SANTA BARBARA COUNTY JAIL

Intake Screening Process

SUMMARY

The 2015-2016 Santa Barbara County Grand Jury (Jury), reviewed the inmate intake procedures of the Santa Barbara County Jail (Jail) to ensure the facility is operating within the scope of California Code of Regulations Title 15 (Title 15) and the Santa Barbara Sheriff’s Office (SBSO) Custody Operations Policy and Procedures Manual. This report outlines the operations, procedures, and observations made of the intake process, as well as findings, discrepancies, and recommendations made by the Jury.

The Jury found the intake screening process of the SBSO and Corizon Health (Corizon) was inconsistent in following established protocols, policies, and procedures. The medical intake process is cumbersome as the inmate medical records are not computerized. SBSO staff does not provide adequate oversight of Corizon contracted medical staff. In at least one instance, Corizon employees failed to follow established medical intake protocols.

According to SBSO staff, they are aware of these problems with the intake screening process and are already taking steps to reorganize the intake process to correct the problems identified. New protocols, policies, and procedures are being discussed by Corizon and the SBSO. In addition, a new Health Services Administrator and a Grievance Coordinator have been hired to ensure that any protocol deviations are addressed. As of the completion of this report, these changes are still in the implementation process.

BACKGROUND

The Santa Barbara County Jail (Jail) is a Type II detention facility, as described by the California Code of Regulations, Title 15 (Title 15), used for the custody of persons pending arraignment, during trial and upon sentencing. The Jail is operated by the Santa Barbara Sheriff’s Office (SBSO). It has been described as a revolving door with many of the same people being arrested, jailed, and released only to be arrested again. Arrestees are transported to the Jail daily from throughout the county. The Santa Barbara County Grand Jury (Jury) learned that approximately 75 percent of the Jail inmates are categorized as pretrial inmates. Some may stay less than one day or until their court arraignment proceeding and are then released. It is not uncommon for about 60 percent of the inmate population to leave within two to four weeks. There are at least 40 to 60 arrestees a day who must go through the intake procedure. Whether it’s a short stay or a long stay, all arrestees entering the Jail must go through an intake process which includes a medical evaluation.

Agreement with Corizon Health
Since July 1, 2013, SBSO has had a Correctional Medical Agreement with Corizon Health (Corizon), a
national for-profit correctional health care company based in Tennessee. This two year contract with the SBSO was scheduled to expire on June 30, 2015. However, the Board of Supervisors (BOS) extended the contract to March 31, 2017.

The SBSO contract with Corizon is intended to ensure arrestees entering the Jail receive adequate medical evaluations and that inmates are provided appropriate medical care. Corizon staff are required to work within the contracted budget and operational constraints of the Jail. The Jury recognizes this can be a challenging task because many arrestees enter the Jail in poor health with preexisting medical conditions. According to SBSO staff, approximately 75 percent of inmates in the Jail have substance abuse issues. The Jury was told that most of the arrestees entering the Jail have one or more medical problems. It costs approximately $60,000 a year to house an inmate in the Jail. The recidivism rate is approximately 70 percent which means that seven out of ten inmates will re-offend and end up back in the Jail and will have to go through the intake screening process again.

**METHODOLOGY**

Members of the Jury toured the Jail and observed the intake operation of the Jail, during regular work hours, and reviewed a video of an intake process. The Jury reviewed the SBSO Custody Operations Policy and Procedures Manual (Manual), staff memorandums, and reports. The Jury also examined intake assessment forms. In addition, the Jury also interviewed SBSO custody officers and Corizon staff.

**OBSERVATIONS AND ANALYSIS**

The Jail provides the following core set of prisoner intake functions:
- Identifying the prisoner
- Developing the prisoner’s record
- Conducting medical and mental health assessments.
- Determining the prisoner’s threat to public safety and his/her security requirements
- Identifying sex offenders, sexual predators, and vulnerable inmates
- Scheduling transfers to the long-term facility
- Identifying and validating security threat group membership

The intake process at the Jail operates 24 hours a day with approximately 40 to 60 arrestees arriving at the Jail daily. Many are under the influence of drugs or alcohol, have physical injuries, or are mentally ill. These factors make the intake process challenging for the SBSO and Corizon staff.

According to SBSO staff, the Jail is understaffed, under-funded and not well designed to carry out all of their required responsibilities. Individuals who need significant medical attention at the time of intake are generally not accepted in the Jail. Instead they are taken to the local hospital for medical evaluation and stabilization. The intake screening would then be performed at the Jail when the inmate returns from the hospital. Once an inmate is admitted to the Jail the County of Santa Barbara is responsible for the cost of any outside medical care.

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1 Jail Staffing and Operating Cost Analysis, Santa Barbara County, Final Report CGL Companies, October 2015
The Health Services Administrator (HSA), a Corizon employee, is a Registered Nurse (RN) and is responsible for the day-to-day operations of the medical programs at the Jail. The HSA has the authority to oversee the administrative requirements of the programs, as well as recruitment, staffing, data gathering, financial monitoring, and enforcing policies and procedures.

**Processing Procedures**

The inmate intake procedure is a twofold process that includes a medical evaluation and a classification procedure that requires the cooperation of both SBSO staff and Corizon staff. The first step starts with a “SBSO Santa Barbara Sheriff Medical Pre-Screening” questionnaire, (see Appendix A) used to determine if there are current health issues that require prompt attention. In the past, this prescreening was performed by custody officers. According to the contract, SBSO staff receives up to 24 hours of training on medical issues annually by Corizon. However, this training is not adequate for SBSO staff to make many medical decisions. Therefore, deputies are no longer doing the medical intake prescreening on new bookings. The Jury learned that as of April 11, 2016, Corizon RNs are now performing the entire medical intake assessments. This is intended to ensure that medical needs are being met at intake. The medical prescreening questionnaire is an assessment tool used to determine if the inmate is ambulatory, alert, sick, suicidal, intoxicated, on medication, or has a history of drug or alcohol abuse. The name of the arrestee is entered into the Jail Management System (JMS), an inmate management software package, to determine if the arrestee has a previous record. If so, and if the arrestee has a significant medical condition such as heart problems, diabetes, drug/substance abuse history or psychological issues that were identified and recorded, the JMS would “red flag” the inmate information for ease of future retrieval. During the pre-screening, the detainee is asked about medication or street drugs recently used. Depending on the types of medications the detainee claims to be using, the nurse attempts to verify the prescribed medication by calling the detainee’s doctor, clinic, or pharmacy.

After conducting the medical prescreening using the SBSO questionnaire, the Corizon RN also evaluates whether the arrestee has significant medical issues that need to be addressed. This second medical evaluation uses Corizon’s “Intake and Receiving Screening form CS1101” (see Appendix B). Based on this evaluation the RN refers any arrestee with an urgent medical need to the Corizon contracted medical doctor (MD) for a follow up appointment. The Medical Process Overview, Medical Referral Sources, flow chart provided by SBSO staff (see Appendix C), does not reflect the new medical intake procedure and needs to be revised.

An arrestee who discloses a history of drug or alcohol abuse is assessed with the Clinical Opiate Withdrawal Scales (COWS) (see Appendix D.) According to Corizon staff, if an arrestee is identified as having a history of substance abuse, there is a “protocol” to ensure they are monitored closely. For example, if it is determined that the arrestee is a habitual intravenous drug user, according to the Corizon staff “the inmate is to be placed in observation and medication ordered to help reduce withdrawal symptoms.” These procedures are not outlined in the Receiving Screening Process (see Appendix E). These protocols are only referenced in the Manual Section 303.Use of Sobering/Observation Cell.

The Jury observed, that although SBSO and Corizon are supposed to work together, this cooperative collaboration has not always existed. SBSO staff has not always followed established oversight procedures to ensure Corizon staff are operating in accordance with their contract. Fundamental responsibilities may not be completed during a work shift. With proper monitoring, problems can be alleviated. SBSO staff does not have checklists or guidelines to reduce the risk of incomplete evaluation
by Corizon staff. The Jury recommends that the Sheriff Office update Appendices C and E. Additionally, two signature blocks, one for medical clearance staff the other for the custody officer prior to classification should be added to the forms in Appendices A and B.

A critically important next step, after the arrestee is medically cleared, is classification. The classification which is conducted by SBSO Staff determines where in the jail the new inmate will be housed. During this time the inmate is issued a wristband that includes pertinent personal information and moved to a holding cell. Whether the inmate is a new arrestee, or a reoffender, they go through the same intake process. For the safety of all concerned, it is imperative that this two-step process requires close collaboration between Corizon and SBSO staff to ensure that inmates entering the Jail are medically cleared and classified before placement in the general population.

Protocols
When the Intake Screening Process is completed, information is documented in the JMS which includes general health concerns. Also documented are external observations of behavior, appearance, deformities, injuries, and skin lesions, which might be indicators of illicit drug use. Inmates entering the Jail are tested for tuberculosis if they are expected to be there longer than 72-hours. In the case of a female arrestee, gynecological and pregnancy issues are noted.

If there are any concerns noted during the medical intake process, the Corizon staff takes necessary steps to reconcile these issues. The medical intake RN may refer the inmate/patient to the MD or Nurse Practitioner (NP), give them needed bridge medications, or initiate other treatments or protocols. The MD or the NP sees the patients that have been referred to them as scheduled by the intake nurse. This procedural change is an improvement that will result in inmate/patients receiving the most appropriate level of care whether it is urgent, emergent or routine. If the medical review is not conducted in accordance with written procedures, and discrepancies are not corrected, situations can develop with unforeseeable complications.

Intake Process Failure
During the intake review, the Jury observed that medical records in the Jail are stored using an antiquated, paper system. According to Corizon and SBSO staff, medical records are not computerized for quick access and both recognize this as a serious deficiency. If further information is needed during a medical intake, Corizon staff must manually retrieve medical records which are stored in paper form in the medical unit. Although the JMS flags chronic medical conditions, the information is frequently limited and insufficient to medically evaluate inmates with major medical issues. If the medical records were stored electronically, medical intake evaluations could be conducted after first reviewing their previous medical history in the jail.

SBSO staff have established procedures and protocols on how to process inmates. However, the Jury found that at least in one case, the intake procedures were not followed and an inmate was released into the general population without a completed medical screening. It is vitally important that every step of the medical intake process be conducted for each arrestee. A deviation from the approved process may result in an arrestee’s significant medical needs not being met when in the custody of the county, resulting in an intake process failure and possible major liability. All medical screening forms need to be signed and dated prior to classification. The classification by a custody officer must confirm that medical clearance has been completed prior to placement of the inmate to the appropriate location in the Jail.
A combination of events, such as the arrestee not responsibly and accurately reporting their medical condition, Corizon staff not completing their medical evaluation, and/or custody staff not overseeing the Corizon process, could result in intake process failure.

The Manual, Chapter 3, Section 303 (Use of Sobering/Observation Cell), outlines procedures to be used when an inmate is admitted to the Jail while under the influence of alcohol or other substance. Determining the level of intoxication or drug effect is subjective. When in doubt, in order to err on the side of safety, the use of sobering/observation cells is imperative. The consistent use of these cells ensures that inmates who are at risk are properly monitored.

**CONCLUSIONS**

The 2015-16 Santa Barbara County Grand Jury (Jury) determined that there have been inconsistencies in the intake screening process at the Santa Barbara County Main Jail (Jail). The Jury finds the medical prescreening questionnaire is not sufficient for Santa Barbara County Sheriff Office (SBSO) staff to determine if an arrestee has major medical concerns. SBSO staff receive minimal medical training annually. There has been a lack of SBSO oversight of Corizon Health (Corizon) medical staff to ensure the orderly, safe, and healthy intake of arrestees into the Jail. There has been a failure of SBSO staff to consistently follow their own intake procedure.

According to SBSO staff, they are already addressing some of these issues. A new Corizon Health Services Administrator (HSA) has been hired recently. The HSA is in the process of making changes that are addressing deficiencies in the medical intake procedure. Prior to the release of this report, the Jury learned that the SBSO staff are no longer conducting medical intake screenings. Corizon Registered Nurses are currently conducting all prescreening medical intake procedures. This process should continue and be documented on the medical process overview chart.

**FINDINGS AND RECOMMENDATIONS**

**Finding 1**
The Santa Barbara County Sheriff is using an antiquated paper system for maintaining inmate medical records at the Santa Barbara County Main Jail.

**Recommendation 1**
That the Santa Barbara County Sheriff implement a computerized medical record system for maintaining inmate medical records at the Santa Barbara County Main Jail.

**Finding 2**
The Santa Barbara County Sheriff Staff, has not always followed procedures, policies, and protocols pertaining to the intake process of arrestees.

**Recommendation 2**
That the Santa Barbara County Sheriff follow the established procedures, policies, and protocols pertaining to the intake process of arrestees.
Finding 3
The Santa Barbara County Sheriff does not have adequate oversight methods in place for ensuring Corizon Health staff are following their medical intake procedures at the Santa Barbara County Main Jail before the inmate is transferred to custody officers for classification.

Recommendation 3
That the Santa Barbara County Sheriff update Appendices A and B and add two signature blocks, one for medical clearance staff the other for the custody officer prior to classification at the Santa Barbara County Main Jail.

Finding 4
The Santa Barbara County Sheriff medical intake prescreening questionnaire is now being conducted by Corizon Health registered nurses; however, the Medical Process Overview Chart does not reflect this.

Recommendation 4
That the Santa Barbara County Sheriff continue to use Corizon Health registered nurses to conduct all medical intake screening of arrestees entering the Jail and include this provision in all future contracts and in the Medical Process Overview Chart.

Finding 5
The Santa Barbara County Sheriff’s Custody Operations Policy and Procedures Manual regarding the intake process needs revision.

Recommendation 5
That the Santa Barbara County Sheriff update the Custody Operations Policy and Procedures Manual to reflect the new changes being implemented to the intake process.

Finding 6
The Santa Barbara County Sheriff staff has not always confirmed arrestees were medically cleared by Corizon Health staff prior to classification and placement into the Jail population.

Recommendation 6
That the Santa Barbara County Sheriff initiate a procedure to ensure that all medical intake procedures are properly completed prior to classification and that inmate classification not be allowed to occur without verification of the completion of medical evaluation and clearance.

REQUEST FOR RESPONSE

Pursuant to California Penal Code Section 933 and 933.05, the Santa Barbara County Grand Jury requests each entity or individual named below to respond to the enumerated findings and recommendations within the specified statutory time limit:

Santa Barbara County Sheriff 60 days
   Findings 1, 2, 3, 4, 5, and 6
   Recommendation 1, 2, 3, 4, 5, and 6
## APPENDIX A

Santa Barbara Sheriff’s Medical Pre Screening

<table>
<thead>
<tr>
<th>SBSO SANTA BARBARA SHERIFF MEDICAL PRE-SCREENING</th>
</tr>
</thead>
</table>

**Inmate:**

**Officer:**

ALLERGIES:
- [ ] SB
- [ ] SM
- [ ] COURT

HEALTH INS:
- [ ] YES
- [ ] PRIVATE
- [ ] OTHER
- [ ] NO

WORKER’S COMP.
- [ ] YES
- [ ] NO

**OFFICER VISUAL OBSERVATIONS:**

1. WAS THE INMATE BROUGHT VIA THE HOSPITAL? IF YES, WHAT HOSPITAL?
   - [ ] YES
   - [ ] NO

2. DID THE INMATE ENTER THE JAIL UNDER HIS/HER OWN POWER? IF NO, HOW?
   - [ ] YES
   - [ ] NO

3. IS THE INMATE UNCONSCIOUS OR SHOWING SIGNS OF ILLNESS, INJURY, BLEEDING, PAIN, OR OTHER SYMPTOMS SUGGESTING THE NEED FOR IMMEDIATE EMERGENCY MEDICAL REFERRAL? IF YES, WHAT?
   - [ ] YES
   - [ ] NO

4. IS THE INMATE’S MOBILITY RESTRICTED IN ANY WAY? IF YES, HOW?
   - [ ] YES
   - [ ] NO

5. ARE THERE ANY VISIBLE SIGNS OF FEVER, JAUNDICE, SKIN LESIONS, RASH OR INFECTIONS, CUTS, BRUISES, MINOR INJURIES, NEEDLE MARKS OR BODY VERMIN? IF YES, WHAT?
   - [ ] YES
   - [ ] NO

6. DOES THE INMATE APPEAR TO BE UNDER THE INFLUENCE OF, OR WITHDRAWING FROM, DRUGS OR ALCOHOL? IF YES, WHAT?
   - [ ] YES
   - [ ] NO

7. DOES THE INMATE HAVE A PROSTHESIS (CRUTCHES, EYEGLASSES, WHEELCHAIR, DENTURES, ARTIFICIAL LIMB, HEARING AID, ETC.)? IF YES, WHAT?
   - [ ] YES
   - [ ] NO

8. DOES THE INMATE EXHIBIT ANY SIGNS THAT SUGGEST THE RISK OF SUICIDE, ASSAULT OR ABNORMAL BEHAVIOR? IF YES, WHAT?
   - [ ] YES
   - [ ] NO

9. DID THE INMATE GO DIRECTLY TO THE SAFETY CELL? (CONTACT MEDICAL)
   - [ ] YES
   - [ ] NO

**INMATE QUESTIONNAIRE:**

10. ARE YOU TAKING ANY MEDICATIONS PRESCRIBED BY A PHYSICIAN OR PSYCHIATRIST NOW? IF YES, NAME MEDICATION AND LAST TIME TAKEN
    - [ ] YES
    - [ ] NO

11. DID YOU COME INTO CUSTODY WITH PRESCRIBED MEDICATIONS?
    - IF YES, WHAT?
      - [ ] YES
      - [ ] NO

12. HAVE YOU BEEN TREATED FOR (CHECK AS APPROPRIATE)
    - [ ] ASTHMA
    - [ ] DIABETES
    - [ ] ALCOHOL.SEIZURES

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<table>
<thead>
<tr>
<th>Question</th>
<th>Answer Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>DELIRIUM TREMENS (DT’S)</td>
<td>□ YES □ NO</td>
</tr>
<tr>
<td>EPILEPSY</td>
<td>□ YES □ NO</td>
</tr>
<tr>
<td>HEART CONDITION</td>
<td>□ YES □ NO</td>
</tr>
<tr>
<td>HIGH BLOOD PRESSURE</td>
<td>□ YES □ NO</td>
</tr>
<tr>
<td>MENTAL HEALTH PROBLEMS</td>
<td>□ YES □ NO</td>
</tr>
<tr>
<td>ULCER</td>
<td>□ YES □ NO</td>
</tr>
<tr>
<td>ANY OTHER MEDICAL CONDITION? IF YES, WHAT?</td>
<td>□ YES □ NO</td>
</tr>
<tr>
<td>13. DO YOU NOW HAVE A CONTAGIOUS OR COMMUNICABLE DISEASE OR</td>
<td>□ YES □ NO</td>
</tr>
<tr>
<td>BEEN EXPOSED TO ANYONE WITH ONE? (I.E., AIDS, HEPATITIS,</td>
<td></td>
</tr>
<tr>
<td>TUBERCULOSIS OR SEXUAL TRANSMITTED DISEASE) IF YES, WHAT?</td>
<td></td>
</tr>
<tr>
<td>14. DO YOU SUFFER FROM SHORTNESS OF BREATH, COUGH FOR 3 OR MORE</td>
<td>□ YES □ NO</td>
</tr>
<tr>
<td>WEEKS, BLOODY SPUTUM, NIGHT SWEATS OR FATIGUE? IF YES, WHAT?</td>
<td></td>
</tr>
<tr>
<td>15. HAVE YOU NOTICED A DECREASE OR INCREASE IN WEIGHT RECENTLY?</td>
<td>□ YES □ NO</td>
</tr>
<tr>
<td>IF YES, HOW MANY POUNDS?</td>
<td>□ YES □ NO</td>
</tr>
<tr>
<td>16. HAVE YOU BEEN HOSPITALIZED BY A PHYSICIAN OR PSYCHIATRIST</td>
<td>□ YES □ NO</td>
</tr>
<tr>
<td>IN THE PAST YEAR? WHEN? WHERE?</td>
<td></td>
</tr>
<tr>
<td>17. HAVE YOU FAINTED OR HAD A HEAD INJURY WITHIN THE PAST 72 HOURS?</td>
<td>□ YES □ NO</td>
</tr>
<tr>
<td>IF YES,</td>
<td></td>
</tr>
<tr>
<td>18. HAVE YOU EVER CONSIDERED OR ATTEMPTED SUICIDE? IF YES, WHEN?</td>
<td>□ YES □ NO</td>
</tr>
<tr>
<td>19. ARE YOU SUICIDAL NOW?</td>
<td>□ YES □ NO</td>
</tr>
<tr>
<td>20. DO YOU USE DRUGS?</td>
<td>□ YES □ NO</td>
</tr>
<tr>
<td>WHAT KIND?</td>
<td>HOW OFTEN?</td>
</tr>
<tr>
<td>LAST TIME?</td>
<td>HOW MUCH?</td>
</tr>
<tr>
<td>21. DO YOU USE ALCOHOL?</td>
<td>□ YES □ NO</td>
</tr>
<tr>
<td>WHAT KIND?</td>
<td>HOW OFTEN?</td>
</tr>
<tr>
<td>LAST TIME?</td>
<td>HOW MUCH?</td>
</tr>
<tr>
<td>FEMALES</td>
<td></td>
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<tr>
<td>22. WHEN WAS YOUR LAST PERIOD?</td>
<td></td>
</tr>
<tr>
<td>23. ARE YOU TAKING BIRTH CONTROL PILLS?</td>
<td>□ YES □ NO</td>
</tr>
<tr>
<td>24. ARE YOU PREGNANT, RECENTLY DELIVERED OR MISCARRIED, OR EXPERIENCING</td>
<td></td>
</tr>
<tr>
<td>ABDOMINAL PAIN OR DISCHARGE? IF YES, WHAT, AND NOTIFY MEDICAL</td>
<td>□ YES □ NO</td>
</tr>
<tr>
<td>□ YES □ NO □ PREGNANT □ RECENTLY DELIVERED</td>
<td></td>
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</tbody>
</table>
SBSO SANTA BARBARA SHERIFF MEDICAL PRE-SCREENING

Inmate: 
Officer: 

☐ MISCARRIED
☐ EXPERIENCING ABDOMINAL PAIN OR DISCHARGE

I have answered all questions. I have been told and shown how to obtain medical services and advised on how to obtain medication upon release. I hereby give my consent for professional services to be provided to me through Corizon Health, Inc.

Inmate's Signature: __________________________  Date: ________  Officer's Signature: __________________________  Date: ________
## APPENDIX B
### Intake and Receiving Screening CS1101

![Image](image-url)

### CRITICAL OBSERVATION

- **Urgent/Emergent Medical Referral**
  - None identified
  - Yes, check all that apply
  - Severe injury
  - Life threatening illness
  - Uncontrolled bleeding
  - Severe pain
  - Head trauma with mental status changes
  - Other:

- **Urgent/Emergent Mental Health Referral**
  - No
  - Yes, check all that apply
  - Active hallucinations
  - Active delusions
  - Actively suicidal
  - Other:

- **Communicable Diseases Suspected**
  - MRSA
  - Varicella (Chicken pox)
  - Herpes Zoster (Shingles)
  - Lice/Pediculosis
  - Jaundice
  - Needle Marks

### Mobility Restrictions/Impairments

- **Deformity**
- **Cast**
- **Paraplegic**
- **Wheelchair**
- **CPAP**
- **Brace**
- **Blind**
- **Deaf**
- **Amputation**
- **Splint**
- **Quadriplegic**
- **Crutches/Cane**
- **Other:**

### VITAL SIGNS

- **One or more vital signs refused**

### HISTORY

- **Major surgery or medical hospitalization within past year**
  - None
  - Yes, check all that apply and include date
  - Brain surgery
  - Heart surgery
  - Abdominal surgery
  - MI
  - Stroke
  - Transplant
  - Due to traumatic injury
  - Other:

- **Female history**
  - Date of last LMP:
  - Unknown
  - N/A
  - Are you currently pregnant:
  - Yes
  - No
  - Maybe/Don’t know
  - Pregnancy test:
  - Positive
  - Negative
  - Fingerstick result (if pregnant): 

### MEDICATION REPORTED

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<thead>
<tr>
<th>Name/Dose</th>
<th>Frequency/Last Taken</th>
<th>Prescribed by or Provided by</th>
<th>Verification Through</th>
</tr>
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<tbody>
<tr>
<td>Medication Container</td>
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<td></td>
</tr>
<tr>
<td>Physician/Psychiatrist</td>
<td>VA</td>
<td></td>
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</tr>
<tr>
<td>Pharmacy</td>
<td>Unable to verify</td>
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**CS1101**

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## FILL IN INFORMATION

### Last Name: 
### First: 
### MI: 
### ID: 

#### Allergies

<table>
<thead>
<tr>
<th>Allergy</th>
<th>Reaction Type (Hives, rash, SOB, anaphylaxis, shock)</th>
<th>Allergy</th>
<th>Reaction Type (Hives, rash, SOB, anaphylaxis, shock)</th>
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</tbody>
</table>

#### Alcoholic Use

- **Do you drink alcohol?**
  - Yes
  - No

#### Substance Use

- **Do you use drugs?**
  - Yes
  - No

#### Substance Use/Rx

- **Do you use injectable drugs?**
  - Yes
  - No

#### Substance Withdrawal

- **Heroin**
  - How often?
  - How much?
  - Last use?
  - He of withdrawal

#### Communicable Disease

- **HIV/AIDS**
  - Do you have HIV infection or AIDS?
    - Yes
    - No

#### Tuberculosis

- **TB Symptoms**
  - Do you have any of the following?
    - Weight loss
    - Night sweats
    - Fever
    - No

#### Medicinal Problems

- **Do you have any ongoing medical problems we should know about?**
  - Yes
  - No

#### Cardiovascular Disease

- **Cardiovascular - Ask each question**
  - Angina
    - Yes
    - No
  - Atrial Fibrillation
    - Yes
    - No
  - Stents
    - Yes
    - No
  - Pacemaker
    - Yes
    - No
  - Heart attack
    - Yes
    - No
  - Internal defibrillation
    - Yes
    - No
  - Bypass surgery
    - Yes
    - No
  - Endocarditis
    - Yes
    - No
  - CHF
    - Yes
    - No
  - Blood clot in lungs or legs
    - Yes
    - No
  - Are you taking Warfarin, Coumadin, or Jantoven?
    - Yes
    - No
  - Date of onset:
    - Last episode:

#### Diabetes

- **Diabetes**
  - How long:
  - Fingerstick:
    - Not done
    - Reason:
  - If finger stick >300, ask the following:
    - Nausea
      - Yes
      - No
    - Vomiting
      - Yes
      - No
    - Excessive thirst
      - Yes
      - No
    - Urine ketones (if taken)
      - Not taken
      - Reason:

#### Hypertension

- **Hypertension**
  - How long:
  - Are you currently taking medication(s):
    - Yes
    - No
  - Three or more antihypertensives:
    - Yes
    - No

#### Gastrointestinal

- **Gastrointestinal**
  - Have you ever vomitted blood:
    - Yes
    - No
  - Frequency:
    - Last:
    - Comments:
  - Ever had dark, black stools from bleeding:
    - Yes
    - No
  - Frequency:
    - Last:
    - Comments:

---

2015-16 Santa Barbara County Grand Jury
<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First:</th>
<th>ID:</th>
</tr>
</thead>
</table>

**MEDICAL PROBLEMS (continued)**

<table>
<thead>
<tr>
<th>Cancer</th>
<th>Dialysis</th>
<th>COPD / Emphysema</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you currently have cancer:</td>
<td>□ Yes □ No</td>
<td>□ Hemodialysis □ Peritoneal</td>
</tr>
<tr>
<td>Are you currently being treated for cancer:</td>
<td>□ Yes □ No</td>
<td>□ O2 dependent:</td>
</tr>
<tr>
<td>Type:</td>
<td>Number of times per week:</td>
<td>Peak flow:</td>
</tr>
<tr>
<td>HCV</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**BEHAVIORAL HEALTH**

Do you have any current mental health complaints? □ Yes □ No
Do you have a history of a mental health problem? □ Yes - Complete Section 1 □ No - Proceed to Section 2

Section 1
Have you ever been diagnosed with a mental illness: □ No □ Yes, check which illness: □ Schizophrenia □ Major Depression

History of outpatient therapy: □ No □ Yes Within the last year: □ Yes □ No □ Bipolar □ Other:

History of psychotropic medication(s): □ Yes □ No History of psych hospitalization: □ Yes □ No Within the last year: □ Yes □ No

History of hearing things: □ Yes □ No History of seeing things: □ Yes □ No

Section 2
History of suicide attempt(s): □ No □ Yes Last attempt: □ Yes □ No Are you thinking of suicide now: □ Yes □ No

Family/friends history of suicide: □ Yes □ No Recent significant loss: □ Yes □ No

Do you feel like there is nothing to look forward to (hopeless/helpless): □ Yes □ No Have you ever hurt yourself on purpose: □ Yes □ No

Are you thinking of hurting yourself now: □ Yes □ No Are you thinking of hurting others now: □ Yes □ No

Section 3
Ever hospitalized for head trauma: □ Yes □ No History of violent behavior: □ Yes □ No History of victimization: □ Yes □ No

History of sex offenses: □ Yes □ No History of: □ Special education placement □ Developmental disability □ Mental retardation

**EXAMINATION**

General Appearance: □ NAD □ Appears hydrated □ Other:

Oral Screening
Unreliable □ Missing teeth □ Cavitities □ Lesions □ Swelling

Skin (visible)
Unreliable □ Surgical scars □ Jaundice □ Open □ Rash □ Pallor

Lesions □ Dentures □ Swelling □ Dentures/Partial

Tattoos □ Other:

**DISPOSITION**

Placement
□ GP □ Isolation reason: □ H&P □ Routine □ Expedited □ Behavioral Health □ Routine □ Expedited
□ Infirmary □ Observation □ Nursing Sick Call □ Routine □ Expedited □ Chronic Care Clinic □ Routine □ Expedited
□ Suicide Watch □ Other □ Practitioner Sick □ Routine □ Expedited □ Dental referral □ Routine □ Expedited
□ Other:

Notification: □ Immediate supervisor □ Practitioner On Call □ ER for transport

Consent for treatment signed: □ Yes □ No Reason:

Access to care reviewed: □ Yes □ No Reason:

Grievance process explained: □ Yes □ No Reason:

Implement (check all that apply): □ GWA-Ar □ COWS □ BWS-C

**ADDITIONAL COMMENTS**

My information is correct and I accept the provision of medical, dental and mental health care.

Patient's Signature __________________________ Interviewer's Name (Printed) __________________________ Date __________________________

Secondary review (If Indicated) __________________________ Name (Print) __________________________ Signature __________________________ Date __________________________

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APPENDIX C
MEDICAL PROCESS OVERVIEW

Medical Referral Sources

RECEIVING AND INTAKE
Deputy Medical Intake
Screening Questionnaire

Within 10 minutes
of receiving

Inmate is asked medical
questions

No answer
to all
questions

Yes answer
to one
question

Inmate is seen within
1 day

Inmate is seen
immediately

Within 3 days

If inmate
requires
further
evaluation

Within 3 days

14-Day
Evaluation

Within 14
days

Physical/mental
assessment a
regulated by
Title 15; more in-
depth than
intake questions.

If a condition
is discovered,
then further
evaluation will
occur

Within 3 days

Inmate
Medical
Requests

Medical picks up
requests at least twice
daily

Within 3 days

Outside
Requests

Inmate researched
ASAP

If the
inmate
needs to be
seen, they
are seen

Within 3 days

SICK CALL
Doctor, Practitioner, and Nurse (RN)
• RN: Daily
• Practitioner: (4) times/week/
on call 24/7
• Doctor: (2) times/week/
on call 24/7

Within 3 days

Dental

If an inmate
requires
medication,
they are given
medication.

Within 3 days

If in stock, within 12 hours.

If medication is ordered, within 3 days.

Medication Pass
**APPENDIX D**

**CLINICAL OPIATE WITHDRAWAL SCALES (COWS)**

![Corizon Logo]

**Clinical Opiate Withdrawal Scale (COWS)**

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOB:</th>
<th>WT:</th>
<th>Score:</th>
<th>T:</th>
<th>P:</th>
<th>RR:</th>
<th>BP:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shift 1</td>
<td>Date:</td>
<td>Time:</td>
<td>Score:</td>
<td>T:</td>
<td>P:</td>
<td>RR:</td>
<td>BP:</td>
</tr>
<tr>
<td>Shift 2</td>
<td>Date:</td>
<td>Time:</td>
<td>Score:</td>
<td>T:</td>
<td>P:</td>
<td>RR:</td>
<td>BP:</td>
</tr>
<tr>
<td>Shift 3</td>
<td>Date:</td>
<td>Time:</td>
<td>Score:</td>
<td>T:</td>
<td>P:</td>
<td>RR:</td>
<td>BP:</td>
</tr>
</tbody>
</table>

### ASK and OBSERVE

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Restlessness</strong></td>
<td>Observation during assessment</td>
<td>0 able to sit still</td>
</tr>
<tr>
<td><strong>Pupil size</strong></td>
<td>0 pupils pinned or normal size for light in room</td>
<td>1 pupils possibly larger than normal for light in room</td>
</tr>
<tr>
<td><strong>Bone or Joint aches</strong></td>
<td>If patient is having pain previously, only the additional component attributed to olate withdrawal is scored</td>
<td>0 not present</td>
</tr>
</tbody>
</table>

### ASK and OBSERVE

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Restlessness</strong></td>
<td>Observation during assessment</td>
<td>0 no tremors</td>
</tr>
<tr>
<td><strong>Pupil size</strong></td>
<td>0 pupils dilated</td>
<td>1 pupils indistinguishable from normal</td>
</tr>
<tr>
<td><strong>Bone or Joint aches</strong></td>
<td>If patient is having pain previously, only the additional component attributed to olate withdrawal is scored</td>
<td>0 not present</td>
</tr>
</tbody>
</table>

### Scale Interpretation

- **Score range**: 0-48
- **Score interpretation**:
  - 0-10: Mild
  - 11-24: Moderate
  - 25-48: Severe

---

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APPENDIX E
Receiving Screening Process

Receiving Screening Process

Inmate arrives at the facility

If an unconscious or seriously injured person enters the facility, the person will be referred immediately for medical attention

- Current illnesses and health problems including those specific to females.
- Screening of other health problems designated by the responsible physician.
- Behavioral observation, including state of consciousness and mental status.
- Medications taken and special health requirements.
- Notation of body deformities, trauma markings, bruises, lesions, eye movement, jaundice.
- Condition of skin, including rashes and infestations.
- Disposition, if applicable.
- Document referral of prisoners to qualified medical personnel for emergency treatment.
- Notation of personal physician and any medical needs.
- Assessment of suicidal risk.

Preliminary Screening Form is completed

Medical Screening Forms are completed

Medical Review
- Documentation of current illness and health problems including mental, dental and communicable diseases.
- Medications taken and special health requirements.
- Use of alcohol and drugs, including types, methods, amount, frequency, date, time of last use and history of problems related to stoppage.
- For females, a history of gynecological problems and pregnancies.

Observation
- Behavior, including state of consciousness, mental status, appearance, conduct, tremors, sweating.
- Notation of body deformities, trauma, markings, ease of movement.
- Condition of skin and body orifices, including rashes and infestations, needle marks, or other indications of drug abuse.

Medical Clearance
- Inmates must be medically cleared before they are sent to general population.

TB Tests
- Screening tests for tuberculosis for all inmates housed longer than seventy-two (72) hours.

MD Review
- All new admissions/screening charts are to be reviewed and signed by the Medical Doctor within forty-eight (48) hours.