

*Better Health for All***COUNTY OF SANTA CLARA  
Health System***County of Santa Clara Health System*

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**DATE:** December 15, 2020**TO:** Honorable Members of the Board of Supervisors  
Jeffrey V. Smith, M.D., J.D., County Executive**FROM:** René G. Santiago, Deputy County Executive and  
Director, County of Santa Clara Health System

DocuSigned by:

*René G. Santiago*

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Dr. Eureka Daye, PhD., MPH, MA, CCHP

Director of Custody Health and Custody Behavioral Health Services

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*Eureka Daye*

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**SUBJECT:** Off-Agenda Report Relating to Administrative Accountability within Each  
Segment of Jail Operations

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On September 10, 2019 (Item #22), the Board of Supervisors directed Administration to provide an off-agenda report relating clearly defined administrative accountability within each segment of jail operations, including medical coverage; physician scheduling; cleanliness in medical bays, oversight of medication dispatch, client interaction, and compliance with Health Insurance Portability and Accountability Act; management of equipment needs, patient accessibility, and timeliness; and, tracking and alignment of goals, objectives, and expectations, including the rate of recidivism. Periodic updates have been provided at the BOS Jail Study Sessions, and this report details the most recent information.

**Custody Health Services (CHS) Standards of Services**

CHS is a team of multidisciplinary healthcare staff who provide medical, dental, and behavioral health care to all patients in custody. Healthcare focuses on the prevention of illness, control of preexisting pathologies and restoration to health for those compromised by illness. The care rendered is provided in a respectful and equitable environment, comparable to the quality of healthcare provided in the community. The practitioners work interdependently but collaborate as necessary to ensure the wellbeing of patients. CHS ensures a sustainable integrative model that provides compassionate health care services congruent with community practice and national correctional standards. CHS staff strives to integrate care with community partners to promote best outcomes and continuity of care upon release from custody.

CHS is a division of the County of Santa Clara Health System. CHS staff work in close collaboration with the Sheriff's Office (SO) to ensure patients in custody are offered timely and

quality health care. CHS makes recommendations to SO Custody Bureau for patients to receive appropriate housing and programming based on medical, psychiatric, and cognitive needs.

Standards for medical services in Santa Clara County Jails are based on requirements set forth by the California Code of Regulations, Title 15 – Minimum Standards for Local Detention Facilities. Compliance with standards are measured based on CHS’ ability to deliver timely, equitable, effective, safe, and efficient care. CHS follows specific timelines for the delivery of services in compliance with Title 15 and the Consent Decree (Case No. 1:15-cv-05277-RMI).

### **Medical, Dental and Mental Health Coverage**

CHS currently provides medical, dental, and mental health care to all patients in custody. An interdisciplinary team of medical and psychiatric providers, dentists, an optometrist, nurses, mental health clinicians and unlicensed assistive personnel provide 24/7 care to patients throughout their incarceration.

CHS recognizes that the need for professional psychiatric physician services within the correctional facilities is required by state and federal law, as well as by the Institute for Medical Agency which provides accreditation for health care services in correctional facilities. CHS continues to face challenges in recruiting qualified psychiatrists to provide services to inmates at the Santa Clara County jails and has resorted to the utilization of contract psychiatrists in order to support having psychiatric physician services 24/7 in critical areas such as Intake Booking and the Custody Psychiatric Inpatient Unit. Intake Booking is where arrestees are initially screened for emergency, acute, and chronic medical and mental health needs and psychiatric physicians in Intake Booking provide timely psychiatric evaluations to inmates and to continue newly incarcerated inmates’ existing medications to maintain their clinical stability. Similarly, psychiatrists provide care to inmates housed in the Inpatient Psychiatric Unit (8A) who meet clinical criteria for inpatient services such as danger to self or danger to others as the result of a mental health condition, are gravely disabled and are on Lanterman-Petris-Short (LPS) involuntary holds and need to be evaluated on a regular basis.

To supplement psychiatric physician staffing, CHS utilizes contract staff to ensure care coverage. Traditions Behavioral Health has provided contract staffing for a number of years. The latest amendment was approved by the Board in November 2019, increasing the contract amount by \$17,173,902, for a maximum contract amount of \$40,041,230 and extending the term through September 29, 2022. In addition, CHS utilizes an agreement with South Bay Emergency Physicians Medical Group, which is also provides physician coverage for the Emergency Department and Urgent Care Clinics. The original agreement was approved in December 2016 for a maximum amount of \$64,572,031 and has a term through February 6, 2022. In Spring 2020, CHS also started utilizing a physician services provider for the provision of physicians in the Custody setting 24 hours per day, 365 days per year. The service increased the number of physicians by a total of two per day, each working a consecutive 12-hour shift. This on-site

resource allowed CHS to expand urgent care-type clinics with twenty-four-hour call coverage for both Main Jail and Elmwood facilities and enabled primary care providers to concentrate on chronic care delivery and reduce wait times for routine appointments.

So far with the expanded medical service hours to twenty-four (24) hours per day, seven (7) days per week, CHS follows the mandated time frames for medical care specified in the Consent Decree. CHS plans to submit a budget proposal to address adequate physician coverage on a more permanent basis.

### **Cleanliness in Medical Bays**

Infirmery and Acute Psychiatric Units are maintained primarily by CHS. CHS is responsible for all biohazardous and medical wastes, while the Sheriff's Office Custody Bureau is responsible for non-biohazardous and non-medical wastes.

CHS maintains the same standards as the hospitals and clinics within other parts of the Health System to ensure a hygienic environment for patients and staff alike. CHS strictly follows the guidelines set forth in SCVMC Infection Control Policies #500 "General Hospital Environment" and #506 "Germicides/Sterilization/Disinfection/Reuse." During staff onboarding, CHS janitors are required to attend the three-week intensive training provided by the SCVMC Environmental Services Department for hospital janitors (two weeks classroom / one week working in a hospital setting). All cleaning and disinfecting supplies used within CHS areas in the jails are approved by the SCVMC Infection Control department and a documentation system is maintained to ensure the supplies and tools are updated and comply with Health System standards.

CHS janitorial staff maintain a sanitary environment within the nursing station areas, exam rooms, and treatment rooms. Cleaning and sanitation schedules are performed as a routine and as-needed basis. Janitorial tasks include but are not limited to, cleaning, disinfecting, and sanitizing all surfaces and surrounding areas, and with biohazard waste removal.

Janitors disinfect rooms used to isolate a patient with a communicable disease. Janitors wash down walls, disinfect fixtures, properly dispose of biohazard waste, and discard all disposable room items. In the infirmery, EPA-rated disinfectants are used by janitorial staff to clean any biohazard material. Standard cleaning protocols are in effect as soon as the patient is discharged from the room. Cleaning tasks include but are not limited to disinfection and sanitation of all high-touch and horizontal surfaces, walls, and curtains.

Janitors maintain the shared areas of the Acute Psychiatric Unit and coordinate the cleaning of cells with biohazard or medical wastes with the Sheriff's Office Custody Bureau. In situations that involve large amounts of biohazard, the CHS nursing staff contacts the Custody Bureau to request for the contracted HazMat provider to deep-clean a cell in anticipation of the next patient.

**Patient Personal Hygiene**

CHS is responsible for assisting patients who are unable to independently perform personal hygiene tasks. Hospital Services Assistants (HSAs) assist patients with personal hygiene and general care needs including combing of hair, oral hygiene, nail care, etc. In the absence of an HSA, a Licensed Vocational Nurse or a Clinical Nurse would assist the patient.

**Medication Administration (Pill Call)**

Medication administration, also known as “pill call,” is conducted in a controlled environment and in a consistent manner following approved medication administration guidelines. Currently, only licensed nursing personnel can administer medications to patients in custody. Pill call happens in all three shifts to ensure inmates can take their medications as prescribed.

The Sheriff’s Office ensures patients adhere to the appropriate security measures during the pill call as both environmental and patient factors sometimes challenge the safe and timely administration of medications. The inherent nature of any locked facility is that it requires more time to access each housing unit and access to patients requires coordination with deputies and support personnel. Non-compliance on essential medication, “cheeking” and hoarding of medications, removal of identification wristband by patients, and refusal for mouth checks are common patient factors that occasionally interfere with the pill call process. To mitigate interruptions, a deputy stands by a nurse during each pill call to ensure the safety and security of the inmate and staff alike.

CHS follows Health System Pharmacy policies regarding oversight and tracking of medication to safeguard its medication administration conventions. To ensure compliance, all nurses receive medication administration training on the accounting, administration, documentation, verification, and continuation of medications during orientation.

**HIPAA Protections**

CHS staff most follow and comply with HHS HIPAA policies. CHS also provides specific policies addressing HIPAA protections applicable to the custody setting, such as disclosures of Protected Health Information to a “correctional institution.” CHS only allows staff to share PHI with the Sheriff’s Office Custody Bureau if permitted by HIPAA and other medical privacy laws. The most common reason for sharing would be if it is permitted 45 C.F.R. § 164.512(k)(5), which allows disclosure of individual PHI to the Custody Bureau if the Custody Bureau represents that such PHI is necessary for:

- (A) The provision of health care to the inmate.
- (B) The health and safety of the inmate or other inmates.
- (C) The health and safety of the officers or employees of or others at the correctional institution.

(D) The health and safety of inmates and officers or other persons responsible for the transportation of inmates or their transfer from one institution, facility, or setting to another.

(E) Law enforcement on the premises of the correctional institution; or

(F) The administration and maintenance of the safety, security, and good order of the jails.

### **Adequate Medical Equipment**

Medical equipment in the jails is acquired through the County's procurement process and is appropriated to Main Jail, Elmwood, and the Correctional Center for Women accordingly. CHS provides patients medical equipment related to the provision of medical care and standard assistive devices to accommodate physical disabilities as prescribed by the Americans with Disabilities Act (ADA).

Patients can opt to use their existing medical equipment or assistive devices upon the approval of licensed medical staff. A provider or a nurse will assess the need for an inmate to use medical equipment or assistive device that an inmate owns and document the assessment in the patient's medical record. Items that are necessary for activities of daily living such as eyeglasses do not require authorization by the medical staff.

In compliance with the Consent Decree, medical equipment, and assistive devices such as wheelchairs, canes, walkers, and crutches are provided to patients within four hours of the physician's order entry. Prostheses, if medically necessary, are also provided to promote positive health outcomes. Patients who receive medical equipment and/or assistive devices while in custody can keep the items upon release.

### **Language Accessibility**

All language interpretation needs are available 24/7 at all CHS facilities. Language translation services are available via onsite staff, video remote interpreting, and by phone.

CHS currently has 24 employees who receive a bilingual pay differential in one of the County's threshold languages. Bilingual staff provide inmates with timely and adequate access to care and services that meet state mandated cultural competency and linguistic requirements. As of January 2020, CHS also procured eight real-time video interpretation units available for use in both adult and juvenile facilities. Dual headset phones and/or regular phones for language translation remain available to patients who prefer the translation without the need for face-to-face interaction.

### **Tracking and Alignment of Goals, Objectives, and Expectations**

The Custody Health Quality Improvement (QI) Team ensures that health care services provided to patients align with the Health System's commitment to the delivery of high-quality clinical care and services are delivered in a safe and culturally appropriate environment. The QI Team applies best practice strategies that include assessment and analysis, process redesign, tracking and periodic reviews of care provided to patients throughout the county jails and juvenile facilities to ensure that quality is achieved.