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Bill Luna
County Executive Officer

Jay E. Orr
Assistant County Executive Officer

Executive Office, County of Riverside

August 16, 2011

Honorable Board of Supervisors
County of Riverside
Robert T. Andersen Administrative Center
4080 Lemon Street, 5th Floor
Riverside, California 92501-3651

Subject: Grand Jury / Detention Health Care

Honorable Members of the Board:

On June 28, 2011, the Board directed staff to prepare a draft response to the Grand Jury's report regarding Riverside County Detention Health Care Administration. That response is attached for your action. The Sheriff filed his response to the Grand Jury report directly with the Presiding Judge, by letter dated July 15, 2011. A copy is attached.

Also attached to this package is a report from the Institute for Medical Quality (IMQ). The Sheriff filed a notice on Board agenda (3.30; March 29, 2011) that the report was being commissioned on recommendation of the Corrections Standards Authority (subsequent to their own review January 4-6, 2011 and report dated January 28, 2011). The IMQ then surveyed the Riverside County Adult Detention facilities on a consultative basis during the period May 2-5, 2011, and issued their report to the Sheriff.

I indicated at that time that the results of the IMQ report, as well as any comments by RCRMC and Mental Health, would be returned to the Board on receipt. This constitutes that return.

During June budget hearings, the Board indicated support to restore services and funding to the Department of Mental Health and RCRMC. That restoration of appropriations and spending authority was discussed to be an element of adoption of the final budget scheduled for September 13, 2011. In the interim, departments have been evaluating their actions to restore services, and I have recently stated I would be receptive to approval of administrative actions in advance of the final budget.

The Sheriff has indicated an intent to seek an MOU with RCRMC and Mental Health, which will be negotiated separately between the departments.

Respectfully Submitted,

BILL LUNA
County Executive Officer

Attachments

3.9

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

707



FROM: Executive Office

SUBMITTAL DATE:
August 3, 2011

SUBJECT: Response to the Grand Jury Report: Riverside County Detention Health Care Administration.

RECOMMENDED MOTION: That the Board of Supervisors

- 1.) Approve with or without modifications, the attached response to the Grand Jury's recommendations regarding Riverside County Detention Health Care Administration.

- 2.) Direct the Clerk of the Board to immediately forward the Board's finalized response to the Grand Jury, to the Presiding Judge and the County Clerk-Recorder (for mandatory filing with the State).

BACKGROUND: On June 28, 2011 the Board directed staff to prepare a draft of the Board's response to the Grand Jury's report regarding Riverside County Detention Health Care Administration.

Section 933(c) of the Penal Code requires that the Board of Supervisors comment on the Grand Jury's recommendations pertaining to the matters under the control of the Board, and that a response be provided to the Presiding Judge of the Superior Court within 90 days.

Attachment

F11 Response to the Grand Jury Detention Medical 081611

FINANCIAL DATA	Current F.Y. Total Cost:	\$N/A	In Current Year Budget:	N/A
	Current F.Y. Net County Cost:	\$N/A	Budget Adjustment:	N/A
	Annual Net County Cost:	\$N/A	For Fiscal Year:	

SOURCE OF FUNDS:	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

C.E.O. RECOMMENDATION:

APPROVE

BY:

Jay E. Orr

Jay E. Orr

County Executive Office Signature

- Policy
- Policy
- Consent
- Consent

Dept's Recomm.:
Per Exec. Ofc.:

Departmental Concurrence

2010-2011 GRAND JURY REPORT

Riverside County Detention Health Care Administration

Findings

- 1; The Riverside County Sheriff is responsible for providing basic medical services to inmates in custody at all jails and detention centers in the County (The Eighth Amendment to the U.S. Constitution, California Penal Code §6030, and CCR Title 15, Article 11, §1200 to provide medical services to inmates in accordance with the following guidelines:
 1. "All health care will be provided outside the facility by transporting inmates to doctors' offices and/or hospitals;
 2. Only emergency health care will be provided by transporting inmates to doctors' offices and hospitals and basic health care will be provided in the facility;
 3. All health care will be provided in the facility; or,
 4. Only first aid will be provided in the facility, with all other health care requiring transport to community medical services.

Personnel considerations will help determine if it works best to:

1. Hire medical personnel to work in the jail as employees of the police, sheriff's or corrections department;
2. Contract with a local hospital, private doctor, private psychiatrist, medical group, correctional health care company, or medical center;
3. Develop a written agreement with the county health department to provide jail health care; . . ."

In the mid-1990's, the Board of Supervisors transferred the medical services function from the Sheriff and funded RCRMC to provide these services. This resulted in the Sheriff having the legal responsibility for detention health care without practical authority for its provision.

Response:

The Sheriff's response was submitted to the Presiding Judge on July 15, 2011. A copy of that response follows this document.

2. The Riverside County Probation Department has responsibility for administering health care services to all minors in their facilities. (The Eighth Amendment to the

U.S. Constitution, California Welfare and Institutions Code §201 and §885 and CCR Title 15, §1400 et. seq.).

The Riverside County Board of Supervisors has responsibility to provide funding for inmate medical services. (Brandt v. Board of Supervisors 840 Cal App 3rd 598, 601-602 Cal App 5th Dist. 1978)

Probation Department Facilities Administrators have ultimate statutory responsibility under CCR Title 15, Article 8, §1400 to provide medical services to minor detainees:

"The facility administrator shall ensure that health care services are provided to all minors. The facility shall have a designated health administrator who, in cooperation with the mental health director and facility administrator, and pursuant to a written agreement, contract, or job descriptions, is administratively responsible to:

- (a) Develop policy for health care administration;
- (b) Identify health care providers for the scope of services;
- (c) Establish written agreements as necessary to provide access to health care;
- (d) Develop mechanisms to assure that those agreements are properly monitored; and
- (e) Establish systems for coordination among health care services providers. When the health administrator is not a physician, there shall be a designated responsible physician who shall develop policy in health care matters involving clinical judgments. . . ."

In the mid-1990's the Board of Supervisors transferred the medical services function from the Probation Department and funded RCRMC and Detention Health Services (DHS) to provide these services. This forced the Probation Department to modify its policies and procedures to conform to the budget considerations of DHS rather than having practical authority to administer the program.

Response:

Respondent agrees with the finding.

3. Documentation available to the Grand Jury reveals that beginning in FY 2011-2012, RPDC will be the only adult detention facility in Riverside County that is in compliance with Title 15 in the provision of 24-hour medical personnel on premises. Of the remaining facilities, Larry D. Smith will have medical staff 12-hours a day. Southwest, Indio, and Blythe will have no medical personnel at all.

As a result of the current reduction of the Health Care Services budget, the method of adult inmate health care in four of the five detention facilities increased

Response:

The Sheriff's response was submitted to the Presiding Judge on July 15, 2011. A copy of that response follows this document.

4. The Grand Jury has learned that beginning in FY 2011-2012, Riverside JH will be the only juvenile facility providing medical services to minors. It will provide services 12-hours a day. Minors requiring medical attention at Indio JH, Southwest JH, Van Horn, and Twin Pines will require transport to either Riverside JH or the nearest hospital.

Currently Southwest JH must transport any minor needing any medical attention either to Riverside JH, where medical services are available, or to RCRMC. These movements require two custodial staff members to accompany the minor and to remain with the minor, causing staff shortages at the detention facility for several hours at a time. Therefore, reduction of funding to DHS translates into higher expenditures for the Probation Department. As a result of DHS budget reduction the Probation Department is not in compliance with CCR Title 15.

At the time of this writing, Southwest JH has the following backlogs:

- 22 physical examinations, dating back six weeks, which are mandated to be completed by a doctor within the first 96-hours of incarceration.
- 17 minors waiting to see a doctor. The assigned doctor is currently available only one day per week for four hours at a time at Riverside JH, over 40 miles away.

The elimination of medical services has resulted in violations of CCR Title 15 in the following areas:

- §1357 prescribes medical considerations in the use of force.
- §1358 requires medical assessment within two hours of placement in physical restraint, and every three hours thereafter.
- §1359 describes medical assessment and evaluation associated with the use of Safety Rooms.

Response:

Respondent agrees with the finding.

Recommendations

1. Board of Supervisors transfer health care administration authority at all jails and detention centers in the county back to the Riverside County Sheriff.

Response:

The Sheriff's response was submitted to the Presiding Judge on July 15, 2011. A copy of that response follows this document.

2. Board of Supervisors transfer health care administration authority at all juvenile detention centers to the Riverside County Probation Department.

Response:

Management position concerning the recommendation: The recommendation will not be implemented because it is not warranted or is not reasonable.

Probation Department Response: RCRMC Detention Health Services (DHS) has administrative responsibility for nursing staff at the Riverside County Probation Department detention and placement facilities. They hire, supervise (conduct personnel evaluations, manage schedules and time off, and evaluate for yearly inspections), train, and when necessary, hold their staff accountable. To move this responsibility to the Probation Department would entail hiring additional staff with the necessary training and experience to oversee the critical functions of medical personnel. Additionally, DHS staff are assigned to adult facilities under the control of the Sheriff or juvenile facilities under the auspices of the Chief Probation Officer. As they are the managing organization, DHS reviews staffing levels to ensure proper coverage. When staffing shortages occur, they adjust coverage in staffing patterns to meet the needs of both the adult and juvenile facilities. As an example, this may result in a juvenile facility nurse working overtime at a jail for coverage. If the nurses were directly under Probation administrative authority, this flexibility between the two departments would be lost. It is also likely that the cost of providing the necessary care could increase.

3. Board of Supervisors provide funding for medical services as mandated by CCR Title 15 to inmates at all adult detention facilities in Riverside County.

Response:

The Sheriff's response was submitted to the Presiding Judge on July 15, 2011. A copy of that response follows this document.

4. Board of Supervisors provide funding for medical services as mandated by Title 15 to minor detainees at all juvenile probation facilities in Riverside County.

Response:

Management position concerning the recommendation: The recommendation has been implemented.

Probation Department Response: The department managers for RCRMC reviewed the need for improved service levels. They recommended a return to the FY 09/10 budget level to provide appropriate staffing enhancements to meet youth offender needs in accordance with the intent of legal requirements. On June 13, 2011, the Board of Supervisors tentatively approved a budget increase of \$1.1 million for RCRMC to cover the costs that would return juvenile hall and treatment staffing levels of FY 09/10 levels. The adoption of the final budget is scheduled for Tuesday, September 13, 2011.

DetentionHealthCare08.11

RIVERSIDE COUNTY

STANLEY SNIFF, SHERIFF



Sheriff

P.O. BOX 512 • RIVERSIDE, CALIFORNIA 92502 • (951) 955-2400 • FAX (951) 955-2428

July 15, 2011

Honorable Sherill Ellsworth
Presiding Judge
Riverside County Superior Court
4050 Main Street
P.O. Box 431
Riverside, CA 92501

Reference: Response to 2010-2011 Grand Jury Report: Riverside County Sheriff's Department / Detention Health Care Administration

Dear Judge Ellsworth:

Pursuant to California Penal Code Section 933 et. Seq. please find enclosed the response of the Riverside County Sheriff's Department to the above entitled Grand Jury Report within the designated 90 day period. Other Riverside County Departments may also respond. This response represents only that of the Sheriff's Department.

The Riverside County Sheriff's Department generally concurs with the findings of the Grand Jury and has been outspoken on the need to remedy these issues over the last two years. We appreciate the Grand Jury's efforts also in looking into these critical issues and making its recommendations.

As this situation worsened during Fiscal Year 2010/11 due to continued budget cuts to other County departments impacting the Sheriff's jail system, we asked for Corrections Standards Authority (CSA) to specifically look into our detention health care and mental health care services to see if they were compliant to Title 15 requirements. The results of that inspection in early 2011 were made available to the County Executive Office (CEO), and as recommended by CSA, we also contracted with Inmate Medical Quality (IMQ) to conduct an expert analysis and study of what level of health care and mental services ought to be provided in our Riverside County jails. These two departments operate outside the control of the Sheriff, and under direct oversight of the CEO.

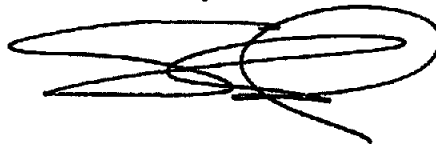
As a result of a special meeting on May 24th with members of the Riverside County Board of Supervisors, CEO staff, Sheriff's staff and Detention Health Care, funding was recommended to be restored back to what it was two fiscal years earlier as an interim fix, and until the results of the IMQ study were released. This was then confirmed at the County's budget hearings on June 13th. The Sheriff's Department believes that this issue is now well on its way to being remedied and that we can once again comply with Title 15 Jail requirements, but we will continue to monitor this area closely.

Finally, the single remaining issue is to establish a Memorandum of Understanding between Detention Health Care Services and the Sheriff's Department identifying the level of service to be provided by Detention Health Services so that issues don't arise again.

One key issue and recommendation was to move direct oversight of jail health care back to the Sheriff as the Sheriff is ultimately responsible for the operation of the entire jail system. The Sheriff publicly raised this as an alternate option for the Board of Supervisors, but the Sheriff's primary focus is that the health care problem be resolved, in compliance with State standards, one way or the other.

As always, please feel free to contact me should you have any questions regarding this or any other matter. I may be reached at (951) 955-0147.

Sincerely,

A handwritten signature in black ink, appearing to read 'Stan Sniff', with a large, stylized flourish at the end.

STAN SNIFF, SHERIFF

cc. Clerk of the Board of Supervisors
County of Riverside

Mr. Bill Luna
County Executive Office

SLS:jg

2010-2011 GRAND JURY REPORT

Riverside County Detention Health Care Administration

Finding 1:

The Riverside County Sheriff is responsible for providing basic medical services to inmates in custody at all jails and detention centers in the County (The Eighth Amendment to the U.S. Constitution, California Penal Code §6030, and CCR Title 15, §3350 et seq). The Sheriff has the ultimate responsibility under CCR Title 15, Article 11, §1200 to provide medical services to inmates in accordance with the following guidelines:

- “...1. all health care will be provided outside the facility by transporting inmates to doctors’ offices and/or hospitals;*
- 2. only emergency health care will be provided by transporting inmates to doctors’ offices and hospitals and basic health care will be provided in the facility;*
- 3. all health care will be provided in the facility; or,*
- 4. only first aid will be provided in the facility, with all other health care requiring transport to community medical services.*

Personnel considerations will help determine if it works best to:

- 1. hire medical personnel to work in the jail as employees of the police, sheriff’s or corrections department;*
- 2. contract with a local hospital, private doctor, private psychiatrist, medical group, correctional health care company, or medical center;*
- 3. develop a written agreement with the county health department to provide jail health care; ...”*

In the mid-1990s, the Board of Supervisors transferred the medical services function from the Sheriff and funded RCRMC to provide these services. This resulted in the Sheriff having the legal responsibility for detention health care without practical authority for its provision.

Response:

Respondent Agrees.

The respondent acknowledges it is the Sheriff’s legal responsibility to provide emergency and basic medical services to inmates in Riverside County jails and detention centers. The respondent also acknowledges that while the legal responsibility for the delivery of medical services rests with the Sheriff, the practical authority of fulfilling the responsibility belongs to the Riverside County Regional Medical Center (RCRMC), Detention Health Services (DHS).

The respondent believes it is important to note that beginning fiscal year 2008/2009, the conflict

between legal responsibility and practical authority resulted in deep cuts to medical personnel staffing levels, without consideration for how those cuts affected the respondent's ability to fulfill the legal responsibility. It is important to note that since the practical authority for delivery of medical services was transferred to RCRMC, the respondent has attempted to reconcile the conflict through the creation of a Memorandum of Understanding (MOU) with RCRMC/DHS that would identify staffing levels necessary for the adequate and continuous delivery of medical services.

The respondent observed that the budget and medical personnel staffing cuts beginning fiscal year 2008/2009 unacceptably impacted the delivery of medical services, and unacceptably impacted other jail operations as well. To confirm and accurately assess the extent of this impact, the respondent requested evaluations from the Corrections Standards Authority (CSA) and the Institute for Medical Quality (IMQ). Both the CSA and the IMQ found that emergency and basic medical services were not being delivered within the intent of the CCR Title 15 Minimum Standards for Local Detention Facilities.

The respondent also obtained a legal opinion from Attorney, Martin J. Mayer of Jones & Mayer. Mr. Mayer confirmed the legal responsibility for the delivery of emergency and basic medical services for jailed inmates rests with the Sheriff. Mr. Mayer also confirmed the liability for failure to provide medical services within the intent of the provisions of CCR Title 15 rests with the Sheriff. The respondent has noticed the County Executive Officer as recently as March 9, 2011, of both the CSA and IMQ findings, and Mr. Mayer's legal opinion.

Grand Jury Recommendation:

1. *Board of Supervisors transfer health care administration authority at all jails and detention centers in the county back to the Riverside County Sheriff.*

Response to Recommendation:

The Grand Jury's recommendation falls outside the scope of the respondent's authority. However, the respondent notes that whether health care administration authority is transferred to the respondent or remains with RCRMC, the continuous and effective delivery of medical services to inmates in County adult detention facilities is directly related to development and implementation of a binding Memorandum of Understanding (MOU) between the Sheriff and RCRMC that clearly identifies expectations, management measuring tools, and minimum staffing levels and classifications. The respondent's position is that such a MOU and related Board of Supervisors' funding should be specific to the Sheriff's operations. Because the Sheriff's scope of authority does not extend to the Probation Department, respondent believes the Probation Department should establish a separate MOU with RCRMC with its own separate funding. The respondent is and has been prepared to work cooperatively with the relevant county departments to establish a MOU for the delivery of medical services in all adult detention facilities in Riverside County. The respondent will continue to urge the Board of Supervisors to support this direction and resolve this matter through both funding and a formal memorandum of understanding.

Finding 2:

The Riverside County Probation Department has responsibility for administering health care services to all minors in their facilities. (The Eighth Amendment to the U.S. Constitution, California Welfare and Institutions Code sections 201 and 885 and CCR Title 15, §1400 et seq).

The Riverside County Board of Supervisors has responsibility to provide funding for inmate medical services. (Brandt v. Board of Supervisors 840 Cal App 3rd 598, 601-602 (Cal App 5th Dist. 1978)).

Probation Department Facilities Administrators have ultimate statutory responsibility under CCR Title 15, Article 8, §1400 to provide medical services to minor detainees:

"The facility administrator shall ensure that health care services are provided to all minors. The facility shall have a designated health administrator who, in cooperation with the mental health director and facility administrator, and pursuant to a written agreement, contract, or job descriptions, is administratively responsible to:

- (a) develop policy for health care administration;*
- (b) identify health care providers for the scope of services;*
- (c) establish written agreements as necessary to provide access to health care;*
- (d) develop mechanisms to assure that those agreements are properly monitored;
and*
- (e) establish systems for coordination among health care services providers.
When the health administrator is not a physician, there shall be a designated responsible physician who shall develop policy in health care matters involving clinical judgments. ..."*

In the mid-1990s the Board of Supervisors transferred the medical services function from the Probation Department and funded RCRMC and Detention Health Services (DHS) to provide these services. This forced the Probation Department to modify its policies and procedures to conform to the budget considerations of DHS rather than having practical authority to administer the program.

Response:

The respondent defers official response to this finding to the appropriate County Departments.

The respondent is not charged with providing healthcare services in juvenile detention centers and for this reason is not the appropriate authority to respond to the Grand Jury's finding.

Grand Jury Recommendation:

2. *Board of Supervisors transfer health care administration authority at all juvenile detention centers to the Riverside County Probation Department.*

Response to Recommendation:

The respondent defers official response to this finding to the appropriate County Departments.

Finding 3:

Documentation available to the Grand Jury reveals that beginning in FY 2011-2012, RPDC will be the only adult detention facility in Riverside County that is in compliance with Title 15 in the provision of 24-hour medical personnel on premises. Of the remaining facilities, Larry D. Smith will have medical staff 12-hours a day. Southwest, Indio, and Blythe will have no medical personnel at all.

As a result of the current reduction of the Health Care Services budget, the method of adult inmate health care in four of the five detention facilities increased safety costs to the Sheriff's Department. The Grand Jury's investigation revealed that this cost increase is due to the additional transportation and security of inmates requiring medical care. Inmates requiring daily medical attention who are appearing in court in another area of the county impose additional transportation and security expenses.

Response:

The respondent agrees.

The respondent agrees the lowered medical personnel staffing levels in County adult detention facilities, requires that inmates receive basic medical services outside the secure jail setting. Additionally, due to the absence of sufficient medical clerical staff the respondent has been unable to provide timely CSA Jail Profile Survey Reports consistent with CCR Title 15 regulation, as identified in our recent CSA technical assistance report.

The respondent agrees that providing basic medical services outside the secure jail setting has increased the respondent's transportation and security expenses, while decreasing public safety. Furthermore, consistent with Mr. Mayer's legal opinion the practice has exposed the respondent to increased civil liability.

Grand Jury Recommendation:

3. *Board of Supervisors provide funding for medical services as mandated by CCR Title 15 to inmates at all adult detention facilities in Riverside County.*

Response to Recommendation:

The Grand Jury's recommendation falls outside the scope of the respondent's authority. However, the respondent will make every effort to work cooperatively with the Board of Supervisors and relevant County departments to identify costs for the delivery of medical

services at all adult detention facilities in Riverside County. Consistent with the response to finding and recommendation #1, and in an effort to ensure adequate and continuous delivery of medical services, the respondent will work to establish a MOU for the delivery of medical services in all adult detention facilities in Riverside County. The respondent will continue to urge the Board of Supervisors to fund the delivery of basic and emergency medical services to inmates in Riverside County jails and detention centers, in accordance with a formal MOU.

Finding 4:

The Grand Jury has learned that beginning in FY 2011-2012, Riverside JH will be the only juvenile facility providing medical services to minors. It will provide services 12-hours a day. Minors requiring medical attention at Indio JH, Southwest JH, Van Horn, and Twin Pines will require transport to either Riverside JH or the nearest hospital.

Currently Southwest JH must transport any minor needing any medical attention either to Riverside JH, where medical services are available, or to RCRMC. These movements require two custodial staff members to accompany the minor and to remain with the minor, causing staff shortages at the detention facility for several hours at a time. Therefore, reduction of funding to DHS translates into higher expenditures for the Probation Department. As a result of DHS budget reduction the Probation Department is not in compliance with CCR Title 15.

At the time of this writing, Southwest JH has the following backlogs:

- 22 physical examinations, dating back six weeks, which are mandated to be completed by a doctor within the first 96-hours of incarceration.*
- 17 minors waiting to see a doctor. The assigned doctor is currently available only one day per week for four hours at a time at Riverside JH, over 40 miles away.*

The elimination of medical services has resulted in violations of CCR Title 15 in the following areas:

- §1357 prescribes medical considerations in the use of force.*
- §1358 requires medical assessment within two hours of placement in physical restraint, and every three hours thereafter.*
- §1359 describes medical assessment and evaluation associated with the use of Safety Rooms.*

Response:

The respondent defers official response to this finding to the appropriate County Departments.

The respondent is not charged with providing healthcare services in juvenile detention centers

and for this reason is not the appropriate authority to respond to the Grand Jury's finding.

Grand Jury Recommendation:

4. *Board of Supervisors provide funding for medical services as mandated by CCR Title 15 to minor detainees at all juvenile probation facilities in Riverside County.*

Response to Recommendation:

The respondent defers official response to this finding to the appropriate County Departments.



July 7, 2011

County Executive Officer Bill Luna
County Administrative Center
4080 Lemon Street, Fourth Floor
Riverside, CA 92501

Re: Institute for Medical Quality (IMQ) Staffing Analysis

Dear Bill Luna:

Attached you will find the staffing analysis and consultative report from IMQ that is based on the site assessment they did on May 2-5, 2011. The assessment looked at our correctional system as a whole from an inmate walking into one of our facilities all the way to being housed.

The report clearly indicates we need to restore adequate medical and mental health staffing levels to provide health care that meets Title 15 Standards. As indicated in the report, the request for medical care exceeds the capabilities of our existing medical and mental health staff. The staffing recommendation by IMQ is 7/24 medical and mental health coverage in all of our correctional facilities. Some of the key observations mentioned in the report are as follows:

- Nurses are frequently unable to pass medication to the inmates in a timely manner and evaluate medication side effects
- Inmates transported to court are not receiving their medication while they await court proceedings
- Inmates in safety and sobering cells are infrequently evaluated in accordance with Title 15 Standards
- Inmates are staying in safety cells longer than clinically appropriate
- Inmates often have to be removed from safety cells and transported to hospitals for mental health treatment because there are no staff personnel to treat them. This is a high risk practice that creates a security risk and could lead to an escalation in the inmate's mental health condition

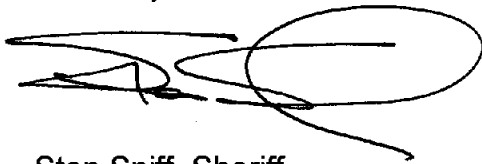
- Court orders for medical and mental evaluations have increased and medical staff tend to focus their attention on court orders, which causes delays in assisting other inmates
- It was determined that nearly 1000 inmates are being treated for mental health illnesses and FMH is unable to keep up with the daily bookings and inmate referrals
- Major concern is we have an identified psychiatric housing unit at RPDC with inmates who have major psychiatric diagnoses but there are no FMH staff allocated to work the housing unit
- Inmate communicable disease assessments are infrequently done

I have directed my staff to work closely with DHS and FMH as they restore their staffing to 09/10 funding levels as an interim step.

Once DHS and FMH have had an opportunity to review the report, we will work collectively with them to finalize a formal and binding Memorandum of Understanding (MOU) to establish minimum staffing levels, expectations, accountability, and measurable compliance tools to assess and properly monitor the services provided. The need for an MOU became very clear after consultation with CSA and IMQ and is needed regardless whether the Sheriff formally oversees the health issues or the oversight remains under the control of the respective departments.

The Sheriff's Department deeply appreciates your staff's efforts in getting this issue resolved and behind us for FY 11/12.

Sincerely,

A handwritten signature in black ink, appearing to read 'Stan Sniff', with a large, stylized flourish extending from the end of the signature.

Stan Sniff, Sheriff

CC: Jay Orr, Assistant County Executive Officer
Doug Bagley, RCRMC Chief Executive Officer
Jerry Wengerd, Mental Health Director Administrator

FYI Copy: Board of Supervisors (w/o enclosure)



INSTITUTE FOR MEDICAL QUALITY

221 Main Street, Suite 210, San Francisco, CA 94105 • Tel: 415/HH2-5151 • Fax: 415/HH2-5149

Riverside Detention Adult Type II Facilities IMQ Staffing Analysis and Consultative Reports May 2-5, 2011

Jean Granquist, RN, PHN, MPH & Joan Cairns, MFT

The Riverside County Adult Detention Facilities were surveyed on a consultative basis for compliance level with Title 15 Minimal Standards for Adult Facilities with information provided by the County of Riverside Sheriff's Department, Regional Medical Center, and Department of Mental Health staff both in writing and through interview.

Kermit Simms, Assistant Hospital Administrator, Regional Medical Center, is the health authority for the adult and juvenile detention facilities. Victor Laus, MD, MBA, CCHP, is the medical director, and Eric Frykman, MD, MPH, is the health officer in the county. The detention facilities have implemented a 20% (33 FTE) cut in medical/mental health staff as of July 1, 2010 as directed by the County Executive Office restricting their ability to provide medical/mental health care to inmates in the facilities and meet Title 15 Minimal Standards.

The assessment process followed the inmate through the intake screening, booking, inmate classification, housing assignment, and medical/mental health triage in four of the five adult detention facilities; Robert Presley Detention Center (RPDC), Southwest Detention Facility (SWDC), Smith Correctional Facility (SCF), and Indio Jail (INJL). Blythe Jail (BLYJ) was not visited because there is not onsite health service provided.

The following documents contain the results of staffing analyses, findings of the on-site surveys, and corresponding IMQ recommendations in accordance with Title 15 regulations. Please be advised that these documents are to be used solely for consultative recommendation purposes, and do not represent or guarantee legal compliance and/or protection.

If you require clarifications or have any questions regarding the content of these documents, please do not hesitate to contact IMQ anytime.

Sincerely,

Jean Granquist, RN, PHN, MPH
IMQ Surveyor

Joan Cairns, MFT
IMQ Surveyor

A Subsidiary of California Medical Association

Riverside Detention Facility Staffing Analysis

INDIO JAIL (INJL)

Position	S	M	T	W	T	F	S	Hrs	FTE
RN Supervisor		8-4		8-4		8-4		24	0.5
RN									
Intake Screen/Sick Call RN	24	24	24	24	24	24	24	168	5.0
Psych RN/ LCSW/ MFT	7-7	7-7	7-7	7-7	7-7	7-7	7-7	84	3.0
Medication Pass LVN	24	24	24	24	24	24	24	168	5.0
LVN/ RN									
Medical Clerk	8 hours shifts / 2-½ days per week							20	0.5
Mental Health Clerk	8 hours shifts / 2-½ days per week							20	0.5
Physician/Mid-level Practitioner	Arranged per week							20	0.5
Psychiatrist	8 hour shifts / 5 days per week							40	1.0
Mental Health/ On-Call	7/24 hours								
Physician On-Call	7/24 hours								
Dentist	8 hours every other week							4	0.05
Pharmacy Tech	8 hours shifts / 2-½ days per week							20	0.5

Days	8-4
Evenings	
Nights	7-7

- Inmate population on date of inspection was male/female 291, booking facility with court holding cells. Staffing analysis based on CSA rated bed capacity of 353. The current medical/psychiatric acuity is high due to jail's location in the county and the need to triage population upon intake because of limited inmate capacity.

**Riverside Detention Facility
Staffing Analysis**

BLYTHE JAIL (BLY)

Position	S	M	T	W	T	F	S	Hrs	FTE
RN Supervisor			8-4		8-4			16	0.4
Sick Call RN									
Intake Screening RN	24	24	24	24	24	24	24	168	5.0
Psych RN/ LCSW/ MFT	2	2	2	2	2	2	2	14	0.20
LVN									
LVN/RN									
Medical Clerk	Arranged per week							20	0.5
Mental Health Clerk	Arranged per week							20	0.5
Physician	Arranger per week							20	0.5
Psychiatrist	1 once a week or tele-psychiatry							8	0.10
Mental Health/ On-Call	7/24 hours								
Physician On-Call	7/24 hours								
Dentist									
Pharmacy Tech	Arranged per week							20	0.5

Days	8-4
Evenings	
Nights	7-7

- Inmate population on date of inspection was male 54, booking facility for males and females. Staffing analysis is based on CSA rated capacity of 115 beds. Currently the facility is being operated without any health care coverage.

**Riverside Detention Facility
Staffing Analysis**

SOUTHWEST DETENTION CENTER (SWDC)

Position	S	M	T	W	T	F	S	Hrs	FTE
RN Supervisor		8-4	8-4	8-4	8-4	8-4		40	1.0
Sick Call RN	7-7	7-7	7-7	7-7	7-7	7-7	7-7	84	3.0
Sheltered Living & Medication Pass LVN	24	24	24	24	24	24	24	168	5.0
Psych RN/ LCSW/ MFT	24	24	24	24	24	24	24	168	5.0
Medication Pass LVN	24	24	24	24	24	24	24	168	5.0
Intake Screening RN	24	24	24	24	24	24	24	168	5.0
Medical Clerk	Five 8 hour shifts a week							40	1.0
Mental Health Clerk	Five 8 hours shifts a week							40	1.0
Physician/Mid-level Practitioner	Five 8 hour shifts a week							40	1.0
Psychiatrist	Five 8 hour shifts w/ 3 psychiatrists							120	3.0
Mental Health/ On-Call	7/24 hours								
Physician On-Call	7/24 hours								
Dentist	8 hours a week							8	0.4
Pharmacy Tech	Five 8 hour shifts a week							40	1.0

Days	8-4
Evenings	
Nights	7-7

- Inmate population on date of inspection was 834 males, male/female booking facility, Sheltered Living Cells and a court holding facility. Staffing analysis is based on CSA capacity of 1109 beds.

**Riverside Detention Facility
Staffing Analysis**

Smith Correctional Center (SCF)

Position	S	M	T	W	T	F	S	Hrs	FTE
RN Supervisor		8-4	8-4	8-4	8-4	8-4		40	1.0
Sick Call RN	7-7	7-7	7-7	7-7	7-7	7-7	7-7	84	3.0
Medication Pass LVN	24	24	24	24	24	24	24	168	5.0
Psych RN/ LCSW/ MFT	24	24	24	24	24	24	24	168	5.0
Intake Screening RN	24	24	24	24	24	24	24	168	5.0
Medical Clerk	Five 8 hour shifts a week							40	1.0
Mental Health Clerk	Five 8 hour shifts a week							40	1.0
Physician/Mid-level Practitioner	Five 8 hour shifts a week							40	1.0
Psychiatrist	Five 8 hour shifts w/ 3 Psychiatrists							120	3.0
Mental Health/ On-Call	7/24 hours								
Physician On-Call	7/24 hours								
Dentist	8 hours a week							8	0.4
Pharmacy Tech	Five 8 hour shifts a week							40	1.0

Days	8-4
Evenings	
Nights	7-7

- Inmate population on the date of inspection was male/female 1100 and is a booking facility. The staffing analysis is based on CSA rated capacity of 1518. Facility is laid out in a linear sequence making intake and medication pass time intense.

**Riverside Detention Facility
Staffing Analysis**

ROBERT PRESLEY DETENTION CENTER (RPDC)

Position	S	M	T	W	T	F	S	Hrs	FTE
RN Supervisor		8-4	8-4	8-4	8-4	8-4		40	1.0
Sick Call RN	7-7	7-7	7-7	7-7	7-7	7-7	7-7	84	3.0
Shelter Care & Medication Pass LVN	24	24	24	24	24	24	24	168	5.0
Psych RN/ LCSW/ MFT	24	24	24	24	24	24	24	168	5.0
Medication Pass LVN	24	24	24	24	24	24	24	168	5.0
Intake Screening RN	24	24	24	24	24	24	24	168	5.0
Medical Clerk	Five 8 hour shifts a week							40	1.0
Mental Health Clerk	Five 8 hour shifts a week							40	1.0
Medical Director/Physician	Five 8 hour shifts a week							40	1.0
Psychiatrist	Seven 8 hour shifts w/ 3 psychiatrists							136	3.0
Mental Health/ On-Call	7/24 hours								
Physician On-Call	7/24 hours								
Dentist	8 hours a week							8	0.4
Pharmacy Tech	Five 8 hour shifts a week							40	1.0

Days	8-4
Evenings	
Nights	7-7

- Inmate population on date of inspection was male/female 759, booking facility with court holding cells and Shelter Care Cells. Medical/psychiatric inmate acuity is high. Staffing analysis is based on CSA rated capacity of 807 beds.

Riverside Detention Facility Staffing Analysis

Countywide All Facilities

Facility	RPDC	SWDC	SCF	Indio	Blythe	Total	Hours
RN Supervisor	1	1	1	.5	.4	3.9	160
Sick Call RN	3	3	3	0	0	9.0	252
Shelter Care & Med Pass LVN	5	5	0	0	0	10.0	336
Psych RN/LCSW/MFT	5	5	5	3	.20	18.20	588.20
Med Pass LVN	5	5	5	5	0	20.0	672
Intake Screening RN	5	5	5	5	5	25.0	840
Medical Clerk	1	1	1	.5	.5	4.0	160
Mental Health Clerk	1	1	1	.5	.5	4.0	160
Physician/Mid-Level Practitioner	1	1	1	.5	.5	4.0	160
Psychiatrist	3	3	3	1	.10	10.2	424
Mental Health/On-Call							
Dentist	0.4	0.4	0.4	0.05	0	1.25	24.10
Pharmacy Tech	1	1	1	0.5	0.5	4.0	160
	31.4	31.4	26.4	16.55	7.7	113.55	3,936.3

Staffing Analysis is based on CSA rated capacity of 3902 beds.

Based on CSA rated capacity for Riverside County Sheriff's Department Type II Adult Facilities, quality assurance necessitates full-time Health Authority, Medical Director, and Nurse Manager positions.

Riverside Detention Facility Staffing Analysis

OVERVIEW OF RIVERSIDE COUNTY JAIL MEDICAL

Robert Presley Detention Facility (RPDC) is a CSA Type II Adult Detention Facility with an average daily male/female population of 759 inmates. The number of inmates booked into RPDC is between 100 and 120 a day. The facility also houses inmates in need of sheltered care, negative pressure cells and court holding cells for inmates awaiting court proceedings. At this time RPDC is the only facility with 7/24 medical/mental health services. Due to medication pass and sheltered care monitoring priorities nursing sick-call is not even attempted. Inmates booked into the four other facilities in the county with insulin dependent diabetes, drug/alcohol detoxification needs and other medical/mental health issues are transferred to RPDC. This practice has resulted in a higher acuity of inmates housed and an increase in custody transportation of inmates for medical reasons. Custody staff is handing out "Blue Kites" sick call slips and delivering them to medical in all facilities to keep track of the numbers now that RN/MD sick call is limited.

Southwest Detention Facility (SWDC) is a CSA Type II Adult Detention Facility with an average male population of 834. This is a male/female booking facility with sheltered living cells, negative pressure cells and court holding cells. On site medical coverage has been reduced from 20 hours per day to 12 hours a day. Inmates are taking advantage of the reduced hours of medical care and waiting until nursing off hours to complain about chest pain and other medical conditions resulting in an increase in grievances and transport.

Indio Jail (INJL) is a CSA Type II Adult Detention Facility with an average daily male/female population of 291. Medical/ mental health acuity is high due to the jails location in the county and the need to triage booked population upon intake because of limited housing ability. On site medical coverage has been reduced in this facility from 20 hours per day to 12 hours a day. Physician sick call has been reduced from 5 days a week to 1 day a week. Custody staff is the first responders to a man down emergency when medical staff is unavailable in all facilities.

Smith Correctional Facility (SCF) is a CSA Type II Adult Detention Facility with a daily male/female population of 1100 and is a booking facility. The facility buildings are laid out in a linear sequence over 1 mile distance resulting in time intense RN coverage to provide inmate intake screening and medication pass. On site medical coverage has been reduced from 20 hours per day to 12 hours a day. Physician sick call has been reduced from 5 days a week to 1 day a week. Due to the reduction in hours physicians are only able to respond to court ordered sick call request at this facility which are a result of the grievance process. Today over 100 blue kites for the month of March and April had been screened for acuity but not seen in RN/MD sick call. Nurses attempt to do some sick call during medication pass but are unable to meet the demand.

Blythe Jail (BLYJ) is a CSA Type II Adult Detention Facility with a daily male population of 54 and is a male/ female booking facility. There is no medical care provided at this facility.

MAJOR ISSUES/CONCERNS

The following are areas of particular concern which require immediate attention in regards to medical care.

Custody and medical/mental health staff interviewed were committed to providing the best care possible to the inmate in a safe environment. They need the staffing levels necessary to complete their mission.

Title 15 Minimal Standards for Local Detention Facilities

Article 11 Medical/Mental Health Services:

- **1202 Health Service Audits**

The collection of statistics is a low priority. The plan to provide a means for the correction of identified deficiencies of health care and pharmaceutical services delivered is not followed.

RECOMMENDATIONS: Provide adequate RN/MD staffing to develop a quality assurance process to update and training up to the policy and procedures (P&P) in place and the standardized nursing procedures (SNP). Right now nursing supervisors have a dual role of supervising adult and juvenile facilities staff. Dedicated supervisory staff is necessary to accomplish QA in adult facilities other than statistical reports. The medical director is also part of the MD sick call staffing pattern and time is limited for the oversight of practice and the review of medical charts as well as initiate changes in the P&P and SNP

- **1205 Medical Mental Health Records**

Health authority is unable to assure inmate health assessment current information is filed in medical records due to cuts in medical records and clerical staff. Confidentiality of the medical conditions inmates write on kites and delivered to medical staff by custody staff is in question. Quality Assurance process is not in place.

RECOMMENDATIONS: Restore adequate medical records and clerical staff to assure medical information in all the facilities is filed in the charts. Reduce health status confidentiality risk to custody staff by allowing inmates unimpeded access to kites and medical staff.

- **1206.5 Management of Communicable Disease**

RN inmate communicable disease assessment is infrequently completed upon intake when requested by custody staff. History, physical and treatment plans are not completed on medically high risk inmates.

RECOMMENDATIONS: Provide 7/24 hour nursing coverage in the intake/booking area of all facilities to screen inmate for communicable disease.

- **1207 Medical Receiving Screening**

Reduction in nursing staff hours to evaluate inmate's medical condition upon booking results in delays in treatment.

RECOMMENDATIONS: Provide 7/24 hour nursing coverage in the intake/booking area to reduce the number of inmate sent to hospitals for an evaluation and increase the response to the care of medical conditions before they escalate.

- **1208 Sick Call**

Daily RN/MD sick call frequency is dependant on the staffing available. The request for medical care exceeds the capabilities of the staff to meet the demands.

RECOMMENDATIONS: Restore daily RN Sick Call in all facilities. Daily sick call is required by Title 15 Standards, and can be completed per SNP to initiate treatment and reduce the number of inmate transferred to the hospital and/or RPDC for evaluation. Return MD Sick Call to 5 days a week at Smith Correctional Facility and Indio Jail.

- **1216 Pharmaceutical Management**

Nurses are frequently unable to pass medication to the inmate in a timely manner and evaluate medication side effects, Inmate transferred to the court holding cells from other facilities are not receiving their medication while they await court proceedings.

RECOMMENDATIONS: Restore nursing 7/24 staffing levels to meet the passing of medications in a timely manner in all facilities.

- **1217 Psychotropic Medications**

The delay in administering psychotropic medication to the inmate can results in danger to self and harm to others.

RECOMMENDATIONS: Prevent the placing of inmates and others at risk for harm due to delay in medication administration by restoring nursing staff levels to meet timely medication pass in all facilities.

Article 5, Classification and Segregation

- **1055 Use of Safety Cells**

Inmate medical assessment within 12 hours of placement in a safety cell in not always accomplished, confirmed by log review.

RECOMMENDATIONS: Restore medical/mental health staffing to the levels necessary 7/24 to meet Title 15 Standards for the care of inmates in a safety cell.

- **1056 Use of Sobering Cells**

Most inmates in sobering cells were released prior to the 6 hour timeline for evaluation by medical staff confirmed by log review.

RECOMMENDATIONS: Restore medical/mental health staffing to the levels necessary 7/24 to meet Title 15 Standards for the care of inmates in a safety cell.

- **1058 Use of Restraints**

Medical opinion on the placement and retention of inmates in restraints within 4 hours of placement and continuous restraint evaluations every 6 hours was inconsistent, confirmed by log review.

RECOMMENDATIONS: Restore medical/mental health staffing to the levels necessary 7/24 to meet Title 15 Standards for the care of inmates in restraints.

OVERVIEW OF RIVERSIDE COUNTY JAIL MENTAL HEALTH

In January 2011, Riverside County Sheriff's Department requested that IMQ conduct a review of the jails medical and mental health services. This request was a result of the impact of a 20% cut in staffing as of July 1, 2010 and the possibility of additional cuts suspected for this fiscal year. These budget cuts have placed a consequential strain on the mandated care provided in the Riverside County Jails. As of January 4, 2011, the Detention Mental Health staff, (DMH) received a 44% loss in staff due to budget cuts. Thus, they are no longer able to provide 24/7 coverage except at the Robert Presley Detention Center.

Riverside County has five jails: Robert Presley Detention Facility (RPDC), Southwest Detention Center (SWDC), Larry D. Smith Correctional Facility (SCF), Indio County Jail, (II) and the Blythe Jail. The year-to-date average jail population total on the date of inspection was 3,047 and DMH has approximately 1,000 active cases, with approximately 275 daily bookings. The DMH staff are professional, competent, and hardworking, though due to budget cuts, they are forced to work with minimal staffing coverage, and as a result, they are unable to keep up with the high demand and large numbers of referrals.

MAJOR ISSUES/CONCERNS

The following are areas of particular concern which require immediate attention in regards to mental health care.

Title 15 Minimal Standards for Local Detention Facilities

Article 11, 1206 Health Care Procedures Manual:

While reviewing DMH's policy and procedure manual, it was evident that they were unable to follow three of their own essential policies due to their lack of staff coverage.

- a. **P&P-603 Transitional Status** when an inmate is signed out of the safety cell it is the policy of DMH that the inmate be seen within 7 days.
- b. **P&P-605 Pre-Release Mental Statue Evaluation** The inability for staff to conduct an evaluation on an inmate identified as a potential risk for violence or self-harm can have serious impact on the community.
- c. **P&P- 611 Restraint Chair Policy:** DMH staff is unable to follow this procedure to staffing.

RECOMMENDATIONS: It is recommended that the managers meet and go over the above policy and procedures to assess which of their P&P's they are unable to meet. It may be necessary in the interim to modify their policies and procedures to mirror their current staffing situation.

Article 11, 1208 Access to Treatment:

Court orders for mental health treatment:

During chart review there were multiple court orders for both medical and mental health treatments sought by inmates. In one facility, there were fifteen court orders; the court orders should be a rare occurrence only seen under unusual circumstances. In addition, IMQ was told that due to this process, staff tends to focus their treatments on inmates with court orders, which cause delay in assisting other inmates waiting for care.

Article 11, 1209 Mental Health Services & Transfer to Treatment Facility: (Article 11, 1207 Medical Receiving Screening.

Riverside Sheriff's Department books as high as 275 bookings a day, and with an absence of medical and mental health staff, this could result in serious consequences. According to an article in Correctional Mental Health Report, (May/June 2011) generally, the time period immediately following admission to a jail is the most dangerous time for an inmate, and over half of in-custody deaths occurred within one month of admissions, with 24% of deaths occurring within two days of admission. It is essential to have 24 hour medical/mental health coverage at any booking jail. More often than not, when an inmate is booked into a jail, one tends to be intoxicated, and possibly in poor health. Also, for the mentally ill inmates, they may be decompensated and may withdraw from their psychotropic medication.

RECOMMENDATIONS: Each facility that participates in bookings and intake must have psychiatric staff on site seven days a week, and it is recommended that there be at least 12 hour coverage. In addition, there should be 24/7 psychiatric pager coverage.

Article 11, 1219 Suicide Prevention Program:

Two completed suicides have occurred in the Riverside County detention facilities in 2010, and these suicides occurred in the Administration Segregation Housing units. In addition, there have been multiple serious attempts which have required medical attention and treatment. Although these attempts may not be a direct result of the current staffing shortages, it may be a factor if Riverside County were to be legally challenged.

RECOMMENDATIONS: Mental Health staff should have yearly in-services about the prediction and prevention of jail suicides. In addition, it is recommended that inmates housed in Administration Segregation be seen by qualified medical or mental health staff at least three times a week.

Article 5, 1052 Mentally Disordered Inmates:

Psychiatric housing:

Currently at RPDC there is an identified psychiatric housing unit, with approximately 68 inmates with major psychiatric diagnoses, many of whom are on psychotropic medications. There is a major concern that they do not have staff allocated to work this housing unit. When there is a separate housing unit designated for the chronically mentally ill, it is imperative that there is sufficient clinical staff to run the unit. During the facility tour, it was clear that the custody staff was responsible for the unit and there was little collaboration with the mental health staff.

RECOMMENDATIONS: The utilization of evidence based treatment groups, such as Seeking Safety, IMR, and Thinking for a Change. Utilization of groups allows for multiple patients to be seen by one or two mental health staff and thus aids in staffing shortages. In addition, it was suggested that DMH begin an internship program. It is an acceptable practice and many forensic mental health programs have been utilizing the intern programs. And in particular, psychiatric housing units would benefit greatly from interns to provide sufficient staffing coverage.

Article 5, 1055 Use of Safety Cells:

There are three serious issues with current practices in the Riverside County jails concerning the use of safety cells.

- a. Many inmates are not receiving the initial 24 hour review
- b. Due to the lack of medical/mental health staff, Custody have to take an inmate out of one safety cell and transport them to another jail, typically (RPDC), which depending on the facility location, can mean a 2 or 3 hour car ride, and placing them in a new safety cell where they can be assessed. This is an unsafe practice at best; anytime an inmate is physically transported, it is considered a security risk. Frequent transferring of an inmate requiring the use of safety cell is a high-risk practice, which may result in the death of an inmate or an assault to staff or the community.
- c. Inmates are staying in safety cells longer than is clinically appropriate.
- d. Multiple Safety Cell sheets lacked signatures from both Medical and Mental health to confirm routine assessments.

RECOMMENDATIONS: That each facility that utilizes the safety cell, have the necessary staffing that complies with Title 15. Per Title 15, "*A mental health opinion on placement and retention shall be conducted within 24 hours of placement.*"

Article 5, 1058 Use of Restraints:

All five facilities utilize the Restraint Chair when necessary, yet restraint chair documentation revealed the similar unsafe situation as the safety cell documentation mentioned above, with only difference being the restraint chair policy being more time sensitive than the safety cell with a six hour window. It is essential for Medical/Mental health staff to be on site when restraint chair is used.

RECOMMENDATIONS: That each facility that utilizes the restraint chair, have the necessary staffing that complies with Title 15. Per Title 15, "*a mental health consultation shall be secured as soon as possible, but in no case longer than eight hours from the time of placement, to assess the need for mental health treatment.*"