



# Sonoma County Sheriff's Office

**MARK ESSICK**  
Sheriff-Coroner

**JAMES NAUGLE**  
Assistant Sheriff  
Law Enforcement Division

**ALAN VERNON**  
Assistant Sheriff  
Detention Division

August 9, 2019

Honorable Gary Nadler, Presiding Judge  
Superior Court of California  
County of Sonoma  
600 Administration Drive  
Santa Rosa, CA 95403

RE: Required Responses to the 2018-2019 Grand Jury Final Report

Dear Judge Nadler:

Pursuant to Penal Code sections 933 and 933.5, attached is the Sheriff's Office's response to the Grand Jury Final Report on "The Jailhouse Rocks" (pages 22-32).

Sincerely,

A handwritten signature in blue ink, appearing to read "Mark Essick".

MARK ESSICK  
Sheriff-Coroner

ME/hk

cc: Dee Schweitzer, Foreperson, Sonoma County Civil Grand Jury 2018-2019  
Board of Supervisors  
Sheryl Bratton, County Administrator  
Deva Proto, County Clerk-Recorder-Assessor

Attachment: Response

## Response to Grand Jury Report Form

Report Title: The Jailhouse Rocks – Main Adult Detention Facility Inspection

Report Date: May 7, 2019

Response by: Mark Essick Title: Sheriff- Coroner

Agency/Department Name: Sonoma County Sheriff's Office

### FINDINGS:

I (we) agree with the findings numbered: F1, F2, and F8

I (we) disagree wholly or partially with the findings numbered: F3, F4, F5, F6, F7, and F9

(Attach a statement specifying any portions of the findings that are disputed with an explanation of the reasons.)

### RECOMMENDATIONS:

Recommendations numbered: \_\_\_\_\_

have been implemented.

(Attach a summary describing the implemented actions.)

Recommendations numbered: R3 and R5

have not yet been implemented, but will be implemented in the future.

(Attach a timeframe for the implementation.)

Recommendations numbered: R1

require further analysis.

(Attach an explanation and the scope and parameters of an analysis or study, and a timeframe for the matter to be prepared for discussion by the officer or director of the agency or department being investigated or reviewed, including the governing body of the public agency when applicable. This timeframe shall not exceed six months from the date of publication of the Grand Jury report.)

Recommendations numbered: R2 and R4

will not be implemented because they are not warranted or are not reasonable.

(Attach an explanation.)

Date: 7/30/2019 Signed: 

Number of pages attached: 7

# SONOMA COUNTY SHERIFF'S OFFICE RESPONSE TO THE 2018-2019 GRAND JURY REPORT

## **Detention Facilities Inspection: The Jailhouse Rocks**

### **FINDINGS**

***F1. The Main Adult Detention Facility, through its contractors, is providing quality medical care, drug treatment, dental care, mental health treatment, and adult educational opportunities to its inmates. The Sheriff's Office is to be commended for its management of social services at MADF.***

RESPONSE: The respondent agrees with the finding.

The Sheriff's Office appreciates the Grand Jury's commendations for the management and delivery of health care and education services to Sonoma County's inmate population at the Main Adult Detention Facility (MADF).

***F2. The Jail Based Competency Restoration program has significantly reduced the time needed to restore inmate competency to stand trial. The Sheriff's Office is to be commended for implementing this program.***

RESPONSE: The respondent agrees with the finding.

The Sheriff's Office appreciates the Grand Jury's commendations for the achievements of the Jail Based Competency Treatment (JBCT) Program and its success in reducing the amount of time an incompetent-to-stand-trial individual is incarcerated. In 2018, 40 inmates were restored to competency through participation in MADF's JBCT Program.

***F3. Insufficient nurse staffing in the intake/booking area contributes to delays in the admissions process during evening and night shifts.***

RESPONSE: The respondent disagrees partially with the finding.

The Sheriff's Office agrees that nurse staffing levels contribute to delays in the admissions process during evening and night shifts, but disagrees with the finding that staffing levels are insufficient. Nurse staffing levels at MADF meet contractual obligations.

Wellpath is in the process of conducting a Booking-area workload analysis to assess current staffing. Additional funding would be needed in order to implement any change that adds staffing to the current inmate medical contract.

The Grand Jury report incorrectly states that a nurse currently works exclusively in the booking area on day shifts. None of the shifts have a dedicated Booking nurse. There are two nurses covering the facility on day and swing shifts, and one covers the night shift.

***F4. Treatment of communicable diseases at MADF – namely, tuberculosis, HIV/AIDS, syphilis and other STDs – could be improved through broader screening on admissions and more thorough discharge planning.***

RESPONSE: The respondent disagrees partially with the finding.

The Sheriff's Office agrees that treatment of communicable diseases at MADF is important, however, we disagree that broader screening on admission will improve treatment.

The Sheriff's Office can only provide medical services to individuals who are in our custody. Many of the people who go through the booking process are released soon after booking, through bail, electronic monitoring, pre-trial services, or detention alternative programs. They are not housed in the facility and aren't in our custody long enough to receive treatment. The early release of many individuals who go through Booking is problematic if the assumption of broader screening during booking is that the Sheriff's Office will provide treatment to those individuals who test positive. The Sheriff's Office cannot treat individuals who may test positive during the Booking process if they do not remain in our custody. People receiving positive results need counseling and follow-up, neither of which the Sheriff's Office can provide after release.

All inmates receive a physical exam 10-14 days after being incarcerated. The Sheriff's Office performs screenings/risk assessments during these exams. The inmates are tested as appropriate and with their consent. Rapid HIV/AIDS tests are conducted once a month by a local nonprofit dedicated to providing HIV prevention and education services, for inmates who have requested to be tested. Inmates receiving positive test results for any disease are provided counseling, treatment, and follow-up.

MADF meets all mandated requirements and Institute for Medical Quality (IMQ) standards, and cooperates with Public Health guidelines for communicable diseases including tuberculosis, HIV/AIDS, syphilis and other STDs. The Sheriff's Office also works diligently and in partnership with Public Health to respond to difficult situations involving communicable diseases. In rare situations where the Sheriff's Office is unable to complete treatment before an inmate is released, and the individual is homeless or lacks insurance and/or support, the Sheriff's Office works with County Health Services Department, Public Health Division for follow-up. A recent example involved a TB non-compliant homeless inmate for whom the Sheriff's Office needed to get a court order for treatment. The Sheriff's Office worked with Public Health at the time of discharge so that Public Health could continue to work with the individual in the community.

The Sheriff's Office makes Public Health aware of every positive communicable disease test by submitting a morbidity form to Public Health that includes treatment information. When inmates transfer to or from another facility, the transfer packet includes all medical information. If positive tests results are received by the Sheriff's Office after an individual is released, a letter is

sent to the individual to make them aware of the positive result and recommend they receive medical attention. If the individual is homeless, Public Health is notified and efforts are made to provide follow-up.

We will always face challenges with inmate care in connection with unanticipated court-ordered releases because the Sheriff's Office cannot hold inmates beyond their release date regardless of their health care needs, nor can we require inmates to follow written instructions or attend appointments after release.

***F5. The lack of a comprehensive vaccination program at MADF is a missed opportunity.***

RESPONSE: The respondent disagrees partially with the finding.

All vaccines are available to inmates at MADF and are given when ordered by the medical provider. The Sheriff's Office has not historically provided large scale vaccination "clinics" due to limitations on physical storage. A new medical refrigerator provided by Wellpath is expected by December 31, 2019. The new refrigerator will be equipped with an alarm system which will allow the Sheriff's Office and Wellpath to store large quantities of free vaccines provided by Public Health. This will enable us to expand the vaccination program and administer large scale clinics for flu shots and other recommended vaccines as needed.

***F6. MADF's current practice of never using maintenance medication to treat opioid addiction is controversial.***

RESPONSE: The respondent disagrees wholly with the finding.

Using Medication-Assisted Treatment (MAT) to treat opioid addiction has not yet been proven to be a best practice for local jail environments. It is more likely to be successful in a prison setting with longer incarceration terms. The State has funded a three year pilot program for San Francisco County Sheriff's Office to administer a MAT within their detention facilities. This pilot program will illuminate best practices and uncover pitfalls. We will be closely monitoring the progress of the pilot over the next three years and look forward to evaluating their findings and basing our local decisions on what has been learned.

The Grand Jury Report erroneously states that "Addicts who enter the jail dependent on either street narcotics or a prescribed maintenance medication are taken off 'cold turkey.'" The Sheriff's Office, through its contract with Wellpath for inmate medical services, provides methadone for maintenance to individuals who are already receiving it at the time they are admitted, and to opioid-addicted women who are pregnant when admitted. The Wellpath withdrawal protocol provides support medications for withdrawal. Inmates are not taken off "cold turkey". Inmates are monitored daily by medical staff in a designated withdraw unit and are supported with medications prescribed by a physician so that they can medically and safely withdraw. These medications are not used for maintenance at this time.

***F7. Inmates admitted on HIV/AIDS medications outside the Wellpath formulary are switched to alternative medications which may not be as effective or well-tolerated.***

RESPONSE: The respondent disagrees wholly with the finding.

Wellpath does not change drug regimens; they offer generic substitutions. If the prescribing physician feels a patient cannot take the generic, there is a mechanism in place to secure authorization from the Senior Medical Director to prescribe non-formulary drugs when appropriate.

***F8. The inability for inmates to earn GED certification is a weakness in the MADF education program.***

RESPONSE: The respondent agrees with the finding.

The Sheriff's Office has been aware of this gap and has been working to strengthen GED certification opportunities. The opportunity to earn GED certification will be available to inmates in August 2019 with the opening of Five Keys Accredited Charter School contracted to operate within the Sheriff's Office two detention facilities. Five Keys is the first charter school for incarcerated adults in the United States. The school is a fully accredited public high school program established by the San Francisco Sheriff's Department in 2003. Five Keys provides a range of educational programs and services including courses to obtain a high school diploma.

This is an important addition to the Sheriff's Office Inmate Education Program. The Sheriff's Office has collaborated with local partners to provide educational programming to incarcerated adults at MADF and NCDF for many years, including vocational training, GED preparation, basic education, and college credits in math, English, counseling, and culinary arts. Though inmates received preparation for high school equivalency, education partners were unable to provide a high school diploma or equivalent credential. Through its unique partnership with the San Francisco Workforce Investment Board, Five Keys is able to offer high school diplomas or GED certificates to adults. We are excited to launch this new program in August.

***F9. Discharge coordination is insufficient to ensure effective medical hand-offs.***

RESPONSE: The respondent disagrees partially with the finding.

Coordination is sufficient for effective hand-offs for medical discharges the vast majority of the time. The Sheriff's Office agrees that enhanced discharge planning support would strengthen hand-offs, but also acknowledges that we cannot ensure effective medical hand-offs all of the time because we do not have control over all aspects of the hand-off, particularly when individuals don't want to pursue medical treatment after release.

Medical hand-offs for inmates going to another facility include complete medical packets for the receiving facility. Individuals who need immediate ongoing medical care are released directly to the hospital. Individuals with support (family, housing, insurance) are released with prescriptions and written instructions that may recommend further medical attention, for which the individuals are responsible. Inmates receiving mental health services receive comprehensive discharge planning and warm hand-offs to supporting organizations, including prescriptions and reentry services.

Discharges for individuals who need medical attention and are experiencing a lack of housing or other support are more complex and may ultimately fail because the individual doesn't want to get or is not capable of getting the medical attention they need following release. The Sheriff's Office Detention Division works with County Department of Health Services to facilitate Medical reinstatements and provide access to care, and Wellpath discharge planners make appointments and provide instructions and links to available support. We cannot, however, require individuals to follow instructions or attend appointments after release. Another challenge we face are unanticipated court-ordered releases because the Sheriff's Office does not always have advanced notice and we cannot hold inmates beyond their release date for medical discharge planning.

Going forward, additional discharge planning hours will be available for two years as a result of a U.S. Department of Justice (DOJ) grant awarded in 2018 for the purpose of improving access to and delivery of services to offenders with co-occurring substance abuse and mental illness when they leave incarceration to reenter the community. The Sheriff's Office is currently in the first year planning phase of the "Improving Reentry for Adults with Co-Occurring Substance Abuse and Mental Illness (CSAMI) Program" and expects to begin implementation by December 2019.

The grant will fund a 1.0 FTE Co-Occurring Disorder Specialist to help prepare inmates for transition to the community and a 1.6 FTE Peer Navigator/Case Manager who will work with the jail's discharge planning staff to ensure that participants receive a warm hand-off to services they need when they reenter the community. These grant-funded positions are targeting individuals with dual diagnoses (not medical discharges), but in doing so will make more discharge planning hours available for non-CSAMI discharges.

## **RECOMMENDATIONS**

***R1. MADF add nurse hours to the booking area during evening and night shifts by December 31, 2019. [F3]***

RESPONSE: The recommendation requires further analysis.

Wellpath is in the process of conducting a Booking-area workload analysis to assess the effectiveness of current staffing. Information will be prepared for discussion by the Sheriff and Assistant Sheriff by December 31, 2019. A new funding source would be needed in order to implement any change that adds staffing to the current inmate medical contract.

***R2. MADF screen all inmates for syphilis at intake by December 31, 2019. [F4]***

RESPONSE: The recommendation will not be implemented because it is not reasonable.

The Sheriff's Office will not implement the recommendation to perform additional syphilis screening at intake. It is not reasonable to screen all individuals who go through the booking process at MADF. Current correctional deputy and Wellpath (contract medical provider) staffing levels are not sufficient to conduct additional screenings at booking/intake. Not all

arrestees who go through the booking process at the jail are housed. Many are released within hours, making obtaining results, treatment, and counseling by MADF staff impossible. Screening all arrestees is costly at \$20 per rapid test kit: the cost of screening all arrestees at booking would be approximately \$27,000 per month or \$324,000 annually. Additional funding would be necessary to cover this cost, in addition to increased staffing.

The Sheriff's Office acknowledges that there is a syphilis epidemic in Sonoma County and we are committed to helping where possible. The Sheriff's Office is open to partnering with Public Health to combat this epidemic. If Public Health will provide the test kits needed, the Sheriff's Office will ensure that all inmates who are already housed at MADF and who consent can be tested at the time of their 10-14 day physicals. This timing will ensure that individuals will receive appropriate counseling, care, and follow-up while in custody.

***R3. MADF add discharge planning hours to strengthen hand-offs to appropriate health care providers by December 31, 2019. [F9]***

RESPONSE: The recommendation has not yet been implemented, but will be implemented by December 31, 2019.

As a result of collaboration between the Sheriff's Office and the Sonoma County Probation Department, the County was awarded a U.S. Department of Justice (DOJ) grant in 2018 for the purpose of improving access to and delivery of services to offenders with co-occurring substance abuse and mental illness when they leave incarceration to reenter the community. The Sheriff's Office is currently in the first year planning phase of the "Improving Reentry for Adults with Co-occurring Substance Abuse and Mental Illness (CSAMI) Program" and expects to begin implementation by December 2019.

For two years, the grant will fund a 1.0 FTE Co-Occurring Disorder Specialist to help prepare inmates for transition to the community. This individual will provide additional treatment services in the jail, along with discharge planning to help connect individuals with needed services upon reentry. The grant will also fund 1.6 FTE Peer Navigator/Case Manager who will work with the jail's discharge planning staff to ensure that participants receive a warm hand-off to services they need when they reenter the community. This position will also provide access to a peer support group focused on individuals with CSAMI and will enable participants to be supported by others facing similar challenges.

These grant-funded positions will add discharge planning hours specifically targeted toward MADF individuals with dual diagnoses, and in doing so will make more discharge planning hours available for non-CSAMI discharges.

***R4. MADF consult with an outside medical specialist to review its HIV/AIDS drug protocols and produce a report by December 31, 2019. [F7]***

RESPONSE: The recommendation will not be implemented, because it is not warranted.

The Sheriff's Office contracts with Wellpath for its expertise in delivering medical, dental, and behavioral health services to inmates in detention facilities. Like other healthcare providers, Wellpath has developed a formulary based on a range of considerations. Formal review of the



Wellpath formulary (all drugs, not exclusively HIV/AIDS) by an internal panel of doctors and pharmacists is ongoing, including discussion of new drugs and possible changes to the formulary. There is a process in place at MADF for the physician specialist who provides care to inmates with HIV/AIDS, to request non-formulary drug substitutions when medically justified.

The Sheriff's Office agrees that therapeutic considerations and cost containment are both important. To ensure that inmates are receiving the most appropriate medical care and that costs are not a dominant factor, the contract between the Sheriff's Office and Wellpath includes a cap for HIV/AIDS drugs; when the cap is reached, the cost of the drugs are paid directly by the County.

***R5. MADF reevaluate its policy on the use of support medications for opioid abuse reflecting current best practices by December 31, 2019. [F6]***

RESPONSE: The recommendation has not yet been implemented, but will be implemented by December 31, 2019.

The Sheriff's Office is currently in the process of evaluating its policy on the use of Medication-Assisted Treatment (MAT) and has held several informational meetings with local health care professionals both in the community, from Wellpath, and from County Department of Health Services.

The State has funded a three year pilot program for San Francisco County Sheriff's Office to administer a MAT within their detention facilities. This pilot program will illuminate best practices and uncover pitfalls. We will be closely monitoring the progress of the pilot over the next three years and look forward to evaluating their findings and basing our local decisions on what has been learned.

**Report Clarifications**

1. GLOSSARY and pages 7-8, 10: JBCR (Jail-Based Competency Restoration)  
MADF's program to restore competency is called JBCT (Jail-Based Competency Treatment)
2. Page 3, paragraph 4: The Sheriff's Office first awarded the medical and dental services contract to CFMG in 1999 (not 2008) and through a formal competitive Request for Proposals (RFP) process, CFMG (now Wellpath) has been awarded additional contracts by the Board of Supervisors.
3. Page 6, paragraph 2: The report states: "Persons who appear aggressive, psychotic, or intoxicated are placed in a safety cell." This is not correct. People are assessed for suicidality and recommendations for a safety cell are based on those results, not psychosis or intoxication.