

# DEATH BY INCARCERATION

## Summary

Many people question the need to provide a level of medical care to inmates that surpasses what is affordable to the general public. People in custody, whether awaiting trial or serving out a sentence, are denied the right to manage their medical care. That is why the constitution, federal, and state law require that medical services be provided for inmates. The quality and high cost of medical care provided in the Sonoma County jail has been the subject of several Grand Jury reports in recent years. The comprehensive and expensive nature of healthcare provided to inmates has been well documented. However, the medical services fail in one important area. That is keeping alcohol dependent inmates alive. The cause of this failure is easy to identify and relatively low cost procedural changes can safeguard the lives of high- risk inmates.

## Reason for Investigation

California Law empowers, and in fact mandates, a Civil Grand Jury to independently investigate detention facilities. On September 30, 2007, The Press Democrat published an article "When Inmates Die", which documented the deaths of three inmates in the previous four months. In fact, four (4) people died while in the custody of the Main Adult Detention Facility (MADF) between October 2006 and September 2007. Preliminary indications were that drug and alcohol withdrawal played key roles in three (3) of these deaths.

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. Our focus was narrowed down to the issues concerning the adequacy of the current procedures used in classification and treatment of inmates at risk from AWS.

## Background

The MADF is responsible for the housing of all persons arrested by any law enforcement agency in the county. There are detailed protocols and procedures in place which cover all aspects of the processing classification (booking) of prisoners into the facility. MADF is responsible for the medical care of incarcerated individuals. The California Forensic Medical Group (CFMG) is contracted by the Sheriff's Department to manage the medical classification and care of inmates. The County pays CFMG approximately \$5.3M annually to provide medical services. These services include the identification and treatment of individuals who arrive under the influence of alcohol to various degrees.

The **Clinical Institute Withdrawal Assessment of Alcohol Scale (CIWA-Ar)** is the widely accepted medical protocol used to determine the risk of AWS in a clinical environment. Most detention facilities use a condensed version of this procedure. While the efficacy of the CIWA-Ar is well documented; the same is not true for abbreviated versions including the one used at the Sonoma County jail. Typically an RN performs the assessment in the booking area. The assessments, based on this condensed version, can lead to a subjective determination by the registered nurse. In this environment, there are considerations other than the best medical interests of the patient/inmate.

It is acknowledged that the current CFMG protocol for the assessment and treatment of intoxicated individuals meets the minimum standards set by the California Code of Regulations. These standards are detailed in Title 15, Sections 1213 and 1056 and also in the Institute of Medical Quality (IMQ) Standard #303E. It is also noted that Title 15 does not detail the specifics of detoxification treatment but only states that there should be one developed by the Medical Doctor charged with insuring the facility meets all standards of practice.

In the jail environment, once an inmate is moved into the general population, there is significant risk of catastrophic Alcohol Withdrawal Syndrome (AWS). The continuous monitoring of inmates while in booking at MADF is adequate protection and, in fact, similar to the procedures employed in a hospital environment. This risk arises from the inherent reduction of inmate observation in general population. The potential for the onset of AWS to be unobserved exists for a class of severe chronic alcoholics. The unmitigated, severe risk under current procedure exists for a person arriving at the jail with the following characteristics:

- A history of chronic alcohol abuse
- Recent ingestion of large quantities of alcohol
- A history of previous alcohol withdrawal events, especially previous instances of seizures or *delirium tremens*.

## Background (continued)

Current policy allows this inmate to be placed into general population without medical observation or treatment for intervals exceeding 10 hours. Several inmates have not survived the application of current policy.

The MADF requires that inmates are observed in their cells at 30 minute intervals, 24 hours a day, and 7 days a week. This "Rounds" procedure is performed by correctional officers (CO).

The medical staff designates prisoners with potential withdrawal issues with a special **W classification**. This classification is posted on the inmate's cell door. This is done primarily to allow correctional officers to interpret inmate behavior in a medical context. However, CO's are not trained to identify specific alcohol and/or drug withdrawal symptoms. The frequency of these observations presents an opportunity for CO's to assist the medical staff in identifying the beginning signs of distress with these high risk inmates.

## Investigative Procedures

- Toured the Sonoma County detention facility with a focus on booking and classification procedure, sobering cells, and general population protocols used by correctional officers.
- Obtained copies of the most recent certifications of medical operations in the Sonoma County jail. Including the April 6, 2006 accreditation report and the August 10, 2006 IMQ report.
- Verified Sonoma County's compliance with California TITLE 15 requirements.
- Researched published documents pertaining to the assessment and treatment of Alcohol detoxification.
- Obtained medical procedure document from the Sonoma County detention facility and from their medical contractor (CFMG).
- The entire scope of medical procedures at MADF was thoroughly examined.
- Interviewed two Sonoma County correctional officers regarding their understanding of the W classification as it applies to Rounds procedures.
- Interviewed three independent medical experts specializing in alcohol detoxification including one detention facility supervisor from a neighboring county.
- Obtained medical procedure documents from detention facilities in the Bay Area, Los Angeles, and Sacramento.
- Reviewed alcohol withdrawal assessment and treatment procedures employed by Kaiser Hospital and San Francisco General Hospital.

## Findings

- F1** The CFMG assessment protocol lacks the formality and specificity to detect inmates with 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 the medical staff. The lack of formality leaves too much to the subjective interpretation of the RN. A more comprehensive assessment would also enhance the County's and the Contractor's position with regard to contingent liability.
- F2** Lack of withdrawal symptoms prior to assignment to general population housing is not a valid criterion for those inmates who may still have significant blood alcohol concentrations 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.
- F3** To protect 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 RN. Initially, the protocol must include frequent monitoring of the inmate
- F4** 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.
- F5** 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 potentially fatal withdrawal incidents.
- F6** The primary responsibility for the medical welfare of inmates 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 to the most serious AWS candidates. (Opening the cell door and requiring a verbal response from high risk inmates may be sufficient).
- F7** 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.

## Conclusions

It is difficult to determine AWS risk. Fatal incidents can occur any time from a few hours to several days after the cessation of alcohol use. It is generally accepted that the greatest risk of life threatening events, such as seizures and delirium tremens, occurs in the first 48 hours. The CIWA-Ar protocol has a well documented track record for the assessment and treatment of AWS. Shortcuts to the CIWA-Ar save little time and can lead to catastrophically inaccurate assessments. The formal protocol takes only five (5) minutes to administer, and the result is less prone to subjective medical errors in the jail environment.

There is a class of very high-risk people who can be easily identified. They are chronic alcoholics with a recent, very large intake of alcohol. They have a history of previous detoxification incidents, such as delirium tremens, and/or they have previously been given medication to mitigate their withdrawal.

All of the research reviewed by the Grand Jury indicates that four-hour observation intervals, along with the recording of vital signs, are the minimum requirements for a safe alcohol detoxification. Numerous published Documents and the opinions of three independent medical experts support this. Two observations a day are not good enough. During our investigation at least one inmate died on that reduced observation schedule. **Every Medical expert we interviewed expressed the opinion that deaths from AWS are completely preventable.**

There are relatively inexpensive procedures that can be employed to protect these inmates. Our recommendations outline what is required. If high risk inmates were temporarily housed in the Medical module (I module) there would be little impact on the added labor required to do this closer monitoring. The County should take responsibility to treat these sick inmates in an environment that is appropriate for their condition.

## Conclusions (continued)

Inmate health is at-risk because they are being treated for **AWS** in a jail environment. As noted in F7, the high risk inmates that we identified, would have benefited from blood alcohol testing (BAC) prior to their assignment to general population cells. The experts we cite each stated two reasons for this. One reason was that alcohol poisoning potential (a separate life threatening problem) can be detected in a chronic alcoholic who may not exhibit symptoms that would cause a casual drunk to lose consciousness. The second reason was to validate the risk- assessment protocol. People with a high BAC will not exhibit the symptoms used to indicate AWS risk. Several hours later however, symptoms that would put them in a hospital may be undetected while they are in their cell. The Grand Jury checked these opinions with a third medical expert who supervises detention medicine in another county. He concurred, but pointed out that BAC testing was not a common practice in detention facilities, including the one he works in.

## Commendations

The Grand Jury must commend the medical experts we interviewed. They provided extensive resource material, personal experiences, medical documentation and countless hours of their time to assist us in formulating our hypothesis and validating our conclusions. Their input was invaluable.

## Recommendations

- R1** The Sheriff's Department should require that the CFMG alcohol withdrawal risk assessment procedure should be modified to more closely follow the CIWA-Ar including all the parameters and the rating scale in the formal procedure.
- R2** The Sheriff's Department should require that the CFMG assessment protocol should 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%.
- R3** The Sheriff's Department should require that CFMG should monitor **W class** inmates at least once every four hours.
- R4** The Sheriff's Department should require that CFMG should consider the administration of widely-held medication practices to AWS inmates as a seizure precaution.
- R5** Specific Rounds procedures should be defined and followed by COs 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, COs must open the cell door and/or turn on the light to elicit a response.

## Required Responses to Findings

Sonoma County Sheriff  
– F1, F2, F3, F4, F5, F6, F7

## Requested Responses to Findings

California Forensic Medical Group, Inc.  
– F1, F2, F3, F4, F5, F6, F7

## Required Responses to Recommendations

Sonoma County Sheriff  
– R1, R2, R3, R4, R5

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