



Sonoma County Sheriff's Department

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Sheriff-Coroner

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September 5, 2008

Honorable Knoel Owen, Presiding Judge
Sonoma County Superior Court
600 Administration Drive
Santa Rosa, CA 95403

RE: Required Responses to the 2007-2008 Grand Jury Final Report

Dear Judge Owen:

Pursuant to Penal Code sections 933 and 933.5, attached is the Sheriff's Department's response to the Grand Jury Final Report on "Death by Incarceration" and "Review of Moses McDowell Fatal Incident."

Additionally, on behalf of the Sonoma County Law Enforcement Chief's Association, attached is their response to the "Review of Moses McDowell Fatal Incident", approved by the membership.

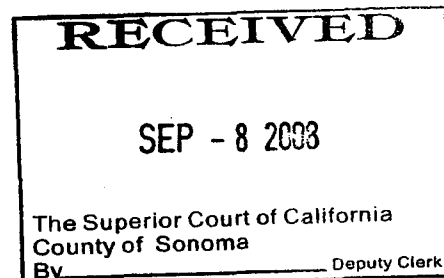
Sincerely,

BILL COGBILL
Sheriff-Coroner

BC/wr

Cc: Board of Supervisors
Denise Gordon, Court Executive Officer
Bob Deis, County Administrator
Janice Atkinson, County Clerk

Attachment: Responses



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**SONOMA COUNTY SHERIFF'S DEPARTMENT
RESPONSE TO THE 2007-2008 GRAND JURY REPORT**

The Sonoma County Sheriff's Detention Division is made up of two separate Detention Facilities with a total population capacity of 1,457 inmates. All new arrests are taken to the Main Adult Detention Facility which will book nearly 21,000 inmates this fiscal year and approximately 2,160 self-surrender commitments will be booked in at the North County Detention Facility.

The Corrections Standard Authority (CSA) provides primary oversight and regulatory standards for all local detention facilities in California. Every two years the CSA conducts an audit of our detention facilities to ensure compliance with Title 15 Regulations and Minimum Standards for Adult Detention Facilities. Sonoma County is very proud of the fact that we have routinely passed this level of inspection since before the MADF was opened in 1991. We recognize the value of this regulatory agency toward meeting compliance but also as a resource for policy and decision making on an on-going basis. We are committed to maintaining our close working relationship with CSA to include regular involvement of our managers on their biennial regulations revisions committees.

Additionally, every two years, our detention facilities are audited for compliance of regulations set forth by the California Medical Association-Institute for Medical Quality (IMQ). We have been diligent and very successful in maintaining accreditation of our health care services.

Both CSA and IMQ provide a great resource to our department and we welcome every opportunity to show case our operations and discuss operational practices that go beyond the regulatory standards. Continued accreditation by these two regulatory agencies also assures the Sheriff's Department that the delivery of services, in this particular case health services, meets the standard for essential health care regulations and practices.

The Sheriff also values the oversight provided by the Grand Jury and their role in inspecting local detention facilities each year. Alcohol withdrawal is a serious issue in every detention facility in the state and we appreciate that the Grand Jury chose this issue to evaluate this year.

With respect to the 2007-2008 Grand Jury report "Death By Incarceration", we have been in contact with CFMG and they have indicated their desire to review and evaluate each of the findings and recommendations. The Sheriff's Department will meet and consult with CFMG at the end of their evaluation.

The Sheriff's Department will also conduct an independent, comprehensive review of the findings and recommendations outlined in the report and will take any advisement into consideration given available resources and medical best practices for detention facilities.

DEATH BY INCARCERATION (Page 6)

Requested response to Finding 1, Page 8

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.

RESPONSE: The respondent disagrees partially with the finding.

CFMG currently uses an assessment tool for identifying those inmates at risk of alcohol withdrawal syndrome (AWS). This assessment tool has been reviewed and approved by medical experts in Correctional Health Care through the California Medical Association Institute for Quality (IMQ) Accreditation process. As previously mentioned, every two years local detention facilities go through a rigorous IMQ audit to ensure compliance with health care accreditation standards for adult detention facilities.

In July 2008, the Institute for Medical Quality (IMQ) Corrections and Detentions Health Care Committee awarded the Sheriff's Department a two year Accreditation for meeting 100% of the "Essential" standards.

In order to ensure the assessment protocols and tools used by CFMG are medically necessary, the Sheriff's Department will ask CFMG to evaluate the current assessment tool and consult with other outside medical experts in order to determine if improvement is needed.

The Sheriff's Department will also conduct an independent, comprehensive review of the findings and recommendations outlined in the Grand Jury report. The Sheriff will take any advisement into consideration given available resources and medical best practices for detention facilities.

Requested response to Finding 2, Page 8

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.

RESPONSE: The respondent disagrees partially with the finding

In order to determine whether the lack of withdrawal symptoms prior to housing in general population and whether blood alcohol concentration (BAC) levels would reveal the need to more closely monitor an inmate's potential for AWS, the Sheriff's Department will consult with CFMG and conduct an independent, comprehensive review of this issue.

It is anticipated that many intoxicated inmates would refuse to submit to this test and would become physically uncooperative, if forced, because of a fear this test was being administered for evidence gathering purposes and/or due to the inability and difficulty of correctional deputies to reason with intoxicated individuals.

Requested response to Finding 3, Page 8

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.

RESPONSE: The respondent disagrees partially with the finding.

The Sheriff's Department and CFMG have collaborative policies and procedures that are mandatory, and are in no way discretionary. If the request is for medication management to be mandatory, it should be understood that inmates have the same right to refuse treatment, as a person in the free community. If an inmate refuses such treatment, CFMG is required to honor this decision. The assessment tool currently in use by CFMG is widely accepted in Correctional settings and has been approved by the Institute of Medical Quality Corrections & Detentions Health Care Committee and the California Corrections Standard Authority.

With regard to the monitoring of inmates, every inmate is asked if they are going to suffer from alcohol withdrawals when they first arrive at Booking. Qualified medical staff evaluate every inmate who is identified as withdrawing from alcohol and inmates who require a higher level of medical care than the jail can provide are sent to the hospital.

Inmates who are withdrawing from alcohol are "flagged" for easy identification by correctional staff and are kept in close proximity to each other as much as possible for easier access and monitoring by medical personnel. Inmates who are medically cleared from Booking, but still require a higher level of care, are placed in I module which allows for closer monitoring by medical staff.

The Sheriff's Department and CFMG will review the existing policies and procedures carefully in order to ensure we are doing everything that is necessary to adequately monitor inmates and ensure our withdrawal protocols are sufficient. As stated earlier, the

Sheriff's Department will also conduct an independent, comprehensive review of this issue.

Requested response to Finding 4, Page 8

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.

RESPONSE: The respondent disagrees partially with the finding.

It is important to note that inmates are cleared into general population only after they have been medically evaluated and determined not to require monitoring by medical staff every four hours. The Sheriff's Department has two designated general population housing areas in order to closely monitor W inmates and houses more serious alcohol withdrawal inmates in I module.

Withdrawing inmates who require four-hour medical checks are kept in Booking until their medical condition improves and/or are housed I module. Inmates who are medically evaluated to require more medical care than can be provided in a jail environment are sent to the hospital and are not returned to the jail until the hospital has cleared them.

The Sheriff's Department and CFMG will work collaboratively to determine if W class inmates should be monitored more frequently in the general population areas and whether four-hour medical monitoring checks is the appropriate level of care in a Detention setting. The Sheriff's Department will also conduct an independent, comprehensive review of this issue and take any advisement into consideration subject to available resources and medical best practices in detention facilities.

Requested response to Finding 5, Page 8

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.

RESPONSE: The respondent disagrees partially with the finding.

Inmates who are identified as having alcohol withdrawal potential are placed on withdrawal protocols for a minimum of five days. Correctional deputies monitor inmates withdrawing from alcohol two times every hour in general population areas and medical staff monitor these inmates twice daily. If an inmate requires additional medical monitoring they are placed in I module and if inmates require a level of monitoring that cannot be provided for in a jail environment, they are sent to the hospital.

Pursuant to IMQ training requirements, all correctional deputies receive comprehensive training a minimum of once every two years in recognizing the signs, symptoms and identification of alcohol withdrawals. All correctional deputies assigned to the general population housing areas know which inmates are on withdrawal protocol because these inmates are flagged with a "W." Inmates whom require additional hydration are promptly provided with the additional beverage(s) by medical staff. Designated housing areas for W inmates and the additional hydration efforts are not regulatory requirements but are practices that the Sheriff's Department and CFMG have previously instituted. Inmates who are on withdrawal protocol are observed very closely in the general population housing areas, until medical staff determines an inmate has safely and successfully completed the withdrawal process.

The Sheriff's Department will ask CFMG to evaluate the current monitoring and withdrawal protocols in order to determine if an expansion of current procedures and protocols are medically necessary and/or desired. This issue will also be evaluated as part of the Sheriff Department's independent comprehensive review.

Requested response to Finding 6, Page 8

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).

RESPONSE: The respondent disagrees partially with the finding.

It is true that the primary responsibility for the medical welfare of inmates resides with our medical staff. The Sheriff's Department also recognizes that observation and interaction with inmates by Correctional Deputies plays an important role in identifying potential medical issues. However, the opening of a cell door to obtain a verbal response from high-risk inmates will have to be carefully evaluated to determine how often this should, or can be completed, and whether the Sheriff's Department can legally interrupt an inmate's sleep during the night hours.

The Sheriff's Department will ask CFMG to evaluate whether there is a medical need to obtain a verbal response for general population inmates, and if so, how often would be necessary. The Sheriff's Department will also evaluate this issue as part of their independent, comprehensive review.

Requested response to Finding 7, Page 8

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.

RESPONSE: The respondent disagrees partially with the finding.

It is difficult to respond to this finding when the Sheriff's Department could not review any documentation from these experts. As stated above, the Sheriff's Department knows of no other jail in the State of California that uses a breathalyzer as part of any assessment tool for alcohol withdrawals.

The Sheriff's department will ask CFMG to evaluate whether the use of a breathalyzer would enhance their ability to identify and care for inmates withdrawing from alcohol. The Sheriff's Department will also evaluate this issue as part of their independent, comprehensive review.

Recommendations

Requested response for Recommendation 1, Page 9

R1 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 the rating scale in the formal procedure.

RESPONSE: The recommendation requires further analysis.

As stated earlier, the alcohol withdrawal assessment tool currently used by CFMG has been reviewed and approved by the Institute for Medical Quality and the California Standards Authority which sets regulations and guidelines for local Detention Facilities.

The Sheriff's Department will ask CFMG to evaluate and determine if there is a more effective risk assessment tool for a jail environment. The Sheriff's Department will also conduct an independent, comprehensive review of the recommendation and it is anticipated the time line for this to be completed is approximately six months.

Requested response for Recommendation 2, Page 9

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%.

RESPONSE: The recommendation requires further analysis.

CFMG has an assessment protocol to identify chronic alcoholics and those who arrive with a medical history of AWS.

The Sheriff's Department and CFMG will work collaboratively to determine the most appropriate means of monitoring this high-risk population. The Sheriff's Department will also conduct an independent, comprehensive review of the recommendation. It is anticipated the time line for this to be completed is approximately six months.

Requested response for Recommendation 3, Page 9

R3 The Sheriff's Department should require that CFMG should monitor W class inmates at least once every four hours.

RESPONSE: The recommendation requires further analysis.

The need to monitor inmates beyond the requirements governed by California Medical Association - Institute for Medical Quality requires further analysis by a medical expert knowledgeable in Correctional Health Care.

The Sheriff's Department has asked CFMG to evaluate whether the completion of four-hour medical checks in general population housing areas is possible under our current contract with CFMG and whether it is medically necessary or desired in a jail environment.

The Sheriff's Department will also conduct an independent, comprehensive review of the recommendation. It is anticipated the time line for this to be completed is approximately six months.

Requested response for Recommendation 4, Page 9

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.

RESPONSE: The recommendation requires further analysis.

The need to modify medication practices for inmates withdrawing from alcohol will need further review and evaluation by medical experts in correctional health care. The practice of correctional medicine requires special caution in the administration of medications on a medically fragile population. Additional care would very likely be necessary to ensure administration of seizure medications does not exacerbate underlying medical conditions.

The administration of additional medications and the increased staff required to administer the medication and provide follow-up care would very likely result in increased costs. While this shouldn't deter us from further evaluation, we would need to determine if the recommendation is medically necessary and of the cost of implementation supported the medical benefit.

The Sheriff's Department has asked CFMG to evaluate whether the recommendation is possible under our current contract with CFMG and whether it is medically necessary and/or desired.

Consistent with the other recommendations, the Sheriff's Department will also conduct an independent, comprehensive review of this issue. It is anticipated the time line for this to be completed is approximately six months.

Requested response for Recommendation 5, Page 9

R5 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, COs must open the cell door and/or turn on the light to elicit a response.

RESPONSE: The recommendation requires further analysis.

The Sheriff's Department believes that there may be a benefit to requiring a verbal response from W class inmates at more frequent intervals during normal waking hours. Currently, policy requires custody staff to have verbal contact and/or observe all inmates being active at each meal service and during the six formal security counts, primarily waking hours.

This recommendation for increased verbal responses from W class inmates will be evaluated and discussed with Detention Managers and CFMG with a focus on the practicability of requiring verbal responses from W class inmates during normal sleeping hours. There are several competing interests that will have to be considered and balanced, best medical practices for W's within a detention environment, penological interests and the rights of inmates. The Sheriff's Department will also conduct an independent, comprehensive review of this issue. It is anticipated the time line for this to be completed is approximately six months.