



MARIN COUNTY SHERIFF'S OFFICE

1600 Los Gamos Drive, Suite 200, San Rafael, CA 94903

ROBERT T. DOYLE
Sheriff - Coroner
MICHAEL J. RIDGWAY
Undersheriff

August 2, 2017

Marin County Civil Grand Jury
Jay Hamilton-Roth, Foreperson
3501 Civic Center Drive, Room 275
San Rafael, CA 94903

Reference Response by Sheriff Robert T. Doyle to the Civil Grand Jury Report Entitled "Care of Mentally Ill Inmates in Marin County Jail"

Dear Mr. Hamilton-Roth:

Pursuant to Penal Code Section 933.05 (f) I am responding to the above-mentioned Grand Jury Report dated June 8, 2017 and released to the public on June 15, 2017.

Finding 1: A significant number of inmates in the Marin County Jail have severe mental health issues.

I agree with this finding.

Finding 2: The Jail's clinical and custodial staff are highly professional, dedicated and competent.

I agree with this finding.

Finding 3: Due to the deficiencies in policies, organization, management, and staffing levels, mental health care in Marin County Jail is inadequate.

I disagree with this finding. The Marin County Jail staff follows or exceeds all standards, and regulations set forth in California Code of Regulations Title 15 Minimum Standards for local detention facilities. Adding additional Jail Mental Health staff could improve our mental health services. We continue to work with our county partners through the Stepping Up Initiative to reduce the mental health population in our Jail.

AREA CODE 415

24-HOUR NUMBER
479-2311

FAX
473-4126

ADMINISTRATION
473-7250

CIVIL
473-7282

COMMUNICATION
SERVICES
473-7243

CORONER
473-6043

COURTS
473-7393

EMERGENCY
SERVICES
473-6584

INVESTIGATIONS
473-7265

JAIL
473-6655

MAJOR CRIMES
TASK FORCE
884-4878

PATROL
473-7233

RECORDS
473-7284

WARRANTS
473-7297

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Finding 4: No mental health staff are on site for large parts of every day.

I agree with this finding. Currently there is no onsite mental health coverage for 10 hours a day Monday through Friday, and 17 hours a day Saturday and Sunday. There is on-call assistance available by the acting mental health supervisor during these hours.

Finding 5: The Jail experiences a high level of turnover in the mental health staff.

I agree with this finding. There has been significant turnover in the mental health supervisor position, and some turnover within the mental health staff members assigned to the Jail.

Finding 6: Inmates with severe mental health issues are placed in isolation, being allowed outside of their cells only 30 minutes per day or a minimum of 3 hours per week.

I disagree with this finding. Mental Health Inmates considered severe and low functioning, are outside of their cells for a minimum of 3.5 hours a week. Mental Health Inmates, who are high functioning, are outside of their cells for approximately 15 hours a week. Due to multiple classifications and segregation in our Special Housing Unit, the severe and low functioning mental health inmates spend more time in their cell to protect them from being exposed to other mentally ill inmates that may present a danger to their safety.

Finding 7: Mentally ill inmates are often placed in safety cells (commonly known as padded cells) for periods longer than 24 hours, a practice that has been described by the courts as cruel and unusual punishment.

I disagree with this finding. The placement of Mental Health Inmates in a safety cell for a longer period than 24 hours is not cruel and unusual punishment. Inmates are placed into a safety cell to control and protect the inmate or arrestee when their behavior jeopardizes themselves, custody staff, other inmates, and/or security of the jail facility. At no time will the safety cell be used as a form of discipline or punishment. All inmates who are placed into the safety cell for mental health reasons are directly observed every fifteen minutes and regularly provided water and food by staff. Jail medical staff conducts an initial placement review and completes medical assessments throughout the entire placement. Jail Mental Health also completes a Mental Health assessment on placement or within 12 hours. Inmates are immediately removed from the safety cell once Mental Health staff and deputies determine that they are no longer a danger to themselves or others.

Finding 8: The mental health status of inmates at the time of booking is often performed by deputies rather than mental health staff.

I disagree with this finding. As part of the pre-booking process, the arresting officer and the Jail booking deputy ask an initial series of medical questions, which include some questions pertaining to the mental health status of the arrestee/inmate. This is considered an initial medical screening and is not deemed a mental health assessment. Prior to being housed in the Marin County Jail, all inmates complete a medical intake screening with a registered nurse. During that confidential medical intake screening process, more detailed questions are asked about the mental health status of the inmate. If medical staff and/or deputies determine at any time during the overall intake process that a specific mental health assessment made by a mental health professional is appropriate, the inmate will be referred to Jail Mental Health.

Finding 9: In the case of emergency psychotic events, inmates who refuse medication are often placed in safety cells rather than being treated by involuntary administration of medication, which is allowed by California law and is the common community situation.

I partially disagree with this finding because involuntary administration of medication is not the common community situation. The Marin County Sheriff's Office and Marin Health and Human Services do not involuntarily force medication on mental health inmates housed at the Marin County Jail. The Marin County Jail was not constructed to adequately care for inmates who are forced to take psychotropic medication and does not have an infirmary that would be required to house inmates who are in psychiatric psychosis and have had medication forced upon them. No other Jail in the Bay Area involuntarily forces medication on an inmate in custody either. If the Superior Court rules that an inmate be forced to take medication, they are transferred to an outside medical facility designed for this practice.

Finding 10: Since the termination of the County's contract with Santa Clara in 2015, the Jail and the Department of Health Services have not yet established adequate processes to provide involuntary psychiatric medication in an emergency situation.

I partially disagree with this finding. A collaborative effort between the Presiding Judge, District Attorney's Office, Public Defender's Office, Health and Human Services, and Sheriff's Office, was organized to develop interim steps that ensure access and administration of involuntary psychiatric medication to required inmates. It is important to note that the only reason that contract with Santa Clara County came to

an end was because the Sheriff of that county closed the medical housing unit in which those involuntary medications were provided.

Finding 11: Neither individual nor group psychotherapy is provided by professional mental health staff.

I agree with this finding.

F12. The Jail's clinical quality assurance process does not adequately address mental health issues in the Jail.

Defer to Health and Human Services.

Finding 13: The County's use of state funds associated with AB 109 does not adequately address the increased mental health burden on the Jail of longer term inmates that resulted from the enactment of AB 109.

I disagree with this finding. AB 109 funding is used to help address the mental health burden on the Jail. In fact, AB 109 currently provides \$647,348 of funding specifically designated to staff a Jail social worker, crisis specialist, two re-entry deputy positions, as well as a part-time Jail mental health practitioner. The two deputies, social worker, crisis specialist, and mental health practitioner collaboratively work with numerous county and non-profit organizations to assist people currently housed in the Marin County Jail to achieve a healthy transition into the community and reduction in recidivism. This staff also works with different committees such as the Marin County Forensic Multi-Disciplinary Team, Marin County Chronic Alcohol with Justice Involvement Project and Community Court to assist mentally ill inmates with their transition into the community from the Jail or to an appropriate placement facility that can better assist them.

Currently, there are 121 AB109 probationers in Marin County, of which 39 of those are currently incarcerated in the Marin County Jail. Of the 39 currently incarcerated, 6 are diagnosed as SMI (serious mental illness).

Finding 14: Multiple documents in the Marin County Sheriff's Department Custody Division Policy and Procedures Manual have not been reviewed or updated for up to 12 years.

I disagree with this finding. The Marin County Sheriff's Office Custody Division Policy and Procedures Manual is constantly being reviewed, updated, and revised as necessary. Only policies that are found to be in need of revision receive a new date of issue, perhaps leading to the misconception that some policies have not been reviewed for a number of years.

In June of 2016, the Board of State and Community Corrections completed an in-depth analysis of our Policy and Procedures Manual, as they do on an annual basis. Refer to the Board of State and Community Corrections, which found that our Policies and Procedures are in full compliance as outlined in Title 15 and Title 24 of California Code of Regulations.

Recommendation 1: Mentally ill inmates should not be kept in a safety cell longer than 24 consecutive hours unless the Jail psychiatrist certifies that no other remedy is available to prevent the inmate from harming themselves or others.

This recommendation requires further analysis. We currently follow the California Code of Regulations Title 15, which requires a mental health opinion/consultation on placement and retention within 12 hours of placement. We defer to Health and Human Services for a determination of the appropriate level of review for this purpose.

Recommendation 2: Safety cells should never be used for mentally ill inmates as a substitute for adequate medication and/or other psychiatric treatment.

This recommendation has been implemented. By policy, safety Cells are only used when an inmate's behavior jeopardizes themselves, custody staff, other inmates, or the security of the facility regardless of whether or not an inmate has received adequate medication or psychiatric treatment.

Recommendation 3: Any inmate placed in a safety cell should be evaluated by mental health staff within one hour for the appropriateness of the placement and the evaluation of possible alternative placements.

This recommendation will not be implemented because it is not warranted or reasonable. We currently follow the California Code of Regulations Title 15, which requires a mental health opinion/consultation on placement and retention within 12 hours of placement.

Recommendation 4: The Jail should, within 6 months, establish or contract with a local facility where involuntary administration of psychiatric medication can take place.

Defer to Health and Human Services, as they are responsible for contracting with such facility.

Recommendation 5: The Jail should identify and adopt, within 6 months, policies that ensure mentally ill inmates are provided a minimum of one

hour per day outside their cell, with a minimum of seven hours per week, while meeting adequate clinical and custodial standards of care.

This recommendation will not be implemented. Based on the physical layout and the multiple classification of inmates housed at the Jail, this recommendation is not feasible, nor is it required by California Code of Regulations Title 15 Minimum Standards for local detention facilities.

Recommendation 6: A psychiatrist should be available at the Jail 8 hours per day, 5 days per week, and be available by telephone 24 hours per day, 7 days per week.

Defer to Health and Human Services.

Recommendation 7: A Mental Health Crisis Specialist or a Psychiatric Nurse should be available at the Jail 24 hours per day, 7 days per week.

Defer to Health and Human Services.

Recommendation 8: The Jail should immediately institute programs to provide appropriate professional mental health (non-medication) therapy to all mentally ill inmates, particularly those incarcerated for longer than 7 days.

Defer to Health and Human Services.

Recommendation 9: Booking of inmates should at all times include screening for mental illness by a nurse using an accepted mental health screening tool.

This recommendation was implemented prior to the Grand Jury's review of mental health services in the Jail. During the medical screening process, a Jail nurse who is a certified RN, follows a medical screening tool that includes questions pertaining to the mental health status of the arrestee/inmate at the time of his/her booking.

Recommendation 10: Classification of inmates as mentally ill should be reviewed by a member of the mental health staff within one hour of booking.

Defer to Health and Human Services.

Recommendation 11: All policies and procedures in the Sheriff's Manual related to the care of inmates should be reviewed and updated within 6 months and following that, as necessary, at least biennially.

This recommendation will not be implemented. The Marin County Sheriff's Office Custody Division Policy and Procedure Manual is reviewed on a regular and on-going basis and that process is reviewed annually to ensure adequacy by the Board of State and Community Corrections.

Recommendation 12: The Jail should develop, implement, and enforce a quality improvement procedure and establish a quality improvement plan for mental health services.

This recommendation requires further analysis by Health and Human Services; however, the Marin County Sheriff's Office will work in partnership with Marin Health and Human Services to identify areas in need of improvement.

Yours truly,


ROBERT T. DOYLE
SHERIFF-CORONER