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El Dorado County Board of Supervisors
El Dorado County Department of Mental Health
El Dorado County Mental Health Commission

**Evaluation Committee Report on the West Slope El Dorado
County Jail, Placerville**

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Interview Questions and Answers

1) How do you determine if an individual needs a medical evaluation or mental health evaluation? And do you ask additional questions regarding mental illness when booking?

Every intake is medically and mentally evaluated by medical staff. A medical and mental health screening (including vital signs) is completed at intake.

All new inmates are observed and queried for signs/presence in history of mental illness, including suicidal behavior/ideations, and use of medication for psychiatric treatment as part of the intake health screening completed by nursing staff. Any inmate exhibiting or testifying to presence or history of mental illness is referred to mental health staff for further evaluation.

2) How long does it take to get that done?

Varies, screening is conducted on intake. Attention and response is given as soon as recognized.

3) Is the individual asked to sign a release form and when are doctors and family members included?

If someone is going to remain in custody and additional medical information is needed a release form will be requested of the inmate. The doctor is contacted as soon possible after the release is signed.

Family members may provide information to medical staff via the phone or Inmate Medication Information form on line, but protected medical information will not be given without a signed release by the inmate.

4) Sometimes people are put in safe cells, how often are they evaluated so they can join in with the rest of the population.

Safety Cells are used ONLY when an inmate poses a threat to themselves or others due to mental disorder, inmates who display suicidal ideation or gestures; and/or display violent behavior which results in the destruction of cell furnishings or reveals intent to cause self-inflicted physical harm.

If someone is placed in a safety cell, Medical staff are notified immediately and will see the inmate within one hour of placement. Medical staff will evaluate every six hours and Mental Health will evaluate within 24 hours placement. If after 6 hours of placement is impossible to complete a hands-on nursing assessment including vital signs due to security concerns, they will be transferred to the hospital for further medical and diagnostic evaluation.

Correctional Officers Check on them twice every half hour. The Sergeant will authorize the removal from a safety cell as soon as possible, when they are no longer displaying any of the behaviors which lead to their placement. The medical staff will evaluate them prior to removal.

5) We hear you still have two use the restraining chair; does this happen often or just sometimes as some are violent as they are brought in? How does that work?

The restraint chair may be used to maintain control or transport of inmates who display violent behavior which results in the destruction of property, or who reveal intent to cause serious physical harm to themselves or others.

Upon intake if the subject is out of control or can't be communicated with they will be directed to the hospital for clearance for incarceration.

Any restraint chair placements must have jail commander approval, they are checked every 15 minutes, and they are removed as soon as possible. Medical staff check the inmate upon placement, every 2 hours, and upon removal.

If the inmate does not calm down when placed in the chair they are transported to a hospital for treatment.

6) We hear medications can be brought in if they are in a prescription bottle and no other meds are mixed in the bottle. What happens when that bottle is empty, can their psychiatrist or Dr. be called for refills, if not, what happens? We are concerned because we would like to avoid drastic changes in treatment without reason.

Inmates who are booked and have a valid prescription for psychotropic medications, which have been brought into the facility, will have their medications continued after consultation with the physician. They will then be seen by the facility psychiatrist within 7 days.

7) Do most of the inmates you see, who suffer from a mental illness, refuse to take meds while in jail? We know they cannot be forced; do you have a suggestion on how we can handle this problem better?

Most of the patients being prescribed mental health medications take their medications.

If a patient does not wish to take their medication, we are unable to force medicate them in the jail. Crisis intervention and management of acute psychiatric episodes will be handled by on-duty medical staff with referral to the psychologist and/or psychiatrist on 24 hour per day basis.

8) Do you have a record of mentally ill people who return to jail?

The Medical Staff maintains two years of medical files in the facility and has access to 7 years of records in county archives. Custody does not maintain a separate list.

9) How often does the psychiatrist see a mental health client and for how long?

The Psychiatrist sees all of the mental health patients that are prescribed mental health medications. Then the patient is seen as needed based upon their individual treatment plan that has been developed by the mental health provider and program administrator to meet the patient's treatment needs during their period of incarceration.

10) Does the psychiatrist give the mental health evaluation of the individual to the jail and is jail staff briefed?

The only time custody staff are advised of health information is if it is necessary for: Providing continued healthcare to the inmate; The health and safety of such individual or other inmates; The health and safety of the officers or employees of or others at the correctional institution; The health and safety of such individuals and officers or other persons responsible for the transporting of inmates or their transfer from one institution, facility, or setting to another; Law enforcement on the

premises of the correctional institution; and The administration and maintenance of the safety, security, and good order of the correctional institution.

11) Does a nurse go in to that meeting with the psychiatrist and is it recorded?

The Nurse may assist the Psychiatrist, if needed; it is not recorded.

12) When is the mental health department called in and who comes?

The Jail mental health services are available and scheduled weekly. Both the Psychiatrist and Psychologist are on-call 24 hours a day. "EDC County" Mental Health only provides crisis services and will be called in as needed.

13) Do you keep files on those who have a mental illness and are re-incarcerated? By doing this does it help with the recognition of the person's illness and help them quickly?

The Medical Staff maintains two years of medical files in the facility and has access to 7 years of records in county archives.

14) Do you give a mental illness test or questionnaire?

All new inmates shall be observed and queried for signs/presence in history of mental illness, including suicidal behavior/ideations, and use of medication for psychiatric treatment as part of the intake health screening completed by nursing staff. Any inmate exhibiting or testifying to prisons or history of mental illness is referred to mental health staff for further evaluation.

15) A psychiatrist in our area asked us to ask the following question: What is the policy for withdrawal from alcohol or benzodiazepines? We are asking because a schizophrenic patient or bipolar patient who stops meds suddenly can become more delusional and is going to be harder to treat and less likely to restart their meds once they are out of jail. The psychiatrist said she is willing to refill meds if a person is in jail.

The medical department has a comprehensible alcohol, opiate, and benzodiazepine withdrawal protocol. As always, the patient's prior medical, mental health, current medications, and current symptoms are taken in to consideration.

16) Does the jail nurse check with the person's doctor or psychiatrist regarding meds or does this require a release? If so, is a release asked for?

If necessary, records are requested from the patient's Provider. Yes, a release is required and completed.

17) When a person leaves are they given a 30-day prescription or is it called into the drugstore they use? Do you ask if they can pay for that medication?

Personal medications brought in with the inmate at booking will be returned to them upon release.

Limited amounts essential medications taken while in jail may be given at the time of discharge only by order of the jail physician who is responsible for personally dispensing such medication or providing written prescription.

If given a prescription, it is called into a pharmacy of their choice.

Patients who state that they are not able to pay for medications are advised and assisted in calling a less expensive pharmacy or advised to contact their personal physician.

Health and Human Services Agency (HHSA) staff also, prior to release, regularly assists with applications for Medi-Cal, amongst other HHSA administered programs, inside the jail and through community-based services workshops.

18) Is the jail nurse allowed to discuss inmate medications with family members? What is the best way for family members to do this so the nurse has input regarding the illness of their family member, like what meds they were on and if not taking and so on?

The Medical Staff needs a release from the patient in order to discuss protected medical information with the family. The family is able to call the Medical Staff and state what the patient is on or they can obtain a medical form to fill out on the Sheriff Department web site.

19) We hear you have a written treatment plan for those with mental illness. Do you give those to whoever will be following up, such as their regular doctor or just the inmate?

Every Mental Health patient has an individualized plan of care. We are only able to provide that information if the Provider requests it and send a release signed by the patient. The medical department provides a copy of the medical record to the patient, if requested.

20) If a person is diagnosed for the first time with a mental health issue does the jail notify Mental Health so outreach can be done, or is that left up to the inmate?

If a referral is necessary, County Mental Health is contacted prior to the patient's release from custody.

21) With the new law, proposition 47, that is putting inmates from prison into jail, how is that affecting clients who are mentally ill with just a misdemeanor? Who, and what person in what position, determines the release of an inmate?

Dispositions of court cases and sentencing determine the inmates release date. The inmate may also bail or be released by a judge.

There is no statistical data available at this time for us to determine the effects of proposition 47.

22) We noticed Mental Health clients told by the court to go to Mental Health are not showing up, could a call to Mental Health be done so the client can be outreached by Mental Health? Perhaps their doctor could be called or a family member, or does release have to be signed again?

It would be beneficial if their Defense Attorney followed up on this; either by advising Mental Health or reminding their client of the need to contact Mental Health.

23) We understand a new procedure of reapplying for any Social Security, Medicare, or Medi-Cal can start early so an inmate can get benefits the day they leave. Has that happened yet and who is helping with this new procedure and are you having problems finding help getting it done?

Prior to release Health and Human Services Agency (HHSA) staff regularly assists with applications for Medi-Cal, amongst other HHSA administered programs, inside the jail and through community-based services workshops. Incarcerated clients are referred to the HHSA administered community-based services workshops by Inmate Services Officers (ISOs). In addition, the El Dorado County Community Health Center (EDCCHC) provides Medi-Cal Outreach and Enrollment services through a grant that is administered by HHSA and funded by the State Department of Health Care Services (DHCS).

Incarcerated patients have “priority access” to a primary care appointment through either the Barton Clinic or the EDCCHC. Clients can be seen prior to the 30 days post release and have the opportunity for their medication to be continued through their primary care home.

Community health center outreach and the enrollment grant Cal Fresh help the inmates to transition more easily. Probation can help contact to schedule appointment at the Community Health Center. In some cases the Public Guardian can create a release plan for the mentally ill and sign them up for the ACA.

24) How does that District Atty. work with you?

Information regarding inmate's medical or mental health is protected and not shared without a subpoena. The District Attorney's Office respects and follows the process.

25) How does the public defender work with you?

The Public Defender is an advocate for their clients and makes sure the jail has information needed for their client's wellbeing.

26) Do you take input from either if they know a person has an emotional disturbance or mental illness?

Yes, we appreciate all medical or mental health information provided to us concerning our inmates.

27) The judge has had problems with sentencing inmates with mental illness because they are not stable enough to understand what is happening, and they are sent back to jail another month and told to come back after hopefully they will be stabilized. They are given meds then taken off those meds after seeing the judge. What do you suggest can be done so those clients are not held longer than necessary?

Mental health patient's medications and treatment are not altered or determined by Judges or altered due to court appearances. The court may order further assessments to determine appropriate dispositions. Patients in custody are examined and treated by a doctor according to their current symptoms and diagnosis. The treatment length, type or dose of medication varies according to the patient's mental health needs.

28) What training do your jail officers get regarding mental illness? Do you feel training would be helpful, how often because of turnover?

Correctional officers receive training during their Academy core courses, from the jail training course, and through our yearly STC training. Updated training is provided to officers throughout their employment.

29) Do you have an updated policy procedure manual that we can include with this report as well as for the mental health commission as a reference?

Policy manuals are updated as needed. A copy may be requested from our Support Services Division in accordance with the California Public Records Act.

30) We hear you have nurses on 24 hours a day? How many nurses are there and are they with CMFG?

CFMG has nurses on duty 24 hours a day in both facilities. Tahoe has one nurse in the facility per shift. Placerville has anywhere from 1-4 nurses on, depending on the day of the week or time of the day.

31) We hear you have some wonderful programs; can you give us a list? Do people earn their way into the programs or are they placed in those programs?

AA, NA, Al-Anon, Celebrate Recovery, Hearts, Anger Management, GED courses, Culinary courses, Moral Recantation, and Ministry programs. Participation can be requested or may be court ordered.

32) What messages or requests can we forward to the Mental Health Commission?

We would like to thank them for their continued and future support.

33) What suggestions do you have to make your jobs easier dealing with those suffering from mental illness?

We would like to see an intermediate step between outpatient services and jail similar to a transitional program. The Sheriff and US have recently discussed this with the governor's staff, but at this time there is not funding available and the ACA will not cover it.

More post release care or collaborative mental health services prior to release. The mental health patients cared for in the jail are typically stabilized prior to release and are not able to continue the high level of care or services after their release.