

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

332



FROM: Stanley L. Sniff Jr., Sheriff-Coroner-PA

SUBMITTAL DATE:
12/09/11

SUBJECT: Memorandum of Agreement between the Sheriff, Riverside County Regional Medical Center–Detention Health Services (RCRMC-DHS), and Riverside County Department of Mental Health–Detention Mental Health Services (DMH) regarding Adult–Detention Healthcare.

RECOMMENDED MOTION: Move that the Board of Supervisors receive and file the Memorandum of Agreement between the Sheriff, Riverside County Regional Medical Center–Detention Health Services (RCRMC-DHS), and Riverside County Department of Mental Health–Detention Mental Health Services (DMH) regarding Adult–Detention Healthcare.

BACKGROUND: The Riverside County Sheriff is responsible for ensuring basic and emergency medical, dental, and mental health care is provided to inmates in custody at all jails under the Sheriff's control in accordance U.S. Constitution, California Penal Code §6030, and Title 15 California Code of Regulations, Article 11 §1200.

(Continued on Page 2)

Stan Sniff, Sheriff-Coroner-PA

ATTACHMENTS FILED WITH THE CLERK OF THE BOARD

Departmental Concurrence

FINANCIAL DATA	Current F.Y. Total Cost:	NA	In Current Year Budget:	Yes
	Current F.Y. Net County Cost:	NA	Budget Adjustment:	No
	Annual Net County Cost:	\$ 0	For Fiscal Year:	FY 2011-12

SOURCE OF FUNDS:

BR 12-050

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

C.E.O. RECOMMENDATION:

APPROVE

BY:
Robert Tremaine

County Executive Office Signature

- Consent
- Policy
- Consent
- Policy

Dep't Recomm.:
Per Exec. Ofc.:

Prev. Aan. Ref.:

District: All

Aaenda Number:

3.18

Memorandum of Agreement between the Sheriff, Riverside County Regional Medical Center–Detention Health Services (RCRMC-DHS), and Riverside County Department of Mental Health–Detention Mental Health Services (DMH) regarding Adult–Detention Healthcare

BR 11-050

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In fiscal year 1987-1988, budget appropriations and staff positions for jail medical services were transferred from the Sheriff's Department to the County of Riverside Health Services Agency – Riverside General Hospital. Funding for jail mental health services has always been under Riverside County Department of Mental Health. This resulted in the Sheriff having legal responsibility for jail healthcare without practical authority for its provision.

The accompanying Memorandum of Agreement provides the mechanism and defines the roles and responsibilities through which these agencies will work together to accomplish the mutual goal of providing basic and emergency medical, dental, and mental health services to all inmates detained or incarcerated in our jails.

RIVERSIDE COUNTY INTERAGENCY ADULT DETENTION HEALTHCARE

MEMORANDUM OF AGREEMENT

**RIVERSIDE COUNTY INTERAGENCY ADULT DETENTION HEALTHCARE
MEMORANDUM OF AGREEMENT**

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34

**RIVERSIDE COUNTY INTERAGENCY ADULT DETENTION HEALTHCARE
MEMORANDUM OF AGREEMENT**

1.0 PURPOSE

The Riverside County Sheriff’s Department (RSD), in cooperation with the Riverside County Regional Medical Center–Detention Health Services (DHS), and the Riverside County Department of Mental Health–Detention Mental Health Services (DMH) enter into this interagency Memorandum of Agreement. This Agreement provides the mechanism, and defines the roles and responsibilities, through which these agencies will work together to accomplish the mutual goal of providing basic and emergency medical, dental, and mental health services within the RSD correctional facilities.

Jail healthcare services under this agreement are inclusive of medical, dental, and mental health care services. The RSD maintains statutory and constitutional responsibility to ensure provisions of emergency and basic healthcare services are provided to all inmates detained or incarcerated in RSD correctional facilities.

Adequate jail healthcare services contribute to the efficiency of correctional facility functions, and the protection of inmates, jail staff, and the community. Adequate healthcare services also prevent the spread of diseases within the jails and community.

This Agreement is intended to define the respective responsibilities between RSD, DHS, and DMH relative to providing medical, dental, and mental health services in RSD correctional facilities. The Riverside County Sheriff’s Department, the Riverside County Regional Medical Center–Detention Health Services, and the Riverside County Department of Mental Health–Detention Mental Health Services agree to the following definitions, roles, responsibilities, and accompanying terms and conditions, which will be effective immediately and remain in effect until terminated or modified as defined in section 2.0 of this Agreement. The RSD, DHS, and DMH will review and update this Agreement annually. Any update or modification to this agreement will be done in accordance with section 2.0 of this Agreement.

2.0 TERMINATION OR MODIFICATION OF AGREEMENT

This Agreement shall be effective upon execution by signature of the Sheriff of Riverside County, the Chief Executive Officer of Riverside County Regional Medical Center, and the Director of the Riverside County Department of Mental Health or their respective designees and shall remain in effect unless terminated. This Agreement can be terminated by approval of the Board of Supervisors only. Any party desiring to terminate this Agreement must give 180-day notice to the other parties and must bring the matter

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before the Board of Supervisors for approval. Modifications or amendments to this Agreement shall be in writing and upon mutual agreement by each party, brought to the Board of Supervisors for approval.

3.0 AGENCY REPRESENTATIVES

The following agency representatives will serve as the primary point of contacts as it relates to accomplishing the terms of this Agreement. These representatives also meet the required roles and responsibilities necessary for the delivery of jail healthcare services, as defined in Title 15 CCR 1006 and 1200.

Title 15 Requirement	Riverside County Agency Representative
Facility/System Administrator	Chief Deputy Sheriff – Corrections Operations Division Chief
Health Authority	RCRMC Asst. Hospital Administrator – DHS Health Services Administrator
Responsible Physician	RCRMC/DHS Chief Detention Medical Director
Mental Health Director	Detention Mental Health Services Manager
Local Health Officer	County Public Health Officer, Director of Riverside County Community Health Agency

In addition to the representatives listed in the above chart, the RSD designated Healthcare Services Manager will monitor the delivery of jail healthcare services for compliance with the terms of this Agreement. The RSD Corrections Planning/Headcount Management Unit (HMU) lieutenant will be the designated RSD Healthcare Services Manager.

All parties to this Agreement mutually agree that RSD has statutory responsibility for ensuring basic and emergency healthcare is provided in its jail system, and as such, RSD is the “customer” in this Agreement and DHS and DMH are the services providers.

4.0 DEFINITIONS

“Administering Medication,” as it relates to managing legally obtained drugs, means the act by which a single dose of medication is given to a patient. The single dose of medication may be taken either from stock (un-dispensed), or dispensed supplies.

“Annual statistical reports” is the same as “health service audits.”

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1 *“Chief Detention Medical Director”* is the physician designated by DHS as the medical
2 director for adult detention. This person as it relates to this Agreement is the “responsible
3 physician” and “medical director” as defined in Title 15 CCR.

4
5 *“County Health Officer”* means the same as “Local Health Officer.”

6
7 *“Delivering Medication,”* as it relates to managing legally obtained drugs, means the act of
8 providing one or more doses of a prescribed and dispensed medication to a patient.

9
10 *“Detoxification”* means the medical process for long-term treatment, while "sobering up"
11 or "drying out" is the shorter-term activity.

12
13 *“Developmentally disabled”* – Title 15 CCR 1006 defines developmentally disabled to
14 mean, “those persons who have a disability which originates before an individual attains
15 age 18, continues, or can be expected to continue indefinitely, and constitutes a
16 substantial disability for that individual. This term includes mental retardation, cerebral
17 palsy, epilepsy, and autism, as well as disabling conditions found to be closely related to
18 mental retardation or to require treatment similar to that required for mentally retarded
19 individuals.”

20
21 *“Dispensing,”* as it relates to managing legally obtained drugs, means the interpretation of
22 the prescription order, the preparation, repackaging, and labeling of the drug based upon
23 a prescription from a physician, dentist, or other prescriber authorized by law.

24
25 *“Facility Administrator”* is a Title 15 CCR reference meaning the sheriff, chief of police,
26 chief probation officer, or other official charged by law with the administration of a local
27 detention facility/system. The “Facility Administrator” as it relates to this Agreement will
28 be the Corrections Operations Division Chief as appointed by the Sheriff.

29
30 *“Health Authority”* is a Title 15 CCR reference meaning that individual or agency that is
31 designated with responsibility for health care policy pursuant to a written agreement,
32 contract or job description. The health authority may be a licensed physician, an individual
33 or a health agency. In those instances where medical and mental health services are
34 provided by separate entities, decisions regarding mental health services will be made in
35 cooperation with the mental health director. When this authority is other than a
36 physician, final clinical decisions rest with a single designated responsible physician. (See
37 Title 15 CCR 1006)

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1 *“Healthcare”* means the system of providing medical, dental, and mental health services.

2 *“Healthcare staff”* is inclusive of medical, dental, and mental health staff.

3
4 *“Health service audits”* means a system for conducting internal quality assurance reviews
5 that identify service inconsistencies and other problems; statistical summaries that
6 outline the services delivered; and, a mechanism for correcting identified deficiencies.

7
8 *“Health Service Administrator”* is the RCRMC Assistant Hospital Administrator for adult
9 detention health services. This person serves as the RSD jail system’s “Health Authority,”
10 as defined in Title 15 CCR 1006, and according to Corrections Standards Authority
11 guidelines for Title 15 CCR 1200 is the individual responsible for developing and/or
12 managing healthcare services for a local detention facility or system.

13
14 *“Jail healthcare services”* will mean the administration, management, and delivery of
15 system-wide medical, dental, and mental health services.

16
17 *“Local Health Officer”* means that licensed physician who is appointed pursuant to Health
18 and Safety Code 101000 to carry out duly authorized orders and statutes related to public
19 health within their jurisdiction. As it relates to this Agreement, the “local health officer” is
20 the Riverside County Public Health Officer (Director, Community Health Agency).

21
22 *“Medical Director”* will mean the same as “responsible physician” as defined in Title 15
23 CCR 1006.

24
25 *“Mental Health Director”* – Title 15 CCR 1006 defines mental health director as “that
26 individual who is designated by contract, written agreement or job description, to have
27 administrative responsibility for the facility or system mental health program.” The
28 Corrections Standards Authority guideline for Title 15 CCR 1209 explains that the mental
29 health director is “not necessarily the county mental health director.” The Mental Health
30 Director may deligate the Mental Health Service Manager to fulfil this role.

31
32 *“Mental health service audits”* means a system for conducting internal quality assurance
33 reviews that identify service inconsistencies and other problems; statistical summaries
34 which outline the services delivered; and, a mechanism for correcting identified
35 deficiencies.

36
37 *“Mid-level practitioners”* means Physician Assistants or Nurse Practitioners.

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1 *“Responsible Physician”* is the final arbiter of clinical medical decisions and provides
2 primary care as defined in Corrections Standards Authority guidelines for Title 15 CCR. As
3 it relates to this Agreement, the Chief Detention Medical Director fulfills the
4 responsibilities of the *“Responsible Physician.”*

5
6 *“RSD Healthcare Services Manager”* is a lieutenant who is responsible for oversight of this
7 Agreement and is responsible to the Corrections Operations Division Chief.

8
9 **5.0 ROLES AND RESPONSIBILITIES (Title 15 CCR 1200)**

10
11 **5.1 Sheriff’s Department**

12
13 The RSD will continue to have the statutory and constitutional responsibility to
14 insure provisions of emergency and basic healthcare services are provided to all
15 inmates detained or incarcerated in RSD correctional facilities and will follow Title
16 15 CCR and the latest guidelines published by the Corrections Standards Authority
17 for Title 15 CCR. The RSD will provide healthcare staff with the necessary access to
18 inmates to promote the provisions of required healthcare services to the inmate
19 population.

20
21 The RSD will provide a safe and secure environment for all staff and inmates. Staff
22 safety is an utmost priority for RSD; however, DHS and DMH acknowledge that
23 correctional facilities can be inherently dangerous environments to work in and
24 RSD cannot guarantee absolute personal safety of any employee or person inside
25 any RSD correctional facility. DHS and DMH acknowledge that per RSD Corrections
26 Policy 502.05, RSD will not permit inmates or others to use hostages to escape
27 from custody.

28
29 The RSD will provide staff to facilitate the movement of inmates and will provide
30 for the security of healthcare staff during the delivery of healthcare services to
31 inmates within any RSD correctional facility. RSD corrections staff will be available
32 as needed to accompany healthcare staff into sheltered care housing units or
33 other designated medical or mental health housing for observation and treatment
34 of inmates, and will accompany nursing staff during general dispensing of
35 medication (“pill call”) in the housing units. RSD correctional staff will be available
36 immediately for emergencies.

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1 The RSD will designate a lieutenant to serve as the RSD Healthcare Services
2 Manager to oversee the delivery of jail health care services provided by DHS and
3 DMH. The RSD Healthcare Services Manager will report to the RSD Corrections
4 Operations Division Chief (Facility/System Administrator). The RSD Healthcare
5 Services Manager serves as a liaison between the RSD Facility/System
6 Administrator, the Health Service Administrator, and the Mental Health Service
7 Manager for purposes of overseeing and managing this Agreement, healthcare
8 issues, preparation for inspections, policy and procedure reviews, and general
9 resolution of problems related to healthcare services.

10
11 Each RSD jail commander will designate a lieutenant to serve as the facility-specific
12 liaison. This liaison will be the point of contact to resolve issues that affect their
13 respective facilities. The facility liaisons will be responsible for keeping the RSD
14 Health Services Manager informed of issues that may affect their facilities or other
15 facilities.

16
17 **5.2 Detention Health Services**

18 Detention Health Services is the primary care provider for inmate medical and
19 dental care. Detention Health Services will provide healthcare that is consistent
20 with the “community standard.” The community standard is defined as care that
21 the average person in the community has access to through established and
22 accepted medical practices and procedures. Medical and dental healthcare
23 services will meet all requirements specified in the current Title 15 CCR and will
24 follow the current Title 15 CCR guidelines, pertaining to Medical and Mental
25 Health, Sanitation, and Nutrition Standards, as published by the California
26 Standards Authority (CSA).

27
28 Riverside County Regional Medical Center will employ an administrator to serve as
29 the medical Health Service Administrator, who will be the designated health
30 authority, as defined by Title 15 CCR 1006 and the CSA guidelines for Title 15 CCR
31 1200. He or she is responsible for developing and managing jail medical and dental
32 services.

33
34 Due to the magnitude and complexity of the RSD jail system, the Health Service
35 Administrator or designee will be available to provide 24-hour oversight of RSD
36 medical and dental services in RSD correctional facilities. DHS will provide the RSD
37 Health Services Manager with the designee’s contact information.

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1 Riverside County Regional Medical Center will employ a licensed physician
2 designated as the Chief Detention Medical Director. The Chief Detention Medical
3 Director is the responsible physician and final arbiter of clinical medical decisions
4 and provides primary care as defined in Title 15 CCR.
5

6 Due to the magnitude and complexity of the RSD jail system, the Chief Detention
7 Medical Director will be a full-time position specifically designated to oversee
8 medical services in RSD correctional facilities. He or she will not have any other
9 periphery RCRMC or other non-sheriff inmate healthcare responsibilities, unless
10 mutually agreed upon by the RSD and RCRMC.
11

12 The Chief Detention Medical Director, or designee will provide for 24-hour on-call
13 medical direction for all DHS staff, or for RSD personnel in the absence of medical
14 staff at all jail facilities. The Chief Detention Medical Director will review and
15 approve all recommendations for inmate hospitalization, except for emergency
16 situations, and will review all admissions arising from emergency circumstances
17 with 72 hours.
18

19 The Chief Detention Medical Director, or designee, will also participate in all
20 inmate death reviews. He or she shall provide medical record input and analysis of
21 any care/treatment given to the inmate while in custody. He or she will also
22 participate in after-action discussions related to inmate deaths.
23

24 The Chief Detention Medical Director will also track and respond to court orders
25 related to inmate medical service issues and keep the RSD informed as to the
26 receipt thereof and as to the response provided the courts. These matters will be
27 coordinated through the Jail Commander or his or her designee.
28

29 Detention Health Services will employ and/or contract with a licensed dentist to
30 provide dental care services to inmates for emergency dental care and medically
31 required dental care. Medically required dental care includes a dental problem
32 which interferes with general health of the inmate or for dental care referred by
33 medical personnel. The DHS dental care practitioner will be the final arbiter of
34 clinical dental decisions.
35

36 Detention Health Services will employ or contract other professional staff
37 including, but not limited to, physicians, mid-level practitioners, registered nurses,

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1 licensed vocational nurses, dentists, pharmacists, and ancillary support staff to
2 support the needs of the inmate population.

3
4 Detention Health Services will provide staffing levels in all RSD correctional
5 facilities that meet the staffing patterns and levels listed in Attachment A. As
6 indicated in Section 2.0 Termination or Modification of Agreement, in the event
7 RCRMC is unable to provide service levels and staffing coverage as listed in
8 Attachment A, RCRMC will give notice to RSD and the matter will be brought
9 before the Board of Supervisors.

10
11 Work schedules for DHS staff will be established by the DHS Health Service
12 Administrator, or his or her designee. The facility nursing supervisor will
13 immediately notify the jail watch commander anytime the DHS staffing levels
14 listed in Attachment A are unable to be met. The jail commander will notify the
15 Health Services Administrator of the staffing deficiency, and the Health Service
16 Administrator will take immediate and necessary action to provide the required
17 staffing described in Attachment A of this Agreement.

18
19 On an annual basis, RSD and DHS agree to meet and review RSD's annual bookings
20 and RSD's rated inmate capacity to determine the staffing levels required to
21 provide adequate basic and emergency medical and dental services.

22
23 Detention Health Services will document statistical data utilizing the RSD's Jail
24 Information Management System (Inmate Health Services and Special Needs
25 menus) as described in section 8.2 of this Agreement.

26
27 Detention Health Services will provide basic inmate medical and dental care and
28 ancillary services. These will include, but not be limited to, episodic medical,
29 nursing, pharmacy, dental, radiological testing and laboratory services, specialty
30 clinic care, inpatient hospital care, dialysis care, emergency medical care, daily
31 inmate "sick call," "pill call," detoxification treatment, infectious disease services,
32 monitoring inmates in safety cells and restraint chairs, maternity care, inmate
33 health education programs as needed, post-release medication program, medical
34 health records management, and health service audits. Inmates' requests for
35 routine services will be triaged by a registered nurse daily, and receive treatment
36 within five calendar days of the request. Urgent requests will be handled the same
37 day. Emergent requests will be handled immediately, which may include sending

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1 inmates to the Emergency Department at RCRMC or requesting paramedic
2 response.

3
4 Detention Health Services will strive to provide as much inmate health care and
5 treatment on-site as is safe and ethically possible. DHS will strive to avoid the
6 unnecessary need for inmates to be removed from a secured jail and transported
7 to outside medical facilities, and will limit physician referrals by the nursing staff
8 within all RSD jails. Physicians and mid-level practitioners will use professional
9 judgement to determine the level of wound care and suturing to be performed in
10 the jails.

11
12 Detention Health Services will evaluate the baseline medical health care needs of
13 each inmate admitted into RSD correctional facilities and refer mental health care
14 needs to DMH, when notified by RSD corrections staff, at the time of booking.
15 Detention Health Services' goal is to identify medical issues upon intake, prevent
16 deterioration of the condition(s) of injury/illness present at the time the inmate is
17 admitted into custody, and/or the treatment of injuries/illnesses arising during the
18 period of detention.

19
20 Detention Health Services will evaluate and assess the medical care needs, and
21 refer to DMH any mental health issues, of each inmate placed in a restraint chair,
22 sobering cell, or safety cell, in accordance to all requirements specified in RSD
23 Corrections Division policies 503.07, 504.05, and 504.24 and as specified in the
24 current edition Title 15 CCR.

25
26 Detention Health Services will bear responsibility for all financial costs associated
27 with the delivery of medical and dental care to inmates in RSD custody. Detention
28 Health Services will not bear financial responsibility for "okay to book" evaluations
29 conducted at a hospital. That responsibility will be on the arrestee and the hospital
30 that provided the medical services. RCRMC will not bear any financial costs or
31 responsibility for RSD inmates at any time.

32
33 Detention Health Services will provide budget disclosure to RSD regarding adult
34 detention health services costs as described in section 9.1 of this Agreement. This
35 disclosure may entail budget information for past or present fiscal years or future
36 budget projections upon request of RSD.

37

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1 The Detention Health Services Administrator, or designee, will provide the RSD
2 Healthcare Services Manager a complete roster, and updates as necessary, of all
3 DHS staff assigned to RSD correctional facilities. The roster will include the staff
4 member’s name, county job title, full-time or part-time (per diem), and name of
5 the facility assigned to work at. The Detention Health Services Administrator will
6 also provide a complete roster, and updates as necessary, to each jail commander
7 that lists DHS staff assigned to that commander’s facility.

8
9 **5.3 Detention Mental Health Services**

10
11 Detention Mental Health Services is the primary care provider for inmate mental
12 healthcare. Detention Mental Health Services will provide mental health care that
13 is consistent with the “community standard.” The community standard is defined
14 as care that the average person in the community has access to through
15 established and accepted mental health care practices and procedures. Mental
16 health care services will meet all requirements specified in the current Title 15 CCR
17 and will follow the current Title 15 CCR guidelines, pertaining to Medical and
18 Mental Health, Sanitation, and Nutrition Standards, as published by the California
19 Standards Authority (CSA). Detention Mental Health Services commits to meeting
20 the IMQ recommendations identified in the IMQ consultative report dated May 2–
21 5, 2011.

22
23 Detention Mental Health Services will employ a Mental Health Services Manager,
24 who will be the designated Mental Health Director as defined in Title 15 CCR 1006
25 and in CSA guidelines for Title 15 CCR 1200. He or she is responsible for
26 developing, managing, and assuring quality and accessible outpatient mental
27 health care services provided to inmates. The Mental Health Services Manager will
28 also participate in all inmate death reviews. He or she shall provide mental health
29 record input and analysis of any care/treatment given to the inmate while in
30 custody. He or she will also participate in after-action discussion regarding inmate
31 deaths. The psychiatrist overseeing jail mental health services will also attend and
32 participate in inmate death reviews as needed, or as requested by RSD.

33
34 Due to the magnitude and complexity of the RSD jail system, the Mental Health
35 Services Manager or designee will be available to provide 24-hour oversight of
36 Detention Mental Health Services in RSD correctional facilities. DMH will provide
37 the RSD Health Services Manager with the designee’s contact information.

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1 The Mental Health Services Manager will also track and respond to court orders
2 related to mental health service issues and keep the RSD informed as to the
3 receipt thereof and as to the response provided the courts. These matters will be
4 coordinated through the Jail Commander or his or her designee.
5

6 Department of Mental Health will employ or contract other licensed professional
7 staff including, but not limited to, psychiatrists, psychiatric registered nurses,
8 clinical therapists, and other clinicians, technicians, interns, and ancillary support
9 staff to support the needs of the inmate population. Detention Mental Health
10 Services will provide 24-hour on-call psychiatric medical doctor coverage.
11

12 Detention Mental Health Services will provide staffing levels in all RSD correctional
13 facilities that meet the staffing listed in Attachment A. As indicated in Section 2.0
14 Termination or Modification of Agreement, in the event DMH is unable to provide
15 service levels and staffing coverage as listed in Attachment A, DMH will give
16 notice to RSD and the matter will be brought before the Board of Supervisors.
17

18 Work schedules for DMH staff will be established by the Mental Health Service
19 Manager, or his or her designee. The facility's mental health supervisor will
20 immediately notify the jail watch commander anytime DMH staffing levels listed in
21 Attachment "A" are unable to be met. The jail commander will notify the Mental
22 Health Services Manager of the staffing deficiency, and the Mental Health Service
23 Program Manager will take immediate and necessary action to provide the
24 required staffing described in Attachment A of this Agreement.
25

26 On an annual basis, RSD and DMH agree to meet and review RSD's annual
27 bookings and RSD's rated inmate capacity to determine the staffing levels required
28 to provide adequate basic and emergency mental health services.
29

30 Detention Mental Health Services will document statistical data utilizing the RSD's
31 Jail Information Management System (Inmate Health Services and Special Needs
32 menus) as described in section 8.2 of this Agreement.
33

34 Detention Mental Health Services will provide a broad scope of detention mental
35 health care and ancillary services. These will include, but not be limited to, the
36 screening, referral and care of mentally disordered inmates, providing on-site
37 psychiatric and clinical services at each RSD correctional facility, referrals to
38 outpatient mental health treatment services, evaluation and treatment of inmates

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1 held in safety cells or in restraint chairs, crisis intervention response and
2 treatment, referral of mentally disorder inmates to appropriate treatment facility
3 pursuant to Penal Code 4011.6, discharge aftercare planning, mental health
4 records management, and health service audits.

5
6 Inmate referrals and requests for services will be triaged daily within twenty-four
7 hours by a qualified mental health practitioner, and receive treatment within three
8 calendar days of the referral or request. Urgent requests will be handled
9 immediately.

10
11 Detention Mental Health Services will evaluate and assess the mental health care
12 needs of each inmate placed in a restraint chair, sobering cell, or safety cell in
13 accordance to all requirements specified in RSD’s Corrections Division policies
14 503.07, 504.05, and 504.24 and as specified in the current Title 15 CCR.

15
16 Detention Mental Health Services county budget will bear responsibility for all
17 financial costs associated with the delivery of mental health care to inmates in RSD
18 custody.

19
20 Detention Mental Health Services will provide budget disclosure to RSD regarding
21 adult detention mental health services costs as described in section 9.1 of this
22 Agreement. This disclosure may entail budget information for past or present fiscal
23 years or future budget projections upon request of RSD.

24
25 The Detention Mental Health Services Manager will provide the RSD Healthcare
26 Services Manager a complete roster, and updates as necessary, of all DMH staff
27 assigned to RSD correctional facilities. The roster will include the staff member’s
28 name, county job title, full-time or part-time (per diem), and name the facility
29 assigned to work at. The Detention Mental Health Services Manager will also
30 provide a complete roster, and updates as necessary, to each jail commander that
31 lists DMH staff assigned to that commander’s facility.

32
33 **6.0 AUTONOMY**

34
35 Healthcare staff will have autonomy from the RSD in regards to diagnosis of illness/injury
36 and development of medical, dental, or mental health treatment plans. Medical, dental,
37 and mental health matters involving clinical judgments are the sole province of the Chief
38 Detention Medical Director, dentist, and psychiatrist respectively. Healthcare staff will

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1 make recommendations to the RSD regarding housing and safety precautions when
2 necessary. Except for security concerns as addressed in the “Conflict Resolution” section
3 10.0, RSD in collaboration with DHS and/or DMH, will make the final determination as to
4 the assignment of an inmate to sheltered care housing.
5

6 Healthcare staff providing direct and ongoing inmate health care is prohibited from
7 performing forensic medical services, including drawing of blood alcohol samples, body
8 cavity searches, and other functions for the purpose of prosecution.
9

10 **7.0 SCOPE OF HEALTHCARE SERVICES—TITLE 15 REQUIREMENTS**

11
12 7.1 Reports and Audits (Title 15 CCR 1202)

13
14 The Health Service Administrator and the Mental Health Services Manager,
15 respectively, will maintain a written plan for quarterly health services audits and
16 annual statistical reports of healthcare and pharmaceutical services that are
17 provided. The Chief Detention Medical Director will also maintain a mechanism to
18 ensure that the quality and adequacy of healthcare services are assessed annually.
19 The plan will include a means for the correction of identified deficiencies of the
20 health care and pharmaceutical services delivered. Based on information from
21 these health service audits, the Health Service Administrator and the Mental
22 Health Services Manager, respectively, will provide the RSD Health Services
23 Manager with quarterly audit reports and an annual written report on healthcare
24 and pharmaceutical services delivered. Quarterly and annual statistical reports
25 will include the following:
26

27 **Detention Health Services**

- 28
29
- 30 • The number of sick call/clinic encounters by nursing staff
 - 31 • The number of sick call/clinic encounters by physician
 - 32 • The number of sick call/clinic encounters by physician assistant or nurse
practitioner
 - 33 • Average response time to inmate health care requests
 - 34 • The number of intake health screenings completed
 - 35 • The number of food service worker screenings completed
 - 36 • The number and type of laboratory tests performed
 - 37 • Recap of pharmacy services rendered
 - 38 • Types and numbers of communicable diseases diagnosed
 - 39 • Recap of how many inmates requiring shelter housing
 - 40 • The number of emergency room visits
 - 41 • The number and type of specialty clinic services completed
 - 42 • The number and type of diagnostic services (lab, x-ray, EKG, etc)

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- Profile of hospital admissions
- Recap of dental services provided
- Budget expenses spent on medication during the previous quarter
- Budget expenses spent of psychotropic medication during the previous quarter
- The number of ambulance transports

Detention Mental Health Services

- Average response time to inmate mental health care requests
- The number of mental health safety cell evaluations/assessments completed
- Number of psychiatrist encounters
- Number of mental health clinical encounters
- Recap of how many inmates requiring mental health shelter housing
- Number of mental health shelter housing encounters

7.2 Healthcare Staff Qualifications (Title 15 CCR 1203)

State and local licensure and certification requirements and restrictions apply to DHS and DMH staff working in RSD jail facilities the same as to those working in the community.

The task of verifying the validity of licenses and/or certificates is the responsibility of the Health Service Administrator and the Mental Health Services Manager. They will utilize County Human Resources to verify and validate licences and/or certificates. The Health Service Administrator and the Mental Health Services Manager will maintain written policies and procedures for verification. These policies and procedures will require: that the license be presented to the health authority for inspection; that it be reviewed, verified and recorded; that special note be made of the requirements for renewal; and that a schedule is set up for the appropriate periodic inspection. This information, along with a copy of the licensing or certification credentials, is to be kept on file at a central location where they are available for review.

In the x-ray room, the Health Services Administrator is required to have the x-ray equipment inspected and registered as required by the California Department of Health Services (Title 17, Public Health Division 1, State Dept of Health Services, Ch 5, Sanitation [Environmental]).

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7.3 Healthcare Staff Procedures (Title 15 CCR 1204)

Medical care performed by personnel other than a physician will be performed pursuant to written protocol or order of the Chief Detention Medical Director. The Chief Detention Medical Director must maintain standardized protocols for healthcare staff to provide specific treatment.

The Chief Detention Medical Director will maintain standardized nursing protocols (SNP). The Chief Detention Medical Director will review and update these procedures at least once annually. The Health Service Administrator, in cooperation with the Chief Detention Medical Director, will ensure nursing staff is properly trained to utilize standardize protocols. Detention Health Services will provide a current copy of the SNPs to the RSD Healthcare Services Manager.

The Health Service Administrator and Chief Detention Medical Director will work closely with the RSD Health Services Manager and facility commanders to clarify any role that RSD staff may have in health care service delivery.

Since a physician will not be on duty in the RSD jail facilities 24 hours a day, seven days a week, DHS and DMH agree that standardized protocols and direct orders will be a crucial part of health care service delivery. Every effort should be made to ensure that practice and procedure are consistent with accepted medical and mental health professional standards and that medical and mental health services are provided to full scope of practice.

7.4 Medical/Mental Healthcare Records (Title 15 CCR 1205)

The Health Service Administrator and the Mental Health Services Manager will ensure each inmate’s medical, dental, and/or mental health record will be maintained separate from custody records and will be kept locked and secure from routine traffic. Under no circumstances will inmates be used for recording keeping or allowed access to healthcare records of other inmates. Healthcare records will be based on CSA guidelines for Title 15 CCR 1205. Archival of medical, dental, and mental health records of inmates who are no longer in custody will be the responsibility of DHS and DMH respectively.

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7.5 Healthcare Procedures Manual (Title 15 CCR 1206)

The Health Service Administrator and the Mental Health Services Manager, in cooperation with the RSD Health Services Manager, will maintain, respectively, the policy and procedure manuals that meet CCR, Title 15 regulations and guidelines. The Health Services Administrator, Mental Health Service Manager, and RSD will coordinate with each other to ensure RSD policies and procedures, DHS and DMH protocols, and DHS and DMH policies and procedures will be in agreement and compatible with each other's. RSD, DHS, and DMH written policies will cross-reference each other's policies.

The Health Service Administrator and the Mental Health Services Manager are responsible to ensure their respective healthcare manuals are reviewed and updated at least annually.

RSD, DHS, and DMH agree to provide each other with current copies of their respective policy and procedure manual. The RSD will provide DHS and DMH with copies of their Corrections Division policies and procedure applicable to medical and mental health services, fraternization, and staff conduct only. Prior to implementing new policies and procedures or making changes to existing ones that may impact another department's operations, RSD, DHS, and DMH agree to provide each other draft copies of the proposed policy and procedure for review and input.

7.6 Management of Communicable Diseases (Title 15 CCR 1206.5)

Detention Health Services will report communicable diseases to the Riverside County Public Health Department, as per Public Health Policy. The Chief Detention Medical Director, in cooperation with the RSD Health Services Manager and the county health officer, will maintain a plan to address the identification, treatment, control and follow-up management of communicable diseases including, but not limited to, tuberculosis and other airborne diseases. The plan will cover the intake screening procedures, identification of relevant symptoms, referral for a medical evaluation, treatment responsibilities during incarceration and coordination with public health officials for follow-up treatment in the community. The plan will reflect the current local incidence of communicable diseases which threaten the health of inmates and staff.

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1
2 Consistent with the above plan, the Health Service Administrator will, in
3 cooperation with the RSD Health Services Manager and the Riverside County
4 Health Officer, maintain policies and procedures in conformance with applicable
5 state and federal law, which include, but are not limited to:

- 6
7 (1) the types of communicable diseases to be reported;
8 (2) the persons who will receive the medical reports;
9 (3) sharing of medical information with inmates and custody staff;
10 (4) medical procedures required to identify the presence of disease(s)
11 and lessen the risk of exposure to others;
12 (5) medical confidentiality requirements;
13 (6) housing considerations based upon behavior, medical needs, and
14 safety of the affected inmates;
15 (7) provisions for inmate consent that address the limits of
16 confidentiality; and
17 (8) reporting and appropriate action upon the possible exposure of
18 custody staff to a communicable disease.

19
20 **7.7 Intake/Receiving Assessment (Title 15 CCR 1207)**

21
22 Trained RSD corrections staff will perform the initial intake health screening
23 assessment on all inmates during the intake/receiving process (with the exception
24 of inmates who have been transferred within a custody system with a documented
25 receiving screening). The JIMS Medical Questionnaire and Intake Screening Sheet
26 will be used as a guideline for the screening assessment. Prior to RSD accepting
27 any arrestee for booking, any individual who appears to have medical or mental
28 health needs will be directly referred to DHS medical staff (see RSD Policy 504.10,
29 508.10).

30
31 Prior to any newly booked inmate being housed in the jail population, a follow-up
32 intake health screening and assessment will be completed on the inmate by a
33 registered nurse. The purpose of this screening is to have early identification of
34 medical or mental health issues, and to prevent the spread of disease within the
35 jail population. This screening will take place in a setting or manner that allows the
36 inmate to maintain privacy and exchange confidential medical or mental health
37 information with the nurse. RSD staff may only visually observe the screening for
38 safety and security purposes.

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1
2 Arrestees determined by DHS to require emergency or immediate medical care
3 will not be accepted for booking and the arresting officer will be advised by RSD
4 corrections staff of the need to obtain an “okay to book” from a hospital prior to
5 entry into the jails.
6

7 Based on legislative statutes, the cost for pre-booked care and services (urgent
8 and/or emergent medical care will be the responsibility of the arrested individual’s
9 private medical insurance or other source of medical coverage for which the
10 arrested person is eligible (See PC 4015 I).
11

12 **7.7.1 Scope of Assessment**

13 The initial health screening assessment will include inquiry into:

- 14 ● Current illnesses or chronic health problems – heart problems, kidney
15 problems, diabetes, cancer, broken bones, and etc.
- 16 ● Communicable diseases including, but not limited to tuberculosis and
17 other airborne diseases, blood-borne related diseases such as
18 hepatitis, and sexually transmitted diseases.
- 19 ● Alcohol/chemical abuse history – type(s) of drugs, when last taken,
20 how much, etc.
- 21 ● Mental Health – does arresting/transporting officer have any
22 information that indicates inmate is a medical, mental health, or
23 suicide risk; has the inmate attempted suicide or thinking about
24 committing suicide now; has the inmate had a recent loss of a loved
25 one or close friend; is he/she being treated for mental health
26 problems now or in past; any prior mental health contacts while in
27 custody; and etc. (“Yes” answers to these type of questions will be
28 referred to medical and/or mental health for additional in-depth
29 screening)
- 30 ● Medications currently being taken
- 31 ● Dental status
- 32 ● Gynecological problems and pregnancies of female inmates
 - 33 a. Pregnant inmates will be immediately evaluated by DHS and
34 referred to high-risk obstetrical evaluation.
 - 35 b. Pregnant inmates with drug dependency will be taken to RCRMC
36 for evaluation, care and scheduling of outpatient drug treatment
37 program.
38

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1 The initial health screening assessment will also include observation of
2 the following:

- 3 ● Physical appearance – awake, alert, intoxicated, unconscious, etc.
- 4 ● Developmental disabilities
- 5 ● Mental alertness
- 6 ● Overall appearance
- 7 ● Conduct – aggressive, sullen, withdrawn, etc.
- 8 ● Bodily deformities and ease of movement
- 9 ● Signs of trauma, bruises, lesions, jaundice, rashes, infections, body
10 lice, and needle marks, or other indications of drug abuse

11 Explanation orally and in writing to the inmate of procedures for
12 access to health and dental services, and classification into one of the
13 following categories:

- 14 ● Immediate emergency treatment needed
- 15 ● Assignment to sheltered care housing
- 16 ● Follow-up treatment needed for:
 - 17 ○ Medical
 - 18 ○ Mental health
 - 19 ○ Developmental disability
 - 20 ○ Assignment to general population

21
22 **7.8 Special Mental Disorder Assessment (Title 15 CCR 1207.5)**

23
24 An additional mental health screening will be performed by DMH, according to
25 written procedures, on women who have given birth within the past year and are
26 charged with murder or attempted murder of their infants. Such screening will be
27 performed at intake and if the assessment indicates postpartum psychosis a
28 referral for further evaluation will be made.

29
30 **7.9 Access to Care (Title 15 CCR 1208)**

31
32 All inmates are entitled to routine, non-emergency medical, dental, and mental
33 health care. Every inmate will be provided necessary health care without regard to
34 his or her ability to pay.

35
36 The Health Service Authority and the Mental Health Services Manager, in
37 cooperation with RSD Health Services Manager, will maintain a written plan—as
38 described in CSA guidelines for Title 15 CCR 1208—for identifying, and/or referring

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1 any inmate who appears to be in need of medical, dental, mental health, or
2 developmental disability treatment at any time during his or her incarceration
3 subsequent to the intake/receiving screening. Assessment and treatment will be
4 performed by either licensed health personnel or by persons operating under the
5 authority and/or direction of licensed health personnel.
6

7 **7.10 Mental Health Services & Transfers to Treatment Facilities (Title 15 CCR 1209)**
8

9 The Detention Mental Health Manager, in cooperation with the RSD Health
10 Services Manager, will maintain policies and procedures to provide mental health
11 services. These services will include but not be limited to the following:

- 12 • Screening for mental health problems
- 13 • Crisis intervention and management of acute psychiatric episodes
- 14 • Stabilization and treatment of mental disorders
- 15 • Medication support services
- 16 • Evaluate and access the mental health care needs of each inmate
17 placed inside a safety cell and/or in restraint devices in accordance to
18 all requirements specified in the current Title 15 CCR and according to
19 RSD Corrections Policies.
20

21 Detention Mental Health Services and DHS will work closely with each other and
22 with other county departments to facilitate and ensure appropriate care of
23 mentally ill inmates. In addition, they will work to develop policies and protocols
24 for governing these services. These services will meet the “community standard”
25 of care and Title 15 CCR requirements.
26

27 The service providers (DHS and DMH) will coordinate protocols and procedures so
28 they will be in agreement and compatible with each other’s and with RSD policies
29 and procedures.
30

- 31 1. General Care — the Robert Presley Detention Center, or designated facility,
32 will be utilized as the primary care facility for inmates requiring evaluation
33 and/or mental health care not otherwise available through mental health
34 services at the other jail facilities.
35
- 36 2. Emergency Treatment Services — transfer and treatment of inmates with
37 identified mental health problems, who have been determined not to be
38 treatable at a RSD correctional facility, will referred to an appropriate mental

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1 health emergency treatment facility in accordance with Penal Code Section
2 4011.6 and applicable sections of the Penal Code and of the Welfare and
3 Institutions Code.

4
5 **7.11 Individual Treatment Plans and Release Referrals (Title 15 CCR 1210)**
6

7 For each inmate treated by mental health staff, the DMH treatment staff will
8 develop a written treatment plan. Detention Health Services and the RSD custody
9 staff will be informed of the treatment plan when necessary, to ensure
10 coordination and cooperation in the ongoing care of the inmate. This treatment
11 plan will include referral to treatment after release from the facility when
12 recommended by treatment staff.

13
14 For each inmate treated for a chronic or acute medical problem in a jail, the DHS
15 treatment staff will develop a written treatment plan. The RSD custody staff will
16 be informed of the treatment plan when necessary, to ensure coordination and
17 cooperation in the ongoing care of the inmate. Detention Health Services will
18 maintain a post-release medication referral program (Wakefield v Thomas 1999).

19
20 **7.12 Sick Call (Title 15 CCR 1211)**
21

22 The Health Service Administrator, in cooperation with the Chief Detention Medical
23 Director, will develop written policies and procedures which provides for a daily
24 sick call conducted for all inmates at each RSD jail. A registered nurse or mid-level
25 practitioner may conduct daily sick call using standardized procedures established
26 by the Chief Detention Medical Director.

27
28 Detention Health Services will deliver daily sick call services at each RSD jail facility
29 in the most efficient, cost effective, and medically accepted manner. The Chief
30 Detention Medical Director will implement Standardized Nursing Protocols so
31 registered nurses may perform sick call and initiate treatment to reduce the
32 number of inmates that may need to be referred to a physician or mid-level
33 practitioner for treatment. Detention Health Services and RSD will schedule sick
34 call for times that do not conflict with other jail routines whenever possible.

35
36 A physician or mid-level practitioner will be on-site at each jail facility as identified
37 in Attachment A. A physician will be available for consultation 24 hours a day for
38 all jail facilities. Medical care performed by personnel other than a physician will
39 be performed pursuant to written protocols or orders of the Chief Detention

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1 Medical Director. A physician will be responsible for monitoring the performance
2 of all DHS personnel rendering direct patient care.

3
4 7.13 Vermin Control (Title 15 CCR 1212)

5
6 The Chief Detention Medical Director will maintain a written plan for the control
7 and treatment of vermin-infested inmates. There will be written, medical
8 protocols, signed by the Chief Detention Medical Director, for the treatment of
9 persons suspected of being infested or having contact with a vermin-infested
10 inmate.

11
12 7.14 Detoxification Treatment (Title 15 CCR 1213)

13
14 Detention Health Services will provide drug and alcohol protocols throughout the
15 RSD jail system when acute hospitalization is not required (See Title 15 CCR 1056
16 and 1213). The Chief Detention Medical Director will maintain written medical
17 policies on detoxification which will include a statement as to whether
18 detoxification will be provided within the facility or require transfer to a licensed
19 medical facility. The facility detoxification protocol will include procedures and
20 symptoms necessitating immediate transfer to a hospital or other medical facility.
21 For the purpose of this section, "detoxification" means the medical process for
22 long-term treatment, not short-term sobering up (See CSA guidelines for Title 15
23 CCR 1213).

24
25 Facilities without medically licensed personnel in attendance will not retain
26 inmates undergoing withdrawal reactions judged or defined in policy, by the Chief
27 Detention Medical Director, as not being readily controllable with available
28 medical treatment.

29
30 Detention Health Services will perform a baseline assessment when available of
31 any inmate placed in a sobering cell, but in all cases will perform a medical
32 evaluation on any inmate retained in a sobering cell longer than 6 hours, in
33 accordance with RSD Corrections Policy 504.05 and Title 15 CCR 1056. Inmates
34 undergoing detoxification and exhibiting signs of withdrawal will not be placed in a
35 sobering cell. These types of inmates will be placed in medical or general housing
36 areas that have the ability to provide proper medical attention and monitoring.
37

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1 The Chief Detention Medical Director is responsible for developing detoxification
2 protocols for the diagnosis and treatment of the various kinds of drug withdrawals
3 commonly seen in local detention facilities. The specific protocols for their
4 diagnosis and treatment must be written and/or approved by the Chief Detention
5 Medical Director and carried out by properly trained, medically licensed staff (Title
6 15 CCR 1200 and 1203).

7
8 Additionally, upon request, DHS will provide ongoing training to RSD staff to
9 recognize inmates undergoing drug or alcohol withdrawal. In each specific
10 detoxification protocol, the signs and symptoms of serious and/or life threatening
11 reactions requiring hospitalization should be identified.

12
13 Whenever there is reasonable cause to believe any person booked into any RSD
14 correctional facility is addicted to a controlled substance, DHS will provide the
15 person with medical aid as necessary to ease any symptoms of withdrawal from
16 the use of controlled substances (Health & Safety Code 11222).

17
18 Any person incarcerated in a RSD correctional facility who is participating in a
19 narcotic treatment program shall, in the discretion of the director of the program,
20 in collaboration with the Chief Detention Medical Director, be entitled to continue
21 in the program until conviction (Health and Safety Code 11222).

22
23 The Chief Detention Medical Director will maintain protocols as necessary to meet
24 the requirements of Health and Safety Code Section 11222.

25
26 **7.15 Dental Care (Title 15 CCR 1215)**

27
28 Detention Health Services will provide licensed dental services at designated RSD
29 correctional facilities as needed. Services will include, but are not limited to,
30 inmate dental screening, dental x-rays, extractions, simple fillings, crown and
31 bridge cementing or replacements (base on review and authorization), and partial
32 or full dentures (base on review and authorization). At no time will services fall
33 below the minimum standards required by Title 15 CCR 1215.

- 34
35 1. Screening and scheduling — the service provider will screen dental
36 complaints during daily “sick call” and schedule follow-up care. Scheduling
37 and movement of inmates will be coordinated by the service provider with
38 the RSD Transportation and Classification Units (RSD Policy 508.03).

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2. Service Locations — generally, dental services for all inmates incarcerated in RSD correctional facilities will be provided at the Robert Presley Detention Center and at the Southwest Detention Center.

3. Private Providers — inmates may request to have dental services provided by a private provider at their own expense. These types of requests will be referred to the facility commander and Chief Detention Medical Director for review and approval.

7.16 Pharmaceutical Management (Title 15 CCR 1216)

The Health Service Administrator, in conjunction with the Chief Detention Medical Director, will be responsible for providing and maintaining a high quality pharmacy service that meets the standards set by Title 15 CCR 1216 and the California Board of Pharmacy. A Pharmacist or designee shall be a member of the RCRMC Pharmacy & Therapeutics Committee. The Pharmacist in collaboration with the CDMD, will review and update the jail medication formulary, provide inventory controls, perform pharmacy audits (quarterly) and prepare a written report to the CDMD a summary of findings and recommendations regarding jail pharmacy services yearly. A copy of this report will be provided to the RSD Healthcare Services Liaison.

Pharmacy services will be provided at all RSD correctional facilities and will include the purchase, safe storage, dispensing, administration, documentation in medical record, and proper disposal of all medications per the California Board of Pharmacy. The pharmacy or contracted provided will be responsible for monitoring and insuring that pharmaceuticals are available, on-site, to meet the needs of the inmate population. RSD will provide secured pharmacy storage space in each of the correctional facilities.

Detention Health Services nursing staff will be responsible for the administration of medications to the inmates at regularly scheduled times. Medications will include routine & essential medications, over-the counter medications and psychotropic medications as ordered by the jail physicians or psychiatrists. Nursing personnel will provide medications to inmates only.

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1 7.17 Psychotropic Medication (Title 15 CCR 1217)
2

3 The Chief Detention Medical Director, in collaboration with DMH, will maintain
4 written policies and procedures governing the use of psychotropic medications, in
5 accordance with Title 15 CCR 1217. Psychotropic medications will be administered
6 by DHS nursing staff.
7

8 7.18 Suicide Prevention (Title 15 CCR 1219)
9

10 The RSD Health Services Manager, Health Service Administrator, and Mental
11 Health Services Manager will maintain a written plan for a Suicide Prevention
12 Program designed to identify, monitor, and provide treatment to those inmates
13 who present a suicide risk.
14

15 Detention Mental Health Services will provide on-going suicide prevention training
16 to RSD and DHS staff. Training will include suicide risk factors, recognition of
17 suicide signs and symptoms, and immediate notification to health services staff.
18

19 7.19 First Aid Kits (Title 15 CCR 1220)
20

21 The RSD will provide first aid kits in all RSD correctional facilities. The Chief
22 Detention Medical Director will approve the contents, number, location, and
23 procedure for periodic inspection of the kits. The purpose of the kits is to provide
24 emergency first aid supplies to RSD staff for applying aid pending arrival of trained
25 medical staff.
26

27 7.20 Food Handlers (Title 15 CCR 1230)
28

29 The Chief Detention Medical Director, in cooperation with the RSD food services
30 manager(s) and the RSD Health Services Manager, will maintain written
31 procedures for medical screening of inmate food service workers. Detention
32 Health Services will provide medical screening for inmates prior to their
33 assignment as food handlers or kitchen workers.
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8.0 SCOPE OF HEALTHCARE SERVICES—OTHER

8.1 Annual Health Inspection

Annual health inspections are required by Penal Code 6031.1 and Health and Safety Code 101045. The RSD Health Services Manager, in cooperation with the Health Services Administrator and the Mental Health Services Manager, will coordinate the inspections with the local public health department. This inspection is the statutory responsibility of the county public health officer and is automatically schedule by the country health department each year. The health inspection identifies areas of non-compliance with medical and mental health, nutrition and environmental health regulations.

8.2 Health Care Requests

Every inmate in each housing unit will be given the opportunity to make his or her health care needs known on a daily basis. Inmates will fill out a Health Service Request form (“sick slip”) that will be screened daily by qualified healthcare staff. Inmates with identifiable medical, dental, or mental health problems will be triaged to the appropriate level of care. Every attempt will be made to treat the inmate on-site, but they may be referred out for care, as their needs require (See Title 15 CCR 1211 and RSD Policy 508.14).

Appropriate licensed healthcare staff will triage all inmate requests or referrals for medical and mental health care within twenty-four hours. Treatment for routine medical care will begin within five calendar days of the request or referral. Treatment for routine mental health care will begin as soon as possible, but within three calendar days of the request or referral. All request or referrals for urgent care (medical or mental health) will be handled immediately.

Inmates will obtain health care request forms from housing unit custody staff. As RSD corrections staff receives completed request forms from inmates, the custody staff will complete the RSD staff portion of the form, enter the request into the JIMS Inmate Health Services system, and forward the request form to DHS nursing staff. Nursing staff will pick up the completed request forms from each housing unit daily during each shift (during pill call or sick call), or from other agreed upon designated location. Healthcare staff will complete the Health Services Provider section of the Health Service Request form and record the request in the JIMS

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1 Inmate Health Services system. The Inmate Health Service Request form is
2 considered a health record and as such, DHS and DMH will maintain them in the
3 inmate’s health record file.

4
5 **8.3 Sheltered Housing**

6
7 Sheltered housing will be available for inmates requiring close observation but not
8 requiring hospitalization.

- 9
10 1. Housing Location — a sheltered medical care housing unit at the Robert
11 Presley Detention Center (RPDC) and additional beds at the Southwest
12 Detention Center (SWDC) will be utilized as the primary housing for inmates
13 throughout RSD correctional facilities requiring medical sheltered housing.

14
15 A sheltered mental health housing unit at the Robert Presley Detention
16 Center, or designated facility, will be utilized as the primary housing for
17 inmates requiring mental health sheltered housing.

18
19 Staffing and Supplies — Detention Health Services will provide the sheltered care
20 housing units with 24-hour a day nursing coverage, daily rounds by nursing staff
21 and a physician or physician on-call coverage, and all necessary medical
22 equipment and supplies.

- 23
24 1. Operations Policy and Procedures — Detention Health Services and
25 Detention Mental Health Services will maintain policies and procedures
26 relating to care of inmates housed in sheltered housing units.

- 27
28 2. Housing and Bed Assignments — except for security concerns, healthcare
29 staff will make the final determination as to inmate assignments to sheltered
30 housing; however, inmates must be able to perform activities of daily living.
31 Healthcare staff in conjunction with the RSD’s Classification Unit staff will
32 determine specific bed assignments. RSD correctional staff will enforce these
33 assignments.

34
35 **8.4 Specialty Care**

36
37 Inmates, as necessary, will be referred by the healthcare staff for off-site specialty
38 consultation and treatment at other RSD correctional facilities, at Riverside County

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1 Regional Medical Center (RCRMC), or at other healthcare providers in the
2 community.

- 3
- 4 1. Scheduling Appointments — Detention Health Services will be responsible for
5 identifying the need, authorizing, scheduling, and coordinating all
6 appointments and related care whether conducted on-site at a RSD
7 correctional facility or off-site at any type of community healthcare provider.
8
- 9 2. Cancellation of Appointments — inmate court appearances generally have
10 precedence over routine clinical services except in such cases wherein the
11 health of the inmate would be negatively affected by not keeping a clinic
12 appointment. Detention Health Services and Detention Mental Health staff,
13 in collaboration with RSD, will assume responsibility for medical and mental
14 health cancellation of court appearances upon recommendation of the
15 physician/psychiatrist. Notification and coordination by DHS and DMH staff
16 with the RSD Watch Commander and the Transportation Coordinator’s office
17 will be made prior to the court date.
18
- 19 3. Transportation to Appointments — the RSD will be responsible for the
20 transportation of all inmates except when an ambulance is required. The
21 health service provider will bear the financial responsibility for ambulance
22 costs. For security purposes, the DHS and/or DMH will coordinate all off-site
23 appointments with the RSD Transportation Coordinator’s office and the
24 Classification Unit twenty-four hours in advance of the appointment.
25
- 26 4. Authorization and Clearance for Non- Service provider Specialist — prior to
27 providing their services, private physicians or psychiatrists, dentist, or other
28 non-DHS or non-DMH healthcare specialists will not be authorized entry into
29 any jail facility unless agreed upon by the Chief Detention Medical Director,
30 Detention Mental Health Program Manager and the jail commander.

31

32 **8.5 Hospital Care**

33

34 Hospital services will be available through Riverside County Regional Medical
35 Center (RCRMC) or other identified community healthcare facilities to those
36 inmates requiring care beyond the capability of sheltered care housing or the
37 scope of the jail healthcare staff.
38

**RIVERSIDE COUNTY INTERAGENCY ADULT DETENTION HEALTHCARE
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1 Recommendations for hospitalization, with the exception of emergency situations,
2 will require review and approval by the Chief Detention Medical Director, or
3 designee. The Chief Detention Medical Director, or designee, will review all
4 admissions arising from emergency circumstances within 72 hours.

5
6 8.5.1.1 Transfers — inmates hospitalized at a facility other than RCRMC will be
7 transferred to RCRMC as soon as lawful and medically practical. RCRMC
8 will accept transfers 24 hours a day, seven day a week, and house
9 inmates on the Detention Care Unit (DCU), if it is medically safe to do so,
10 and providing there is an available bed. The Chief Detention Medical
11 Director, or designee, will be responsible for monitoring and coordinating
12 hospital transfers of inmates with the RSD Classification and
13 Transportation Coordinators. The RSD will have priority over California
14 Department of Corrections and Rehabilitation (CDCR) for bed availability
15 on the RCRMC Detention Care Unit (DCU). The Health Service
16 Administrator, or designee, will ensure CDCR prisoners are transferred off
17 the DCU to make space for RSD inmates when necessary.

18
19 **8.6 Inmate Requests/Refusals**

20
21 Any inmate not adjudicated to be incompetent may refuse non-emergency
22 medical or mental health care and/or be treated at their expense by a private
23 physician. The inmate may elect to make arrangements to have a physician or
24 other specialist, who is paid directly by the inmate, examine the inmate at the jail
25 or other approved facility as approved by the jail commander. (Title 15 CCR 1214
26 and Penal Code 4011(d) and 4023).

27
28 **8.7 Cost Responsibility for Private Healthcare**

29
30 Where private care is concerned, the inmate will pay all costs associated with RSD
31 personnel required for security, transportation and mileage, physician's costs and
32 any other related fees. These costs will be paid in advance of any medical services
33 rendered. Staff and inmate security will be a primary concern when dealing with
34 these requests.

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1 8.8 Emergency Care

2
3 Emergency medical service will be provided at all correctional facilities and all out-
4 lying court holding facilities.

- 5
6 1. General Medical Emergencies — the on-site DHS staff, through pre-
7 determined protocols and procedures will be the primary providers of
8 emergency medical services at RSD jail facilities and their attached court
9 holding cells. However, RSD staff trained in first aid and cardiopulmonary
10 resuscitation procedures will assume responsibility for initiating first aid and
11 rescue efforts when no medical staff is immediately available. Medical
12 emergencies occurring in court rooms are not the responsibility of DHS.

13
14 Paramedic and/or ambulance services will be utilized when deemed
15 necessary, especially at the out-lying court holding facilities.

16
17 To insure prompt and competent treatment of emergencies, DHS will have a
18 physician available or on-call to provide consultation to the facilities medical
19 and corrections staff as necessary.

- 20
21 2. Emergency Medical Care Facilities — hospital emergency services will be
22 available at RCRMC or at other local community hospitals, as determined by
23 individual circumstances, when emergency medical needs exceed the scope
24 and ability of the jail’s medical or corrections staff.

- 25
26 3. Non-Inmate Emergency Care — Detention Health Services will provide
27 emergency first aid to visitors and jail staff within the confines, or on the
28 property, of and RSD correctional facility until paramedics and/or ambulance
29 service arrive. Treatment will consist of stabilization and arrangement for
30 transfer or referral to an appropriate off-site medical provider. Cost for such
31 treatment will be the responsibility of the person being treated or through
32 the employees’ Worker’s Compensation.

- 33
34 4. General Psychiatric Emergencies Related to Medication Non-Compliance –
35 Within six months, DHS, DMH and RSD staff, in collaboration, will pursue the
36 development of a “forced medication” program in the jails, pursuant to
37 legislative requirements and Riverside County Board of Supervisor approval.
38 This program will allow inmates that refuse to take their psychotropic
39 medications voluntarily to receive the medications on an “involuntary” basis.

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1 8.9 Disaster Medical Emergencies

2
3 Detention Health Services and Detention Mental Health Services will maintain
4 procedures for providing healthcare services in RSD correctional facilities in the
5 event of a disaster, such as: fire, earthquake, explosion, hazardous material
6 incident, riot, epidemic, mass arrests, labor strike, or similar events.

7
8 During a disaster incident, RSD will establish a command post and implement the
9 Incident Command System. The RSD will establish triage areas as necessary.
10 Separate triage areas will be established for inmates and staff. Detention Health
11 Services and Detention Mental Health Services will staff the triage areas and be
12 responsible for triage and treatment of the injured.

13
14 Detention Health Services and Detention Mental Health Services will participate in
15 post-incident debriefing with RSD.

16
17 8.10 Radiological and Laboratory Services

18
19 Detention Health Services will maintain on-site radiological services at the Robert
20 Presley Detention Center and at the Southwest Detention Center and will utilize
21 them whenever possible and feasible. The services will include x-rays involving
22 suspected ingestion or insertion of contraband by an inmate who may pose a
23 health or medical threat. Additional radiological services will be available at
24 RCRMC or other facilities as ordered by a DHS physician. Laboratory services will
25 be made available through RCRMC or other health care facilities at the direction of
26 Chief Detention Medical Director.

27
28 8.11 Inmate Health Education

29
30 Detention Health Services will instruct inmates relating to their health issues and
31 proper care techniques, as well as female educational services mandated by Penal
32 Code 3409 and 4023.5 relative to personal hygiene, birth control, and family
33 planning.

34
35 8.12 Dietary Consultation

36
37 Detention Health Services will provide RSD food services management daily
38 information concerning the need for or the cancellation of specialized therapeutic

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1 diets prescribed by the Chief Detention Medical Director or other DHS physician
2 for specific inmates.

3
4 **9.0 ADMINISTRATIVE RESPONSIBILITIES AND OBLIGATIONS**

5
6 In order to facilitate the overall quality of jail healthcare, to meet Title 15 CCR, to meet
7 constitutional levels of care, and to maintain a safe, secure, and sanitary working
8 environment, it is recognized there are numerous additional administrative and ancillary
9 responsibilities and obligations that must be defined and met. The following
10 responsibilities and obligations are hereby established and agreed upon by RSD, DHS, and
11 DMH to provide specific accountability.

12
13 **9.1 Budget Management & Disclosure**

14
15 Each department is responsible for managing their budget in a manner that
16 achieves the level of healthcare services outlined in this Agreement. Furthermore,
17 DHS and DMH will maintain management of their budgets in a manner that allows
18 them to have accurate tracking of adult-detention appropriations and
19 expenditures.

20
21 Because the Sheriff has statutory responsibility for providing healthcare to the
22 inmates incarcerated in RSD jails, the Sheriff has the need to know the costs
23 associated with healthcare services within the RSD jail system. For this reason, DHS
24 and DMH will disclose their budget information to RSD corrections accounting
25 staff. This budget information will be exclusive to adult-detention services only.

26
27 At the start of each fiscal year, DHS and DMH will provide RSD corrections
28 accounting staff complete budget documentation regarding their budget for adult
29 detention services. This information will include complete account of line item
30 appropriations of Salaries & Benefits and Services & Supplies specific to adult
31 detention services. Additionally, DHS and DMH will provide RSD corrections
32 accounting staff a complete list of DHS and DMH personnel assigned to each RSD
33 facility. This list will include the county job titles and codes of each position, as well
34 as the number of each position approved, filled, and vacant. DHS and DMH will
35 provide RSD documentation of any changes to their budgets or approved, filled,
36 and vacant positions within 30 days of the changes.

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1 Within 30 days of the end of each fiscal quarter, DHS and DMH will provide RSD
2 corrections accounting staff complete budget documentation of line item
3 expenditures of Salaries & Benefits and Services & Supplies.
4

5 9.2 Tri-Agency Meetings
6

7 Regular and documented quality assurance meetings between RSD, DHS, and DMH
8 will occur to evaluate jail healthcare services, quality control, identify problems
9 and devise mutually acceptable solutions, as defined in CSA guidelines for Title 15
10 CCR. The meetings will occur quarter. The meetings will provide the forum for
11 presenting problems and discussing methods for resolving identified problems,
12 deficiencies, and changes in operations. In addition, environmental factors which
13 affect health, incidents of suicides and suicide attempts may be discussed. At
14 minimum, the RSD Health Services Manager, jail commanders, Health Service
15 Administrator, Mental Health Services Manager, Chief Detention Medical Director,
16 and DMH psychiatric doctor will attend the quarterly meetings. Subordinate staff
17 may attend as necessary. The RSD Health Services Manager will serve as the Tri-
18 Agency chairperson and will be responsible for ensuring written minutes of the
19 meetings occur.
20

21 9.3 Facility Space
22

23 The RSD will provide DHS and DMH with space conducive to rendering quality
24 health care. This will include the provision for local telephone service, utilities, Jail
25 Information Management Information System (JIMS) access, office space, and
26 reasonable space for the storage of necessary supplies and active healthcare
27 records. Based on space availability, RSD may provide storage space for healthcare
28 records of inmates who are no longer in custody.
29

30 DHS and DMH will consult and coordinate with the RSD for staffing and space
31 requirements needed for the implementation of new health care programs prior
32 to these programs being implemented. As facilities are remodeled or new ones are
33 planned and constructed, RSD will consult with DHS and DMH regarding the needs
34 and requirements for inmate medical care.
35

36 9.4 Materials, Supplies, Equipment, and Maintenance
37

38 The RSD will provide housekeeping, furniture, fixtures, utilities, telephone, and
39 security necessary for the efficient operation of health care delivery system. The

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1 RSD will have the responsibility for building maintenance and the cleaning of all
2 DHS and DMH offices at all facilities except for sheltered medical housing at the
3 RPDC and SWDC facilities, which will be DHS and DMH responsibility. The RSD will
4 also provide for all cleaning of linens and laundry.
5

6 DHS and DMH will be responsible for providing, maintaining, repairing, and/or
7 replacing all equipment and fixtures, medical and otherwise, necessary to render
8 health care services as described in this Agreement, unless other arrangements are
9 made and agreed upon by the RSD. All equipment and fixtures, medical and
10 otherwise, purchased by the RSD for DHS or DMH use shall be the responsibility,
11 respectively, of DHS or DMH to maintain, repair. This includes items purchased
12 during new construction. The RSD will provide necessary support to DHS and DMH
13 for replacement of non-serviceable capital equipment items.
14

15 **9.5 Security Clearances & Background Investigations**
16

17 The RSD will conduct, at their expense, a timely background investigation of DHS
18 and DMH employees to be assigned to RSD correctional facilities. The RSD Level I
19 background criteria will be used in this evaluation. Health service staff working in
20 other non-sheriff facilities (e.g., juvenile hall, RCRMC, and etc.) will be required to
21 complete the RSD background investigation prior to obtaining a security clearance
22 for entry into RSD correctional facilities.
23

24 Security clearances may be revoked by the RSD if the staff member fails to meet
25 and maintain established security standards. Revocations will be at the discretion
26 of the jail commander and will be reviewed with the Health Services Administrator
27 or Mental Health Services Manager prior to implementation, unless circumstances
28 require immediate action. In such case, the Health Services Administrator or
29 Mental Health Services Manager shall be notified as soon as possible.
30

31 **9.6 Training and Orientation**
32

33 The RSD will provide a “general” facility and security orientation for all new health
34 service staff working in a RSD correctional facility. The RSD shall also make
35 available, through its training academy, an 8-hour “basic” corrections security
36 course for all health service staff working in a RSD correctional facility. The RSD will
37 provide this training to DHS and DMH at no cost to DHS and DMH.
38

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1 The RSD, DHS, and DMH will work together to establish and provide ongoing
2 training that is applicable to its personnel assigned to RSD correctional facilities.
3 The curriculum shall include, but not be limited to, inmate suicide prevention, the
4 intake screening process, security issues, recognition of inmate medical and
5 mental health problems, radio communications, policy and procedures,
6 emergency, and disaster procedures, etc.

7
8 The RSD regularly conducts fire drills, inmate disturbance drills, and other
9 emergency preparedness drills within all RSD correctional facilities. RSD will
10 provide a schedule of this training to DHS and DMH so they can schedule their
11 staff to participate in these training drills. The frequency of the training is as
12 follows:

- 13 • Each floor operations shift will conduct at least one fire drill each month
- 14 • Each floor operations shift will conduct at least one inmate disturbance drill
15 each month

16
17 **9.7 Staff Meals**

18
19 The RSD shall make meals available to the health service staff working in RSD
20 correctional facilities, in accordance with each facility's meal schedule and menu.
21 The health service staff will be responsible for the cost of the meals provided at
22 the RSD rate.

23
24 **9.8 Inmate Grievances & Citizen Complaints**

25
26 The RSD shall handle all inmate grievances involving health services in accordance
27 with RSD Corrections Policy 507.02.

28
29 The Chief Detention Medical Director or Mental Health Manager will arrange for a
30 professional health care person, not affiliated with any direct service to the
31 inmates, to review any inmate grievance regarding health care, which has been
32 appealed.

33
34 Whenever a complaint is received directly by DHS or DMH regarding the care or
35 treatment of an inmate, that involves one of their staff members, DHS or DMH will
36 immediately notify the RSD. Any time RSD receives a complaint involving a DHS or
37 DMH staff member, RSD will notify the staff member's administrator.

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1 The RSD will investigate complaints regarding health care services or against
2 healthcare service staff that appear to include the possibility of criminal charges.
3 The health service provider will be consulted during the investigation, if it does not
4 compromise the integrity of the investigation, and upon its completion.

5
6 Inmate or citizen complaints received directly by DHS or DMH regarding RSD
7 personnel shall be forwarded to the Jail Commander immediately.

8
9 **9.9 Corrections Standards Authority Surveys**

10
11 The RSD is required to provide jail profile surveys to the California Corrections
12 Standards Authority each month and once per quarter. Included in these surveys is
13 jails statistics related to medical and mental health services.

14
15 By the tenth day of each month, DMH will provide the following statistics to the
16 RSD Corrections Planning Unit:

- 17
18
- Number of mental health cases open on the last day of the preceding month
 - Number of new mental health cases opened during the preceding month
 - Number of inmates, on the last day of the preceding month, receiving psychotropic medication for a mental health disorder
 - Average number of inmates needing, and actually assigned to, mental health sheltered housing beds.

25
26 By the tenth day of each month, DHS will provide the following statistics to the
27 RSD Corrections Planning Unit:

- 28
29
- Number of inmates seen at sick call during the preceding month
 - Number of physician or mid-level practitioner occurrences (excluding dental) during the preceding month
 - Number of off-site medical appointments during the preceding month
 - Number of dental encounters during the preceding month
 - Number of inmates assigned to medical beds on the last day of the preceding month
- 35
36

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1 In addition to the above listed information, within ten days of the end of each
2 fiscal quarter, DHS will provide the RSD Corrections Planning Unit the following
3 statistics:

- 4 • Amount of money spent on medication during the previous quarter
- 5 • Amount of money spent on Psychotropic medication during the previous
6 quarter
 - 7 ○ For example, 1st quarter stats will be reported on the 2nd quarter
8 report.

9
10 **9.10 Billing & Collection**

11
12 **9.10.1 Billing Collection**

13
14 The RSD will cooperate with DHS and DMH in the collection of
15 information necessary for the establishment of the health record and to
16 bill third parties, whenever third party health care reimbursement is
17 available. DHS and DMH will be responsible for all billing and collection
18 and will have sole authority in this regard.

19
20 **9.10.2 Sick Call Co-Payments**

21 Inmates will be charged a \$3.00 co-payment for each self-initiated
22 health care service that they request, except under the following
23 conditions:

- 24 • Initial intake/receiving health screening
- 25 • Prenatal and related services
- 26 • Life-threatening emergencies
- 27 • Mental Health services
- 28 • Physician requested follow-up medical visits

29
30
31 a. Co-payment Billing:

32
33 The co-payment fee will be deducted from the inmate's jail trust
34 account. However, no inmate will be denied treatment because of
35 a lack of funds in his or her account. Detention Health Services
36 staff will determine which inmates are exempt from the fees and
37 will forward the inmate co-payment billing information to the
38 jail's business office on a daily basis.

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1 Designated RSD staff will be responsible for tracking the co-
2 payment billings and forwarding the revenue to the County's
3 general fund (See Penal Code 4011.2).
4

5 Health service request forms (sick slips) will be retained in the
6 inmate's health care file, not in the inmate's booking file.
7

8 b. Co-payment Grievances:
9

10 Inmate grievances concerning co-payment charges will be
11 handled by following the Corrections Division Grievance Policy
12 507.02.
13

14 9.11 Hiring & Management of Employees
15

16 Detention Health Services and Detention Mental Health have the authority and
17 responsibility to recruit, hire, evaluate, discipline, and terminate their employees.
18 Health service employees will conform to standards of behavior (professional and
19 security) as established by joint agreement between RSD, DHS, and DMH, and
20 within the guidelines and standards for employees as established by the County of
21 Riverside. The standards will include appropriate regard for security requirements
22 contained in the RSD General Orders, and professional conduct as established by
23 RSD, DHS, and DMH management. Disputes between RSD and DHS or DMH
24 regarding staff shall be brought to the attention of the Jail Commander and the
25 Health Service Administrator or Mental Health Services Manager for resolution.
26

27 9.12 Alteration of Services
28

29 Healthcare staffing levels identified in Attachment A of this Agreement reflect
30 minimum staffing levels, as identified by the Institute of Medical Quality, and
31 agreed upon by RSD, DHS, and DMH as the minimum level necessary to provide
32 basic and emergency medical, dental, and mental health care for RSD's rated jail
33 capacity. Healthcare staffing levels will not fall below this minimally accepted level
34 and may be modified only with written mutual consent.
35

36 Any expansion of the RSD jail system capacity will require an adjustment to the
37 staffing levels identified in Attachment A. Therefore, if a jail expansion occurs,
38 DHS and DMH will not be responsible to provide services to the inmates housed in
39 the jail expansion unless additional budget appropriation is provided by the
40 County. DHS and DMH agree to seek additional budget appropriations from the

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1 county in order to provide the services described in the Agreement to the
2 expanded inmate capacity.

3
4 The Riverside Sheriff's Department agrees to support DHS and DMH efforts to
5 seek additional budget appropriations from the County that is necessary to
6 provide basic and emergency medical, dental, and mental health services to the
7 additional inmates housed in the jail expansion.

8
9 **10.0 CONFLICT RESOLUTION**

10
11 The RSD jail system requires that primary emphasis be placed on security concerns to
12 ensure the safety of both the staff and inmates. Consequently, should the security
13 concerns associated with operation of the system or any facility within the system come
14 into direct conflict with the health concerns of one or more inmates, initially the Jail
15 Commander and Health Service Administrator or Mental Health Services Manager, in
16 cooperation with the Chief Detention Medical Director, will attempt to resolve the
17 conflict. If unsuccessful, the issue will be referred to the Sheriff, or his/her designee, and
18 the RCRMC-CEO or his/her designee, or the Director of the Department of Mental Health
19 or his/her designee. If the matter then remains unresolved for a final decision, it will be
20 referred to the County Executive Office. In emergency situations, Section 1012, Title 15,
21 California Code of Regulations will apply.

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ATTACHMENT "A" – MINIMUM STAFFING PATTERNS & LEVELS

Medical

- DHS staffing will include twenty-four hours per day, seven day per week Intake nursing coverage by a registered nurse at all RSD correctional facilities, except for the Blythe Jail. Registered nurse coverage at the Blythe Jail will be sixteen hours per day.
- DHS staffing will include nursing and mid-level practitioner and/or physician coverage to achieve daily sick call at each RSD jail five days per week.
- DHS staffing will include twenty-four hours per day, seven day per week Sheltered Housing nursing coverage at all RSD correctional facilities with such type housing.
- DHS staffing will include nursing coverage necessary to accomplish the distribution of prescribed medication (pill call) seven days per week to all inmates prescribed medication.
- DHS staffing will include 40 hour per week Supervising Institutional Nurse coverage at RPDC, SWDC, and SCF to oversee nursing services at all five RSD correctional facilities.
- DHS staffing will include 40 hour per week Sr. Institutional Nurse coverage at all RSD correctional facilities. Sr. nurses will provide on-site nursing supervision at Indio and Blythe Jails and assist with supervisory coverage at RPDC, SWDC, and SCF.
- DHS staffing will include one forty-hour per week Health Service Administrator.
- DHS staffing will include one forty-hour per week Chief Detention Medical Director.
- DHS staffing will include 24/7 on-call physician coverage.
- DHS staffing will include 24/7 on-call supervisory coverage.

Dental

- DHS staffing will include dental services at RPDC and SWDC.

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1 DHS MEDICAL/DENTAL STAFFING

Position	S	M	T	W	T	F	S	DAILY OR WEEKLY HRS	FACILITY
Supervising Institutional Nurse								40 WK Arranged	RPDC, SWDC, SCF, INDIO, BLYTHE
Sr. Institutional Nurse								40 WK Arranged	ALL
Intake RN	24/7	24/7	24/7	24/7	24/7	24/7	24/7	24 DAILY	RPDC, SWDC, SCF, INDIO
RN/Med Pass Nursing	16/7	16/7	16/7	16/7	16/7	16/7	16/7	16 DAILY	BLYTHE
Sheltered Care Nursing	24/7	24/7	24/7	24/7	24/7	24/7	24/7	24 DAILY	RPDC, SWDC
Med Pass Nursing	24/7	24/7	24/7	24/7	24/7	24/7	24/7	24 DAILY	RPDC, SWDC, SCF, INDIO
Physician or Mid-Level Practitioner								40 WK Arranged	RPDC, SWDC, SCF
Physician or Mid-Level Practitioner								40 WK Arranged	INDIO & BLYTHE
On-Call Physician								24/7	On-Call DHS
Dentist								40 WK Arranged	RPDC & SWDC
Medical Director Physician		8	8	8	8	8		40 WK	RPDC
Health Authority		8	8	8	8	8		40 WK	RPDC
Medical Records Tech								160 WK	Arranged by DHS
Pharmacy Tech								80 WK	Arranged by DHS
Dental Asst		8	8	8	8	8		40 WK Arranged	RPDC & SWDC
X-Ray Tech		8	8	8	8	8		40 WK Arranged	RPDC & SWDC

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Mental Health

- DMH staffing will include clinical therapist coverage as follows: 24/7 at RPDC, 12/7 at SWDC, 12/7 at SWDC, SCF and Indio, and 8 hours per week at Blythe.¹
- DMH staffing will include one forty-hour per week Mental Health Services Manager.
- DMH staffing will include forty-hour per week Mental Health Service Supervisor coverage at all RSD correctional facilities, except for the Indio and Blythe jails. Indio and Blythe jails coverage will be under the responsibility of the SCF supervisor.
- DMH staffing will include 24/7 on-call psychiatrist coverage.
- DMH staffing will include 24/7 on-call supervisory coverage.

MENTAL HEALTH STAFFING

Position	S	M	T	W	T	F	S	DAILY OR WEEKLY HRS	FACILITY
Clinical Therapist/RN	24/7	24/7	24/7	24/7	24/7	24/7	24/7	24 DAILY	RPDC
Clinical Therapist/RN	12/7	12/7	12/7	12/7	12/7	12/7	12/7	12 Daily	SWDC, SCF, Indio
Clinical Therapist/RN								8 HRS WK Arranged	Blythe
Psychiatrist	8	8	8	8	8	8	8	8 DAILY	RPDC
Psychiatrist								40 WK Arranged	SWDC, SCF, Indio
Psychiatrist								8 WK Arranged/or tele-psychiatry	Blythe
On-Call Psychiatrist								24/7	On-Call DMH
Records Tech								160 WK	Arranged by DMH
MH Manager		8	8	8	8	8		40 WK	RPDC
MH Supervisor		8	8	8	8	8		40 WK	RPDC, SWDC,
MH Supervisor		8	8	8	8	8		40 WK	SCF, Indio & Blythe Combined

¹ In order to implement this Agreement, RSD and DMH agree to provide inmates at Blythe Jail mental health services by having Indio Jail mental health staff travel to the Blythe Jail, and/or by using tele-psychiatry.

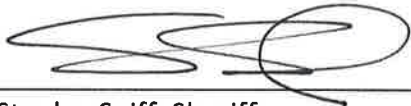
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SIGNATURE PAGE

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Sheriff's Department
Stanley Sniff, Sheriff-Coroner
4095 Lemon Street
Riverside, CA 92501

RCRMC/DHS
Doug Bagley, RCRMC CEO
26520 Cactus Ave.
Moreno Valley, CA 92555



Stanley Sniff, Sheriff



Doug Bagley, RCRMC CEO

12/7/11

Date

12/6/11

Date

Department of Mental Health/Detention Mental Health
Jerry A. Wengerd, Director of Mental Health
4095 County Circle Drive
Riverside, CA 92503



Jerry A. Wengerd, Director of Mental Health

12-1-11

Date