



# County of Orange

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County Executive Office

August 29, 2018

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

Subject: Response to Grand Jury Report, "Preventable Deaths in Orange County Jails"

Dear Judge Margines:

Per your request, and in accordance with Penal Code 933, please find the 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 2017-18 Orange County Grand Jury Foreman  
Lilly Simmering, Deputy Chief Operating Officer, County Executive Office



## Responses to Findings and Recommendations 2017-18 Grand Jury Report:

### *“Preventable Deaths in Orange County Jails”*

#### **SUMMARY RESPONSE STATEMENT:**

On June 25, 2018, the Grand Jury released a report entitled: “Preventable Deaths in Orange County Jails.” This report directed responses to findings and recommendations to the Orange County Sheriff-Coroner Department (OCSD), Orange County District Attorney (OCDA), Orange County Board of Supervisors (BOS), and Orange County Health Care Agency/Correctional Health Services (CHS). Both OCSD and OCDA will file their responses separately as outlined in the Penal Code. The response below is the collective response of the BOS and CHS.

#### **FINDINGS AND RESPONSES:**

**F.1. Failure to identify health threats at the Intake Release Center may lead to subsequent medical challenges that could be avoided.**

**Response:** **The respondent disagrees partially with the finding.** Each arrestee brought in to the Intake Release Center (IRC) receives a comprehensive health screening conducted by licensed healthcare professionals, which includes obtaining information concerning health history, current conditions, medications, hospitalizations, mental health history, and various other health information. The goal is to identify as much information as possible; however, the cooperation, knowledge, and self-reporting of the patient is vital to obtaining the most accurate and thorough information. In addition to obtaining subjective information by interviewing the patient, CHS also gathers objective information from the Statement of the Booking Officer form, past incarceration medical chart (if applicable), outside pharmacy medication verification (if applicable), and observation and clinical assessment completed by the licensed healthcare professionals at Intake.

**F.2. Because the Intake Release Center health assessment does not screen for drug or alcohol intoxication, some inmates have not been appropriately assigned to the Medical Observation Unit to monitor for potential overdose events.**

**Response:** **The respondent disagrees wholly with the finding.** Each arrestee brought in to

the Intake Release Center (IRC) receives a comprehensive health screening conducted by licensed healthcare professionals, which includes obtaining history of drug and/or alcohol use. The screening contains multiple questions regarding the use of drugs and/or alcohol in order to best determine an individual's needs, including housing location, during incarceration. Additionally, healthcare staff review the Statement of the Booking Officer, which documents any known information on drug and/or alcohol use by the arrestee prior to arrival at the IRC. Finally, a section of the health screening and assessment includes clinical observations of the arrestee by healthcare staff, to include signs of drug and/or alcohol intoxication and/or abuse.

**F.3. Failure to screen for mental illness at the Intake Release Center exposes other inmates to potential risk.**

**Response:** **The respondent disagrees wholly with finding.** All arrestees receive a comprehensive health screening conducted by licensed healthcare professionals. The initial screening covers mental health history, current medications, suicide risk, previous mental health hospitalizations, and past or current psychiatric care. Based on an individual's responses to the initial screening questions, a secondary, more in-depth, screening for mental health conditions follows, if clinically indicated. The CHS intake screening meets both State requirements and Immigration and Customs Enforcement's (ICE) Performance Based National Detentions Standards (PBNDS).

**F.4. Failure to detect Hepatitis B, Hepatitis C, and HIV at the Intake Release Center puts the jail population and staff at risk for these diseases.**

**Response:** **The respondent disagrees wholly with finding.** CHS routinely tests individuals upon request and as clinically indicated. There is no community, industry, state, or federal standard for screening for these conditions upon intake. CHS routinely tests individuals upon request and as clinically indicated. Additionally, screening for HIV is routinely conducted on all patients at the time of any ordered lab work (unless the patient specifically "opts out" or declines the test).

**F.5. Inmate health care is compromised when the Intake Release Center x-ray screening is limited to the detection of tuberculosis and not used to identify other significant abnormalities, such as artificial heart valves and aortic aneurysms.**

**Response:** **The respondent disagrees wholly with the finding.** Tuberculosis has the ability to be transmitted to others who share living spaces with someone who has the active disease, therefore, detecting tuberculosis in order to prevent an outbreak is a major priority for CHS. While the primary purpose of x-ray screening in the IRC is to identify active tuberculosis, significant abnormalities such as aortic aneurysms and artificial (mechanical) heart valves would be identified. Licensed Radiologists read

every chest x-ray completed in the IRC and report significant abnormalities.

**F.6. Appropriate health care may be delayed when drug and alcohol screening test results collected by outside law enforcement agencies are not provided to the Intake Release Center with the arrestee.**

**Response:** **The respondent disagrees partially with the finding.** Outside law enforcement agencies complete a Statement of Booking Officer form for each arrestee brought in for health screening in the IRC. This includes whether the arrestee exhibited signs of being under the influence of drugs or alcohol. Having actual drug and/or alcohol test results would provide more definitive data which could enhance the comprehensive evaluation process.

**F.7. Appropriate health care is compromised when medical records, diagnoses, and treatment plans are not provided by the hospital when the inmate returns to the Intake Release Center.**

**Response:** **The respondent disagrees partially with the finding.** If patients are returned to the IRC without medical records, diagnoses, and treatment plans, CHS healthcare staff coordinate obtaining the health records with the appropriate hospitals at the time of screening. If needed, the patient signs an authorization to release records, which is forwarded to the hospital to then obtain this information. Hospitals do not always send this information without an authorized release from the patient based upon advice from their own counsel as it relates to federal HIPAA laws.

**F.8. Inmate care may be compromised because of the lack of a timely referral to a healthcare professional. This is especially problematic on weekends and holidays.**

**Response:** **The respondent disagrees wholly with the finding.** Registered nurses provide health services 24 hours per day/7 days per week/365 days per year, and all weekends and holidays are covered by **on-site** nurse practitioners, physicians, and psychiatrists. Additionally, physicians, and psychiatrists provide 24/7 on-call availability.

**F.9. There is no provision to administer intravenous fluids in the Medical Observation Unit, potentially subjecting patients to dehydration.**

**Response:** **The respondent disagrees wholly with the finding.** Intravenous (IV) fluids are readily available and initiated when medically necessary during emergency responses. When clinically indicated, patients requiring longer term IV therapy are sent to the hospital for treatment and care.

**F.11. Timely receipt of autopsy and toxicology reports provides important information that could assist Correctional Health Services in implementing needed changes.**

**Response:** The respondent agrees with the finding.

**F.12. The Orange County Correctional Health Service's performance is not accredited by any peer review agency; consequently, it lacks the benefits of accreditation as a process improvement tool.**

**Response:** **The respondent disagrees partially with the finding.** While CHS does not have accreditation by a peer review agency, there are routine and extensive reviews, audits, and inspections conducted by: California Board of State and Community Corrections, ICE Office of Detention Oversight, Nakamoto Group (sub-contracted by ICE), HCA Annual California Code of Regulations (CCR) Title 15 Audit (on behalf of the state of California), Department of Justice, Board of Pharmacy, and various other public interest, regulatory, and legal entities. Additionally, CHS has both internal and external processes to review quality management and clinical care. Furthermore, CHS models policies and practices cited by the National Commission on Correctional Healthcare (NCCHC).

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

**R.1. By October 1, 2018, Correctional Health Services should use a urine drug screen test for all inmates at the time of intake to obtain a more accurate assessment of the inmate's medical condition.**

**Response:** **The recommendation will not be implemented because it is not warranted or is not reasonable.** CHS conducts health screening on approximately 58,000 arrestees per year. This recommendation is not an industry standard, nor a CCR Title 15 standard, ICE PBNDS, or a NCCHC standard. We will continue to conduct a comprehensive screening, which includes drug and alcohol history, medical observations, reports from arresting agencies, and clinical assessments. We will continue to perform urine drug screens when clinically indicated, and when determined to be necessary by licensed healthcare professionals.

**R.2. By June 30, 2019, Correctional Health Services should perform universal Hepatitis B, Hepatitis C, and HIV tests at the Intake Release Center and make an appropriate decision for treatment, vaccination, and housing.**

**Response:** **The recommendation will not be implemented because it is not warranted or is not reasonable.** CHS conducts health screening on approximately 58,000 arrestees per year. This recommendation is not an industry standard, nor a CCR Title

15 standard, ICE PBNDS, or a NCCHC standard. We will continue to routinely test individuals upon request and as clinically indicated, as well as screen for HIV whenever laboratory tests are performed on a patient (unless the patient specifically “opts out” or declines.)

**R.3. By October 1, 2018, Correctional Health Services should require the radiologist to examine the Intake Release Center x-rays for any abnormalities in addition to tuberculosis to improve the inmate’s diagnosis and care. All x-ray tests findings, including normal, should be recorded in the inmate’s health record.**

**Response:** The recommendation has not yet been implemented, but will be implemented in the future. In addition to tuberculosis, radiologists currently identify and report abnormal x-ray findings. CHS healthcare staff have access to all x-ray results, including normal. To enhance the current system, CHS will determine the feasibility of creating an interface between the radiology services and electronic health record systems to allow for the automatic transfer of x-ray reports directly into a patient’s health record. Targeted implementation date is January 1, 2019.

**R.4. By January 1, 2019, the Intake Release Center health assessment should require the inmate to disrobe for a brief visual medical examination by a nurse practitioner or doctor.**

**Response:** The recommendation will not be implemented because it is not warranted or is not reasonable. This is not an industry standard. Disrobing is done when clinically indicated.

**R.5. By January 1, 2019, an improved Intake Release Center health assessment should be used to identify any condition requiring assignment to the Medical Observation Unit.**

**Response:** The recommendation has been implemented. CHS has one of the most comprehensive screening tools in a correctional health setting. Additionally, the IRC is fully staffed 24/7 by licensed medical and mental health professionals who are the first point of contact for an arrestee coming into the facility.

**R.6. By January 1, 2019, the medical intake form should include a summary section and a written plan of action to highlight the health conditions needing attention.**

**Response:** The recommendation has been implemented. These elements have been and continue to be available in the electronic health record that is utilized for intake

screening since its inception in January of 2014.

**R.7. By October 1, 2018, the Orange County Sheriff's Department should require all outside law enforcement agencies' drug and alcohol test results to accompany the arrestee to the Intake Release Center.**

**Response:** Defer to OCSD.

**R.8. By October 1, 2018, Correctional Health Services should develop a plan to receive the medical records, diagnoses, and treatment plans from hospitals when an inmate returns to the Intake Release Center.**

**Response:** **The recommendation has been implemented.** Plan includes direct communication with hospital staff to send hospital records. Inmate must agree to sign an authorization for release when indicated.

**R.9. By October 1, 2018, the results of the intake health assessment should be included in making appropriate housing assignments.**

**Response:** **The recommendation has been implemented.** The intake screening process has always been and will continue to be utilized to assist in determining appropriate housing assignments.

**R.10. By January 1, 2019, Correctional Health Services and the Orange County Sheriff's Department should consider allowing the Medical Observation Unit to dispense intravenous fluids.**

**Response:** **This recommendation will not be implemented because it is not warranted or is not reasonable.** CHS will continue to administer intravenous fluids when medically necessary during emergency responses and arrange for hospital admission for those patients requiring longer term IV therapy.

**R.11. By January 1, 2019, the Orange County Sheriff's and Correctional Health Services staff should ensure pink slips are responded to within twenty-four hours.**

**Response:** **This recommendation will not be implemented because it is not warranted or is not reasonable.** CHS collects Inmate Health Message Slips (pink slips) four times a day. All slips are screened the same day by licensed healthcare professionals. Any urgent/emergency need is addressed immediately. All other requests are seen within 48-72 hours, which meets CCR Title 15 standards.

**R.12.** By January 1, 2019, a nurse practitioner or physician should be on site for weekends and holidays, even if on a limited schedule, to address inmates' urgent care needs.

**Response:** This recommendation has been implemented. Nurse practitioners, physicians, and psychiatrists have been and continue to be scheduled onsite for weekends and holidays.

**R.14.** By October 1, 2018, Correctional Health Services should review the autopsy, toxicology, and pathologist's reports, as soon as they are available, for ways to improve healthcare processes.

**Response:** This recommendation has not yet been implemented, but will be implemented in the future. CHS participates in the Coroner's review of any custodial death where all reports are presented. Having access to the reports as soon as they are available will further enhance and assist in any internal review. We will report back in March 2019 per the CEO's status update regarding the completion of this process.

**R.15.** By June 30, 2019, Correctional Health Services should seek accreditation from the National Commission on Correctional Health Care.

**Response:** This recommendation will not be implemented because it is not warranted or is not reasonable. CHS utilizes the NCCHC jail standards as a guideline in the development and ongoing management of policies, procedures, and operational practices in providing healthcare in the Orange County Jail system. The June 20, 2019, timetable in this recommendation is not achievable or reasonable. Seeking accreditation is a lengthy process involving five (5) Technical Assistance Inspections with subsequent findings reports from the Commission. Thereafter, potential operational changes may be necessary as identified by the Technical Assistance inspectors. Once the five (5) facilities have made any and all operational changes and are fully prepared, the Accreditation Inspection Team conducts five (5) on-site separate, multi-day inspections with full written reports to follow. This timeline information is based upon information previously obtained by CHS directly from NCCHC in analyzing long-term strategic goals.