

# Attachment B

## Meeting minutes of the Community Corrections Input Group

## **Sheriff's Community Corrections Input Group**

**April 7, 2016**

**1:00- 3:00 P.M.**

**Main Jail Conference Room**

**4436 Calle Real**

**Santa Barbara, CA 93110**

### **Participants:**

Mark Mahurin, Grievance Oversight Coordinator

Rory Moore, Families Act

Suzanne Riordan, Families Act, Alternate (Absent)

Rod Pearson, President, Families Act

Lynne Gibbs, National Alliance on Mental Illness

Ann Eldridge, Santa Barbara County Mental Health Commission

Julie Solomon, Mental Health Commission, Chair of Human Services Committee (Absent)

Eddie Perez, Community Representative

Esther Lim, Jails Project Director, ACLU

### **I. Introductions**

- a. Introductions of Rod Pearson, President Families Act and Eddie Perez, Community Representative.

Rod said that he wanted to introduce himself to the group and to gain some understanding of what we are doing, but he would not be attending our meeting regularly since Families Act already has two members representing them. Both Rory Moore and Suzanne Riordan will continue participation with the group.

Eddie Perez was recommended for participation in our committee by Suzanne Riordan as he is able to convey a wide-ranging perspective to the committee. Eddie said he is excited to participate and to bring his viewpoint into the process of addressing inmate grievance issues.

### **II. Presentation by Jail Classification**

- a. During the March meeting, members expressed a desire to have a better understanding of housing within the jail. Classification will provide an overview of this topic and provide relevant information to the group.

Eric Alexander, the Sergeant in charge of the Classification Unit provided a very in depth overview of jail housing, classification processes and an overview of the population demographics. Committee members had many questions and Sergeant Alexander did a very good job of addressing each of these. I recommended to the Committee that a jail tour may help put the discussion into perspective and Sergeant Alexander agreed to lead a tour of the jail at a future meeting.

### **III. Overview of the Input Group**

- a. Discussion concerning the development of a mission statement and identification of key objectives. (This was carried over from the prior meeting).

This discussion was postponed, as each member felt that this may become self-evident as we continue to work on issues. The priority at this point is to recommend solutions to issues that need immediate attention.

#### **IV. Discussion of Medications**

- a. Members have voiced concern about the process for obtaining medication.

The committee had a brief discussion and I presented information about recent changes adding an RN at intake to process medical issues, and adding a second med pass process in the jail. These changes are new, but it is expected that bridging medications and the new pass process will improve the delivery process moving forward.

#### **V. Review of the Current Jail Rules**

- a. The current rules are being presented for a brief discussion, but as a reminder, there is a Jail Rules Committee who is currently working on revisions.
- b. I have already made a request for this committee to review the new rules for input prior to final approval.

#### **VI. Discussion of Jail Medical Request Revisions**

- a. The current jail medical request form is under revision. I would like to present for group input an additional recommendation for the jail to consider.

The Committee agreed to proceed with a revision recommendation and, after some discussion, added a separate item for consideration of revision. This added topic involves the charging of a fee for medical service. The group was very much not in favor of this part of the request form and would like to see it removed.

#### **VII. Update on Grievance Form Revisions**

- a. An approval mechanism has been completed for presenting the revisions as recommended by the committee.

The recommendation has been submitted for consideration.

#### **VIII. Review of February and March Grievance review Reports**

- a. Review of results and observations.

Copies of the report were provided so members could review at their leisure.

#### **IX. Review of the 2014/2015 Office of Professional Standards Annual Report**

- a. This information is provided for information and brief discussion only, as several members have asked about the number and types of complaints concerning staff.

#### **X. Wrap Up**

- a. Action Items:

1. Submit grievance recommendation for executive review- Mark Mahurin
2. Complete the medical request revision recommendation and submit for executive review- Mark Mahurin.

- b. **Next Meeting**

1. Our next meeting is scheduled for May 5, 2016 from 1:00 – 3:00 PM
2. The call in number, 805-681-5400, access code 742269, is available should members be unable to attend in person.



# **Decision Memorandum**

**April 2016**

**To: Bill Brown, Sheriff**

**Subject: Revision of the Medical Sick Call Slip**

**Submitted for consideration by the Community Corrections Input Committee**

## **Committee Members:**

Mark Mahurin, Grievance Oversight Coordinator  
Rory Moore, Families Act Board Chair  
Suzanne Riordan, Families Act, Alternate  
Lynne Gibbs, National Alliance on Mental Illness  
Ann Eldridge, Santa Barbara County Mental Health Commission  
Julie Solomon, Mental Health Commission, Chair of Human Services Committee  
Eddie Perez, Community Representative  
Esther Lim, Jails Project Director, ACLU

**Completed By:**

**Mark V. Mahurin, Lieutenant (ret)**



### **Consideration**

The Community Corrections Input Committee (hereinafter- The Committee) is asking the Sheriff's Office to consider recommendations as follows:

- A) Consider a modification to the existing Medical Sick Call Slip to add a page for a response to the requesting party.
- B) Consider a modification to the existing Medical Sick Call Slip to remove sections referencing the collection of fees pursuant to section 4011.2 of the California Penal Code.

### **Clarification**

The Committee would like the Sheriff's Office to consider each recommendation on its own merit, independent and separate from each other, as each can be approved or denied independently.

### **Item A**

#### **Problem Statement**

The review of medical related grievances has been ongoing since October of 2015. It has become increasingly apparent that many of the complaints, approximately 23%, indicate multiple requests for medical related service. While the number of claimed requests often differs from those actually on file, it is very clear that in most cases where this claim is asserted, there is more than one (1) request on file for the same issue.

#### **Discussion**

During the course of conducting the grievance reviews, a reoccurring theme of complaints concerning multiple requests for medical related service began to emerge.

After some discussion with Sheriff's administration and jail staff it was determined that in those cases where there is a claim of multiple requests, part of my review should include a determination of the actual number of requests that are on file.

In many cases, I found that the number of requests on file was significantly less than the number claimed in the grievance. As an example, one client indicated, "more than fifteen (15) requests for service" in the grievance, but the actual number of requests on file for the same issue was only five (5). In a few cases, the number of requests claimed in the grievance matched the number of requests on file. In other cases, there were multiple requests for the same issue on file, but each of the requests was submitted in short succession, meaning multiple requests within a twenty-four (24) to forty-eight (48) hour period.

When discussing this issue with jail medical, I discovered that there is no policy or mechanism in place for medical to respond to the medical requests. Upon receipt of the requests, the established procedure is to log the request and then to schedule an appointment for the necessary service in accordance with the needs expressed in the request. Ultimately, the slip is placed in the appropriate client medical file with no other action being taken until the scheduled date of service. The first a client is aware of action on their request is when they are taken to the actual appointment.

Medical stated that there are over one-thousand (1,000) medical requests submitted on a monthly basis and that it would take far too much time for medical staff to respond to each request. I was not able to obtain an estimate as to how many of the one-thousand (1,000) monthly requests are duplicative in nature.

When this issue became a topic of discussion with the Committee, it was the consensus of everyone that appropriate communication among staff and those in our custody is a basic dignity issue that is essential to limiting misunderstanding, confusion, mistrust, and frustration for those who must rely upon others to provide for their basic care and day-to-day needs.

### **Policy Review**

As previously stated, Jail Medical does not have an established policy to provide a response to the clients written request. There is, however, a quality measure in the contract that identifies a treatment response within a specified timeframe.

Jail policy 240, Health Care, is also largely silent on the issue of a response to client written requests. Our policy details the process for a client to request and obtain service, but fails to address a response process or an indication of the need to communicate with the requesting party. Likewise, I could not find mention of a response process related other general requests.

### **Recommendation:**

After discussion amongst the members, the committee agrees that a third page be added to the Medical Sick Call Slip that is designed to be returned to the client indicating that their request has been received and that they have been scheduled for the necessary appointment. An example of this is as follows:

Scheduled to be seen by: ☐ Medical ☐ Dental ☐ Mental Health ☐ Vision on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please see Exhibit A for a full example of how this will appear as the third page of the Medical Sick Call Slip.

This process is designed to limit the time it takes medical to initiate a response. At the time medical is processing the request and scheduling the client for the needed service, medical must simply check a box, add a date if it is available, and return the copy to the requesting party via the already established distribution process. This process will likely only add a few seconds to the processing of the request. Based on an average of one-thousand (1,000) requests per month, or about thirty-three (33) requests per day, we estimate that this new process may add about 5 minutes per day to the processing of medical requests.

The Committee recommends that the Sheriff's Office consider refining all policies related to client requests to include a requirement to respond to each request in a timely manner.

Further, it is the recommendation of the Committee that the changes to the Medical sick Call Slip be initiated as soon as possible, as this will allow for a prompt resolution to the stated issues.

### **Implementation Impacts**

The current form is already under revision, as jail medical is adding two lines, one to indicate the date/time the request is received by medical, and the other is to indicate the date/time the request is actually process by medical with the requested service being scheduled. This request, if approved, will add one (1) additional page to the form at the time of re-print.

The recommendation will require jail administration and medical to develop policies that require medical staff to complete and return page three (3) of the form to the client through the established in-house distribution processes in a timely manner. The Committee would prefer to see a set time limit for the response, such as within X day(s) of the request being processed.

A side benefit of implementation is that a response to the client may limit the number of duplicate requests



and may reduce the number of grievances indicating no action and/or claims of multiple requests. In addition, the new process may likely result in a reduction of the staff time needed to process a significant number of duplicate requests, and may neutralize the time needed to complete the response.

### **Fiscal Impacts**

The jail has an existing budget for expendable supplies that include forms and other related consumable materials. The annual cost impact for replacing the existing Medical Sick Call Slip is about \$2,600, covering the cost of the added third page. Since the form is already in need of re-printing, due to low supplies and the already scheduled amendments being made by medical, the only real impact in cost is the addition of the third page. The Medical Sick Call Slip (CO-1067) is a regularly printed form, with about \$4,293 of the annual ongoing printing expenditures accounted for as part of the annual jail supplies budget. The addition of the third page will increase the annual expenditure to about \$6,893.

## **Item B**

### **Problem Statement**

The existing Medical Request Slip includes a statement that “inmates may be charged a three dollar (\$3.00) fee for inmate initiated non-emergency medical, dental, or eye care services per 4011.2 PC. No inmate will be denied access to medical care or treatment due to lack of funds in their inmate account”. The Committee opposes categorically any action or process that promotes the perception of preventing, limiting, or otherwise obstructing access to medical, mental health, dental or vision care.

### **Discussion**

During the Committee meeting held on April 7, 2016, a lively discussion ensued concerning the fee section included on the Medical sick Call Slip. Without exception, the entire Committee was quite perplexed and disheartened to learn that a fee may be charged for inmate initiated medical treatment.

There was considerable discussion concerning the implications of how such a fee is perceived by the clients and by general members of the public. One member expressed profound disappointment with the inclusion of the fee on the medical request slip because the statement in and of itself could persuade clients from requesting medical care, even if it is needed and necessary.

Another member was concerned because, in particular the mental health clientele, when faced with a choice to receive medical care, or to have funds available for commissary, are more likely to choose the later. They expressed that similar decision-making patterns are exceedingly prevalent with this population even when they are not in custody.

I discussed the provisions of Penal Code Section 4011.2 indicating that:

1. If the client has no money in his or her account, there is no charge for the medical visit,
2. The client cannot be denied medical care because of a lack of funds,
3. The fee must be waived in any life-threatening or emergency situation, if the treatment is initiated by jail medical, or the treatment is follow-up visit occurring at the direction of jail medical.

I further explained that the three dollar (\$3.00) fee is neither being charged nor is it being collected from anyone at this time. Further, the fee has not been charged or collected for the past several years. This prompted



some discussion as to whether or not the statement should remain on the form if the stated practice is not being followed.

### **Policy/Legal Review**

#### **California Penal Code § 4011.2**

- (a) Notwithstanding Section 4011.1, a sheriff, chief or director of corrections, or chief of police is authorized to charge a fee in the amount of three dollars (\$3) for each inmate-initiated medical visit of an inmate confined in a county or city jail.
- (b) The fee shall be charged to the inmate's personal account at the facility. If the inmate has no money in his or her personal account, there shall be no charge for the medical visit.
- (c) An inmate shall not be denied medical care because of a lack of funds in his or her personal account at the facility.
- (d) The medical provider may waive the fee for any inmate-initiated treatment and shall waive the fee in any life-threatening or emergency situation, defined as those health services required for alleviation of severe pain or for immediate diagnosis and treatment of unforeseen medical conditions that if not immediately diagnosed and treated could lead to disability or death.
- (e) Follow up medical visits at the direction of the medical staff shall not be charged to the inmate.
- (f) All moneys received by a sheriff, chief or director of corrections, or chief of police pursuant to this section shall be transferred to the county or city general fund.

The penal code simply authorizes the Sheriff to charge a three dollar (\$3.00) fee for each inmate-initiated medical visit. There is not a reference in the code to indicate a requirement to charge or collect the fee.

While I did find a reference in the policy allowing for collection of the fee, the fees are not in fact being collected.

### **Recommendation:**

After considerable discussion amongst the members, the committee agrees unanimously that any statement referring to the charging of fees for medical care or treatment should be removed from the Medical Sick Call form.

Please see Exhibit B for a full example of how this will appear on all pages of the Medical Sick Call Slip.

The Committee is aware that implementation of the processes authorized by statute under 4011.2 PC is within the purview of the Sheriff. The Committee understands that the Sheriff may exercise the ability to implement the provisions of this section at any point in the future. However, the Committee believes that the financial benefit to the General Fund, even in times of significant financial crisis, would simply be inconsequential, with an estimated annual net gain of only \$14,400, based on the exclusions detailed in the section.

### **Implementation Impacts**

Since the provisions of 4011.2 PC have not been implemented, or at minimum are not being followed, there are no implementation impacts to consider by removing the reference from the form. As stated in Item A above, the form is already under revision and will need to be re-printed soon.

### **Fiscal Impacts**

The fee process, as outlined in Penal Code Section 4011.2, is not currently being pursued by the Sheriff's Office. Thus, there are no current financial impacts related to this recommendation.

# **Exhibit A**

**Recommendation A Sick Call Slip  
(With Fee)**



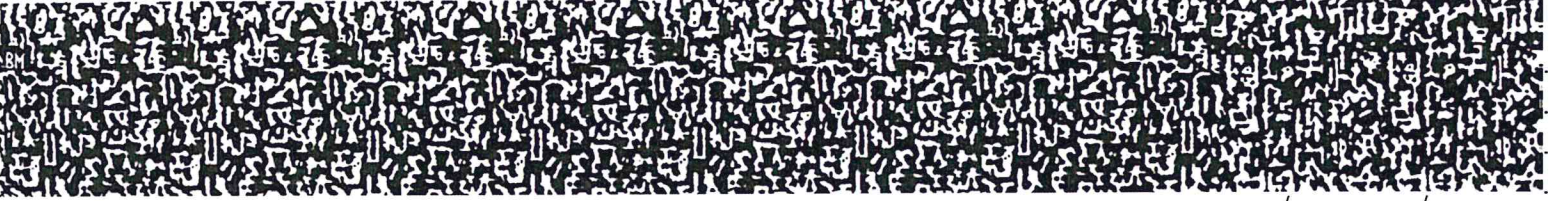
**SICK CALL  
REQUEST**

**Return to Client**



Name _____	Date of Birth _____
Booking Number/CID# _____	Housing _____

Check One:                      ( ) Dental                      ( ) Medical                      ( ) Mental Health



Inmate Signature \_\_\_\_\_

\_\_\_\_\_  
Date

\*\*\* Do not write below dotted line- for Staff use only \*\*\*



**Scheduled to be treated by:** ☐ Medical    ☐ Dental    ☐ Mental Health    ☐ Vision on: \_\_\_\_/\_\_\_\_/\_\_\_\_

Inmates may be charged a three dollar (\$3.00) fee for inmate initiated non-emergency medical, dental, or eye are services per 4011.2 PC. No inmate will be denied access to medical care or treatment due to lack of funds in their inmate account.

Assess three dollar fee \_\_\_\_\_

YES / NO (circle one)    Physician's/Nurse's signature and body number \_\_\_\_\_

\_\_\_\_\_  
Date

White: Medical Records

Yellow: Jail Staff

Pink: Client Copy

[ENTERED \_\_\_\_\_]

CO-1067 (04/2016)

## **Exhibit B**

**Recommendation B Sick Call Slip  
Removal of the Fee under 4011.2 PC**

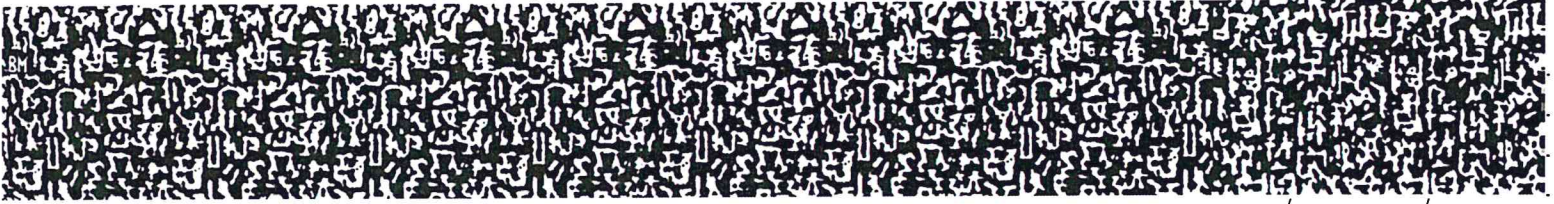
Return to Client



## SICK CALL REQUEST

Name _____	Date of Birth _____
Booking Number/CID# _____	Housing _____

Check One:                      ( ) Dental                      ( ) Medical                      ( ) Mental Health



Inmate Signature \_\_\_\_\_

\_\_\_\_\_  
Date

\*\*\* Do not write below dotted line- for Staff use only \*\*\*



Scheduled to be treated by: ☐ Medical    ☐ Dental    ☐ Mental Health    ☐ Vision on: \_\_\_\_/\_\_\_\_/\_\_\_\_

White: Medical Records

Yellow: Jail Staff

Pink: Client Copy

[ENTERED \_\_\_\_\_]



## **Action Summary**

### **Recommendation A Sick Call Slip (With Fee)**

The Sheriff and his executive have approved item A and the form is with the print shop for processing. We expect delivery and distribution within the next few weeks.

### **Recommendation B Sick Call Slip (Without Fee Admonishment)**

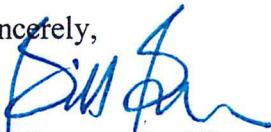
I would like to thank the committee members for the comprehensive and meticulous recommendation concerning the three (3) dollar fee admonishment contained on our sick call slip, as authorized under California Penal Code Section§ 4011.2.

After careful consideration, I have made the decision not to remove the admonishment from the sick call slip. While the Sheriff's Office is not currently collecting the fee for each inmate-initiated medical visit, the admonishment by itself provides a deterrent to frivolous requests for service. Should the fee collection process be reinitiated in the future, it is not dissimilar to the medical co-pay that most of us must pay as part of our insurance coverage to receive medical services, which are similarly established as a disincentive to marginal treatment requests.

With regard to the concerns of those with poor decision-making patterns, having to decide between commissary purchases or a sick call visit, I would note that our policy designates anyone with ten (10) dollars or less on their account as indigent and each is entitled to indigent services, such as no cost hygiene items, no cost postage for general mail, unlimited no cost postage for legal mail and no cost sick call appointments. In general, snacks and other commissary purchases remain available to those with limited funds.

I honestly appreciate all of the work and effort each of you is providing to help us improve our medical related processes.

Sincerely,



Bill Brown, Sheriff

# **Decision Memorandum**

**April 2016**

**To: Bill Brown, Sheriff**

**Subject: Revision of Grievance Form**

**Submitted for consideration by the Community Corrections Input Committee**

## **Committee Members:**

Mark Mahurin, Grievance Oversight Coordinator  
Rory Moore, Families Act Board Chair  
Suzanne Riordan, Families Act, Alternate  
Lynne Gibbs, National Alliance on Mental Illness  
Ann Eldridge, Santa Barbara County Mental Health Commission  
Julie Solomon, Mental Health Commission, Chair of Human Services Committee  
Eddie Perez, Community Representative  
Esther Lim, Jails Project Director, ACLU

**Completed By:**

**Mark V. Mahurin, Lieutenant (ret)**



## **For Consideration**

The Community Corrections Input Committee is asking the Sheriff's Office to consider a recommendation to modify the existing grievance form, adding a specific section that will improve the exchange of information between Jail Medical and the grieving party.

## **Problem Statement**

The review of medical related grievances has been ongoing since October of 2015. It has become increasingly apparent that over thirty-three (33) percent of the responses have failed to include sufficient detail in the response to address the concern(s) as presented in the grievance. These types of responses fail to meet the requirements or intent of the grievance process as detailed in Title 15.<sup>1</sup>

## **Discussion**

The California Code of Regulations, Title 15 states that the jail administrator shall develop written policies and procedures whereby any inmate may appeal and have resolved grievances relating to any conditions of confinement.<sup>2</sup>

The insufficiency of detail in the responses creates a significant issue in that there is a failure to provide a resolution to the issue(s) detailed in the grievance. The lack of information presents specific problems from a review standpoint because this prompts the need for additional queries to determine a final resolution and causes significant time impacts for both the reviewer and for the medical staff who must research and provide the necessary detail.

The lack of detail in responses further creates misunderstanding, confusion, and mistrust concerning the entire process from the grieving party prospective.

## **Policy/ Legal Review**

The Sheriff's policies and the established grievance processes are designed and implemented in a manner that meets the standards specified in the California Code of Regulations. However, when it comes to grievances addressing Medical, Dental, or Mental Health concerns, there seems to be a conflict with regard to the release of information.

The jail health provider is bound by specific privacy right regulations under HIPAA<sup>3</sup> that limit their ability to release certain information concerning individual patient treatment. Specifically, the Privacy Rule protects all "individually identifiable health information" held or transmitted by a covered entity, in any form, whether electronic, paper, or oral. The Privacy Rule calls this information "protected health information". This includes the individual's past, present, future physical or mental health condition or information concerning the provision of health care to the individual, and that identifies the individual, or for which there is a reasonable basis to believe it can be used to identify the individual.

In our case, the grievance form identifies the party by name, jail-housing location, and by a specific unique identification number. This virtually ensures that any information provided to the client on the grievance form is identifiable directly to them.

Removing all individually identifiable information on the form is problematic in that it is not possible either

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<sup>1</sup> Code of Regulations, Title 15- Crime Prevention and Corrections, Division 1, Chapter 1, Subchapter 4, Article 6 § 1073

<sup>2</sup> Authority cited: Section 6030, Penal Code.

<sup>3</sup> The Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191



to answer the complaint, or to return any eventual response to the grieving party.

The Privacy Rule provides two (2) specific circumstances in which protected health information can be used or disclosed. These include: (1) as the Privacy Rule permits or requires; or (2) as the individual who is the subject of the information authorizes in writing.

The Privacy Rule, item (2),<sup>4</sup> provides a potential solution to the issue of providing sufficient detail to address the concern(s) presented by the client in the grievance. Essentially, as the subject of the information, the grieving party can provide a release of information for use of their otherwise protected health information.

**Recommendation:**

After considerable discussion amongst the members, the committee agrees that a release of information section should be added to the grievance form. Specifically, the release authorization will allow a response to the complaint(s) with sufficient detail to answer and resolve the concerns as detailed in the grievance.

The release will also help staff meet the intent of the grievance process and will improve the quality of the responses. A more thorough response will also limit client misunderstanding and confusion, and will begin to build client trust concerning the grievance process.

The recommended verbiage for the front of the form is:

*If this grievance is related to the Medical, Psychiatric/Mental Health, Dental, or Vision care provided to you during this incarceration, you **must** complete and sign the release form on the reverse side of this sheet. Failure to sign the release form will limit the Sheriff's Office ability to adequately respond to and/or resolve the issues for which you are grieving. The release authorization on the back of the **white sheet** is the sole original authorization.*

The recommended verbiage for the back side of the face sheet is:

*I, \_\_\_\_\_, hereby authorize Corizon Health to release any and all of my health information related to services provided to me during this incarceration to the Santa Barbara County Sheriff's Office, or any Deputy, Custody Deputy, Investigator, the Grievance Coordinator, or any other duly appointed and identified agent of the Santa Barbara County Sheriff's Office for the purpose of investigating and resolving the complaints detailed in the Grievance Form included on the reverse of this release.*

*The sole purpose of this release is to allow a response to my complaint(s) with sufficient detail to answer or resolve my concerns as detailed in the attached grievance. I am aware that my information may contain information that otherwise would be considered confidential.*

*I have thoroughly read this release, and by my initials here ( \_\_\_\_\_ ) indicate that I am aware of my **special rights to keep my records confidential**, especially any records pertaining to my Psychiatric/Mental Health/Psychological history, or records revealing alcohol or drug abuse history, or treatment provided under the **Health Insurance Portability and Accountability Act of 1996 (HIPAA)** and the **Lanterman-Petris-Short Act (LPS)**. With this special protection in mind, and by my initials above and signature below, I waive these rights so that I may be able to provide the Santa Barbara Sheriff's Office with my records and/or information. I further understand that there is the potential for this information to be re-disclosed by*

<sup>4</sup> The Privacy Rule, 45 CFR Part 160 and Subparts A and E of Part 164.

*the recipient and that Santa Barbara County is not responsible for re-disclosure. California law prohibits health care providers and health plans from re-disclosing information except with my written authorization or as specifically permitted by law. By my initial above, and signature below, I also authorize re-disclosure of my information and/or records as necessary. I hereby also release records custodians from any liability that may arise from such disclosure.*

*I understand that the County does not condition my eligibility for services on my signing this form, and that I may revoke this authorization by writing the Sheriff's Office, or any Deputy, Custody Deputy, Investigator, the Grievance Coordinator, or any other duly appointed and identified agent of the Santa Barbara County Sheriff's Office. A copy of this authorization is included on my copy of the grievance form.*

*This authorization is intended to be valid for a period of ninety (90) days from the date it is signed, or upon conclusion of this review/investigation, whichever is earlier, and copies of this authorization have the same force and effect as the original.*

*Executed at: Santa Barbara County Jail*

Please see Exhibit A for a full example of how these changes will appear on the new grievance form.

Further, it is the recommendation of the committee that the changes to the grievance form be initiated as soon as possible, as this will allow for a prompt resolution to the stated issues.

#### **Implementation Impacts**

The new form, if accepted, will replace the existing grievance form. All current procedural processes and policies will remain largely intact, with only a minor modification to the acceptance process. The new form will require the Deputy who receives the grievance form to sign as a witness for the medical release section. This is only applicable for grievances that relate to Medical, Psychiatric/Mental Health, Dental, or Vision care.

A side benefit of implementation is that proper and thorough grievance responses will likely result in fewer grievance appeals, ultimately reducing the staff time needed to process the appeals.

#### **Fiscal Impacts**

The jail has an existing budget for expendable supplies that include forms and other related consumable materials. The cost impact for replacing the existing grievance form is about \$1,200. This is based on printing costs of the new form (approximately \$950, with this cost being included in the current FY jail budget) and disposal of the unused portion of the existing forms (approximately \$250, previously paid in July 2015 from the current budget). The grievance form (SH-585a) is a regularly printed form, with the ongoing printing expenditures already accounted for as part of the annual jail supplies budget.



## **Exhibit A**

**Staff Use Only**

CID# \_\_\_\_\_

LOG# \_\_\_\_\_

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page.

If this grievance is related to the Medical, Psychiatric/Mental Health, Dental, or Vision care provided to you during this incarceration, you **must** complete and sign the release form on the reverse side of this sheet. Failure to sign the release form will limit the Sheriff's Office ability to adequately respond to and/or resolve the issues for which you are grieving. The release authorization on the back of the **white sheet** is the sole original authorization.

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**Administrative review:** \_\_\_\_\_ **Date:** \_\_/\_\_/\_\_

To: Corizon Health, Santa Barbara County Jail

Patients Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Last MI

CID #: \_\_\_\_\_ Alias: \_\_\_\_\_

HIPAA Authorization for Release of Health Information

I, \_\_\_\_\_, hereby authorize Corizon Health to release any and all of my health information related to services provided to me during this incarceration to the Santa Barbara County Sheriff's Office, or any Deputy, Custody Deputy, Investigator, the Grievance Coordinator, or any other duly appointed and identified agent of the Santa Barbara County Sheriff's Office for the purpose of investigating and resolving the complaints detailed in the Grievance Form included on the reverse of this release.

The sole purpose of this release is to allow a response to my complaint(s) with sufficient detail to answer or resolve my concerns as detailed in the attached grievance. I am aware that my information may contain information that otherwise would be considered confidential.

I have thoroughly read this release, and by my initials here ( \_\_\_\_\_ ) indicate that I am aware of my **special rights to keep my records confidential**, especially any records pertaining to my Psychiatric/Mental Health/Psychological history, or records revealing alcohol or drug abuse history, or treatment provided under the **Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Lanterman-Petris-Short Act (LPS)**. With this special protection in mind, and by my initials above and signature below, I waive these rights so that I may be able to provide the Santa Barbara Sheriff's Office with my records and/or information. I further understand that there is the potential for this information to be re-disclosed by the recipient and that Santa Barbara County is not responsible for re-disclosure. California law prohibits health care providers and health plans from re-disclosing information except with my written authorization or as specifically permitted by law. By my initial above, and signature below, I also authorize re-disclosure of my information and/or records as necessary. I hereby also release records custodians from any liability that may arise from such disclosure.

I understand that the County does not condition my eligibility for services on my signing this form, and that I may revoke this authorization by writing the Sheriff's Office, or any Deputy, Custody Deputy, Investigator, the Grievance Coordinator, or any other duly appointed and identified agent of the Santa Barbara County Sheriff's Office. A copy of this authorization is included on my copy of the grievance form.

This authorization is intended to be valid for a period of ninety (90) days from the date it is signed, or upon conclusion of this review/investigation, whichever is earlier, and copies of this authorization have the same force and effect as the original.

Executed at: Santa Barbara County Jail

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_



## **Action Summary**

## **Action Summary**

After several discussions with County Counsel and executive staff, this 5<sup>th</sup> version of the Grievance Form has been approved by all. The form is currently at the print shop and will be available for distribution within the next few weeks.

**Sheriff's Community Corrections Input Group**

**May 5, 2016**

**1:00- 3:00 P.M.**

**Main Jail Conference Room**

**4436 Calle Real**

**Santa Barbara, CA 93110**

**Participants:**

Mark Mahurin, Grievance Oversight Coordinator

Rory Moore, Families Act

Suzanne Riordan, Families Act, Alternate

Lynne Gibbs, National Alliance on Mental Illness

Ann Eldridge, Santa Barbara County Mental Health Commission

Julie Solomon, Mental Health Commission, Chair of Human Services Committee

Eddie Perez, Community Representative

Esther Lim, Jails Project Director, ACLU

**I. Presentation by IC Solutions (Jail Phone Provider) @ 1:30**

- a. While conducting research for the ACLU phone discussion, I came across a feature within the jail phone system that may be of benefit to the Committee in making recommendations for both the ACLU and potentially client medical requests.
- b. Jim Crouch and Latisha Holmes provided a web-ex of how the process works and provided a questions & answers session for the group.

Mr. Crouch Ms. Holms provided a very in depth overview of the Communicator component of the phone system that allows for the voice to text process. Essentially, an inmate can leave a voice message for the ACLU that is converted into a text message and is sent via email to the ACLU representative. The ACLU representative can respond immediately to the text message via email and the response is converted back into a voice message for the inmate to retrieve the next time they use a jail phone system.

Our thought is that this will provide a way to respond quickly to inmate requests and at a minimum can let the inmate know when they are scheduled to be seen by the ACLU. As an added benefit, this process is independent of jail staff involvement.

Upon Sheriffs approval, the ACLU has agreed to pilot this process to determine if is functional for their needs,

- c. Other attending:

Eric Alexander, Sergeant

Tim McWilliams, Lieutenant

Shawn Lammer, Lieutenant

Ryan Sullivan, Lieutenant

James Meter, Commander

Kelly Hamilton, Commander

**II. Update Jail Medical Request Revisions**

- a. The current jail medical request form is under revision.



The Committee agreed to proceed with a revision recommendation and, after some discussion, added a separate item for consideration of revision. This added topic involves the charging of a fee for medical service. The group was strongly opposed to this part of the request form and would like to see it removed.

The Sheriff has approved the recommendation to add the response sheet to the form. He did not agree with the removal of the fee section. The approved form is being printed and will be distributed upon completion. See the attached recommendation & response from the Sheriff.

### **III. Update on Grievance Form Revisions**

- a. An approval mechanism has been completed for presenting the revisions as recommended by the committee.

The recommendation has been approved by all command levels throughout the Sheriff's office and the form is being printed. See the attached recommendation & response.

### **IV. Review of April Grievance review Report**

- a. There has been a delay in receiving all of the April grievances, so I will provide this information once I have received everything. The delay is due in part to a vacation and staff illness. I am confident that issues addressed in these grievances are being attended by medical promptly, with the delay being on the written response side of the process. I should receive the written responses and have everything caught up by early next week.

### **V. Wrap Up**

- a. Action Items:

1. Begin development of the ACLU access recommendations and submit for executive review- Mark Mahurin.
2. Ann Eldridge, Santa Barbara County Mental Health Commission, will not be available over the next few months and she has asked that Jim Rhode, Mental Health Commission, to attend as her alternate. Mr. Rhodes will begin attendance in June.

#### **b. Next Meeting**

1. Our next meeting is scheduled for June 2, 2016 from 1:00 – 3:00 PM  
The call in number, 805-681-5400, access code 742269, is available should members be unable to attend in person.

## **Sheriff's Community Corrections Input Group**

**June 2, 2016**

**1:00- 3:00 P.M.**

**Main Jail Conference Room**

**4436 Calle Real**

**Santa Barbara, CA 93110**

### **Participants:**

Mark Mahurin, Grievance Oversight Coordinator

Rory Moore, Families Act (absent)

Suzanne Riordan, Families Act, Alternate (absent)

Rod Pearson, Families Act

Lynne Gibbs, National Alliance on Mental Illness (absent)

Ann Eldridge, Santa Barbara County Mental Health Commission (absent)

Jim Rhode, Mental Health Commission- Alternate (absent)

Julie Solomon, Mental Health Commission, Chair of Human Services Committee

Eddie Perez, Community Representative (absent)

Esther Lim, Jails Project Director, ACLU

### **I. Jail Tour**

- a. In a prior meeting, the Sheriff's Office agreed to conduct a jail tour for the committee members. This meeting is dedicated entirely to this tour.

The members in attendance participated in a full jail tour and participated with questions and answers with Senior Deputy Sharp, members of the classification unit and myself. Overall, I believe the tour was successful in that everyone seemed to have excellent questions and ended the process with a different view of the jail and its processes.

I am willing to conduct another tour for those who were unable to attend this month if there is interest.

### **II. Wrap Up**

- a. Action Items:

1. Continue development of the ACLU access recommendations and development of an MOU with the ACLU concerning access protocols and responsibilities. Upon completion, I will submit for executive review- Mark Mahurin.

#### **b. Next Meeting**

1. Our next meeting is scheduled for July 7, 2016 from 1:00 – 3:00 PM  
The call in number, 805-681-5400, access code 742269, is available should members be unable to attend in person.