

# COUNTY OF SACRAMENTO CALIFORNIA

For the  
Agenda of:  
June 15, 2009

To: Board of Supervisors

From: Sheriff's Department  
Correctional Health Services Division

Subject: Report Back On Feasibility Of Combined Medical Unit For Both Adults And  
Juveniles

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#875-9782

## **Background**

Per your Board's request, this item reports back on the feasibility of a combined medical unit for both the adults and juveniles incarcerated populations.

## **Discussion**

The Title 15 regulations which govern all aspects of incarcerations of both adults and juveniles are very different in terms of how these populations should be housed and treated. The most significant regulation requires that juveniles must be kept in complete sight and sound separation from adults. These requirements are quite specific and would require facilities to have separate entrances/exits, hallways and waiting areas. Currently none of the jail or juvenile facilities is configured to accommodate a medical operation such as this so a site would need to be located and significant modifications would be required to comply with these regulations.

## **Other Counties:**

The requirement of this level of separation far exceeds the normal classification requirements for various adult inmates and as such counties have chosen to house and provide medical treatment for their adult and juvenile populations separately. To our knowledge, there are no comparable counties that house or provide medical treatment for their juvenile and adult populations in the same facility.

## **Facilities Not Centralized:**

Probation operates two juvenile facilities that are located out off of Bradshaw Rd and the Sheriff operates two jail facilities, one downtown and the other off of Twin Cities Rd in Elk Grove. None of these facilities has a location which could accommodate a centralized medical unit so a centralized site would need to be identified and equipped for medical clinics.

### **Increased Dependence on Medical Transport:**

Institutional management consultants state that the best and most efficient method of any service delivery whether that is medical care, food or laundry is the creation of that service in-house and bringing that service to the inmate versus taking that inmate to the service. Correctional Health is currently pursuing an aggressive strategy of bringing in specialists to provide clinic both through on-site clinics and through telemedicine to improve access and reduce costs. In addition, this change is being made in part due to lack of availability of medical transport staff. A centralized unit would require even more dependence on custody resources to transport inmates/wards to clinic appointments.

### **No Excess Capacity:**

This proposal infers that there is excess capacity in both nursing and physician resources that could be better utilized through a centralized approach. In CHS, that is clearly not the case. One Registered Nurse who is assigned to nurse sick call will see inmates on two floors (which is approx 30 -40 people a day). If the nurse deems that the inmate needs to see a physician, the inmate will be scheduled for MD sick call in which a physician is expected to see 30 inmates in an eight hour shift. This pace is 16 minutes per patient and that includes travel time of an inmate to and from his/her cell. Currently with our budget situation, we have had to abandon our “no rollover” policy and inmates who sign up for sick call can no longer expect to see someone the next day and have to wait 2 to 3 days for service. Consolidation of resources will not increase capacity as Juvenile Medical has the same issue of having greater needs than resources. A consolidation will only add chaos due to the need to maintain separation of patients and overwhelm a system that is already operating at a maximum capacity level.

### **No Economy of Scale:**

This proposal doesn't provide for an economy of scale as both CHS and Juvenile Medical do not have many administrative staff. There is one administrative manager for each division and one Medical Director for each division and then on-site clinical management. If you collapsed both divisions you could save one Administrative Chief and one Medical Director which wouldn't do much to offset a deficit of \$8.9 million in Correctional Health alone. It is the perspective of the Sheriff's Department that Correctional Health being a \$40 million division with considerable responsibility and liability requires its own management team and would not be well served being collapsed into another structure.

### **Sheriff Control of His Facilities:**

When Correctional Health was moved into the Sheriff's department in 2001, it was at the Sheriff's request due to his concern regarding the management of the medical and psychiatric practice and its lack of integration into the overall daily jail operations. Since that time, the integration of CHS has been a success and the operation of the medical program has improved and has become more cost effective. A decision to centralize these operations would represent a departure from the commitment to allow the Sheriff to manage all operations in his facilities.

### **Recommendation:**

It is the recommendation of the Sheriff's department that centralization of the medical care for both inmates and wards in this county is not a workable solution for our budget crisis due to the following reasons:

- The co-location of juveniles and adults would require proper facility selection and modification to maintain the required “sight and sound” separation.
- Transportation of inmates/wards would put even more strain on custody resources.

- Doesn't provide any economy of scale as the demand for services far exceeds resources so there is no duplication of staff either in administrative or clinical functions.
- Would change the ability of the Sheriff to control all operations for which he is responsible in his facilities.