July 1, 2016

Honorable Charles Margines
Presiding Judge of the Superior Court
700 Civic Center Drive West
Santa Ana, California 92701

Subject: Response to Orange County Grand Jury 2015-2016 Report, “Our Brother’s Keeper: A Look at the Care and Treatment of Mentally Ill Inmates in Orange County Jails.”

Dear Judge Margines:

In accordance with Penal Code sections 933 and 933.05, enclosed please find the response to the FY 2015-2016 Grand Jury report, “Our Brother’s Keeper: A Look at the Care and Treatment of Mentally Ill Inmates in Orange County Jails.”

If you have any questions, please contact Assistant Sheriff Steve Kea at (714) 647-4655.

Sincerely,

[Signature]

Sandra Hutchens
Sheriff-Coroner

cc: Carrie Carmody, Ph.D., Grand Jury Foreperson
Members, Board of Supervisors
Frank Kim, County Executive Officer
Responses to Findings and Recommendations
2015-16 Grand Jury Report:

"Our Brothers' Keeper:
A Look at the Care and Treatment of Mentally Ill Inmates in Orange County Jails"

SUMMARY RESPONSE STATEMENT:

On June 9, 2016, the Grand Jury released a report entitled: "Our Brothers' Keeper:
A Look at the Care and Treatment of Mentally Ill Inmates in Orange County Jails." This report directed responses to findings and recommendations to the Orange County Board of Supervisors, Sheriff-Coroner, and the Health Care Agency, which are included below.

FINDINGS AND RESPONSES:

F.1. Mod L, located in the Intake and Release Center, has an insufficient number of beds to accommodate all mentally ill inmates who would benefit from regular interaction with medical, psychiatric, nursing, and case management services. The lack of bed space for the number of mentally ill inmates who need acute services supports the Department of Justice concern that the jail needs to act to prevent mental health crises and provide adequate transition programs, not just to deal with the most immediate urgent needs.

Response: Disagrees partially with the finding. Mod L is intended for the most acute mentally ill inmates. The remainder of the mentally ill inmate population also has access to,
and interaction with, medical, psychiatric, nursing and case management services; however, housing mentally ill inmates in a centralized location would be more advantageous. In addition, mental health care is part of a Memorandum of Understanding (MOU) between the Orange County Sheriff’s Department and the Health Care Agency so the Health Care Agency’s response is required. Please refer to their response.

F.3. The Intake and Release Center has no system for ensuring humane treatment of an inmate in a safety cell. Examples include: the inmates are cold, they sleep next to a grate that is used as a toilet, and no water is available for the inmate to wash hands after the use of the toilet and prior to eating meals.

Response: **Disagree wholly with finding.**
The Intake and Release Center, like all of the jails in our system, fall under Title 15 and 24 of the California Code of Regulations as mandated by from the State of California Board of State Community Corrections. These regulations are inspected by the BSACC as well as numerous other entities that have found our entire jail system, including the Intake and Release Center, meets the mandated standards without issue. Every inmate in our custody is treated humanely.

F.7. Neither Correctional Health Services nor Sheriff’s Department staff collects or analyzes data related to safety cell usage other than how often it is used, and therefore, neither has any quality improvement or risk management activities to assist in reducing safety cell use.

Response: **Disagrees partially with the finding.**
The Orange County Sheriff’s Department has a contract with the Health Care Agency to provide mental health treatment. Mental health treatment protocols, including the decision to utilize a safety cell are clinical decisions based on a psychiatric diagnosis. The Sheriff’s Department is not privy to that medical information and therefore believes the requested data, if appropriate, should be collected by the Health Care Agency and analyzed by them as they
are best equipped to make an informed decision. Further response is required by the Health Care Agency. Please refer to their response.

**F.8.** The Orange County Jail does not have a Restoration of Competency treatment program, to the detriment of inmates declared incompetent to stand trial by the courts. Wait time for transfer to a state hospital does not meet the directive of the court system to transfer within 30-35 days.

**Response:** **Disagrees partially with the finding.**
We concur that OCSD does not have a Restoration to Competency treatment program. The wait times referenced are not within our control and are the sole responsibility of the Department of State Hospitals who is legally mandated to provide this service. That said, the Health Care Agency and OCSD are working with the Department of State Hospitals to divert some inmates to an alternative program that may alleviate some of these delays.

**F.13.** Correctional Health Services does not provide therapeutic treatment services to inmates with a chronic mental health diagnosis in most parts of Mod 1, or in any of the general jail housing. This small concentration of service supports the Department of Justice concern that the jail does not provide for a cohesive system of therapy and treatment.

**Response:** **Disagrees wholly with the finding.**
All mentally ill inmates are assigned to a mental health case manager, who provides one-on-one individualized therapeutic treatment throughout the inmate’s incarceration. In addition, the Orange County Sheriff’s Department has an MOU with the Health Care Agency to provide mental health treatment for inmates, so additional response is required by the Heath Care Agency. It is not the role of the Orange County Sheriff’s Department to evaluate, diagnose and treat inmates with chronic mental health issues. Please refer to the Health Care Agency’s response.
F.14. There is a lack of adequate classroom space to conduct educational classes for inmates who would benefit from participation in inmate services programs.

Response: **Disagrees partially with the finding.**
The number of classrooms, system-wide, is sufficient for our current population. But as we expand our system with the expansion at the James A. Musick Facility, we are also expanding our classroom space. This will not only provide more classrooms, this will allow us to provide a more diverse type of educational opportunities for our inmate population.

F.16. Sixteen beds in Ward D are insufficient to meet the needs of the large number of inmates with chronic mental health issues outside of Mod L.

Response: **Agree with the finding.**
Sixteen beds are insufficient with the growing number of inmates with chronic mental health issues. This will be addressed in the future expansion at the James A. Musick Facility.

F.17. Although the Sheriff's Department has a Memorandum of Understanding with the Health Care Agency to provide mental health care services to Orange County jail inmates, the two entities do not have a formal system in place for sharing mental health data that affects both entities.

Response: **Disagree wholly with the finding.**
Mental health data is shared between departments as allowable by HIPAA. Additionally, CHS provides OCSD with the following data, including but not limited to: Board of State and Community Corrections monthly mental health statistics regarding diagnoses, utilization of mental health beds, psychotropic utilization, as well as relevant suicide information.
F.18. The Jail Compliance and Training Team, made up of Sheriff’s Department personnel, does not include anyone with a Quality Assurance background. Although the Jail Compliance and Training Team completes standard reports and provides them to Sheriff’s Command staff, it does not consistently collect and analyze data over time to identify trends.

Response: **Agree with the finding.**
The Jail Compliance and Training Team (JCATT) does not need anyone with a quality assurance background as that is not their function. The function of quality assurance rests with the S.A.F.E. Division.

F.19. The Sheriff’s Department has designated sergeants in each jail facility to enter inmate grievances into a centralized database, but there is no organized system in place for selecting data from the database or analyzing trends, and therefore, no quality improvement activities take place to identify or address potential issues.

Response: **Disagree partially with the finding.**
Sergeants assigned to each jail facility analyze the data currently. However, there is no information sharing and JCATT, led by their Lieutenant, has been assigned to centralize this process.

F.20. The Health Care Agency/Correctional Health Services collects health care related grievance data and presents it to the Quality Management Committee on a regular basis, however, the data is not formally analyzed to identify trends and the Quality Management Committee minutes do not demonstrate discussion on the implementation of quality improvement activities based on the data presented.

Response: **Disagrees wholly with the findings.**
Quality Management (QM) data is analyzed and studies are revised based upon findings and trends. Minutes do not reflect all QM
discussion and findings, as much of the detail is captured in specific QM reports reviewed at the QM Committee meetings.

F.21. 
Neither the Sheriff’s Department or Correctional Health Services has developed and initiated a formal process to address or track lingering issues identified in the 2014 Department of Justice correspondence. Additionally, they do not have a formal system in place to track improvement plans that may have been put into place to correct Department of Justice concerns.

Response: Disagrees wholly with the findings. The Sheriff’s Department and the Health Care Agency responded to the Department of Justice with a response plan addressing the suggested remedial measures.

RECOMMENDATIONS AND RESPONSES:

R.1. The Sheriff’s Department should establish an ad hoc committee by December 31, 2016 to review space utilization in the Intake and Release Center with the goal of establishing additional units where inmates with mental health issues can be housed in closer proximity. F1, F15, F21

Response: The recommendation has not yet been implemented, but will be implemented in the future. To be completed by 12/31/16.

R.4. The Sheriff’s Department and the Health Care Agency/Correctional Health Services should implement a protocol to ensure an inmate in a safety cell has access to water for washing hands after using the toilet and before and after meals by September 30, 2016. F3, F21

Response: The recommendation requires further analysis.
The Sheriff’s Department, in consultation with the Health Care Agency, will be evaluating this recommendation from a jail safety/security perspective.

R.5. The Sheriff’s Department should develop a plan to eliminate the environmental issue of inmates being excessively cold in safety cells by December 31, 2016. F.3, F.21

Response: The recommendation requires further analysis. The Sheriff’s Department, in consultation with the Health Care Agency, will be evaluating the environmental issues, if any exist, in safety cells prior to December 31, 2016.

R.8. The Sheriff’s Department and the Health Care Agency/Correctional Health Services should collaborate on a process by December 31, 2016 to collect and analyze the following safety cell data:
- the average length of stay
- the number of times an inmate is moved to the safety cell more than once
- the day and times safety cells are most utilized
- any injury sustained on the way to, or inside the safety cell
- the use of forced medication in conjunction with safety cell use

Data should be incorporated into risk reduction activities that are monitored by the Sheriff’s Department and the Health Care Agency/Correctional Health Services. F.7, F.17, F.18, F.21.

Response: The recommendation has not yet been implemented, but will be implemented in the future. To be completed by 12/31/16.

R.12. The Sheriff’s Department and the Health Care Agency should collaborate to initiate Thinking for a Change, or a similar therapeutic program, in all areas of the jail, including Mod L, by June 30, 2017, and give first priority to inmates with a mental health diagnosis. F.2,
F13, F14, F21

Response: The recommendation will not be implemented because it is not reasonable.
While additional Thinking for a Change programs have recently been added, it is unreasonable to expect ALL areas of the jail to offer therapeutic program curricula due to various issues, including inmate behavioral and classification (safety/security) issues, as well as daily jail turnover.

R.13. The Sheriff’s Department and the Health Care Agency/Correctional Health Services should integrate quality assurance data into their regular standing meetings, or establish a new standing committee by December 31, 2016, where the data includes:
- use of safety cells
- the effectiveness of transfers out of Mod L into the general jail population
- inmate grievances F17, F19, F20, F21

Response: The recommendation has been implemented.
Standing Mental Health Operations meetings include members of the Orange County Sheriff’s Department and the Health Care Agency. Agenda topics include the data elements identified above.

R.14. The Sheriff’s Department should expand the S.A.F.E. division to include a quality risk management team that will collect and analyze data throughout the jail, with a component that will address services provided to mentally ill inmates by June 30, 2017. Consideration of expansion should include incorporating the Jail Compliance and Training Team (JCATT) into S.A.F.E. F18, F21

Response: The recommendation will not be implemented as it is not warranted.
The S.A.F.E division already collects and analyzes data collected in the jail system. The functions of the S.A.F.E. division and the Jail
Compliance and Training Team are not the same and should remain separate.

R.15. The Sheriff’s Department should establish a standing quality management committee that meets at least quarterly to review and analyze data with the goal of improving inmate services by December 31, 2016. The Committee should include representatives from Command Staff, S.A.F.E., JCATT, and Mod L medical, nursing, and case management staff. F18, F19, F21

Response: **The recommendation has not been implemented, but will be implemented in the future.**
To be completed by 12/31/2016.

R.16. The Sheriff’s Department should develop and implement a plan by December 31, 2016 to ensure that the jail grievance policy and procedure is followed. F19

Response: **The recommendation has been implemented.**
Jail grievance policy and procedure is followed by all staff members from both the Orange County Sheriff’s Department and the Health Care Agency.