to Person & Place <input type="radio"/> Yes <input type="radio"/> No Describe:		Other:	
Mobility Restrictions/Impairments <input type="radio"/> No <input type="radio"/> Yes (Check all that apply): <input type="checkbox"/> Deformity <input type="checkbox"/> Cast <input type="checkbox"/> Paraplegic <input type="checkbox"/> Wheelchair <input type="checkbox"/> CPAP <input type="checkbox"/> Brace <input type="checkbox"/> Blind <input type="checkbox"/> Deaf <input type="checkbox"/> Amputation <input type="checkbox"/> Splint <input type="checkbox"/> Quadriplegic <input type="checkbox"/> Crutches/Cane <input type="checkbox"/> Other:							
VITAL SIGNS <input type="radio"/> One or more vital signs refused							
Height	Weight	Temperature	Pulse <input type="radio"/> A <input type="radio"/> P	Respirations	Blood Pressure *Recheck if indicated	Pulse Ox (optional)	
Initial	Initial	Initial	Initial	Initial	Initial	Initial	
<input type="checkbox"/> Act <input type="checkbox"/> Rptd	<input type="checkbox"/> Act <input type="checkbox"/> Rptd	<input type="checkbox"/> Not taken	<input type="checkbox"/> *Recheck	<input type="checkbox"/> *Recheck	<input type="checkbox"/> *Recheck	<input type="checkbox"/> *Recheck	
HISTORY							
Major surgery or medical hospitalization within past year: <input type="radio"/> No <input type="radio"/> Yes, check all that apply and include date <input type="checkbox"/> Brain surgery <input type="checkbox"/> Heart Surgery <input type="checkbox"/> Abdominal Surgery <input type="checkbox"/> MI <input type="checkbox"/> Stroke <input type="checkbox"/> Transplant <input type="checkbox"/> Due to traumatic injury <input type="checkbox"/> Other:							
Female history: Date of last LMP: <input type="radio"/> Unknown <input type="radio"/> N/A Are you currently pregnant: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Maybe/Don't know Pregnancy test: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Scheduled <input type="radio"/> Refused Test result: <input type="radio"/> Positive <input type="radio"/> Negative Fingerstick result (if pregnant)							
<input type="checkbox"/> Hysterectomy <input type="checkbox"/> Menopause							
MEDICATION REPORTED <input type="radio"/> None <input type="radio"/> Unknown <input type="radio"/> See below <input type="radio"/> See attached form							
Name/Dose	Frequency/Last Taken	Prescribed by or Provided by:		Verification Through			
Freq:				<input type="checkbox"/> Medication Container	<input type="checkbox"/> Clinic		
Last:				<input type="checkbox"/> Physician/Psychiatrist	<input type="checkbox"/> VA		
				<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Unable to verify		
Freq:				<input type="checkbox"/> Medication Container	<input type="checkbox"/> Clinic		
Last:				<input type="checkbox"/> Physician/Psychiatrist	<input type="checkbox"/> VA		
				<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Unable to verify		
Freq:				<input type="checkbox"/> Medication Container	<input type="checkbox"/> Clinic		
Last:				<input type="checkbox"/> Physician/Psychiatrist	<input type="checkbox"/> VA		
				<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Unable to verify		
Freq:				<input type="checkbox"/> Medication Container	<input type="checkbox"/> Clinic		
Last:				<input type="checkbox"/> Physician/Psychiatrist	<input type="checkbox"/> VA		
				<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Unable to verify		

Last Name: _____		First: _____		MI: _____		ID: _____	
Allergies: Do you have any allergies (food, medication, environmental)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See attached							
Allergy	Reaction Type (Hives, rash, SOB, anaphylaxis, shock)	Allergy	Reaction Type (Hives, rash, SOB, anaphylaxis, shock)				
SUBSTANCE ABUSE							
Alcohol Use: Do you drink alcohol: <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____ Last use: _____ How much: _____ How often: _____ Excessive drinker: <input type="checkbox"/> Yes (CIWA) <input type="checkbox"/> No Ever had alcohol withdrawals, tremors, seizures or DTs associated with stopping alcohol: <input type="checkbox"/> Yes (CIWA) <input type="checkbox"/> No If yes, when: _____				Substance/Drug Use/Rx Do you use drugs: <input type="checkbox"/> Yes <input type="checkbox"/> No Do you use injectable drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No Last injectable use: _____ How often? _____ How much? _____ Last use? _____ Heroin _____ <input type="checkbox"/> Hx of withdrawal Narcotics _____ <input type="checkbox"/> Hx of withdrawal Benzodiazepines _____ <input type="checkbox"/> Hx of withdrawal <input type="checkbox"/> Methamphetamines <input type="checkbox"/> Cocaine <input type="checkbox"/> Other: _____			
COMMUNICABLE DISEASES							
HIV/AIDS Do You have HIV infection or AIDS: <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently taking medications: <input type="checkbox"/> Yes <input type="checkbox"/> No TB Skin Test Prior + PPD: <input type="checkbox"/> Yes <input type="checkbox"/> No Plant PPD now: <input type="checkbox"/> Yes <input type="checkbox"/> No Location of PPD: <input type="checkbox"/> LFA <input type="checkbox"/> RFA Date Planted: _____				TB Symptoms Do you have any of the following: Weight loss <input type="checkbox"/> Yes <input type="checkbox"/> No Night sweats <input type="checkbox"/> Yes <input type="checkbox"/> No Fever <input type="checkbox"/> Yes <input type="checkbox"/> No Appetite loss <input type="checkbox"/> Yes <input type="checkbox"/> No Coughing blood <input type="checkbox"/> Yes <input type="checkbox"/> No Persistent cough 2+ weeks <input type="checkbox"/> Yes <input type="checkbox"/> No Weak/tired <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None Planter's initials: _____			
MEDICAL PROBLEMS							
Do you have any ongoing medical problems we should know about? <input type="checkbox"/> Yes, complete applicable sections <input type="checkbox"/> No, proceed to Behavioral Health Section							
<input type="checkbox"/> Asthma How long: _____ Last asthma attack: _____ ER visit in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: _____ Hospitalization in last year <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: _____ Have you ever had a tube put down your throat so that a machine breathes for you: <input type="checkbox"/> No <input type="checkbox"/> Yes, when: _____ Currently on steroids: <input type="checkbox"/> Yes <input type="checkbox"/> No Peak flow: <input type="checkbox"/> Yes <input type="checkbox"/> No () Reason not taken: _____ _____ _____		<input type="checkbox"/> Cardiovascular - Ask each question Angina <input type="checkbox"/> Yes <input type="checkbox"/> No Atrial fibrillation <input type="checkbox"/> Yes <input type="checkbox"/> No Stents <input type="checkbox"/> Yes <input type="checkbox"/> No Pacemaker <input type="checkbox"/> Yes <input type="checkbox"/> No Heart attack <input type="checkbox"/> Yes <input type="checkbox"/> No Internal defibrillation <input type="checkbox"/> Yes <input type="checkbox"/> No Bypass surgery <input type="checkbox"/> Yes <input type="checkbox"/> No Endocarditis <input type="checkbox"/> Yes <input type="checkbox"/> No CHF <input type="checkbox"/> Yes <input type="checkbox"/> No Blood clot in lungs or legs <input type="checkbox"/> Yes <input type="checkbox"/> No Are you taking Warfarin, Coumadin, or Jantoven <input type="checkbox"/> Yes <input type="checkbox"/> No Date of onset: _____ Last episode: _____ Comments: _____				<input type="checkbox"/> Cerebrovascular Disease Last CVA: _____ Last TIA: _____ Comments: _____ _____ _____ _____ _____	
<input type="checkbox"/> Hypertension How long: _____ Are you currently taking medication(s): <input type="checkbox"/> Yes <input type="checkbox"/> No Three or more anti-hypertensives: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Diabetes How long: _____ Fingerstick: _____ <input type="checkbox"/> Not done Reason: _____ Are you currently taking medication(s): <input type="checkbox"/> Yes <input type="checkbox"/> No If finger stick >300, ask the following: Are you currently taking insulin: <input type="checkbox"/> Yes <input type="checkbox"/> No Nausea: <input type="checkbox"/> Yes <input type="checkbox"/> No When was last hospitalization: _____ Vomiting: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Excessive thirst: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Urine ketones (if taken) _____ <input type="checkbox"/> Not taken Reason: _____					
<input type="checkbox"/> Gastrointestinal Have you ever vomited blood: <input type="checkbox"/> Yes <input type="checkbox"/> No Frequency: _____ Last: _____ Comments: _____ Ever had dark, black stools from bleeding: <input type="checkbox"/> Yes <input type="checkbox"/> No Frequency: _____ Last: _____ Comments: _____ Comments: _____		<input type="checkbox"/> Epilepsy/Seizure Last seizure: _____ More than one seizure a month: <input type="checkbox"/> Yes <input type="checkbox"/> No Two or more anticonvulsants: <input type="checkbox"/> Yes <input type="checkbox"/> No					

Last Name: _____		First: _____		ID: _____	
MEDICAL PROBLEMS (continued)					
<input type="checkbox"/> Cancer Do you currently have cancer: <input type="radio"/> Yes <input type="radio"/> No Are you currently being treated for cancer: <input type="radio"/> Yes <input type="radio"/> No Type: _____		<input type="checkbox"/> Dialysis Type: <input type="radio"/> Hemodialysis <input type="radio"/> Peritoneal Number of times per week: _____ Last dialyzed: _____		<input type="checkbox"/> COPD / Emphysema O ₂ dependent: <input type="radio"/> Yes <input type="radio"/> No Peak flow: _____ <input type="checkbox"/> Not taken	
<input type="checkbox"/> HCV <input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/> Other: _____			
BEHAVIORAL HEALTH					
Do you have any current mental health complaints? <input type="radio"/> No <input type="radio"/> Yes Do you have a history of a mental health problem? <input type="radio"/> Yes - Complete Section 1 <input type="radio"/> No - Proceed to Section 2					
Section 1 Have you ever been diagnosed with a mental illness: <input type="radio"/> No <input type="radio"/> Yes, check which illness: <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Major Depression History of outpatient therapy: <input type="radio"/> No <input type="radio"/> Yes Within the last year: <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> Bipolar <input type="checkbox"/> Other: _____ History of psychotropic medication(s): <input type="radio"/> Yes <input type="radio"/> No History of psych hospitalization: <input type="radio"/> Yes <input type="radio"/> No Within the last year: <input type="radio"/> Yes <input type="radio"/> No History of hearing things: <input type="radio"/> Yes <input type="radio"/> No History of seeing things: <input type="radio"/> Yes <input type="radio"/> No					
Section 2 History of suicide attempt(s): <input type="radio"/> No <input type="radio"/> Yes Last attempt: _____ Are you thinking of suicide now: <input type="radio"/> Yes <input type="radio"/> No Family/friends history of suicide: <input type="radio"/> Yes <input type="radio"/> No Recent significant loss: <input type="radio"/> Yes <input type="radio"/> No Do you feel like there is nothing to look forward to (hopeless/helpless): <input type="radio"/> Yes <input type="radio"/> No Have you ever hurt yourself on purpose: <input type="radio"/> Yes <input type="radio"/> No Are you thinking of hurting yourself now: <input type="radio"/> Yes <input type="radio"/> No Are you thinking of hurting others now: <input type="radio"/> Yes <input type="radio"/> No					
Section 3 Ever hospitalized for head trauma: <input type="radio"/> Yes <input type="radio"/> No History of violent behavior: <input type="radio"/> Yes <input type="radio"/> No History of victimization: <input type="radio"/> Yes <input type="radio"/> No History of sex offenses: <input type="radio"/> Yes <input type="radio"/> No History of: <input type="checkbox"/> Special education placement <input type="checkbox"/> Developmental disability <input type="checkbox"/> Mental retardation					
EXAMINATION					
General Appearance: <input type="checkbox"/> NAD <input type="checkbox"/> Appears hydrated <input type="checkbox"/> Other: _____					
Oral Screening <input type="checkbox"/> Unremarkable <input type="checkbox"/> Missing teeth <input type="checkbox"/> Abscesses <input type="checkbox"/> Cavities <input type="checkbox"/> Lesions <input type="checkbox"/> Dentures <input type="checkbox"/> Swelling <input type="checkbox"/> Dentures/Partials <input type="checkbox"/> Other: _____		Skin (visible) <input type="checkbox"/> Unremarkable <input type="checkbox"/> Surgical scars <input type="checkbox"/> Jaundice <input type="checkbox"/> Open <input type="checkbox"/> Rash <input type="checkbox"/> Pallor <input type="checkbox"/> Sores <input type="checkbox"/> Tracks <input type="checkbox"/> Lacerations <input type="checkbox"/> Tattoos <input type="checkbox"/> Other: _____			
DISPOSITION					
Placement <input type="checkbox"/> GP <input type="checkbox"/> Isolation reason: <input type="checkbox"/> Infirmary <input type="checkbox"/> Observation <input type="checkbox"/> Suicide Watch <input type="checkbox"/> Other		Referral <input type="checkbox"/> H&P <input type="radio"/> Routine <input type="radio"/> Expedited <input type="checkbox"/> Nursing Sick Call <input type="radio"/> Routine <input type="radio"/> Expedited <input type="checkbox"/> Practitioner Sick <input type="radio"/> Routine <input type="radio"/> Expedited <input type="checkbox"/> Behavioral Health <input type="radio"/> Routine <input type="radio"/> Expedited <input type="checkbox"/> Chronic Care Clinic <input type="radio"/> Routine <input type="radio"/> Expedited <input type="checkbox"/> Dental referral <input type="radio"/> Routine <input type="radio"/> Expedited			
Notification: <input type="checkbox"/> Immediate supervisor <input type="checkbox"/> Practitioner On Call <input type="checkbox"/> ER for transport					
Consent for treatment signed: <input type="radio"/> Yes <input type="radio"/> No Reason: _____					
Access to care reviewed: <input type="radio"/> Yes <input type="radio"/> No Reason: _____					
Grievance process explained: <input type="radio"/> Yes <input type="radio"/> No Reason: _____					
Implement (check all that apply): <input type="checkbox"/> CIWA-Ar <input type="checkbox"/> COWS <input type="checkbox"/> BWS-C					
ADDITIONAL COMMENTS					
_____ _____ _____					
My information is correct and I accept the provision of medical, dental and mental health care.					
_____ Patient's Signature		_____ Interviewer's Name (Printed)		_____ Interviewer's Signature	
				_____ Date	
Secondary review (if indicated)					
_____ Name (Print)		_____ Signature		_____ Date	

APPENDIX C MEDICAL PROCESS OVERVIEW MEDICAL PROCESS OVERVIEW

Medical Referral Sources



APPENDIX D CLINICAL OPIATE WITHDRAWAL SCALES (COWS)



Clinical Opiate Withdrawal Scale (COWS)

Name:				DOB:		WT:		<input type="checkbox"/> reported <input type="checkbox"/> actual	ID#:	
Shift 1	Date:	Time:	Score:	T:	P:	RR:	BP:			
Shift 2	Date:	Time:	Score:	T:	P:	RR:	BP:			
Shift 3	Date:	Time:	Score:	T:	P:	RR:	BP:			

1	2	3	ASK and OBSERVE	1	2	3	ASK and OBSERVE
			Resting pulse rate (record beats per minute) Measured after patient is sitting or lying down for one minute 0 pulse rate 80 or below 1 pulse rate 81-100 2 pulse rate 101-120 4 pulse rate greater than 120				Runny nose or tearing Not accountable for by cold symptoms or allergies 0 not present 1 nasal stuffiness or unusually moist eyes 2 nose running or eyes tearing 4 nose constantly running or tears streaming down cheeks
			Sweating Over past ½ hour not accounted for by room temperature or patient activity 0 no report of chills or flushing 1 subjective report of chills or flushing 2 flushed or observable moistness on face 3 beads of sweat on brow or face 4 sweat streaming off face				GI upset over last ½ hour 0 no symptoms 1 stomach cramps 2 nausea or loose stool 3 vomiting or diarrhea 5 multiple episodes of diarrhea or vomiting
			Restlessness Observation during assessment 0 able to sit still 1 reports difficulty staying still, but is able to do so 3 frequent shifting or extraneous movements of arms and legs 5 unable to sit still for more than a few seconds				Tremor observation of outstretched hands 0 no tremors 1 tremor can be felt, but not observed 2 slight tremor observed 4 gross tremor or muscle twitching
			Pupil size 0 pupils pinned or normal size for light in room 1 pupils possibly larger than normal for light in room 2 pupils moderately dilated 5 pupils so dilated that only the rim of the iris is visible				Yawning observation during assessment 0 no yawning 1 yawning once or twice during assessment 2 yawning three or more times during assessment 4 yawning several times /minute
			Bone or joint aches If patient is having pain previously, only the additional component attributed to opiate withdrawal is scored 0 not present 1 mild diffuse discomfort 2 patient reports severe diffuse aching of joints/muscles 4 patient is rubbing joints or muscles and is unable to sit still because of discomfort				Anxiety or irritability 0 none 1 patient reports increasing irritability or anxiety 2 patient obviously irritable or anxious 4 patient so irritable or anxious that participation in assessment is difficult
							Gooseflesh skin 0 skin is smooth 3 piloerection of skin can be felt or hairs standing up on arms 5 prominent piloerection

Shift 1 Nurse Signature	Shift 2 Nurse Signature	Shift 3 Nurse Signature

Maximum possible score 48	0-10 Mild 11-24 Moderate	25-48 Severe
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APPENDIX E

Receiving Screening Process

Receiving Screening Process

