

ITEM: 3.24 (ID # 24421) MEETING DATE: Tuesday, March 12, 2024

Kimberly A. Rector

Clerk of the Board

FROM:

EXECUTIVE OFFICE:

SUBJECT: EXECUTIVE OFFICE: Evaluation of Separating the Offices of the Coroner and the Public Administrator from the Sheriff

RECOMMENDED MOTION: That the Board of Supervisors:

- 1. Direct the Executive Office to work with the Sheriff's Department to enter into formal agreements with neighboring counties to conduct independent autopsies for all deaths in Riverside County involving the use of force by the Sheriff's Department and all deaths that occur in jails operated by the Sheriff's Department.
- 2. Direct the Executive Office to work with the Sheriff's Department to review the potential to create a Family Liaison Program where law enforcement may offer support and guidance to help individuals navigate the process throughout the investigation of their loved one's death.

ACTION:Policy

eff Van Wagenen, County Executive Officer

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Perez, seconded by Supervisor Spiegel and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as amended to include direction to staff to prepare an annual report for submission to the Board.

3/8/2024

Ayes:

Jeffries, Spiegel, Washington, Perez and Gutierrez

Nays:

None

Absent:

None

Date:

March 12, 2024

E.O., Sheriff

Page 1 of 15 ID# 24421 3.24

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

Recognizing the importance of public confidence in our law enforcement institutions, the Board of Supervisors directed the Executive Office to evaluate separating the Coroner's Bureau and/or Public Administrator from the Sheriff's Department. Additionally, the Executive Office was tasked with evaluating other potential options. The result of this review was due within 90 days of the Board action taken on December 5, 2023 (Item 3.29).

Over the last three months, the Executive Office completed an extensive evaluation of this issue that involved, among other things, researching the history of these services in Riverside County, understanding the current procedures and practices, comparing our practice to the practices in other counties, conducting legal research, consulting with experts and stakeholders, interviewing members of the Civil Grand Jury, and meeting with concerned residents and family members of those who died while in custody.

As a result of an extensive evaluation, the Executive Office has reached the conclusion that the negative impacts of separating the Coroner's Bureau and/or Public Administrator from the Sheriff's Department significantly outweigh the perceived benefit and would not be in the best interests of the community. Additionally, the Executive Office has determined there are currently implemented measures and safeguards designed to provide increased transparency and public trust in the outcome of investigations involving uses of force, generally, and within the unique environment of a correctional setting.

As an alternative to creating a standalone Coroner's Office, and to address the specific concern about perceived conflicts of interest, the Executive Office recommends the Sheriff's Department enter into agreements with one or more neighboring counties to conduct independent autopsies for all deaths in Riverside County involving the use of force by the Sheriff's Department and all deaths that occur in jails operated by the Sheriff's Department.

History

On July 10, 1933, the Board of Supervisors adopted Ordinance 213, which consolidated the duties of the county offices of Coroner and Public Administrator into one department under the direction of an elected Coroner/Public Administrator.

In the late 1980s and early 1990s, community and law enforcement officials raised concern that the standalone Coroner/Public Administrator's office suffered from mismanagement, poor working conditions, and poorly trained staff. There were also allegations of mishandling of investigations and remains. In 1995, the Board received a recommendation from the Riverside County Commission on Reorganization and Structure to combine the Coroner/Public Administrator with the Sheriff's Department under the direction of the elected Sheriff, as authorized by Government Code section 24300.

On March 19, 1996 (Item 3.1), the Board unanimously approved and adopted Ordinance 213.1, which carried out a technical separation of the Coroner and Public Administrator, and then consolidated the duties of those offices with the Sheriff's Office. The ordinance became operative at the end of the term of the coroner and with the election of the combined Sheriff/Coroner/Public Authority on June 2, 1998.

Current Practice and Efforts to Avoid Actual or Apparent Conflicts of Interest

When the prior Board of Supervisors consolidated the duties of the Coroner and Public Administrator with the Sheriff, they recognized the potential for actual conflicts of interest, and for the appearance of conflicts, related to cause of death investigations and for deputy-involved uses of force and for in-custody deaths. Before moving forward with the change, the Board of Supervisors asked Sheriff Larry D. Smith to address the issue. Sheriff Smith submitted a letter acknowledging the need for policies demonstrating independent investigations to ensure against the appearance of impropriety when investigating officer uses of force and custodial deaths. Those policies recommended by Sheriff Smith included the following:

- 1. Initiate an Administrative Investigation.
- 2. Notify the District Attorney to respond to the scene and consider the need for a parallel criminal investigation.
- 3. The Civil Grand Jury, at its discretion, may initiate or review any investigation in these instances.
- 4. The Attorney General will be notified and may initiate a review and/or investigation of these instances.

In the years since consolidation, these policies have been expanded and additional policies and safeguards have been implemented. What follows is a description of current practices for law enforcement's use of force and in-custody death investigations.

Administrative Investigation

Administrative internal affairs investigations focus on whether a deputy has engaged in work-related misconduct, including whether a deputy violated any department policies. When there is a report of a law enforcement related death, the Sheriff-Coroner's Internal Affairs Detail is immediately notified to investigate department personnel. These investigations may result in termination, suspension, or other discipline.

District Attorney Investigation

In 1996, the District Attorney's Office (DAO) began to receive notification of all custodial related deaths and exercised independent discretion on when or if to respond and conduct a parallel criminal investigation. This practice has evolved over the years. Today, the DAO is immediately notified of all officer-involved and/or custodial deaths. In response to the notification, an experienced homicide Deputy District Attorney (DDA) and DAO Investigator responds to the scene and conducts an independent and parallel investigation, specifically focusing on potential criminal liability of all officers involved. Once the case has been thoroughly investigated, including a DAO review of all written, visual, audio, and physical evidence, the case is presented to the District Attorney and a team of experienced DAO prosecutors and investigators for a criminal liability determination, a process referred to as a "staffing."

Force Investigation Detail

Effective July 1, 2020, the Association of Riverside County Chiefs of Police and Sheriff (ARCCOPS) entered a joint Memorandum of Understanding (MOU) establishing protocols outlining procedures used when investigating officer involved use-of-force investigations in Riverside County. Since 2020, the Sheriff's Department does not investigate themselves when an officer or deputy's use of force results in death or injury. On July 14, 2020 (Item 3.21), the Board of Supervisors endorsed this new practice and adopted a resolution creating a new cooperative task force known as the Force Investigation Detail (FID).

Central Corrections Investigation Unit

In May 2023, the Sheriff's Department created a new countywide team, the Central Corrections Investigation unit ("CCI"). The purpose of CCI was to create a standard response to in-custody deaths to ensure consistent and thorough reports, and to ensure cooperation with the DAO.

CCI is the investigative unit tasked with providing investigative services to all Riverside County jails. Currently housed at the Ben Clark Training Center, CCI responds to any facility at which an in-custody death occurs and conducts the investigations of deaths not taken by the Central Homicide Unit (CHU) or FID. Except for suspected homicides

or deaths occurring because of a use of force, the CCI is responsible for all aspects of the investigation during an in-custody death. If the death is a homicide or related to the use of force, the CHU and FID are the primary investigative units responsible for the investigation. In those instances, CCI will still receive the initial notification and act as a facility liaison to the primary investigator.

The priority of CCI is to conduct a complete 24-hour video review of the inmate's activities, and review of their classification, mental health rating, and healthcare needs/access. Upon completing the initial review, the on-call DDA receives the preliminary findings and, if requested, accesses the video of the incident. The findings are eventually documented in a "Classification and Housing Assessment" report, which is also forwarded to the initial on-call DDA. Based on the information provided, the DAO will determine if the in-custody death will be staffed, as previously described.

In-Custody Death Review

California Code of Regulation, Title 15, section 1046(a) mandates an in-custody death review as follows:

The facility administrator, in cooperation with the health administrator, shall develop written policy and procedures to ensure that there is an initial review of every in-custody death within 30 days. The review team at a minimum shall include the facility administrator or designee, the health administrator, the responsible physician and other health care and supervision staff who are relevant to the incident.

Deaths shall be reviewed to determine the appropriateness of clinical care; whether changes to policies, procedures, or practices are warranted; and to identify issues that require further study.

Therefore, within 30 days of custodial death, investigators provide a presentation to the In-Custody Review team providing facts learned during the investigation.

Coroner Review

The Sheriff/Coroner has the duty under Government Code section 27491 to conduct thorough and impartial investigations of in-custody and officer-involved deaths. To preclude any appearance of impropriety, the Riverside County Sheriff/Coroner's Bureau implemented Policy No. 702.04 establishing the Coroner Review.

The Coroner Review process governs all in-custody and law enforcement related deaths, regardless of the cause or manner of death. The only exception to a

correctional death falling under the Coroner Review process may be a state inmate death where strict guidelines are met, such as an anticipated or expected death by natural causes (i.e., inmate was hospitalized or on hospice).

The Coroner Review is a comprehensive step-by-step investigative process. To preserve the integrity of the investigative process and not to jeopardize any ongoing civil or criminal investigation, no formal and/or written results can be released to any individual, media, and or any agency prior to the case being certified through the Coroner Review process.

The Coroner Review process begins with the Administrative Deputy Coroner gathering all pertinent evidence, including but not limited to medical records, body worn camera footage, Deputy Coroner narrative report, recommended cause of death from the pathologist, toxicology report, pathology report(s), and any other documents that are relevant to determining the cause, manner, and mode of death. The toxicology and pathology testing and analysis, as well as the collection of all documents and records, can take up to 6 months to be completed and returned. This timeframe is beyond the control of the Sheriff/Coroner who is subject to the staffing and caseload demands of other departments or agencies. Once all the case information has been obtained, a case summary with photographic documentation is prepared.

The Administrative Deputy Coroner will then schedule a date to present the case in a Coroner Review to the Sheriff/Coroner, senior Sheriff's Department personnel, the involved law enforcement agency, the Civil Grand Jury, and other relevant stakeholders. Depending on the number of cases ready for review, the Coroner Review will routinely be scheduled every one to three months.

During the Coroner Review, a panel presents the case and answers questions from the attendees. The Administrative Deputy Coroner presents the chronological facts. A forensic pathologist and forensic toxicologist report their findings. In some instances, and to better understand a recommended manner and mode of death determinations, the Sheriff/Coroner may, request further clarification of an autopsy finding. Coroner Bureau staff, including the Chief Forensic Pathologist, Deputy Coroners, and the forensic pathologist who performed the autopsy, provides the requested clarification and recommendation guidelines from the National Association of Medical Examiners. At the conclusion of the Coroner Review presentation, and after all questions have been addressed, the Sheriff/Coroner, or designee, will certify the cause and manner of death.

If the Sheriff/Coroner, or designee, certifies a cause and manner of death that is different than the recommendation of the Coroner's Bureau, the forensic pathologist

who made the recommendation would not alter their autopsy protocol findings or recommended cause of death. It would be noted in the case file that the recommended cause, manner, and/or mode of death was changed to reflect the final determination and the death certificate signed as such.

The Executive Office could find no evidence, indication, or recollection that a Sheriff/Coroner has ever attempted to change a forensic pathologist's recommended cause or manner of death.

The Civil Grand Jury

Every year, in each of California's 58 counties, a group of volunteer citizens take an oath to serve as civil grand jurors. Its function is to investigate the operations of the various officers, departments, and agencies of the local government. Each civil grand jury will independently determine which officers, departments, and agencies they will investigate during their term.

Civil grand jurors come from an apolitical body of citizens. They are from all walks of life and bring with them a broad range of interests, talents, and life experiences, all of whom share a dedication to matters of civic importance. They are often referred to as the "watchdogs" of our local government, as they may independently investigate any County department, including the Riverside County Sheriff/Coroner/Public Administrator's Office.

Recognizing the importance of transparency and impartiality, the Riverside County Sheriff/Coroner's Bureau voluntarily developed the Coroner Review process to review all law enforcement related and/or custodial deaths. The Civil Grand Jury, specifically Committee Five (the law enforcement committee), is invited and attends all Coroner Reviews, their members are afforded access to internal reports, and they are invited to ask questions during the Coroner Review. In addition, Coroner Bureau staff remain afterwards and specifically make themselves available to the Civil Grand Jury for questions and clarifications. If the Civil Grand Jury deems it necessary to further review and investigate any law enforcement related and/or custodial death, they are given unfettered access to the evidence.

The Executive Office spoke with members of Committee Five and were told the Civil Grand Jury has exercised their ability to ask questions and request additional evidence. Civil Grand Jurors explained that they are completely independent and not beholden to any department or individual. They will ask questions and investigate any government issue they deem appropriate. Committee Five shared that it is easy to work with the Coroner's Bureau and they have the access and independence they need. They further

reported that they found Sheriff/Coroner Chad Bianco to be "transparent," "approachable," and "cooperative."

The Attorney General

Pursuant to Government Code section 12525 and the Death In-Custody Reporting Act (DCRA), the Riverside County Sheriff/Coroner Bureau implemented Policy 702.23, which requires that in all cases where a subject dies in the process of arrest, is enroute to being incarcerated, or is incarcerated by the Riverside County Sheriff's Department, the Coroner's Bureau will prepare and forward a "Death In-Custody Report (Form BCIA 713) to the State Attorney General's Office's Department of Justice (DOJ) within 10 days of the death." In addition, upon receipt of the completed Coroner's Packet (Investigative Report, Autopsy Protocol, and Toxicology Report), the Administrative Deputy Coroner will provide copies to the State Attorney General's Office.

In addition to the State In-Custody Death Report, the Administrative Deputy Coroner will also prepare the Federal Law Enforcement Custodial Death Report (Form CJ 11A) and retain it in the case file until its requested by the DOJ, Criminal Justice Statistics Center (CJSC). Once the CJSC requests the form, it will be sent to them within 15 days of the request.

Under Government Code section 12560, the Attorney General has direct supervision over the sheriffs within the state's 58 counties. This allows the Attorney General Office to conduct independent investigations into a sheriff's office, including their practices and policies regarding law enforcement related and custodial deaths.

Effective July 1, 2021, Assembly Bill 1506, required DOJ to investigate all incidents of an officer-involved shooting resulting in the death of an unarmed civilian (enacted in Government Code section 12525.3). This is in addition to the DAO investigation and review of all officer-involved shootings.

Other Concerns Expressed by Community

The Executive Office had in-person meetings and telephone discussions with several community members, including those who lost a family member while incarcerated in our county jails. While the discussions were wide-ranging, the issues raised could be divided into five key areas:

- 1) Death notifications to the legal next-of-kin
- 2) Viewing the deceased's body
- 3) Obtaining investigative reports (including the autopsy protocol) in a timely manner
- 4) Quality of autopsy protocols (i.e., inconsistent details within reports)

5) Empathy and overall communication

Before addressing each of these topics individually, it is important to realize each concern expressed was based on the experience of a community member and is a source of real pain for the individuals we spoke with, and those similarly situated. Further, we recognize that losing a loved one is a traumatic event. Governmental bureaucracy is often not adequately equipped to compassionately navigate these painful times for grieving family members. What became clear during our evaluation is that work must be done to address these issues. Having said that, it also became clear that separating the Coroner's Bureau from the Sheriff's Department would not address these challenges.

Death Notifications to the Legal Next-of-Kin

Death notifications are governed by law and policy. Deputy Coroners shall make in person death notifications to a decedent's legal next-of-kin as soon as reasonably possible. A deceased's legal next-of-kin is defined by law as the person responsible for making decisions regarding what will happen to the decedent after death. It is based solely upon a person's relationship to the decedent prior to their death. The first legal next-of-kin would be the spouse, followed by adult children, then the decedent's parent(s), and finally the decedent's sibling(s). Often, the Deputy Coroner and the Public Administrator's staff combine their efforts. A death notification over the telephone shall be the last resort when all other avenues to notify in person have failed.

Mistakes in the identification of a victim or the legal next of kin are unnecessarily traumatic and must be avoided. Before a death notification is given, due diligence and reasonable means to identify the victim and the legal next-of-kin is of the upmost priority.

When a death occurs in the custody of the Sheriff's Office, notification of the next-of-kin shall be the top priority, prior to the scene investigation if possible. Death notifications should occur prior to the Sheriff-Coroner's legal mandate to post specific information to their website within 10 days of a custodial death (Penal Code section 10008(b)). In the event the legal next-of-kin has not been notified of the death within 10 days, the agency shall be given an additional 10 days to make good faith efforts to notify the next-of-kin before the information is posted for public view (Penal Code section 10008(b)(2)).

Viewing of Deceased's Body

Neither a Coroner nor a Medical Examiner system allow viewing of a deceased's body at their facilities. These facilities are not designed to accommodate viewing and is only permitted if visual identification of a deceased is necessary as a last resort.

In both systems, autopsies are typically completed within 1-3 days after receipt of the deceased body. Once the autopsy is complete, the family is immediately notified so they can arrange for transportation of the body to a funeral home. Once at the funeral home, the family may arrange a viewing of their loved one in a more appropriate and less traumatic setting.

Release of Investigative Reports (Including the Autopsy Protocol)

In both the Coroner and Medical Examiner models, an investigative report is not released until the case is closed. The timeline does not significantly differ between the two systems and is typically dependent on the timing of external expert testing of toxicology and/or pathology samples.

In Riverside and Orange Counties, the release of an Autopsy Protocol, also called a Coroner Packet, in specific investigations, may take an additional 1-3 months before its release due to the Coroner Review process used for all law enforcement involved deaths and correctional deaths. No formal or written results are released to individuals prior to the case being certified through the Coroner Review process. The Coroner's Packet is typically available within one week of the completion of the Coroner Review process. This is to ensure the cause of death has been accepted by Vital Records and the case is completed.

Quality of Autopsy Protocols

The Autopsy Protocol includes several documents drafted by variety of internal and external experts. Specifically, the autopsy protocol may include, but is not limited to, the following: (1) Deputy Coroner's narrative report, which will include a description of the evidence gathered; (2) the forensic toxicologist's report; (3) forensic pathology reports (i.e., histology, neuropathology); and, (4) the forensic pathologist's report with external and internal findings, as well as an analysis of consulted expert findings. Because each report within the Autopsy Protocol is drafted by independent experts who may have had different observations, it is quite possible to find real or apparent inconsistent statements within or amongst the varying reports. Without referring to specific investigations one-by-one, this concern is difficult for the Executive Office to address. What is clear is that this complaint would be the same regardless of the model used to determine the cause of death.

Empathy and Overall Communication

Losing a family member is devasting, regardless of the circumstances. Ensuring empathy within a Coroner's Office is crucial, as it provides solace to grieving families during challenging times. Compassionate communication and support can foster trust

and understanding, helping families navigate the emotional complexities surrounding the loss of their loved ones.

Dr. Paul Parker, a former police officer and medicolegal death investigator, currently sits as the Executive Officer at the San Diego County Citizens' Law Enforcement Review Board (CLERB). In his experiences, Dr. Parker found most people just want to feel like their family member's death matters. Prioritizing empathy would contribute to a more compassionate and respectful system. To help improve trust and demonstrate transparency with law enforcement, Dr. Parker advocated a Family Liaison Program where law enforcement may offer support and guidance to help individuals navigate the process throughout the investigation of their loved one's death.

Separating the Duties of the Sheriff and the Coroner

The Board of Supervisors may by ordinance bifurcate the duties of the Sheriff from the Coroner and return to the previous system of having an elected Sheriff and an elected Coroner. If a decision were made to separate the duties, the Attorney General has determined that the operative date of that decision may not occur before the current elected official's office becomes vacant or upon the end of the current term of office, whichever occurs first. (42 Ops. Cal. Atty. Gen. 7.) As a reminder, with the passage of AB 759, the current elected official's term expires on January 4, 2029.

Alternatively, the Board may decide to separate the duties of the Sheriff from the Coroner and choose not to have an elected Coroner opting instead for a Medical Examiner appointed by the Board pursuant to Government Code section 24010. To change a county office from elected to appointed, a proposal must be presented to the voters of the county and approved by a majority of the votes cast (Government Code section 24009(b)).

The Executive Office considered the impacts of separating the duties of the Coroner from the Sheriff. In short, it was determined that bifurcating offices often increased budgets, bureaucracy, communication challenges, and duplication of efforts, all while decreasing overall effectiveness.

The Coroner's Bureau currently has a budget of \$20.6 million. It is estimated there is approximately \$6 million in overhead costs (including administrative support, accounting, procurement, hiring and recruitment, background investigations, uniform services, fleet operational expenses, California Public Records Act requests, information technology, grant management, custodial services, facility maintenance, groundskeeping, fleet management, training and education, and personnel investigations) not included in their budget. Because the Coroner's Bureau is part of the

Page 11 of 15 ID# 24421 3.24

Sheriff's Department, overhead costs are spread across the department's entire operation. This results in an economy of scale for overhead costs. Separating the duties and creating a new department would result in a greater cost.

The Coroner's Bureau currently has 68 employees, 67 of which are represented by a labor union. The creation of a new department that would be able to perform these duties on "day one" would require all staff members to move to the new department. It is likely that some number of the current employees would choose to stay in the Sheriff's Department. Moving those who are amenable to join a new department would require the County to "meet and confer" with our labor partners. (As an aside, the total number of current employees in the Coroner's Bureau does not include those employees providing the support services described above and the new department would need to hire new employees to handle that workload.)

The Coroner's Bureau currently has access to a variety of law enforcement databases, including the California Law Enforcement Telecommunications System (CLETS). CLETS gives law enforcement access to national, state, and local information and can only be accessed by authorized law enforcement and criminal justice personnel, or their lawfully authorized designees. Creating a new department to perform the duties of the Coroner could result in the temporary or permanent loss of access to this system.

During the 2021-22 California Legislative term, Assembly Bill 1608 was introduced to separate the duties of the Sheriff and Coroner. (For context, 48 of 58 California counties currently have consolidated offices.) The California State Coroner's Association (CSCA), which represents both consolidated and stand-alone Coroner Offices, opposed the legislation. The bill did not pass.

Separating the Duties of the Sheriff and the Public Administrator

The Board of Supervisors may by ordinance bifurcate the duties of the Sheriff from the Public Administrator (PA) and consolidate the duties with another elected office (ex: Treasurer/Tax Collector, Assessor/Clerk/Recorder, or a reestablished Coroner) pursuant to Government Code section 24009(b)). Another option would be to appoint the Public Administrator and consolidate the duties with another non-elected County office.

The PA serves in a fiduciary capacity to provide professional estate management services to County residents who die without someone willing to handle their affairs. The powers of the Public Administrator are mandated by the Probate Code.

Page 12 of 15 ID# 24421 3.24

The PA currently has an adopted budget of \$3 million (not including overhead) and has 18 employees, 17 of which are represented by a labor union. As part of the Sheriff's Department, the PA also has access to a variety of law enforcement databases, including CLETS. As it relates to these topics, the challenges arising from separating the Coroner's Bureau from the Sheriff's Department are the same for separating the PA. If the duties of the PA and the Coroner were separated, the PA would lose access to the Coroner's Case Management System (CMS) and immediate access to the Coroner's Bureau staff for questions concerning Coroner referrals. Approximately 40% of the investigations the PA handles annually are Coroner referred. In addition, the PA and Coroner often work alongside each other to search for the legal next-of-kin.

The California Association of Public Administrators, Public Guardians and Public Conservators ("Association") has opposed efforts to separate their duties from other offices, including AB 1608. The Association has expressed concerns that separation could negatively impact County Boards of Supervisors' authority to make sound fiscal decisions to utilize limited county resources in the best interest of their constituents. The Association strongly believes that consolidation with a Sheriff and a Coroner significantly enhances their work and efficiencies, especially with access to proprietary databases, resources, security, and shared physical space.

The Executive Office met with Riverside County's Assistant Public Administrator Natasha Rangel, who sits on the Board of the California Association of Public Administrators, Public Guardians and Public Conservators. Assistant PA Rangel stated that she is often contacted by administrators in the handful of counties where the duties of the various offices are not consolidated. These individuals shared that their departments feel isolated and frustrated with the lack of resources and investigative tools necessary to complete their cases. They have expressed their desire to have a model like Riverside County's where there is collaboration and shared resources, which allows for services to be delivered in the most effective and efficient manner.

Recommendation

In 2023, the Coroner's Bureau conducted 3,034 forensic examinations, including 1,495 autopsies and 1,539 external examinations. Of those examinations, 14 were deaths associated with deaths in County jails and 15 were deaths that involved the use of force where at least one Sheriff's deputy was present. While less than 1% of the forensic examinations conducted involved deaths related to the Sheriff's Department, we must do everything within reason to ensure public confidence in our law enforcement institutions. Much has been done to develop and protect that trust since the duties of the Sheriff and the Coroner were consolidated more than 25 years ago. As described, there are several safeguards in place to prevent actual conflicts of interest, or even the

appearance of conflicts. Additionally, separating the duties of the various offices will not resolve the concerns expressed. In fact, separation could exacerbate the concerns, while having the concurrent effect of being more costly and less efficient.

When the Civil Grand Jury reviewed this issue in 2017-18, they issued a report that recommended the Sheriff/Coroner, in conjunction with the Board of Supervisors:

Initiate and negotiate an agreement with acceptable terms, with an adjacent County, to perform autopsies of in-custody deaths. In-custody deaths include those who die at the hands of law enforcement, in the presence of law enforcement, or those with recent contact with law enforcement. The integrity of the process should assure County citizens that Coroner's reviews are fair, unbiased, fostering a reputation of trust above reproach, and diminishing the perception of a conflict of interest.

Such an arrangement was in place in the early 2000s but was allowed to expire without renewal. In response to the Civil Grand Jury's 2017-18 report, the Sheriff/Coroner at the time responded that the recommendation required further analysis. That analysis has now been completed.

The Riverside County Sheriff/Coroner's Office has contacted three of our neighboring counties to discuss the potential to enter into agreements for those counties to perform autopsies on in-custody deaths and those involving the use of force by law enforcement

- The San Bernardino County Sheriff/Coroner's Office agreed to a reciprocal arrangement where they would perform full autopsy services, including a recommended cause and manner of death. The cost would be \$6,200 per autopsy.
- The San Diego Medical Examiner's Office agreed to an arrangement where they would perform full autopsy services, including a recommended cause and manner of death.
 The cost would be \$4,200.
- The Orange County Sheriff/Coroner's Office declined to enter into an agreement due to their own staffing challenges and increased caseloads.

The Sheriff's Department is currently preparing memoranda of understanding with San Bernardino and San Diego counties to provide autopsy services. It is important to note, that the current procedures outlined, including the concurrent investigations, the Coroner Review, and the participation of the Civil Grand Jury, would not change.

Page 14 of 15 ID# 24421 3.24

The Executive Office is recommending that the Board of Supervisors support this effort and task this office with working with the Sheriff's Department to finalize the agreements and fund the effort as necessary.

Acknowledgment

The Executive Office wants to express our appreciation to the many individuals who participated in this evaluation by sharing their experiences and thoughts with us, including subject matter experts, members of the Civil Grand Jury, concerned residents, family members of those who died while in custody, and current employees. During our discussions, we felt the sorrow and pain of those impacted by these deaths, and we understand those feelings.

We also felt the frustration and confusion from those performing these difficult tasks in the Sheriff's Department who feel as if their integrity is under attack, and we understood those feelings as well. The staff assigned to the Coroner's Bureau are well-trained and dedicated to performing their duties. These are good people doing good work.

Impact on Residents and Business

If the duties of the Sheriff, Coroner, and Public Authority are separated, there will be a negative impact on the delivery of services and the cost for those services will increase. Alternatively, reaching agreements with neighboring counties to provide autopsies for all deaths in Riverside County involving the use of force by the Sheriff's Department and all deaths that occur in jails operated by the Sheriff's Department will continue to build trust in the outcome of these investigations.

SPEAKER'S NAME: Chani Beemen			
Address: 4428 Hz	righton Ave	2	
City: Liverside			
Phone #: 909/556-	1518		
Date: 3/12/24	Agenda	# 3.24	
PLEASE STATE YOUR POSITION BELOW:			
Position on "Regular" (non-appealed) Agenda Item:			
Support	Oppose	Neutral	
Note: If you are here for an agenda item that is filed for "Appeal", please state separately your position on the appeal below:			
Support _	Oppose	Neutral	
I give my 3 minutes to:			

Requests to Address Board on "Agenda" Items:

You may request to be heard on a published agenda item. Requests to be heard must be submitted to the Clerk of the Board before the scheduled meeting time.

Requests to Address Board on items that are "NOT" on the Agenda/Public Comment:

Notwithstanding any other provisions of these rules, a member of the public shall have the right to address the Board during the mid-morning "Oral Communications" segment of the published agenda. Said purpose for address must pertain to issues which are under the direct jurisdiction of the Board of Supervisors. YOUR TIME WILL BE LIMITED TO THREE (3) MINUTES. Donated time is not permitted during Public Comment.

Power Point Presentations/Printed Material:

Speakers who intend to conduct a formalized Power Point presentation or provide printed material must notify the Clerk of the Board's Office by 12 noon on the Monday preceding the Tuesday Board meeting, insuring that the Clerk's Office has sufficient copies of all printed materials and at least one (1) copy of the Power Point CD. Copies of printed material given to the Clerk (by Monday noon deadline) will be provided to each Supervisor. If you have the need to use the overhead "Elmo" projector at the Board meeting, please ensure your material is clear and with proper contrast, notifying the Clerk well ahead of the meeting, of your intent to use the Elmo.

Individual Speaker Limits:

Individual speakers are limited to a maximum of three (3) minutes. Please step up to the podium when the Chairman calls your name and begin speaking immediately. Pull the microphone to your mouth so that the Board, audience, and audio recording system hear you clearly. Once you start speaking, the "green" podium light will light. The "yellow" light will come on when you have one (1) minute remaining. When you have 30 seconds remaining, the "yellow" light will begin to flash, indicating you must quickly wrap up your comments. Your time is up when the "red" light flashes. The Chairman adheres to a strict three (3) minutes per speaker. Note: If you intend to give your time to a "Group/Organized Presentation", please state so clearly at the very bottom of the reverse side of this form.

Group/Organized Presentations:

Group/organized presentations with more than one (1) speaker will be limited to nine (9) minutes at the Chairman's discretion. The organizer of the presentation will automatically receive the first three (3) minutes, with the remaining six (6) minutes relinquished by other speakers, as requested by them on a completed "Request to Speak" form, and clearly indicated at the bottom of the form.

Addressing the Board & Acknowledgement by Chairman:

SPEAKER'S NAME: Rabbi Suzanne Singer			
Address: 3534 Ca	istle Reagh Pl.		
City: Riverside	Zip: 92506		
Phone #: 213 - 793	-1560		
Date: 3-12-2024	Agenda # 3-24		
PLEASE STATE YOUR POSITION BELOW:			
Position on "Regular" (non-appealed) Agenda Item:			
Support _	OpposeNeutral		
	or an agenda item that is filed for "Appeal", your position on the appeal below:		
Support _	OpposeNeutral		
I give my 3 minutes to:			

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Addressing the Board & Acknowledgement by Chairman:

SPEAKER'S NAME: Ke	verent Jane	QuandT	
Address: 680 7 W			
City: Riverside			
Phone #: <u>951-347</u>	-1775		
Date: 3/12/24	Agenda #_	3.24	
PLEASE STATE YOUR POSITION BELOW:			
Position on "Regular" (non-appealed) Agenda Item:			
Support _	Oppose _	Neutral	
Note: If you are here for an agenda item that is filed for "Appeal", please state separately your position on the appeal below:			
Support _	Oppose	Neutral	
I give my 3 minutes to:			

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Addressing the Board & Acknowledgement by Chairman:



SPEAKER'S NAME:	Loy BLE	CKIT
Address:		
Address:		
City:	Zip:	
Phone #:		
Date:	Agenda #	3.24
PLEASE STATE YOUR PO	OSITION BELOW:	
Position on "Regular"	(non-appealed) Agenda	Item:
Support	Oppose	Neutral
Note: If you are here for an agenda item that is filed for "Appeal", please state separately your position on the appeal below:		
Support	Oppose	Neutral
I give my 3 minutes to:		

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Addressing the Board & Acknowledgement by Chairman:

SPEAKER'S NAME: VO	nya Quarle	5	
Address: 15799 (
City: Moreno Va			
Phone #: 562 6183			
Date: 3/12/2024		# 3.24	
PLEASE STATE YOUR PO	SITION BELOW:		
Position on "Regular" (non-appealed) Agenda Item:			
Support _	<u>N</u> Oppose	Neutral	
Note: If you are here for an agenda item that is filed for "Appeal", please state separately your position on the appeal below:			
Support	Oppose	Neutral	
I give my 3 minutes to:			

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Addressing the Board & Acknowledgement by Chairman:

SPEAKER'S NAME:	Luis Nolas	sco
Address:		
City:	Zip:	
Phone #:		
Date:	Agenda #	3.24
PLEASE STATE YOUR PO	OSITION BELOW:	
Position on "Regular"	(non-appealed) Agenda	a Item:
Support	Oppose	Neutral
Note: If you are here	for an agenda item that is	s filed for "Appeal",
	your position on the ap	
Support	Oppose	Neutral
I give my 3 minutes to	:	

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Addressing the Board & Acknowledgement by Chairman:



SPEAKER'S NAME:	Katherine	Nigro
Address:		
City:	Zip:	
Phone #:		
Date:	Agenda #	3.24
PLEASE STATE YOUR P	POSITION BELOW:	
Position on "Regular"	(non-appealed) Agenda	a Item:
Support	Oppose	Neutral
Note: If you are here for an agenda item that is filed for "Appeal", please state separately your position on the appeal below:		
Support	Oppose	Neutral
I give my 3 minutes to	0:	

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Addressing the Board & Acknowledgement by Chairman:

SPEAKER'S NAME:	Lisa Mat	us
Address:		
City:	Zip:	
Phone #:		
Date:	Agenda #_	3.24
PLEASE STATE YOUR P	OSITION BELOW:	
Position on "Regular"	(non-appealed) Agend	la Item:
Support	Oppose _	Neutral
Note: If you are here for an agenda item that is filed for "Appeal", please state separately your position on the appeal below:		
Support	Oppose _	Neutral
I give my 3 minutes to	1	

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Addressing the Board & Acknowledgement by Chairman:



SPEAKER'S NAME: MO	ary Valden	w	
Address:			
City:	Zip:		
Phone #:			
Date:	Agenda #_	3.24	
PLEASE STATE YOUR POSITION BELOW:			
PLEASE STATE TOUR POST	TION BELOW.		
Position on "Regular" (no	on-appealed) Agend	a Item:	
Support	Oppose	Neutral	
Note: If you are here for an agenda item that is filed for "Appeal", please state separately your position on the appeal below:			
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I give my 3 minutes to:			

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Addressing the Board & Acknowledgement by Chairman:

SPEAKER'S NAME:	sob Bust	ter	
Address: 7407 [oufferin f	lue	
city: Riversid	€ Zip:	92504	
Phone #: 951 78	30.4749		
Date: 3-12-20	24 Agen	nda # 3, 74	
PLEASE STATE YOUR POSITION BELOW:			
Position on "Regular" (non-appealed) Agenda Item:			
Support _	Oppose	Neutral	
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Addressing the Board & Acknowledgement by Chairman:

From:

Aquia Mail

Sent:

Monday, March 11, 2024 5:20 PM

To:

Inolasco@aclusocal.org

Cc:

Clerk of the Board

Subject:

Request to Speak Web Submission



Thank you for submitting your request to speak. The Clerk of the Board office has received your request and will be prepared to allow you to speak when your item is called. To attend the meeting, please call (669) 900-6833 and use **Meeting ID # 864 4411 6015**. **Password is 20240312**. You will be muted until your item is pulled and your name is called. Please dial in at 9:00 am with the phone number you provided in the form so you can be identified during the meeting.

Submitted on March 11, 2024

Submitted values are:

First Name

Luis

Last Name

Nolasco

Phone

9097237409

Email

Inolasco@aclusocal.org

Agenda Date

03/12/2024

Agenda Item # or Public Comment

3.24

State your position below

Neutral

From:

Aquia Mail

Sent:

Monday, March 11, 2024 5:49 PM

To:

knig73@gmail.com

Cc:

Clerk of the Board

Subject:

Request to Speak Web Submission



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Submitted on March 11, 2024

Submitted values are:

First Name

Katherine

Last Name

Nigro

Address (Street, City and Zip)

25789 Dorval Court

Phone

9514584283

Email

knig73@gmail.com

Agenda Date

03/12/2024

Agenda Item # or Public Comment

3.24

State your position below

Oppose

From:

Aquia Mail

Sent:

Monday, March 11, 2024 9:02 PM

To:

mvaldema@valleycollege.edu

Cc:

Clerk of the Board

Subject:

Request to Speak Web Submission



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Submitted on March 11, 2024

Submitted values are:

First Name

Mary

Last Name

Valdemar

Address (Street, City and Zip)

Riverside, 92506

Phone

9095668189

Email

mvaldema@valleycollege.edu

Agenda Date

03/12/2024

Agenda Item # or Public Comment

3.24

State your position below

Oppose

Comments

I have questions and comments about the report in regards to the data.