



# County of Orange

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County Executive Office

August 23, 2016

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

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

Dear Judge Margines:

Per your request, and in accordance with Penal Code 933, please find the combined  
County of Orange response to the subject report as approved by the Board of  
Supervisors. The respondents are the Orange County Board of Supervisors and the  
County Executive Office.

If you have any questions, please contact Lilly Simmering of the County Executive  
Office at 714-834-6748.

Sincerely,

Frank Kim  
County Executive Officer

Enclosure

cc: FY-2015-16 Orange County Grand Jury Foreman  
Mark Denny, Chief Operating Officer, County Executive Office  
Lilly Simmering, Deputy Chief Operating Officer, County Executive Office



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"*

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**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 and the Health Care Agency, which are included below. The Sheriff-Coroner, as an elected department, has filed its own separate response.

**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 wholly with the finding.  
Mod L is intended for the most acute mentally ill inmates. The remainder of the mentally ill population, regardless of where housed, has availability, access and interaction with medical, psychiatric, nursing and case management services as necessary for their individual needs.

**F.2.** Correctional Health Services provides minimal mental health treatment services in the form of therapy groups to less than 1% of the total jail population diagnosed with some type of mental illness, which precludes therapeutic treatment to most mentally ill inmates.

**Response:** Disagree wholly with the finding.  
Therapeutic treatment is being provided. Group therapy is challenging to implement on a large scale in a jail setting due to the frequent and often rapid turnover rates; however, 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. Group therapy is also currently offered to the inmates in the 10-bed Crisis Stabilization Unit at the IRC, as well as sessions at the Women's Jail and Theo Lacy. While the number of inmates participating in group therapy is not voluminous, it is more than 1% of the total jail population.

**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:** The County defers to OCSD for a response.  
**OCSD 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 BSCC 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.4. Correctional Health Services uses the safety cell as a substitute for treatment. There are no measurable and observable criteria for moving someone into a safety cell, or immediately removing inmates when they are no longer a threat to themselves or others, which has the potential to result in the use of safety cells for disciplinary purposes.**

**Response:** Disagrees wholly with finding.  
Safety cells are not used for disciplinary purposes. Use of safety cells is not a substitute for treatment, but rather a last resort safety mechanism for inmates who display behavior that reveal intent to cause physical harm to themselves, others, or a destruction of property. CHS Policy 8609, as well as the California Code of Regulations, Title 15, Section 1055, both outline this measurable and observable criteria.

**F.5. A psychiatrist is the only person authorized to remove an inmate from a safety cell, however, one is not always available to do so, which may result in a longer term of confinement than necessary.**

**Response:** Disagrees wholly with finding.

In an effort to maintain the highest level of care and safety possible for the mentally ill inmates in safety cells, Correctional Health Services (CHS) has chosen to delegate the responsibility of safety cell removal orders to the highest level medical practitioner, which is a psychiatrist. Psychiatrists are on call and available 24/7.

**F.6. Correctional Health Services staff does not hold a debriefing meeting after each use of the safety cell. Therefore, CHS is unable to identify how the treatment failure occurred and to help prevent future occurrences, including suicide attempts.**

**Response:** Disagrees wholly with the finding.  
CHS conducts weekly mental health team meetings to discuss individual patient treatment plans, which includes a discussion regarding safety cell use. Suicide attempts are reviewed and treatment plans are revised and re-evaluated during these meetings.

**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 wholly with the finding.  
As above, in addition to collecting safety cell utilization data, CHS conducts weekly mental health team meetings to discuss individual patient treatment plans, which include discussions regarding safety cell use. Treatment plans are revised and re-evaluated during these meetings.

**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 we do not have a Restoration of Competency treatment program, which we are not legally mandated to provide. The wait times referenced are not within our control and are the sole responsibility of the Department of State Hospitals system.

**F.9. Data demonstrates that the Collaborative and Community Courts provide effective treatment services for mentally ill offenders who qualify for the programs.**

**Response:** Agrees with the finding.

**F.10. Collaborative Courts save the County a significant amount of money in decreased incarceration and recidivism rates.**

**Response:** Agrees with the finding.

**F.11. The current number of jail psychiatrists is not sufficient to meet the needs of the general inmate population diagnosed with mental illness. This shortage has resulted in extended periods of time inmates spend in safety cells, as well as a lack of psychiatric services in all but a very small portion of the Orange County Jails. The Department of Justice findings support the concern that therapeutic treatment may not reach prisoners who may be quite ill, but are not the most obviously in need of mental health care.**

**Response:** Disagrees wholly with the finding.  
Not all mentally ill inmates require management by a psychiatrist. CHS has a multi-disciplinary team of mental health professionals to address medication management, case management, crisis stabilization, discharge planning and linkage to care for each mentally ill inmate as needed. Additionally, inmates are not in safety cells for extended periods due to a psychiatrist shortage. There is a psychiatrist available either on-site or on-call for safety cell management 24/7.

**F.12. Orange County has become a model for successful implementation of Laura's Law in the State of California. Behavioral Health Services keeps comprehensive statistics on all aspects of Laura's Law and therefore can effectively analyze the program's strengths and weaknesses.**

**Response:** Agrees with the finding.

**F.13. Correctional Health Services does not provide therapeutic treatment services to inmates with a chronic mental health diagnosis in most parts of Mod L 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.



**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:** The County defers to OCSD for a response.  
**OCSD 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 of 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.15. Correctional Health Services has no written guidelines, no formal course of study, and no specific training for case managers or nursing staff who conduct group therapy sessions on Mod L Crisis Stabilization Unit.**

**Response:** Disagree wholly with the finding.  
All CHS staff conducting group therapy sessions are educated and licensed in the field of Marriage and Family Therapy, Social Work, Psychology, and/or Nursing. Group therapy topics are outlined on a written schedule implemented based upon inmate mix and need.

**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.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.  
We collectively responded to the Department of Justice with a response plan addressing the suggested remedial measures.

**F.22.** **The Crisis Stabilization Unit does not have a system in place to collect or analyze data. Additionally, they do not have any formal quality improvement activities specific to Mod L treatment services, and therefore are unable to objectively evaluate the effectiveness of therapy groups.**

**Response:** Disagree wholly with the finding.  
Quarterly QM meetings include a review of mental health services, which includes activities on Mod L. The effectiveness of group therapy is not a stand-alone item being reviewed.

#### **RECOMMENDATIONS AND RESPONSES:**

**R.2.** **The Health Care Agency/Correctional Health Services should develop a therapeutic program by October 31, 2017 that includes a formal course of studies to include all inmates in Mod L, and provide training to facilitators to ensure consistency. F2, F13, F15, F21**

**Response:** The recommendation will not be implemented because it is not warranted or is not reasonable.  
It is unreasonable to expect ALL inmates in Mod L to be able to participate in group therapy due to various issues, including behavioral and classification (safety/security) issues.

**R.3.** **The Health Care Agency/Correctional Health Services should develop a process by December 31, 2016 to ensure that safety cell entrance and exit criteria are clearly defined, measurable, and observable. F4, F5, F6, F21**

**Response:** The recommendation has been implemented.

Please see CHS Policy #8609 regarding Safety Cells identifies the entrance/exit criteria.

**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. OCSD will be evaluating this recommendation from a jail safety/security perspective. Please refer to their responses.

**R.6. The Health Care Agency/Correctional Health Services should develop a protocol by December 31, 2016 to authorize nurse practitioners to release inmates from a safety cell. F5, F21**

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

**R.7. The Health Care Agency/Correctional Health Services should establish a debriefing protocol by December 31, 2016 to address each safety cell use in order to properly evaluate any treatment failure and put a plan in place to reduce reoccurrence. F6, F21**

**Response:** The recommendation will not be implemented because it is not warranted or is not reasonable.  
A debriefing protocol will not be implemented for each safety cell utilization. Rather, CHS will continue to analyze and discuss individual patient care and respective responsiveness to treatment, which includes a review of safety cell usage, at weekly team meetings.

**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. F7, F17, F18, F21**

**Response:** The recommendation will not be implemented because it is not warranted or is not reasonable.  
CHS will continue to collect, track, and analyze safety cell utilization data that is pertinent to patient management and treatment.

**R.9. The County should provide financial assistance through the budgetary process, or some other means such as the Mental Health Services Act (Prop 63) by June 30, 2017, for additional Collaborative Court services that can reduce the current wait list and serve a greater number and variety of mentally ill offenders. F9, F10**

**Response:** The recommendation has been implemented.  
The County of Orange Fiscal Year 2016-17 Mental Health Services Act Annual Plan was approved by the Board of Supervisors on May 24, 2016 and includes an additional 7.2 million dollars for adult Full Service Partnerships. The mental health collaborative court services are included in this category and will receive a portion of these funds allowing the programs to serve a greater number of mentally ill offenders.

**R.10. The Health Care Agency should develop a recruitment strategy for hiring additional full time psychiatrists by December 31, 2016, in order to better meet the needs of mentally ill inmates throughout the Orange County jails. F11, F21**

**Response:** The recommendation has been implemented.  
The County recently completed a market analysis and salary adjustment for psychiatrists in order to improve recruitment and retention outcomes. Recruitment efforts are continuous and ongoing.

**R.11. The Health Care Agency/Correctional Health Services should develop and implement therapeutic and educational curricula specific to the needs of mentally ill inmates in all parts of the Orange County jails by June 30, 2017. F2, F13, F15, F21**

**Response:** The recommendation will not be implemented because it is not warranted or is not reasonable.  
It is unreasonable to expect all mentally ill inmates in the entire jail system will be able to participate in educational curricula due to various issues, including behavioral and classification (safety/security) issues, as well as daily jail turnover.

**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. F2, F13, F14, F21

**Response:** The recommendation will not be implemented because it is not warranted or 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 CHS and OCSD. Agenda topics include the data elements identified above.

**R.17.** The Health Care Agency/Correctional Health Services should review its quality management committee structure by December 31, 2016 to ensure issues identified in reports are thoroughly analyzed. Trends should be identified and addressed through quality improvement activities. The minutes of the meeting should reflect committee discussion and decisions regarding trends. Minutes should also reflect follow-up actions taken to ensure resolution of identified issues. F20, F21, F22

**Response:** The recommendation will not be implemented because it is not warranted or is not reasonable.  
CHS will continue to identify issues and trends via our Quality Management reporting format and structure. Not all report findings/trends need to be included in QM minutes. Reports are kept and available to review more in-depth details.