

2010-2011 GRAND JURY REPORT

Mental Health Detention Services

Background

The mission statement of the Riverside Sheriff's Department Corrections Division states in part, ". . . to serve and protect the citizens of Riverside County and the State of California, by detaining the people under its supervision in a safe and secure environment, while providing for their humane care, custody and control."

The statutory duty to provide medically necessary care for inmates is found in California Code of Regulations, Title 15 [Crime Prevention and Corrections] Section 1208. (Access to Treatment) "The health authority ...shall develop a written plan ...treating and/or referring any inmate who appears to be in need of medical, mental health ...treatment at any time.... This evaluation shall be performed by licensed health personnel."

Further, Penal Code Section 4023 mandates "Whenever the daily average of more than 100 persons are confined in any county or city jail there shall be available at all times a duly licensed and practicing physician for the care and treatment of all persons confined therein... for county jails such physician shall be designated by the sheriff. The salary of such physician shall be fixed by the supervisors of the county and shall be paid out of the same fund of the county as other claims against the county for salaries are paid."

This report focuses on the provision of mental health services and deficiencies in the Riverside County jail facilities; Robert Presley Detention Center - Riverside, Southwest Detention Center - Murrieta, Larry D. Smith Correctional Facility (Banning Jail) - Banning, Indio Jail - Indio, and Blythe Sheriff's Station - Blythe.

Four of the five Riverside County jails house in excess of 100 inmates. Because there is no medical or mental health staff available, Blythe currently houses less than 100 inmates. The County Sheriff contracts with Riverside County Regional Medical Center (RCRMC) and the Riverside County Department of Mental Health (RCDMH) for medical and mental health services. Inmates receiving on-going mental health services are shown in Exhibit #1a (2009 Jail Statistics) and Exhibit #1b (2010 Jail Statistics after the predicted impact of the Banning expansion). Exhibit #1a and #1b supplied by RCDMH.

Findings

Screening at Intake

1. When a person is arrested and brought to a Riverside County jail, it is necessary to determine the arrestee's medical/mental health needs. At the time of initial booking into county jails detainees are screened by correctional officers. Due to budget cuts to Mental Health Detention Services (MHDS), there are no mental health personnel at intake for screening in the five Riverside County jails.

The screening checklist relies primarily on the detainee's self-reporting of his/her medical/mental history and current mental conditions including the use of prescription drugs. The checklist further records the booking officer's observations of detainee's behavior. Investigation revealed mental illness screening also makes use of records of prior hospitalization, prior or current use of psychotropic medications, exhibition of bizarre behavior and requests for care.

Testimony revealed correctional officers may not recognize hidden medical and/or mental health problems that could be best observed by a medical/mental health expert. This could result in delaying needed treatment.

Delays in Accessing Care – Mental Health Evaluation

2. Once an inmate has been determined to be in need of a mental health evaluation and treatment, there may be delays in access to necessary care in the mental health system. Investigation revealed inmates sometimes have to wait two or more weeks after booking to receive an initial mental health assessment and evaluation by a mental health specialist.

Inmates with assessed moderate mental health problems such as neuroses, phobias, panic disorders, etc., are not always offered appropriate medication and counseling by qualified staff to get and maintain them in a stable condition. Investigation revealed MHDS has no confidential self-referral system by which inmates can request mental health care without revealing the nature of their request to correctional officers.

Medication Administration

3. Some inmates, due to the nature of their mental illness, should receive prescribed medications from medical staff several times during the day and at bedtime. However, medications are distributed only once or twice in a 24-hour period.

Inmate Transfers to ETS and DCU.

4. The Department of Mental Health Section VI, Policy / Procedure 604, Subject: Transfers to the Emergency Treatment Services (ETS) and Detention Care Unit (DCU) outlines the procedure used to assess and to transfer certain mentally disordered inmates to ETS at the Arlington Campus and DCU at RCRMC.

Interviews revealed that when inmates are transferred to ETS, some non-inmate patients are unduly disturbed to see inmates in shackles accompanied by armed correctional officers. There are no secure cells where the inmates can be housed while undergoing evaluation and treatment at ETS. Welfare and Institutions Code Section 4011 requires county correctional officials to maintain the necessary guards at all times when the inmate is out of jail for hospitalization.

Medication Orders for Inmates

5. RCRMC Policy P4.43, Medication Orders for Inmates (Revised Date 01/13/07) outlines the process to be followed when an ETS psychiatrist prescribes psychotropic medications over the phone for an inmate. The policy requires that a jail psychiatrist re-evaluate the inmate on a timely basis (e.g. next scheduled work day of the jail psychiatrist). The Blythe jail has no psychiatrists available. Inmates with mental health problems are transferred to jails with mental health personnel. At the other four jails a psychiatrist is assigned, but not on a full-time basis.

Treatment Facility

6. No Riverside County jail facility has been designated a 'treatment facility' for the sole purpose of administering court ordered antipsychotic medication to inmates identified as incompetent to stand trial, and who are unable to provide informed consent to medication due to a mental disorder.

Testimony revealed that mentally incompetent inmates awaiting transfer to a state hospital are the most costly and difficult to manage. Typically these inmates will not voluntarily take prescribed medication when in the standard jail setting.

Testimony revealed inmates usually get worse (decompensate) the longer they wait for admission to a state mental hospital or other approved 'treatment facility'. Once an inmate is restored to competency and returned to jail from a state hospital they may again refuse to voluntarily take medication, could decompensate, and repeat the cycle.

Transfers to State Hospitals

7. Jail detainees adjudicated incompetent to stand trial and judicially ordered to be transferred to a state hospital or other suitable treatment facility for examination and treatment to promote their speedy restoration to mental competence, are not transferred in a timely manner, but can sometimes spend up to 60 or more days in county jail awaiting transfer. During this time detainees do not receive the necessary broad spectrum of care otherwise available in state hospitals or in other fully accredited public and private psychiatric treatment facilities.

Penal Code Section 1370 (b)(1) requires, in part, “within 90 days of a commitment made pursuant to subdivision (a) the medical director of the state hospital or other treatment facility to which the defendant is confined shall make a written report to the court... concerning the defendant’s progress toward recovery of mental competence.”

When Patton State Hospital reaches its legislated bed capacity, this necessitates placing Riverside County on a one-for-one exchange status until the inmate population decreases. During a one-for-one exchange status, Patton must release a Riverside County patient in order to bring in a new Riverside County patient. Patton State Hospital notifies the Sheriff’s Transportation Unit in Riverside County on the availability of beds.

Information Packets

8. The court orders the inmate’s information packets to be sent to Patton State Hospital. Once Patton staff receives the information packet, it is reviewed for compliance with the documentation requirements. Our investigation revealed many packets are missing critical documents. Patton will notify the County Sheriff’s business office to gather and submit the missing documents. This delay complicates the process for an inmate’s stabilization and adds to the county’s problem in dealing with inmates from both custody and mental health perspectives. (See Exhibit #2 for listing of required documents.) Exhibit #2 provided by Patton State Hospital.

Mental Health Staffing Levels

9. Mental health staff is not available in any county jail facility in sufficient numbers to identify and treat in an individualized manner those treatable inmates suffering from serious mental disorders. (See Exhibit #3.) For example, there are no Behavioral Health Specialists assigned to any of the five jail locations to screen incoming inmates for mental illness and to respond to inmates mental health concerns at the time of admission. Exhibit #3 provided by RCDMH.

The jail in Blythe has no medical or mental health personnel assigned. With the exception of the 24-hour coverage at RPDC, medical and mental health services at the other three (3) jails are only available approximately 12-hours a day. Occasionally, because of staff illness, vacation, unforeseen events, etc., even RPDC does not have full staff coverage during some 24-hour periods.

The new 2010 expansion at the Smith Correctional Facility in Banning has the physical plant for a mental health housing unit, however the use of the unit is on hold due to lack of qualified mental health personnel, and budget constraints.

Mental Health Records

10. Whenever inmates are transferred, mental health records are usually hand-carried between jail facilities. This procedure is labor intensive and creates an environment in which some records are misplaced, lost or not transferred in a timely fashion.

Policies

11. RCRMC's Department of Psychiatry Policy / Procedure #P4.43, Medication Orders for Inmates, effective: June 12, 1990, authorizes ETS psychiatrists to prescribe psychotropic medications (via a telephone order) for jail inmates for up to 72- hours of treatment. The justification for this is the fact that the inmates will be re-evaluated by a jail psychiatrist on a timely basis (e.g. next scheduled work day of jail psychiatrist). This policy further authorizes the involuntary medication of inmates for up to 72-hours. Such involuntary medication should not be authorized since county jails have not been designated as 72-hour treatment and evaluation facilities according to Welfare and Institution Code Section 5150.

Most of the policies and procedures provided to the Grand Jury by RCRMC required review and approval by the Assistant Hospital Administrator, Chief of Psychiatry and the Assistant Chief Nursing Officer. However, documents revealed only the Assistant Hospital Administrator signed the "approved by:" box.

Mental Health Discharge Planning

12. Testimony revealed that discharge planning for mentally ill inmates is not conducted in a comprehensive manner. Stabilized mentally ill inmates in jail are often released into society without making adequate provisions for continued care and other services. For example, inmates with mental illness are often released from county jail without housing arrangements, making it difficult for released inmates to succeed in managing their mental illness.

Upon release an individual may receive information on how to get two weeks of needed psychotropic medications, with limited follow-up arrangements made for inpatient and outpatient individual and group therapy.

Recommendations

**Riverside County Board of Supervisors
Riverside County Sheriff's Office
Riverside County Regional Medical Center
Riverside County Department of Mental Health
Riverside County District Attorney
Riverside County Public Defender**

Initial Booking Screening

1. Mental health personnel should be assigned at each jail and used at the time of initial booking to screen for possible mental illness. The mental health personnel assigned to each jail should use a validated mental health-screening tool to increase the early identification of mental health and any co-occurring substance abuse problems of incarcerated individuals. A systematic program for screening and evaluating inmates by mental health personnel is needed to identify those in need of mental health care.

Delays in Accessing Care – Mental Health Evaluation

2. MHDS should provide an adequate mental health care evaluation of inmates who screen positive for possible mental illness. This should be done within 24-hours of booking into a county jail (excluding weekends and legal holidays as long as an urgent evaluation is not indicated). Within 72-hours of booking into the jail MHDS should provide a mental health care evaluation of inmates admitted on weekends or holidays. If the evaluation identifies a serious mental illness, e.g. depression, bipolar disorder or schizophrenia, a brief initial treatment plan should be prepared.

A qualified and appropriately trained mental health professional should, within 14-days of booking, complete and properly document an adequate mental health evaluation for each inmate who screened positive for possible mental illness.

MHDS should develop and maintain a confidential self-referral system by which inmates can request mental health care without revealing the nature of their request to correctional officers.

Medication Administration

3. Medications, once properly prescribed, should be distributed, and administered to meet the needs of the patients. In many cases this will require distribution 2-3 times a day.

Inmate transfers to ETS and DCU

4. Mentally disordered inmates should only be transferred to RCRMC / DCU for evaluation, treatment and possible admission. Inmates in county jails who can't be safely housed in the jail due to being a danger to self, danger to others or to being gravely disabled should not be transferred to ETS for evaluation and treatment.

Medication Orders for Inmates

5. Medical/mental health staff should be employed in sufficient numbers to identify and treat, in an individualized manner, those treatable inmates suffering from serious mental disorders. In the interim, Policy P4.43 (Medication Orders for Inmates) should be reviewed and modified to reflect the capabilities of current staffing levels.

Trained health care personnel should administer medications to ensure medication is in fact taken, to guarantee that the correct inmate takes it, and to observe any effects, especially adverse reactions of the medication.

Treatment Facility

6. The County Board of Supervisors, the County Mental Health Director and the Riverside County Sheriff should designate the 96-bed psychiatric unit at the Smith Correctional Facility in Banning as a 'treatment facility', for the sole purpose of administering antipsychotic medication pursuant to a court order as authorized in Penal Code Section 1369.1.

The Board of Supervisors should authorize the District Attorney, Public Defender and Department of Mental Health to make arrangements with the neighboring county's jails to utilize their jail treatment facilities to treat Riverside County mentally incompetent inmates on an interim basis while awaiting transfer to a state mental hospital.

The Department of Mental Health (DMH) should determine and designate appropriate public and private mental health facilities as other 'treatment facilities' within the meaning allowed by the Penal Code Section 1370.01(a)(1)(A).

Transfers to State Hospitals

7. When the court orders a detainee committed to a state mental hospital or other approved treatment facilities, MHDS and the Public Defender should ensure that the detainee is actually transferred within an appropriate period of time. This would allow the state hospital to properly assess and report back to the court within 90-days of the date of the commitment order as required by Penal Code Section 1370(b)(1).

When there is a shortage of beds at state mental hospitals, MHDS should recommend to the court that inmates adjudicated incompetent to stand trial be placed in a community program in lieu of a period of state hospitalization. Programs are available through the Forensic Conditional Release Program, which is state financed and state directed, whereby patient mental health services are provided by local vendors. Examples of these vendors could be county mental health programs or private service providers that contract with the state.

8. Court ordered packets sent to Patton State Hospital should have all required documents. (See Exhibit #2.) A checklist should be developed and followed by the Riverside County Sheriff's business office to insure each packet is complete before sending to Patton.

Mental Health Staffing Levels

9. Department of Mental Health should provide mental health staffing at each jail on a 24-hour basis to ensure timely access to adequate mental health treatment.

The Larry D. Smith Correctional Facility should be staffed to be used as a designated 'treatment center'.

DMH should review the ratio of number of psychiatrists per 100 inmates who require medication to make sure ratios are within mental health industry standards.

Mental Health Records

10. RCRMC and DMH should create and implement a computer system that allows prompt up-to-date access to every inmate's medical / mental health records. This system should be available to all jail locations.

Policies

11. RCRMC / Department of Psychiatry should review and modify Policy / Procedure #P4.43 to reflect the actual mental health personnel assigned or available at each detention facility, and insure policies are consistent with current law.

The Assistant Hospital Administrator, Chief of Psychiatry and the Assistant Chief Nursing Officer should review all detention mental health policies and procedures and update annually and as required.

Mental Health Discharge Planning

12. DMH discharge plans should increase the possibility of successful community re-entry and reduce the rate of recidivism for offenders with mental illness, by identifying and arranging services needed to live successfully in the community. In addition to medications and therapy, the discharge plans should also include housing arrangements, government benefits assistance, veteran's benefits (if applicable), employment opportunities, and other services.

Report Issued: 05/11/11
Report Public: 05/13/11
Response Due: 08/09/12

2009 Jail Statistics

The Staff requested for the Larry D. Smith Correctional Center is based upon an increase of inmate population and additional mental health services this will create.

Jail Locations	Housing Capacity	Average Open Cases	Percentage of Open Cases
RPDC	1,095	350-400	40%
SWDC	1,111	208	25%
BANNING	986	271	27%
INDIO	353	110	31%
BLYTHE	150	20	13%
TOTALS	3,695		

- **“Open cases”** represent inmates who are receiving on-going mental health services; the services may include seeing one or more mental health staff a day, depending on the mental health needs.
- The average number of open MH cases averages to 1/3rd of the total housing capacity.

Exhibit 1a

2009 Jail Statistics After Banning Expansion

Jail Locations	Housing Capacity	Average Open Cases	Percentage of Open Cases
RPDC	1,095	350-400	40%
SWDC	1,111	208	25%
BANNING	1,572	450	34%
INDIO	353	110	31%
BLYTHE	150	20	13%
TOTALS	4,281		

- With the addition of 586 total beds at the Banning Jail it is estimated that there will be **195 new Mental Health cases from the expansion.**

ADDITIONAL INCREASE OF SERVICES

Dedicated mental health staff to provide daily programming and services to a 66-bed mental health unit. The acuity of this unit will require a full-time psychiatrist, nurse and clinical therapist.

**PENAL CODE SECTION 1370 INCOMPETENT TO STAND TRIAL AND
PENAL CODE SECTION 1370.01 MISDEMEANOR INCOMPETENT TO STAND TRIAL**

Authority: Penal Code Section 1370(a)(3)(A)-(H)

When the court orders that the defendant be confined in a state hospital or other public or private treatment facility, the court shall provide copies of the following documents which shall be taken with the defendant to the state hospital or other treatment facility when the defendant is to be confined:

- (A) *The commitment order, including a specification of the charges.*
- (B) *A computation or statement setting forth the maximum term of commitment in accordance with subdivision (c)*
- (C) *A computation or statement setting forth the amount of credit for time served, if any to be deducted from the maximum term of commitment*
- (D) *Summary criminal history information. **Please Note: A manual CLETS is also required for cases where only part of the criminal history is automated.***
- (E) *Any arrest reports prepared by the police department or other law enforcement agency*
- (F) *Any court-ordered psychiatric examination or evaluation reports*
- (G) *The community program director's placement recommendation report*
- (H) *Records of any finding of mental incompetence pursuant to this chapter arising out of a complaint charging a felony offense specified in Section 290 or any pending Section 1368 proceeding arising out of a charge of a Section 290 offense.*

COMMENTS: (B) and (C) above are usually written in the body of the commitment order and/or minute order, **therefore, the clerk who is compiling the packet must review the orders for the language addressing those two requirements. If the pre-commitment documents do not address both (B) and (C), the admission will be deferred.**

Item (E) must be provided for **each superior court case** on which the patient is being committed pursuant to Penal Code PC 1370 or 1370.01.

Items (A)-(H) will be shown numerically 1-8 on the "Listing of Patients Pending Admission to Patton State Hospital."

Item (G) – Pursuant to 1370(a)(2)(A) which states in part "...**No person shall be admitted to a state hospital or other treatment facility or placed on outpatient status under this section without having been evaluated by the community program director or a designee...**" admissions will be deferred until receipt of the community program director's placement recommendation report.

1370.01 Misdemeanor Incompetent to Stand Trial

"1370.01(a)(2)...No person shall be admitted to a state hospital under this section unless the county mental health director finds that there is no less restrictive appropriate placement available and the county mental health director has a contract with the State Department of Mental Health for these placements."

The hospital stay for all PC 1370.01 misdemeanant individuals is billed to the County. Therefore, a **Short Doyle/Authorization for Payment** is required from the County prior to admission.

Exhibit #2

Involuntary Antipsychotic Medications: Effective January 1, 2005

Pursuant to Penal Code Section 1370(a)(2)(B)(i)-(iii) commitment orders pursuant to PC 1370 or 1370.01 shall include either of the following:

- 1) That the defendant with advice of his/her counsel consents to the Administration of antipsychotic medication pursuant to Penal Code 1370(a)(2)(b)(i) **OR**
- 2) That the defendant does not consent and after hearings pursuant to Penal Code 1370(a)(2)(B)(ii)-(iii) that the hospital **is or is not** authorized to involuntarily administer antipsychotic medication to the defendant when as prescribed by the defendant's treating psychiatrist.

OTHER REQUIRED DOCUMENTS – The following legal documents are not ordered pursuant to either the PC 1026 or PC 1370 statute therefore, **admissions will not be deferred.** However, because they are such a vital part of the admissions processing in a forensic psychiatric facility, Patton's staff will work with the courts to obtain these documents, whenever possible, prior to admission.

- A copy of the information, Indictment, and/or Complaint (including any amendments)

The charging document is an essential element in the commitment packet. It aids Patton's legal staff in abstracting correct forensic data that is ultimately used by clinical staff in the assessment and treatment process. If it is not provided with the commitment packet, Patton's legal staff **must** request it, in writing, from the court, which takes time and resources from both Court and Patton staff.

- Copies of any orders addressing plea, sentencing, or amendments. These are especially important if the defendant is committed pursuant to **PC 1026**; they aid the analysts in completing the Determinate Sentence Law computation of maximum term of commitment.
- Copies of any probation officer's reports, especially if the patient is committed pursuant to PC 1370 for a violation of probation.

Required Medical/Health Care Summary Prior to Admission Pursuant to California Code of Regulations, Title 15, Division 1, Section 1206(n) and DMH Special Order 337

The California Code of Regulations, Title 15, Division 1, Section 1206(n) requires that a medical/health care summary for PC 1026, PC 1370 and PC 1370.01 individuals be transferred from a local jail, if available, to the State Hospital where the individual is to be confined, prior to transfer and admission. For some medical conditions, time is needed to obtain special external treatment appointments, devices, or drugs in order to prepare for appropriate care of the individual. In other cases, advance review will determine, and provide time for notification to the sending facility, that the receiving State Hospital does not have facilities for or is not licensed to handle the medical problems involved, and that an alternative placement within the State Hospital system may be necessary.

**Riverside County Mental Health
Detention FTE's**

Position Title	FTE 07/08	FTE 10/11
BEHAVIORAL HEALTH SPECIALIST II	8	1
CLINICAL THERAPIST I		1
CLINICAL THERAPIST II	13	3
M.H. SERVICE SUPV – A	1	
M.H. SERVICE SUPV – B	2	3
M.H. SVCS MGR	1	1
MEDICAL RECORDS TECHNICIAN	2	
OFFICE ASSISTANT II	8	5
PSYCHIATRIST III – PD	12	8
REGISTERED NURSE IV	13	7
REGISTERED NURSE V		1
SECRETARY I	1	1
SR CLINICAL PSYCHOLOGIST	1	
SR MEDICAL RECORDS TECHNICIAN		2
STAFF PSYCHIATRIST IV		2
SUPV. OFFICE ASSISTANT I		
Detention Positions	62	35

Exhibit #3