

Rec'd
8/22/08
August 18, 2008

The Honorable Gary Owen
Presiding Judge of the Superior Court
Sonoma County Superior Court
600 Administration Drive
Santa Rosa, California 95403

Reference: Sonoma County Grand Jury, 2007-2008 Final Report
"Death by Incarceration"

Dear Judge Owen:

The Grand Jury has requested that California Forensic Medical Group respond to findings F1 through F7 on page eight, and recommendations R1 through R5 on page nine, regarding their investigation.

CFMG has provided correctional healthcare to the Sonoma County Detention Facilities (Main Adult Detention Facility and the North County Detention Facility) over three separate contract periods; 1987 to 1993; 2000 to 2008, and the current contract which began on February 1, 2008. During the last two contract terms, CFMG has been responsible for the healthcare of approximately 20,000 inmates per year, or approximately 140,000 inmates. It is estimated that approximately 80% to 85% of this population has alcohol and drug-related medical conditions. A significant percentage of this population includes a history of alcohol and drug withdrawal.

In the Grand Jury's summary on page six there is a statement as follows: "However the medical services failed in one important area. That is keeping alcohol dependent inmates alive." CFMG questions the validity of that statement. The Grand Jury and California Forensic Medical Group certainly agree that the inmate population at the Main Adult Detention Facility is at high risk for associated drug and alcohol problems, including the potential for withdrawal. As stated above, the Sonoma County Sheriff's Department books over 20,000 inmates into their jail facilities on an annual basis. Given the high percentage of alcohol and drug abuse by these individuals, we believe that CFMG and the Sheriff's Department does a good job at identifying and treating individuals who have the potential for withdrawal. The Grand Jury also made the following comment on page 6, "The Grand Jury discovered that Alcohol Toxicity and Alcohol Withdrawal Syndrome (AWS) are among the leading contributors to deaths in U.S. jails including those in Sonoma County. By reclassification and better treatment of inmates at risk from AWS, death due to the effects of AWS is easily preventable."

Again, CFMG questions the validity of these statements. On one hand, the Grand Jury is stating the fact that AWS is one of the leading causes of death in U.S. Jails and on the other hand it is saying that these deaths are easily preventable. CFMG and the Sheriff's Department work collaboratively to develop policies and procedures that are designed to identify, safeguard and treat individuals who have the potential for withdrawal.

California Forensic Medical Group has been providing healthcare in California since 1983. CFMG is the largest private provider of correctional healthcare in the state of California and currently provides healthcare services to approximately 65 jails and juvenile halls in 24 of the 58 counties in California.

California Forensic Medical Group, its administration and medical providers have always welcomed constructive oversight and review as is evident by their comprehensive quality assurance and peer review programs.

CFMG has had ongoing quarterly Quality Assurance and Peer Review Committee meetings with members representing the Sonoma County Sheriff's Department, Sonoma County Mental Health/Behavioral Health, Sonoma County Public Health, as well as providers from local hospitals. CFMG, as part of its quality assurance plan, has external peer review from an R.N. consultant as well as physician consultants. The RN consultant that CFMG utilizes was instrumental in starting the healthcare accreditation process for correctional facilities in California through the California Medical Association (now known as the Institute of Medical Quality). This consultant is also the Past President of the National Commission of Correctional Healthcare and is involved in the development of CFMG's policies and procedures as well as Standardized Procedures for Registered Nurses.

CFMG has always accepted a well-known belief in medicine, which is to "embrace your mistakes, learn from them, and strive to improve." CFMG appreciates the efforts that the 2007-2008 Grand Jury made in the overview of the three in-custody deaths from October 2006 through September 2007. CFMG also accepts the findings and recommendations of the 2007-2008 Grand Jury with openness and with a willingness to work in a spirit of cooperation to continually improve services to the inmates incarcerated at the Main Adult Detention Facility. The Grand Jury 2007-2008 findings are as follows:

Finding#1

CFMG assessment protocols lack the formality and specificity to detect inmates at high risk for AWS, for example the absence of a point system. The omission of specific awareness questions and general brevity of the assessment makes one consider the degree to which the outcome depends on the skill, working conditions and attitude of medical staff. The lack of formality leaves too much to the subjective interpretation of the R.N. A more comprehensive assessment would also enhance the County's and the Contractor's position with regard to contingent liabilities.

Requested Response to Finding #1:

CFMG partially disagrees with this Finding.

CFMG is acutely aware of the importance of a comprehensive assessment tool for the identification of those individuals at risk for Alcohol Withdrawal Syndrome. CFMG has policies and procedures/standardized procedures that address those individuals at risk for alcohol and drug withdrawal. These practices have been reviewed by both the IMQ as part of their Accreditation survey process as well as the Corrections Standards Authority. In addition, CFMG and the Sheriff's Department have worked collaboratively to implement procedures that identify inmates who have a potential for withdrawal. Some of these procedures include the following;

Implementation of an Alert code on the Criminal Justice computer system which will alert custody and medical staff when an inmate has previously been treated for withdrawals. This will allow for an immediate assessment and treatment upon their arrival to the facility.

Identifying inmates who have the potential for withdrawal (W code) once they are housed in the facility. This is done by placing a "W" designation outside the door of their cell to alert custody staff of the need for increased monitoring of these individuals. The "W" sign which is posted on the door also includes a list of signs and symptoms of mild/moderate and severe to alert custody staff of the need to notify medical.

CFMG will continue to work with its internal staff, the County of Sonoma Quality Assurance and Peer Review Committee, as well as outside experts in this field to review its current practices and policies and procedures.

Finding#2

Lack of withdrawal symptoms prior to assignment to general population housing is not valid criteria for those inmates who may still have significant blood alcohol concentration at the time of assessment. Blood alcohol concentration (BAC) or a Breathalyzer test would reveal the need to closely monitor the inmate and reassess the AWS dangers when the BAC is low enough for the evaluation to be medically valid.

Requested Response to Finding #2

CFMG partially disagrees with this Finding.

CFMG is not aware of a correctional healthcare provider in California that uses a Breathalyzer as part of this assessment tool. However, CFMG is willing to look at that finding and will ask an expert in the field to review CFMG's current practices and the findings of the Grand Jury.

Finding#3

To predict high-risk inmates (as defined here) the withdrawal and detoxification protocol in use should be mandatory, as opposed to, being at the discretion of the R.N. Initially the protocol must include frequent monitoring of the inmate.

Requested Response to Finding #3

CFMG partially disagrees with this Finding.

CFMG has utilized assessment tools that have been the standard of the industry approved by the California Medical Association/IMQ, the California Corrections Standards Authority, as well as reviewed by the Sonoma County Public Health Department in their annual review. In addition, CFMG has developed policies and procedures as well as Standardized Procedures to evaluate and treat inmates for signs and symptoms of withdrawal. These are mandatory and not discretionary. CFMG, however, is willing to review this finding and make changes as necessary.

Finding #4

A twice a day monitoring schedule is inadequate to monitor W class inmates for withdrawal symptoms. Medical checks at four-hour intervals are generally accepted as adequate in a hospital environment and in other detention environments.

Requested Response to Finding #4

This Finding requires further evaluation.

CFMG provides ambulatory outpatient care to those individuals incarcerated at the Main Adult Detention Facility. The medical environment at the Main Adult Detention Facility is not a hospital environment. CFMG's policy as well as the Sheriff's Department policy requires that inmates housed in the sobering cells be checked upon admission and every four hours. Once they are cleared to be housed in General Population, they are seen two times per day. The Sheriff's Department has designated specific housing locations for inmates who have the potential for withdrawal. This allows for increased monitoring of these individuals by both custody and medical staff.

Finding #5

If a more frequent monitoring protocol were to be initiated in the first 48 hours of incarceration, it may be possible to deliver medication to prevent the onset of AWS, which would diminish the probability of potential fatal withdrawal incidents.

Requested Response to Finding #5

CFMG disagrees with this Finding.

CFMG does initiate monitoring protocols for those individuals who are identified as having alcohol and drug abuse habits, and who are potentially likely to go through withdrawal. CFMG has detox protocols for drugs as well as alcohol, which are initiated during the first 48 hours. As mentioned previously, the addition of the Alert system on the Criminal Justice computer allows for immediate identification of those patients who have been previously identified and/or treated for withdrawals.

Finding #6

The primary responsibility for the medical welfare of an inmate resides with the medical staff. However, correctional officers observe inmates every half-hour. With the implementation of special observation criteria they could significantly diminish the risk of the most serious AWS candidates (opening the cell door and requiring a verbal response from high-risk inmates may be sufficient).

Requested Response to Finding #6

This Finding requires further evaluation.

Medical staff works closely with correctional staff to observe inmates who are placed in sobering cells. California Forensic Medical Group provides in-service training as part of custody staff's overall training on alcohol and drug-related conditions including signs and symptoms of drug and alcohol withdrawal. This frequency of this training has increased over the last year. As mentioned previously, the signs and symptoms of withdrawal are written on the "W" alert sign which is posted on the cell door. This will assist custody staff with the monitoring of these individuals. CFMG will continue to provide on-going training to both custody and medical staff regarding signs and symptoms of alcohol and drug withdrawal and will work collaboratively with the Sheriff's Department to make changes as necessary to increase the monitoring of these individuals.

Finding#7

Two medical experts indicated that the high-risk inmates we identified would have benefited from blood alcohol testing prior to being placed in general population.

Requested Response to Finding #7

CFMG partially disagrees with this Finding.

CFMG would appreciate the opportunity to review the findings of the two medical experts who indicated that blood alcohol testing prior to being placed in general population is the standard of practice, and the rationale for it. CFMG is not aware of any detention facility that currently does this, but is certainly willing to explore that as a benefit to this population.

Recommendations – Grand Jury Report 2007-2008

Recommendation #1

The Sheriff's Department should require that the CFMG alcohol withdrawal risk assessment procedure be modified to more closely follow the CIWA-Ar, including all the parameters and rating scales in the formal procedure.

Requested Response to Recommendation #1

CFMG partially disagrees with this Recommendation.

CFMG has invited an expert in drug and alcohol withdrawal to review their current assessment tools and address the Grand Jury's recommendation. CFMG is not averse to following this recommendation.

Recommendation #2

The Sheriff's Department should require that CFMG's assessment protocols identify chronic alcoholics who arrive intoxicated and have a medical history of AWS as a special class of inmates needing closer monitoring. Reassessment of AWS risk is required when BAC concentrations drop below .1%.

Requested Response to Recommendation #2

CFMG partially disagrees with this Recommendation.

CFMG has an assessment protocol to identify chronic alcoholics and those who arrive with a medical history of Alcohol Withdrawal Syndrome. In addition, the "Alert" system which has recently been implemented will identify inmates with a history of withdrawal. CFMG has worked in conjunction with the Sheriff's Department to implement policies which provide closer monitoring of this high-risk population.

CFMG will look into the finding of reassessment of Alcohol Withdrawal Syndrome when BAC concentrations drop below .1%

Recommendation #3

The Sheriff's Department should require that CFMG monitor W class inmates at least once every four hours.

Requested Response to Recommendation #3

This Recommendation requires further evaluation.

California Forensic Medical Group does provide four-hour monitoring of individuals who are placed in sobering cells. There are many inmates who are transported to the local emergency room after medical staff has done an assessment and determined the inmate needed a higher level of care. CFMG will explore with the Sheriff's Department the possibility of increasing nursing staff to monitor individuals on "W" class more frequently...

Recommendation #4

The Sheriff's Department should require that CFMG consider the administration of widely held medication practices to AWS inmates as a seizure precaution.

Requested Response to Recommendation #4

This Recommendation requires further evaluation.

CFMG provides standard detoxification medication for the prevention of seizures and alcohol withdrawal. CFMG will again work with its Quality Assurance and Peer Review Committee, its external peer review consultants, and on the recommendations of a specialist in addiction medicine to address this recommendation.

Recommendation #5

Specific rounds procedures should be defined and followed by CO's for W class inmates until CFMG reviews AWS risk and determines that special attention is no longer necessary. The new W class procedure should require a verbal response from the inmate. Also that CO's must open the cell door and/or turn on the light to elicit response.

Requested Response to Recommendation #5

This Recommendation requires further evaluation.

California Forensic Medical Group will work with the Sheriff's Department and the custody division to address this recommendation.

Summary

Again CFMG appreciates the efforts of the 2007-2008 Grand Jury and the report submitted entitled "Death by Incarceration." CFMG will work diligently and in a spirit of cooperation to address the findings and recommendations of the Grand Jury as

outlined above. CFMG feels that they are in a partnership with the Sonoma County Sheriff's Department and the Sonoma County Board of Supervisors in providing the optimal care to incarcerated inmates at the Main Adult Detention Facility. CFMG appreciates the gravity of their responsibility for providing healthcare to inmates at both the Main Adult Detention Facility and the North County Detention Facility.

Sincerely yours,



Taylor Fithian, M.D.
President and Medical Director,
California Forensic Medical Group

cc: Sonoma County Grand Jury
Sheriff Bill Cogbill