

This document is an extract of a larger publication.

civilgrandjury.org is a project of UnGovr.org, a US-based 501(c)(3) nonprofit dedicated to government transparency and public accountability.



youth, the annual cost/inmate would decrease to about \$120,000/year). Total operating cost would increase only 3% to \$5.77 million/yr.

As discussed in a previous section titled Preadmission Screening, the Jury learned that 9% of the 121 candidates for LPBC commitment were rejected for various reasons. We also learned that 90 boys, or 74%, were ordered to LPBC. The remaining 20 (16.5%) were screened and accepted but, for various reasons, were NOT ordered to the camp. It is this population that the Jury believes constitutes the candidate pool for increasing LPBC utilization.

### **Additional Methods of Increasing Camp Utilization**

Another possible way to increase use of the existing facilities would be to accept females. Currently, some females are sent out of state to group homes using state and federal funds. A soon to be published UCSB report, entitled “Evaluation of Female Specific Services: Transforming the Juvenile Justice Approach to Girls, 2016” Executive Summary concludes “that a local option, where girls could receive intensive mental health treatment would be preferable to out-of-county group homes”<sup>4</sup>. The unused dormitory at LPBC would require almost no modification to accommodate females. Accepting females would give them access to the same intensive mental health services available to the boys. Therefore, the cost for female inmates would be similar to the cost for males.

The need for a facility to house juvenile female inmates is worthy of further study. Although, over the last several years, the number of female offenders has decreased steadily, this year, the number has increased sharply.

Even so, the number of female offenders in Santa Barbara County is not presently sufficient to warrant establishing a separate program for them. The minimum number of female youth for a cost-effective program is approximately 20. It is possible, however, that an arrangement could be reached with the probation departments of Ventura and San Luis Obispo Counties to house and rehabilitate qualifying females from their jurisdictions. The Jury recommends that this possibility be explored. The Jury’s preliminary study indicates that a joint program would benefit all participants.

Another possible way to increase use of the existing facilities would be to offer programs of shorter duration. Existing programs of 120 and 180 days could be complemented with 60 and/or 90 day programs. The Jury recommends that this possibility be explored as well.

### **Benefits to Society**

When youth graduate from Los Prietos Boys Camp, (and, in many cases, subsequently from high school) the positive effects are not only felt by the juvenile but also his family. These benefits cannot always be quantified as they may involve improved self-esteem, self-discipline, a resolve to move on to college or a job, and/or to contribute to his family. One youth, when asked what

---

<sup>4</sup> Year 2: Systemic Probation Analysis & Girls Group Evaluation, Evaluation of Female Specific Services, Transforming the Juvenile Justice Approach to Girls, 2016 Executive Summary, UCSB and Santa Barbara County Department of Behavioral Wellness, Draft

he would do differently when he got out of Camp said he wanted his behavior not "to make my mom cry again." See Appendix B for similar comments from other youth incarcerated at LPBC.

However, numerous papers and studies show that society as a whole clearly benefits in a multitude of financial ways. Before they were incarcerated at LPBC, the majority of the youth were substance abusers, were truant (some for as long as a year), and were found guilty of various violations of the law. This report does not attempt to analyze every detail of the individuals placed at the Camp. However, it is accurate to state that they were all in danger of ending up as statistics, whether it be as high school dropouts, perpetrators of further crimes, victims of crimes, and/or as inmates of local, state, or federal prisons.<sup>5</sup> Beyond that, the youth could become a financial drain on various levels of government and its taxpayers in numerous ways, whether as inmates of jails and prisons, welfare or food stamp recipients, and/or as low wage earners. "The typical career criminal causes \$1.3–\$1.5 million in external costs; a heavy drug user causes \$370,000 to \$970,000. Eliminating duplication between crimes committed by individuals who are both heavy drug users and career criminals results in an overall estimate of the "monetary value of saving a high-risk youth" of \$1.7 to \$2.3 million."<sup>6</sup>

These and more data may be found in Appendix C, "Memo from Joyce E. Dudley, District Attorney, County of Santa Barbara, March 30, 2016".

Based on its investigation, the Jury strongly believes that the Los Prietos Boys Camp is a valuable asset that not only changes the lives of the youth it incarcerates, it also contributes to saving an appreciable amount of money for taxpayers and all levels of government.

### CONCLUSION

The 2015-2016 Santa Barbara County Grand Jury examined the operation of the Los Prietos Boys Camp. The camp provides a structured and predictable environment where medium and high-risk youth are encouraged to modify their behavior, develop self-esteem, and prepare themselves to re-enter society. The Jury studied the support programs provided to the youth including the programs that help the youth transition back into society.

The Jury believes that the Los Prietos Boy's Camp is run effectively and efficiently and is a significant asset to the community. The Jury concluded, however, that Los Prietos Boys Camp is not operating at capacity. The cost to house each youth, therefore, is higher than it would be with greater utilization. The Jury concluded that the possibility of expanding the LPBC mandate to include females appears feasible and is worthy of further study.

The Jury also concluded that no countywide definition of recidivism exists to allow evaluation of the effectiveness of various rehabilitation program alternatives.

---

<sup>5</sup> See Appendix C, "Memo to Santa Barbara County Grand Jury from District Attorney Joyce E. Dudley, March 30, 2016"

<sup>6</sup> Cohen, M. A. (1998). *The monetary value of saving high-risk youth*. Journal of Quantitative Criminology.

**FINDINGS AND RECOMMENDATIONS**

**Finding 1**

The Los Prietos Boys Camp at its current staffing level can care for up to 50 youth yet the number of juveniles held is less than this number.

**Recommendation 1a**

That the Santa Barbara County Board of Supervisors direct the Santa Barbara County Probation Department to conduct a study of ways to increase the utilization of the Los Prietos Boys Camp.

**Recommendation 1b**

That the Santa Barbara County Board of Supervisors direct the Santa Barbara County Probation Department to reevaluate its acceptance criteria and process to develop methods to increase the number of youth who are ordered to the Los Prietos Boys Camp program.

**Recommendation 1c**

That the Santa Barbara County Board of Supervisors direct the Santa Barbara County Probation Department to evaluate the possibility of decreasing the lengths of the programs in order to accommodate more youth.

**Finding 2**

No similar camp program for female juveniles exists in Santa Barbara County.

**Recommendation 2**

That the Santa Barbara County Board of Supervisors direct the Santa Barbara County Probation Department to evaluate including female juvenile offenders in this successful program.

**Finding 3**

Freedom 4Youth offers a post incarceration mentorship program that is only available to youth who live in the South County.

**Recommendation 3**

That the Santa Barbara County Board of Supervisors encourage the establishment of a similar mentorship program for North County youth.

**Finding 4**

No standard calculation methodology exists within Santa Barbara County for measuring juvenile recidivism.

**Recommendation 4**

That the Santa Barbara County Board of Supervisors direct the Santa Barbara County Probation Department to establish a single calculation methodology for juvenile recidivism and utilize it in all future reporting.

**REQUEST FOR RESPONSE**

Pursuant to *California Penal Code Sections 933 and 933.05*, the 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 Board of Supervisors – 90 days**

Findings 1, 2, 3, and 4

Recommendation 1a, 1b, 1c, 2, 3, and 4

LOS PRIETOS BOYS CAMP

APPENDIX A
Los Prietos Screening Form

PLACEMENT SCREENING CHECKLIST

DATE:
PROGRAM LPBC
PLACEMENT AREA SM LO SB

REFERRING DPO: PHONE NO.:
NAME: DOB: AGE:
ADDRESS: PHONE NO.:
JID #: COURT NO.: SOCIAL SECURITY NO.:

LIVING SITUATION: W/MOTHER: W/FATHER: GUARDIAN:
RELATIVES: FOSTER PARENTS: GROUP HOME:
PARENTS'/GUARDIAN'S NAME: (MOTHER)
ADDRESS: PHONE NO.:
FATHER: PHONE NO.:
ADDRESS:

PARENT INVOLVEMENT: COOPERATIVE: RESISTANT:
PARENT(S) AND/OR SIBLINGS ON PROBATION/PAROLE:

IMMIGRATION ISSUES:

PROBATION HISTORY: Minor in Custody Yes No Date of Detention:
NEXT COURT DATE: RISK ASSESSMENT SCORE:
PRESENT OFFENSE: (CODE#)
ALL 707 (b) WIC and gang related offenses must include police report(s)

(SUMMARY):

PRIOR RECORD SUMMARY: (Scan Updated Custody Log Sheet)

VICTIMS AT LPBC:
CO-DEFENDANTS AT LPBC:
GANG AFFILIATION: (which one?) MONIKER:
CONFINEMENT TIME: (CS) (CC)

PRIOR ATTEMPTS AT REHABILITATION: (Include Complete/Incomplete)

PRIOR LPBA: Yes No MENTAL HEALTH PLACEMENTS: Yes No
GROUP HOME: Yes No RESIDENTIAL TREATMENT: Yes No
RUNAWAY BEHAVIOR: Yes No

Comments: (If yes to any of the above, include entry/exit dates, program name/location, and if the program was complete/incomplete)

PREVIOUS COUNSELING PARTICIPATION:

SCHOOL INFORMATION

LAST SCHOOL: EDUCATION/GRADE:
REG: RESOURCE: LH ED OTHER
ESL IEP LANGUAGE: ENGLISH SPANISH
OTHER

(ENTRY IS REQUIRED FOR MENTAL HEALTH HISTORY AND MEDICAL INFORMATION)

MENTAL HEALTH HISTORY

**LOS PRIETOS BOYS CAMP**

HISTORY OF SUICIDE IDEATION OR ATTEMPTS:  Yes  No  
If yes, explain:

HISTORY OF ARSON/FIRE SETTING:

VIOLENCE: (DETAILED DESCRIPTION OF VIOLENT OFFENSES)

HOMOSEXUALITY: \_\_\_\_\_ MOLESTATION: \_\_\_\_\_ PSYCHOTIC BEHAVIOR: \_\_\_\_\_  
EMOTIONAL STABILITY: \_\_\_\_\_  
SOCIAL SKILLS/PEER GROUP: \_\_\_\_\_

**MEDICAL INFORMATION**

PSYCHOTROPIC MEDICATIONS: \_\_\_\_\_  
DOSAGE: \_\_\_\_\_ FREQUENCY \_\_\_\_\_  
ALLERGIES: \_\_\_\_\_ DIABETES \_\_\_\_\_  
BEE STINGS: \_\_\_\_\_ If Yes, Anaphylactic Reaction: \_\_\_\_\_ If yes, date: \_\_\_\_\_  
INJECTIONS NEEDED: \_\_\_\_\_ EPILEPSY: \_\_\_\_\_ ASTHMA: \_\_\_\_\_  
INHALER REQUIRED: \_\_\_\_\_ HANDICAPS: \_\_\_\_\_  
INJURIES: \_\_\_\_\_ OTHER: \_\_\_\_\_  
SCARS: \_\_\_\_\_ TATTOOS: \_\_\_\_\_  
300 WIC/PHYSICAL/EMOTIONAL ABUSE: \_\_\_\_\_ DRUG USE: \_\_\_\_\_  
SUBSTANCE OF CHOICE: \_\_\_\_\_

**CURRENT NEEDS OF THE MINOR:**

COUNSELING REQUIREMENTS: SUBSTANCE ABUSE: \_\_\_\_\_ ALCOHOL/DRUGS: \_\_\_\_\_  
INDIVIDUAL: \_\_\_\_\_ GROUP: \_\_\_\_\_ FAMILY: \_\_\_\_\_ MENTAL HEALTH: \_\_\_\_\_  
VOCATIONAL/EMPLOYMENT ASSISTANCE: \_\_\_\_\_

**STRENGTHS OF THE MINOR:**

**STRENGTHS OF THE PARENTS/FAMILY:**

**FAMILY REUNIFICATION/POST PLACEMENT PLANS / GOALS:**

**ADDITIONAL INFORMATION:**

ACCEPTED  REJECTED  120-DAY PROGRAM  180-DAY PROGRAM

SCREENING STAFF: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS:

**APPENDIX B**

**A Gift to my Family, Friends, or the World**

In December, 2015, youth at Los Prietos Boys Camp were asked, “If you had one special holiday gift to give to your family, your friends, or the whole world, what would it be?” Below are some of the answers from the boys.

- “If I could give my mom the gift she always wanted, it would be me being successful in life because she told me that that’s all she wants for me.”
- “A gift to my family is that I will finish my program and get released. Then a gift to the whole world would be to be a better person and help out the community.”
- A gift to my family would be getting out and doing good.”
- “One gift to my family would be to make them happy by getting out of camp and getting off probation.”
- “My gift to my family is to do my program and get home as soon as possible and graduate high school.”
- “A gift to my family would be to get out and do good and get off probation and not get locked up no more.”
- “To make my mom happy by getting a job and staying out of trouble.”
- “It would be for me to give back to society by doing good.”
- “Graduate from high school and be a better man.”

**APPENDIX C**

**MEMO TO SANTA BARBARA COUNTY GRAND JURY FROM  
DISTRICT ATTORNEY JOYCE E. DUDLEY, MARCH 30, 2016**

Date: March 30, 2016

**Responses to Confidential Question from the Civil Grand Jury**

**Question #1: What are the most recent truancy rates for high schools, broken down by school and/or district? What school year are these statistics for?**

Below are the historical truancy rates for *all public schools students grades K-12* located in the County of Santa Barbara from the 2008-2009 through 2014-2015 school year, followed by the current truancy rates for *high school students only* for the 2014-2015 school year.<sup>7</sup> Current and historical truancy rates for the County of Santa Barbara may be found here: <http://dq.cde.ca.gov/dataquest/dataquest.asp>.

A student is considered “truant” under California Education Code §48260 if they are absent from school *without a valid excuse* for three (3) full days during one school year. The District Attorney’s truancy reduction program, the CLASS Program, generally begins working with students *once they become classified as truant* to stop and/or reduce any further unexcused absences. To date, the CLASS Program has been remarkably effective at helping truant high school students get back on track. Overall, the County of Santa Barbara’s overall truancy rate (i.e., all students K-12) has been below the state average since 2011-2012 when the CLASS Program began operating. In the three years prior to the Class Program’s inception, the County of Santa Barbara’s overall truancy rate was *above* the state average.

**County of Santa Barbara Historical Truancy Rates (All Grades K-12)**

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
<b>Santa Barbara County</b>	27.02%	30.70%	30.76%	24.30%	27.60%	23.05%	22.69%
<b>California Average</b>	24.15%	28.32%	29.74%	28.50%	29.28%	31.14%	31.43%
<b>Truancy Program?</b>	NO	NO	NO	YES	YES	YES	YES

**Carpinteria Unified**

High School	2014-2015 Truancy Rate
-------------	------------------------

<sup>7</sup> See <http://dq.cde.ca.gov/dataquest/dataquest.asp> (last accessed on March 24, 2016).

## LOS PRIETOS BOYS CAMP

Carpinteria Senior High	25.81%
Foothill Alternative High	N/A
Rincon High (Continuation)	47.27%
District Wide (High School Only)	26.4%

### Cuyama Joint Unified

High School	2014-2015 Truancy Rate
Cuyama Valley High	25.64%

### Lompoc Unified

High School	2014-2015 Truancy Rate
Cabrillo High	40.09%
Lompoc High	44.65%
Maple High (Continuation)	85.71%
District Wide (High School Only)	45.7%

### Santa Barbara Unified

High School	2014-2015 Truancy Rate
Alta Vista Alternative High	14.23%
Dos Pueblos Senior High	40.48%
La Cuesta High (Continuation)	83.81%
San Marcos Senior High	49.86%
Santa Barbara Senior High	40.90%
District Wide (High School Only)	43.73%

### Santa Maria Joint Union

High School	2014-2015 Truancy Rate
Delta High (Continuation)	85.59%
Ernest Righetti High	35.91%
Pioneer Valley High	21.87%
Santa Maria High	33.91%
District Wide (High School Only)	35.08%

### Santa Ynez Valley Union

High School	2014-2015 Truancy Rate
Refugio High	2.17%
Santa Ynez Valley Union High	10.48%
District Wide (High School Only)	10.32%

**Questions #2-3: What are some statistics concerning the cost to society, and to the person, of dropping out of high school?**

Below is a list of various data and statistics regarding the cost to society and the person of dropping out of high school as well as data and statistics on the connection between truancy and dropping out of high school. Additionally, California Attorney General Kamala D. Harris has produced three reports on truancy in California, which provide a wealth of information that can be found here: <https://oag.ca.gov/truancy>. Finally, the University of California, Santa Barbara's

California Dropout Research Project has produced nearly twenty reports related to this topic that can be found here: [http://www.cdrp.ucsb.edu/pubs\\_reports.htm](http://www.cdrp.ucsb.edu/pubs_reports.htm).

- **Fiscal Cost to California<sup>8</sup>** – Each year 120,000 individuals fail to graduate high school. *Each* cohort of dropouts costs the State **\$9.5 billion in gross fiscal losses** over their collective lives. The costs break down as follows (please note that the *net* fiscal loss is \$6.3 billion due to \$3.2 billion in savings realized from not expending education funds on dropouts):
  - \$3.1 billion in lost state and local tax revenue due to lower incomes of high school dropouts;
  - \$3.5 billion in healthcare expenditures due to higher proportion of high school dropouts utilizing public assistance for healthcare (this equates to an average of \$29,166 per dropout);
  - \$2.5 billion in crime expenditures (e.g., incarceration, probation); and
  - \$400 million in welfare expenditures (this equates to an average of \$3,333 per dropout).
- **Economic Cost to California<sup>9</sup>** - The above statistics measured *fiscal* costs, i.e., costs to the State government. However, high school dropouts have an even larger negative effect on our State’s economy as a whole. In total, California’s economy suffers a loss of **\$46.4 billion** for each cohort of dropouts over the course of their lives, which equates to a 2.9% reduction in annual Gross Domestic Product. The losses break down as follows:
  - \$6.3 billion in fiscal losses (see above);
  - \$22.4 billion in lost earnings (if these students had graduated they would have collectively earned this additional income over the course of their lives);
  - \$9.5 billion in costs incurred by victims of crime committed by high school dropouts; and
  - \$8.3 billion in lost growth and other externalities.
- **Life Expectancy** – High school graduates have a life expectancy of three (3) years longer than high school dropouts.<sup>10</sup>
- **Intergenerational Effects** – Only 6% of high school dropouts’ children obtain a bachelor’s degree or higher.<sup>11</sup>
- **Earning Ability** – High school graduates earn \$9,000 more per year and \$370,000 more over their life time than high school dropouts.<sup>12</sup> Graduates are more likely to be working (68% more likely for males; 50% more likely for females) and to be employed in jobs with health insurance and pension plans (by 18-20 percentage points for each benefit), compared to high school dropouts.”<sup>13</sup>

---

<sup>8</sup> Belfield & Levin, *The Economic Losses from High School Dropouts in California*, The California Dropout Research Project (August 2007).

<sup>9</sup> Belfield & Levin, *The Economic Losses from High School Dropouts in California*, The California Dropout Research Project (August 2007).

<sup>10</sup> National Longitudinal Mortality Study 1988-1998 (quoted by *Education Matters for Health* by Robert Wood Johnson Foundation).

<sup>11</sup> Snyder, Dillow, and Hoffman, *Digest of Education Statistics* (2005) (quoted by *Education Matters for Health* by Robert Wood Johnson Foundation).

<sup>12</sup> Doland, *Give Yourself the Gift of a Degree*, Employment Policy Foundation 2001.

<sup>13</sup> Belfield, C. & Levin, H. (2007). *Policy Brief 1: The economic losses from high school dropouts in California*. Santa Barbara, CA: California Dropout Research Project, UCSB.

- **Truancy Leads to Dropping Out** – Students with ten (10) or more absences in the 10<sup>th</sup> grade are three (3) times more likely to drop out of high school than those with less than 10.<sup>14</sup>
- **Welfare Assistance** – High school dropouts are 2.5 times more likely to be on welfare than high school graduates.<sup>15</sup> More than two-thirds of all high school dropouts will use food stamps during their working life; a high school graduate is 68% less likely to be on any welfare program, compared to a dropout.<sup>16</sup>
- **Lost School Funding** – During the 2010-2011 school year, due to truancy public schools in the County of Santa Barbara lost \$14,422,070 in Average Daily Attendance (ADA) funding. This number has remained relatively consistent throughout the last few years. ADA provides funding from the State to local schools based on their average attendance rates. Therefore, if students are truant the attendance rate drops and funding drops accordingly.
- **Connection to Incarceration** – For high school dropouts between the ages of 16 and 24, incarceration rates are *63 times higher* than among college graduates.<sup>17</sup> While there is no direct link between incarceration and dropping out, the data is evidence that dropouts are exposed to many of the socioeconomic factors that are gateways to criminal activity. Nationwide, 68% of state prison inmates are high school dropouts.<sup>18</sup>
- **Living in Poverty** – High school dropouts are nearly 25% more likely than high school graduates to live at or below the poverty level. High school dropouts had a poverty rate of 30.8% in 2009 compared to 23.7% for people whose highest level of education is a high school diploma.<sup>19</sup>
- **Connection to Becoming a Victim of Crime** – One study, conducted in Baltimore, Maryland, found that 92% of juvenile victims of violence are chronically truant,<sup>20</sup> and another study conducted in San Francisco, California, found that 94% of murder victims under the age of 25 were high school dropouts.<sup>21</sup>

### **Questions #4-5: What are some statistics concerning the savings to society, and to the person (including juveniles), of avoiding interaction with the justice system?**

---

<sup>14</sup> Balfanz and Byrnes, *The Importance of Being in School: A Report on Absenteeism in the Nation's Public Schools*, May 2012, at p. 28.

<sup>15</sup> U.S. Department of Justice & U.S. Dept. of Education, *Manual to Combat Truancy* (1996) available at <https://www2.ed.gov/pubs/Truancy/index.html>.

<sup>16</sup> Belfield, C. & Levin, H. (2007). *Policy Brief 1: The economic losses from high school dropouts in California*. Santa Barbara, CA: California Dropout Research Project, UCSB.

<sup>17</sup> Andrew Sum, et al., *The Consequences of Dropping Out of High School*, Northeastern University, Center for Labor Market Studies (October 2009), at p. 9, available at [http://www.northeastern.edu/clms/wp-content/uploads/The\\_Consequences\\_of\\_Dropping\\_Out\\_of\\_High\\_School.pdf](http://www.northeastern.edu/clms/wp-content/uploads/The_Consequences_of_Dropping_Out_of_High_School.pdf).

<sup>18</sup> Bureau of Justice Statistics, United States Department of Justice. (2003, January). *Education and corrections populations*. Retrieved on June 1, 2007 from <http://www.ojp.usdoj.gov/bjs/abstract/ecp.htm>

<sup>19</sup> National Center for Education Statistics, *Youth Indicators 2011*, Table 31 available at [http://nces.ed.gov/pubs2012/2012026/tables/table\\_31a.asp](http://nces.ed.gov/pubs2012/2012026/tables/table_31a.asp).

<sup>20</sup> Kamala D. Harris, *In School + On Track*, at 34 (quoting The Office of Youth Violence Prevention, Baltimore City Health Department (Aug. 2009), available at [http://www.baltimorehealth.org/info/2009\\_08\\_31\\_YouthViolenceReport.pdf](http://www.baltimorehealth.org/info/2009_08_31_YouthViolenceReport.pdf)).

<sup>21</sup> Kamala D. Harris, *Pay Attention Now or Pay the Price Later: How Reducing Elementary School Truancy Will Improve Public Safety and Save Public Resources*, City and County of San Francisco District Attorney's Office (2010).

Below is a list of various data and statistics regarding the savings to society and individuals due to avoiding or reducing contact with the criminal justice system.

- **The Cost of a Life of Crime** – The typical career criminal causes \$1.3–\$1.5 million in external costs; a heavy drug user causes \$370,000 to \$970,000. Eliminating duplication between crimes committed by individuals who are both heavy drug users and career criminals results in an overall estimate of the “monetary value of saving a high-risk youth” of \$1.7 to \$2.3 million.<sup>22</sup>
- **The Annual Per Prisoner Cost of Incarceration** – California spends **\$47,102** per year to incarcerate one person in state prison.<sup>23</sup> Similarly, an adult housed in county jail costs an average of \$28,000 per year and housing a juvenile in juvenile hall costs an average of **\$65,000** per year.<sup>24</sup> While some costs, such as facility upkeep and maintenance, are fixed, by lowering incarceration rates the State would realize significant savings in incarceration costs.
- **Cost Savings by Reducing Recidivism** – A 10% reduction in recidivism would save California \$233 million annually.<sup>25</sup>
- **Negative Economic Effects of Incarceration on Prisoners** – By age 48, the average former inmate has earned \$179,000 less than if he had never been incarcerated. Serving time in prison reduces annual employment by 9 weeks and annual earnings by 40%.<sup>26</sup>
- **Effect on Families** – 54% of inmates are parents of minor children. Family income is reduced by 22% while the father is incarcerated. Children of incarcerated fathers are almost 6 times more likely to be expelled or suspended from school than children with fathers who are not incarcerated.<sup>27</sup>
- **High School Dropouts and Criminal Activity** – High school dropouts are involved in 48% of all criminal activity.<sup>28</sup> Research suggests that lack of economic opportunities greatly contributes to this oversized representation of high school dropouts involved in crime.
  - Significant increases in high school graduation rates will reduce violent crimes, including rape and murder, by 20%, will reduce property crimes by 11%, and drug crimes by 12%.<sup>29</sup>
  - Specific to California, increasing the graduation rate by 10% would **prevent 500 murders and more than 20,000 aggravated assaults**.<sup>30</sup>

---

<sup>22</sup> Cohen, M. A. (1998). *The monetary value of saving high-risk youth*. Journal of Quantitative Criminology.

<sup>23</sup> Legislative Analyst's Office, *What does it cost to incarcerate an inmate?* (2008-2009) available at [http://www.lao.ca.gov/PolicyAreas/CJ/6\\_cj\\_inmatecost](http://www.lao.ca.gov/PolicyAreas/CJ/6_cj_inmatecost).

<sup>24</sup> *Id.*, (2005-2006) at [http://www.lao.ca.gov/PolicyAreas/CJ/2\\_cj\\_county\\_spending](http://www.lao.ca.gov/PolicyAreas/CJ/2_cj_county_spending).

<sup>25</sup> Urahn, S. *State of Recidivism: The Revolving Door of America's Prisons*, The PEW Charitable Trusts, p. 26, Exhibit 4, available at

[http://www.pewtrusts.org/~media/legacy/uploadedfiles/pcs\\_assets/2011/pewstateofrecidivismpdf.pdf](http://www.pewtrusts.org/~media/legacy/uploadedfiles/pcs_assets/2011/pewstateofrecidivismpdf.pdf).

<sup>26</sup> Western, B. & Pettit, B., *Collateral Costs: Incarceration's Effect on Economic Mobility*, The PEW Charitable Trusts, p. 4, available at

[http://www.pewtrusts.org/~media/legacy/uploadedfiles/pcs\\_assets/2010/collateralcosts1pdf.pdf](http://www.pewtrusts.org/~media/legacy/uploadedfiles/pcs_assets/2010/collateralcosts1pdf.pdf).

<sup>27</sup> *Id.* at 5.

<sup>28</sup> Wolf Harlow, C., *Education and Correctional Populations*, Bureau of Justice Statistics Special Report, U.S. Department of Justice (2003).

<sup>29</sup> Belfield & Levin, *The Economic Losses from High School Dropouts in California*, The California Dropout Research Project (August 2007).

<sup>30</sup> Fight Crime: Invest in Kids California, *School or the Streets: Crime and California's Dropout Crisis* (2007) at p. 6.

## LOS PRIETOS BOYS CAMP

---

- **Justice System Savings Per High School Graduate**<sup>31</sup> – Each high school graduate saves the State of California and local government an average \$21,370 in justice system costs, and the Federal government saves an additional \$10,580 in justice system costs. The statistics are even starker when broken down by gender and ethnicity. For example, each Hispanic male high school graduate saves the State of California and local government an average \$33,870, and the Federal government saves an additional \$16,590.
- **Cost to Victims** – As discussed above, each cohort of high school dropouts causes \$9.5 billion in costs to the victims of their collective crimes.<sup>32</sup>

---

<sup>31</sup> Belfield & Levin, *The Economic Losses from High School Dropouts in California*, The California Dropout Research Project (August 2007), at p. 27 and Table 13.

<sup>32</sup> *Id.*



**CITY OF SANTA BARBARA**

# **CITY OF SANTA BARBARA**

## **Commissions, Committees, and Boards**

### **SUMMARY**

The 2015-2016 Santa Barbara County Grand Jury (Jury) was asked to investigate potential conflicts of interest among the City of Santa Barbara's (City) appointed commissions, committees, and boards and the influence of their members on the City's policies. The City has functioning advisory groups to the City Council, Charter Boards, and Commissions required by Article VIII of the City Charter. The City also makes appointments to four groups created by California State law. The Jury looked into the very large number of these advisory groups, their responsibilities and their influence. The Jury considered the following questions: Do conflicts of interest exist; have some of these entities outlived their usefulness; do some of them have overlapping mandates? The Jury concluded that the answer to these questions is sometimes yes.

### **BACKGROUND**

The Santa Barbara County Grand Jury (Jury) received a complaint questioning an advisory committee member's influence on the City of Santa Barbara's (City) Council decisions. The complainant was concerned that these positions may attract volunteers with potentially prejudicial motives or with conflicts of interest, real or perceived. The complainant questioned whether the objective decision making process of the City Council has been influenced unduly, resulting in disregard of the public good.

The City of Santa Barbara has at least 38 commissions, committees, and boards that all provide advice to the Santa Barbara City Council (Council). The Jury noted that the numbers of groups do not always agree in various parts of the City's websites. There are 11 committees that were part of the original Santa Barbara City Charter. These City Charter Committees often have decision-making mandates. A clear distinction should be made between these decision-making bodies and those which are purely advisory.

### **METHODOLOGY**

The Jury interviewed a present committee member, senior City employees, former City employees, City engineers, a City planner, a City zoning ordinance officer, and an ex-council member. The Jury reviewed requested documents from the City, the City's web pages, and the website of the Fair Political Practices Commission.

**OBSERVATIONS AND ANALYSIS**

Engaged citizens volunteer to serve on those advisory groups in which they have interest and knowledge. Some boards require detailed knowledge of the field such as the Board of Architectural Review. Some boards denote an interest in the subject, such as Art in Public Places. All of the advisory groups require a moderate to great amount of personal time and commitment. In several of the advisory groups, participation has historically been a stepping stone to running for public office. The Jury noted that some groups have outlived their mandate, such as the 2006 Measure P Committee (marijuana enforcement priority). Others appear to have overlapping mandates.

No process is evident that calls for periodic review of the effectiveness and/or continued need for these committees. Additionally, there is no “sunset” rule in place whereby the committee’s mandate would be revoked automatically unless it is extended intentionally.

**Number of Vacancies**

How many vacancies are there? According to the City’s website, there are currently 43 open positions on its various advisory committees. Currently, for example, 15 committees have no vacancies, and one has six. Among the four State mandated appointments, two have current vacancies; the Housing Authority Commission has three vacancies, the Central Coast Commission for Senior Citizens has one. Table 1 shows which committees currently have unfilled positions.

**Table 1 - City Committees, Boards, and Commissions**

<b>Committee Title</b>	<b>Committee Size</b>	<b>Vacancies*</b>	<b>Required By</b>
Access Advisory Committee	7	0	Optional
Airport Commission	7	0	City Charter
Airport Public Art Advisory Comm.	7	0	Optional
Architectural Board of Review	7	0	City Charter
Arts Advisory Committee	7	0	Optional
Building & Fire Code Board of Appeals	8	1	Optional
Central Coast Commission for Senior Citizens	12, of which Santa Barbara is 1	1	State Mandate
Civil Service Commission	5	0	City Charter
Community Development & Human Services Committee	13	3	Optional
Community Events & Festivals Comm.	7	0	Optional
Creeks Advisory Committee	7	2	Optional
Downtown Parking Committee	7	1	Optional
Fire & Police Commission	5	0	Optional
Fire & Police Pension Commission	5	2	Optional
Front Country Trails Task Force	6- All City or County Employees	No Data	Optional
Golf Advisory Committee	7	Outdated Data	Optional
Harbor Commission	7	2	City Charter
Historic Landmarks Commission	9	0	City Charter
Housing Authority Commission	7	3	State Mandate

**CITY OF SANTA BARBARA**

Integrated Pest Management Advisory Committee	5	No data	Optional
Library Advisory Committee - County	18, Santa Barbara provides 1	2, one from Santa Barbara	Optional
Library Board	5	2	City Charter
Living Wage Advisory Committee	7	2	Optional
Measure P Committee	7	4	Optional
Metropolitan Transit District Board	7, Santa Barbara provides 2	0	State Mandate
Mosquito & Vector Management Dist.	1	0	State Mandate
Neighborhood Advisory Council	13	4	Optional
Noise Abatement Committee	No data	No data	Optional
Oversight board	7	0	Optional
Parks & Recreation Commission	7	2	City Charter
Planning Commission	7	0	City Charter
Rental Housing Mediation Board	10	3	Optional
SB Arts & Crafts Show Advisory Comm.	5	2	Optional
Santa Barbara Youth Council	15	6	Optional
Sign Committee	6	0	Optional
Single Family Design Board	7	1	Optional
Sister Cities Board	3	0	Optional
Staff Hearing Officer	1	0	Optional
Street Tree Advisory Committee	5	0	Optional
Sustainability Committee	7 City Employees	0	Optional
Transportation & Circulation Committee	7	0	Optional
Water Commissioners Board of	5	0	City Charter

\*As of the date of this report.

**Application Process**

An application to fill a vacancy on a committee, commission, or board is submitted to the Council. The application form is available on this website: (<http://www.santabarbaraca.gov/gov/brdcomm/app.asp> ). The applicant must provide personal information and agree to provide financial information if requested. The Council reviews the applications, interviews applicants, and makes appointments twice yearly. Applicants are interviewed at City Council meetings open to the public. Appointments are later made, by a majority vote, also at City Council meetings open to the public<sup>1</sup>. In most instances, an applicant must be a City of Santa Barbara resident. Exceptions exist in cases where the committee advises an entity whose jurisdiction covers areas outside of the City limits. (Examples are Metropolitan Transit District, Library Advisory Committee, Central Coast Commission for Senior Citizens, and Santa Barbara Youth Council.)

**Conflict of Interest**

---

<sup>1</sup> Guidelines for the City of Santa Barbara Advisory Groups, pages 10 and 11, February 12, 2013  
<https://www.santabarbaraca.gov/civicax/filebank/blobdload.aspx?BlobID=11620>

How do conflict of interest laws affect the various City committees? The answer to this question varies, depending on which committee is being discussed. They generally fall into one of three categories:

1. Twenty groups for which ethics and conflict of interest training is mandated by California State law (Assembly Bill 1234, enacted in 2005); and City Resolution 14-068.
2. Fourteen groups which are exempt from AB 1234 but are still required by the City to conform to ethics requirements by City Resolution 13-006.
3. Remaining groups who are exempt from the AB 1234 law but are required by the City's Code of Conduct to follow all State conflict of interest laws.

The Jury was told that appointment to the advisory boards and committees is inherently a political process and having committee members representing "special interests" is not uncommon, and not necessarily undesirable. The Jury was also told that a separate analysis might be required to determine if a conflict of interest exists in a given situation. The selection process can result in politically motivated appointments. A volunteer's employment in a field closely related to their advisory role may well enhance their livelihood and be a gift to the public good. A "personal financial effects" rule requires a volunteer to abstain from discussion and voting in select situations.

Although, the decision-making authority of the various committees, commissions, and boards is varied, the level of concern for conflicts of interest should not vary.

Volunteer groups are often advisors to the City Council. The burden of objective and impartial decision-making is on the City Council, whose members answer to the public. The City Council members have had mandatory ethics training and make open-meeting public decisions that the voting public can scrutinize. The Council should consider whether the same conflict of interest and ethics training required of Council members should be added as a requirement to the remaining advisory groups, as well.

The City of Santa Barbara's advisory groups are subject to the Brown Act. They conduct announced meetings with an agenda and are all open to the public. Meeting minutes are recorded by a City employee and posted on the City's web site. Each advisory group has a City employee as a liaison along with support staff, who are also City employees. The City bears the cost of each advisory group and their support staff.

**Is there a "sunset" provision in place?**

The Jury determined that no provision exists for eliminating advisory groups that may have outlived their usefulness. As a result, bureaucratic inertia may set in and the committees just continue in existence, accomplishing nothing other than expending the time of support staff and tax payer money. The Jury recommends City Council review the functioning of the committees and their mandates every five years.

**Are all of these committees necessary? Do their mandates overlap?**

The Jury's answer to the first question is, probably not, but this decision is up to the City Council. The community may not need, for example, separate advisory committees for Airport Public Art oversight, Arts Advisory (except the airport), and oversight of the Arts and Crafts

show. The purpose of the website is to provide data to prospective volunteer committee members to help them decide whether to apply. On the other hand the Water Commission site is well done and contains much useful information.

## **FINDINGS AND RECOMMENDATIONS**

### **Finding 1**

The City of Santa Barbara has at least 38 commissions, committees, and boards, some of which may have outlived their purpose. No review process exists concerning their relevance.

### **Recommendation 1 (Sunset Rule)**

That the City of Santa Barbara City Council review at least every five years the functioning, productivity, and relevance, of all advisory groups and continue, merge, or delete their mandates.

### **Finding 2**

The City of Santa Barbara's website does not make a clear distinction between decision making and advisory bodies.

### **Recommendation 2**

That the City of Santa Barbara City Council makes a clear distinction which Committees and Boards have decision-making mandates and those that are advisory only to the City of Santa Barbara City Council.

### **Finding 3**

The City of Santa Barbara's website does not contain current information about committees, boards, and commissions.

### **Recommendation 3**

That the City of Santa Barbara City Council update the section of the website dealing with committees, boards, and commissions.

## **REQUEST FOR RESPONSE**

Pursuant to *California Penal Code Section 933 and 933.05*, the Santa Barbara County Grand Jury requests the Santa Barbara City Council to respond to the enumerated findings and recommendations within the 90 day statutory time limit:

### **City of Santa Barbara City Council – 90 days**

Findings: 1, 2, and 3

Recommendations: 1, 2, and 3

**This Page Intentionally Blank**



**SANTA BARBARA COUNTY JAIL**

# **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.<sup>1</sup> 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

---

<sup>1</sup> Jail Staffing and Operating Cost Analysis, Santa Barbara County, Final Report CGL Companies, October 2015

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.

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

## **SANTA BARBARA COUNTY JAIL**

---

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

**SANTA BARBARA COUNTY JAIL**

**APPENDIX A  
Santa Barbara Sheriff's Medical Pre Screening**

**SBSO SANTA BARBARA SHERIFF MEDICAL PRE-SCREENING**

**Inmate:**

**PLACEMENT REC:**

**Officer:**

**DATE:**

**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

# SANTA BARBARA COUNTY JAIL

## SBSO SANTA BARBARA SHERIFF MEDICAL PRE-SCREENING

Inmate:

PLACEMENT REC:

Officer:

DATE:

- DELIRIUM TREMENS (DT'S)
- EPILEPSY
- HEART CONDITION
- HIGH BLOOD PRESSURE
- MENTAL HEALTH PROBLEMS
- ULCER

ANY OTHER MEDICAL CONDITION? IF YES, WHAT?

- YES
- NO

13. DO YOU NOW HAVE A CONTAGIOUS OR COMMUNICABLE DISEASE OR BEEN EXPOSED TO ANYONE WITH ONE? (I.E., AIDS, HEPATITIS, TUBERCULOSIS OR SEXUAL TRANSMITTED DISEASE) IF YES, WHAT?

- YES
- NO

14. DO YOU SUFFER FROM SHORTNESS OF BREATH, COUGH FOR 3 OR MORE WEEKS, BLOODY SPUTUM, NIGHT SWEATS OR FATIGUE? IF YES, WHAT?

- YES
- NO

15. HAVE YOU NOTICED A DECREASE OR INCREASE IN WEIGHT RECENTLY? IF YES, HOW MANY POUNDS?

- YES
- NO

16. HAVE YOU BEEN HOSPITALIZED BY A PHYSICIAN OR PSYCHIATRIST IN THE PAST YEAR? WHEN? WHERE?

- YES
- NO

17. HAVE YOU FAINTED OR HAD A HEAD INJURY WITHIN THE PAST 72 HOURS? IF YES,

- YES
- NO

18. HAVE YOU EVER CONSIDERED OR ATTEMPTED SUICIDE? IF YES, WHEN?

- YES
- NO

19. ARE YOU SUICIDAL NOW?

- YES
- NO

20. DO YOU USE DRUGS?

- YES
- NO

WHAT KIND?

HOW OFTEN?

LAST TIME?

HOW MUCH?

21. DO YOU USE ALCOHOL?

- YES
- NO

WHAT KIND?

HOW OFTEN?

LAST TIME?

HOW MUCH?

FEMALES

22. WHEN WAS YOUR LAST PERIOD?

23. ARE YOU TAKING BIRTH CONTROL PILLS?

- YES
- NO

24. ARE YOU PREGNANT, RECENTLY DELIVERED OR MISCARRIED, OR EXPERIENCING ABDOMINAL PAIN OR DISCHARGE? IF YES, WHAT, AND NOTIFY MEDICAL

- YES
- NO
- PREGNANT
- RECENTLY DELIVERED

**SANTA BARBARA COUNTY JAIL**

---

**SBSO SANTA BARBARA SHERIFF MEDICAL PRE-SCREENING**

**Inmate:**

PLACEMENT REC:

**Officer:**

DATE:

- 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: \_\_\_\_\_

**SANTA BARBARA COUNTY JAIL**

**APPENDIX B  
Intake and Receiving Screening CS1101**



**Intake and Receiving Screening**

Last Name:		First:		MI:		ID:	
Date:	Time:	<input type="radio"/> AM <input type="radio"/> PM	Sex:	<input type="radio"/> Male <input type="radio"/> Female	DOB:	Alias:	
Most recent incarceration: <input type="radio"/> None When: _____ Where: _____				Intake refused: <input type="radio"/> Yes <input type="radio"/> No		Interpreter used: <input type="radio"/> Yes <input type="radio"/> No	
Have you ever been incarcerated here: <input type="radio"/> No <input type="radio"/> Yes When: _____				<input type="radio"/> Yes <input type="radio"/> No		Name: _____	
Inmate transfer: <input type="radio"/> No <input type="radio"/> Yes: Records received: <input type="radio"/> Yes <input type="radio"/> No						Service: _____	
Private insurance: <input type="radio"/> None <input type="radio"/> Yes (Name): _____							
<b>CRITICAL OBSERVATION</b>							
<b>Urgent/Emergent Medical Referral</b>			<b>Urgent/Emergent Mental Health Referral</b>			<b>Communicable Diseases Suspected:</b>	
<input type="radio"/> None identified <input type="radio"/> Yes, check all that apply			<input type="radio"/> No <input type="radio"/> Yes, check all that apply			MRSA <input type="radio"/> Yes <input type="radio"/> No	
<input type="checkbox"/> Severe Injury <input type="checkbox"/> Life threatening illness			<input type="checkbox"/> Active hallucinations <input type="checkbox"/> Active delusions			Varicella (Chicken pox) <input type="radio"/> Yes <input type="radio"/> No	
<input type="checkbox"/> Uncontrolled bleeding <input type="checkbox"/> Severe pain			<input type="checkbox"/> Actively suicidal			Herpes Zoster (shingles) <input type="radio"/> Yes <input type="radio"/> No	
<input type="checkbox"/> Head trauma with mental status changes			Other: _____			Lice/Pediculosis <input type="radio"/> Yes <input type="radio"/> No	
<input type="checkbox"/> Other: _____						Jaundice <input type="radio"/> Yes <input type="radio"/> No	
<b>Responsiveness (Choose one):</b>			Oriented to Person & Place <input type="radio"/> Yes <input type="radio"/> No			Needle Marks <input type="radio"/> Yes <input type="radio"/> No	
<input type="radio"/> Alert <input type="radio"/> Verbal Stimulus			Describe: _____			Other: _____	
<input type="radio"/> Painful <input type="radio"/> Unresponsive (Call 911) Describe Unresponsiveness: _____							
<b>Mobility Restrictions/Impairments</b> <input type="radio"/> No <input type="radio"/> Yes (Check all that apply):							
<input type="checkbox"/> Deformity <input type="checkbox"/> Cast <input type="checkbox"/> Paraplegic <input type="checkbox"/> Wheelchair <input type="checkbox"/> CPAP <input type="checkbox"/> Brace <input type="checkbox"/> Blind <input type="checkbox"/> Deaf							
<input type="checkbox"/> Amputation <input type="checkbox"/> Splint <input type="checkbox"/> Quadriplegic <input type="checkbox"/> Crutches/Cane <input type="checkbox"/> Other: _____ Comments: _____							
<b>VITAL SIGNS</b> <input type="checkbox"/> One or more vital signs refused							
<b>Height</b>	<b>Weight</b>	<b>Temperature</b>	<b>Pulse</b> <input type="radio"/> A <input type="radio"/> P	<b>Respirations</b>	<b>Blood Pressure</b>	<b>Pulse Ox (optional)</b>	
_____	_____	_____	_____ Initial	_____ Initial	*Recheck if indicated	_____ Initial	_____ Initial
<input type="checkbox"/> Act <input type="checkbox"/> Rptd	<input type="checkbox"/> Act <input type="checkbox"/> Rptd	<input type="checkbox"/> Not taken	*Recheck	*Recheck	*Recheck	*Recheck	*Recheck
<b>HISTORY</b>							
<b>Major surgery or medical hospitalization within past year:</b> <input type="radio"/> No <input type="radio"/> Yes, check all that apply and include date							
<input type="checkbox"/> Brain surgery _____ <input type="checkbox"/> Heart Surgery _____ <input type="checkbox"/> Abdominal Surgery _____ <input type="checkbox"/> MI _____							
<input type="checkbox"/> Stroke _____ <input type="checkbox"/> Transplant _____ <input type="checkbox"/> Due to traumatic injury _____ <input type="checkbox"/> Other: _____							
<b>Female history:</b> Date of last LMP: _____ <input type="radio"/> Unknown <input type="radio"/> N/A Are you currently pregnant: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Maybe/Don't know							
Pregnancy test: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Scheduled <input type="checkbox"/> Refused Test result: <input type="radio"/> Positive <input type="radio"/> Negative Fingerstick result (if pregnant) _____							
<input type="checkbox"/> Hysterectomy <input type="checkbox"/> Menopause							
<b>MEDICATION REPORTED</b> <input type="radio"/> None <input type="radio"/> Unknown <input type="radio"/> See below <input type="radio"/> See attached form							
<b>Name/Dose</b>	<b>Frequency/Last Taken</b>	<b>Prescribed by or Provided by:</b>	<b>Verification Through</b>				
	Freq: _____ Last: _____		<input type="checkbox"/> Medication Container	<input type="checkbox"/> Clinic			
			<input type="checkbox"/> Physician/Psychiatrist	<input type="checkbox"/> VA			
			<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Unable to verify			
	Freq: _____ Last: _____		<input type="checkbox"/> Medication Container	<input type="checkbox"/> Clinic			
			<input type="checkbox"/> Physician/Psychiatrist	<input type="checkbox"/> VA			
			<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Unable to verify			
	Freq: _____ Last: _____		<input type="checkbox"/> Medication Container	<input type="checkbox"/> Clinic			
			<input type="checkbox"/> Physician/Psychiatrist	<input type="checkbox"/> VA			
			<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Unable to verify			
	Freq: _____ Last: _____		<input type="checkbox"/> Medication Container	<input type="checkbox"/> Clinic			
			<input type="checkbox"/> Physician/Psychiatrist	<input type="checkbox"/> VA			
			<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Unable to verify			

# SANTA BARBARA COUNTY JAIL

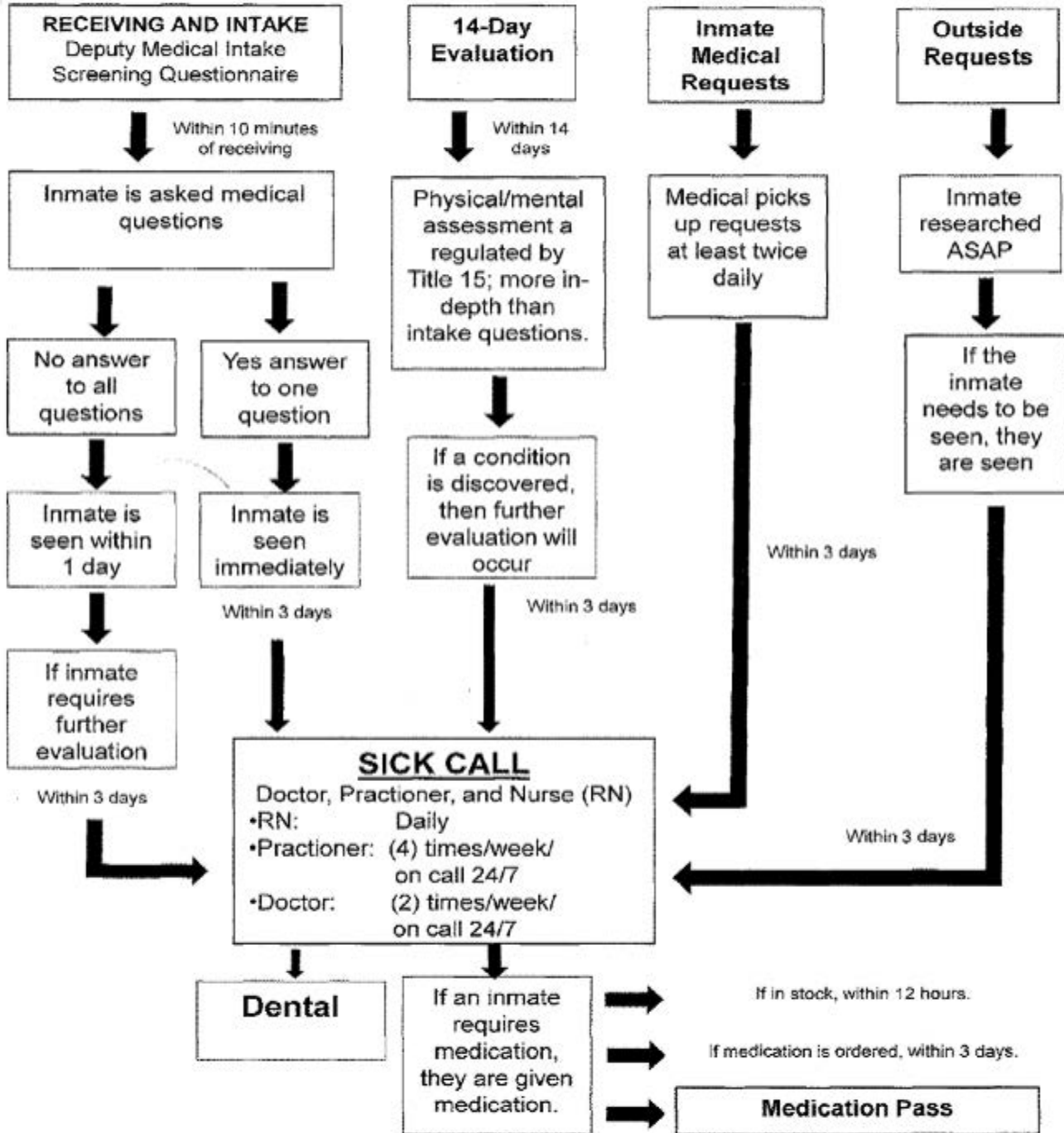
Last Name: _____		First: _____		MI: _____		ID: _____																
Allergies: Do you have any allergies (food, medication, environmental)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See attached																						
Allergy	Reaction Type (Hives, rash, SOB, anaphylaxis, shock)	Allergy	Reaction Type (Hives, rash, SOB, anaphylaxis, shock)																			
<b>SUBSTANCE ABUSE</b>																						
<b>Alcohol Use:</b> Do you drink alcohol: <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____ Last use: _____ How much: _____ How often: _____ Excessive drinker: <input type="checkbox"/> Yes (CIWA) <input type="checkbox"/> No Ever had alcohol withdrawals, tremors, seizures or DTs associated with stopping alcohol: <input type="checkbox"/> Yes (CIWA) <input type="checkbox"/> No If yes, when: _____				<b>Substance/Drug Use/Rx</b> Do you use drugs: <input type="checkbox"/> Yes <input type="checkbox"/> No Do you use injectable drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No Last injectable use: _____ <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">How often?</td> <td style="width: 33%; text-align: center;">How much?</td> <td style="width: 33%; text-align: center;">Last use?</td> </tr> <tr> <td>Heroin</td> <td> </td> <td><input type="checkbox"/> Hx of withdrawal</td> </tr> <tr> <td>Narcotics</td> <td> </td> <td><input type="checkbox"/> Hx of withdrawal</td> </tr> <tr> <td>Benzodiazepines</td> <td> </td> <td><input type="checkbox"/> Hx of withdrawal</td> </tr> <tr> <td colspan="3"> <input type="checkbox"/> Methamphetamines <input type="checkbox"/> Cocaine <input type="checkbox"/> Other: _____                 </td> </tr> </table>				How often?	How much?	Last use?	Heroin		<input type="checkbox"/> Hx of withdrawal	Narcotics		<input type="checkbox"/> Hx of withdrawal	Benzodiazepines		<input type="checkbox"/> Hx of withdrawal	<input type="checkbox"/> Methamphetamines <input type="checkbox"/> Cocaine <input type="checkbox"/> Other: _____		
How often?	How much?	Last use?																				
Heroin		<input type="checkbox"/> Hx of withdrawal																				
Narcotics		<input type="checkbox"/> Hx of withdrawal																				
Benzodiazepines		<input type="checkbox"/> Hx of withdrawal																				
<input type="checkbox"/> Methamphetamines <input type="checkbox"/> Cocaine <input type="checkbox"/> Other: _____																						
<b>COMMUNICABLE DISEASES</b>																						
<b>HIV/AIDS</b> Do You have HIV infection or AIDS: <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently taking medications: <input type="checkbox"/> Yes <input type="checkbox"/> No				<b>TB Symptoms</b> Do you have any of the following: Weight loss <input type="checkbox"/> Yes <input type="checkbox"/> No Night sweats <input type="checkbox"/> Yes <input type="checkbox"/> No Fever <input type="checkbox"/> Yes <input type="checkbox"/> No Appetite loss <input type="checkbox"/> Yes <input type="checkbox"/> No Coughing blood <input type="checkbox"/> Yes <input type="checkbox"/> No Persistent cough 2+ weeks <input type="checkbox"/> Yes <input type="checkbox"/> No Weak/tired <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None																		
<b>TB Skin Test</b> Prior + PPD: <input type="checkbox"/> Yes <input type="checkbox"/> No Plant PPD now: <input type="checkbox"/> Yes <input type="checkbox"/> No Location of PPD: <input type="checkbox"/> LFA <input type="checkbox"/> RFA Date Planted: _____				Planter's initials: _____																		
<b>MEDICAL PROBLEMS</b>																						
Do you have any ongoing medical problems we should know about? <input type="checkbox"/> Yes, complete applicable sections <input type="checkbox"/> No, proceed to Behavioral Health Section																						
<input type="checkbox"/> <b>Asthma</b> How long: _____ Last asthma attack: _____ ER visit in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: _____ Hospitalization in last year <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: _____ Have you ever had a tube put down your throat so that a machine breathes for you: <input type="checkbox"/> No <input type="checkbox"/> Yes, when: _____ Currently on steroids: <input type="checkbox"/> Yes <input type="checkbox"/> No Peak flow: <input type="checkbox"/> Yes <input type="checkbox"/> No ( ) Reason not taken: _____		<input type="checkbox"/> <b>Cardiovascular - Ask each question</b> Angina <input type="checkbox"/> Yes <input type="checkbox"/> No Atrial fibrillation <input type="checkbox"/> Yes <input type="checkbox"/> No Stents <input type="checkbox"/> Yes <input type="checkbox"/> No Pacemaker <input type="checkbox"/> Yes <input type="checkbox"/> No Heart attack <input type="checkbox"/> Yes <input type="checkbox"/> No Internal defibrillation <input type="checkbox"/> Yes <input type="checkbox"/> No Bypass surgery <input type="checkbox"/> Yes <input type="checkbox"/> No Endocarditis <input type="checkbox"/> Yes <input type="checkbox"/> No CHF <input type="checkbox"/> Yes <input type="checkbox"/> No Blood clot in lungs or legs <input type="checkbox"/> Yes <input type="checkbox"/> No Are you taking Warfarin, Coumadin, or Jantoven <input type="checkbox"/> Yes <input type="checkbox"/> No Date of onset: _____ Last episode: _____ Comments: _____				<input type="checkbox"/> <b>Cerebrovascular Disease</b> Last CVA: _____ Last TIA: _____ Comments: _____																
<input type="checkbox"/> <b>Hypertension</b> How long: _____ Are you currently taking medication(s): <input type="checkbox"/> Yes <input type="checkbox"/> No Three or more anti-hypertensives: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> <b>Diabetes</b> How long: _____ Fingerstick: _____ <input type="checkbox"/> Not done Reason: _____ Are you currently taking medication(s): <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently taking insulin: <input type="checkbox"/> Yes <input type="checkbox"/> No When was last hospitalization: _____ If finger stick >300, ask the following: Nausea: <input type="checkbox"/> Yes <input type="checkbox"/> No Vomiting: <input type="checkbox"/> Yes <input type="checkbox"/> No Excessive thirst: <input type="checkbox"/> Yes <input type="checkbox"/> No Urine ketones (if taken) _____ <input type="checkbox"/> Not taken Reason: _____																				
<input type="checkbox"/> <b>Epilepsy/Seizure</b> Last seizure: _____ More than one seizure a month: <input type="checkbox"/> Yes <input type="checkbox"/> No Two or more anticonvulsants: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> <b>Gastrointestinal</b> Have you ever vomited blood: <input type="checkbox"/> Yes <input type="checkbox"/> No Frequency: _____ Last: _____ Comments: _____ Ever had dark, black stools from bleeding: <input type="checkbox"/> Yes <input type="checkbox"/> No Frequency: _____ Last: _____ Comments: _____ Comments: _____																				

# SANTA BARBARA COUNTY JAIL

Last Name: _____		First: _____		ID: _____	
<b>MEDICAL PROBLEMS (continued)</b>					
<input type="checkbox"/> <b>Cancer</b> Do you currently have cancer: <input type="radio"/> Yes <input type="radio"/> No Are you currently being treated for cancer: <input type="radio"/> Yes <input type="radio"/> No Type: _____		<input type="checkbox"/> <b>Dialysis</b> Type: <input type="radio"/> Hemodialysis <input type="radio"/> Peritoneal Number of times per week: _____ Last dialyzed: _____		<input type="checkbox"/> <b>COPD / Emphysema</b> O <sub>2</sub> dependent: <input type="radio"/> Yes <input type="radio"/> No Peak flow: _____ <input type="checkbox"/> Not taken	
<input type="checkbox"/> <b>HCV</b> <input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/> <b>Other:</b> _____			
<b>BEHAVIORAL HEALTH</b>					
Do you have any current mental health complaints? <input type="radio"/> No <input type="radio"/> Yes Do you have a history of a mental health problem? <input type="radio"/> Yes - Complete Section 1 <input type="radio"/> No - Proceed to Section 2					
<b>Section 1</b> Have you ever been diagnosed with a mental illness: <input type="radio"/> No <input type="radio"/> Yes, check which illness: <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Major Depression History of outpatient therapy: <input type="radio"/> No <input type="radio"/> Yes Within the last year: <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> Bipolar <input type="checkbox"/> Other: _____ History of psychotropic medication(s): <input type="radio"/> Yes <input type="radio"/> No History of psych hospitalization: <input type="radio"/> Yes <input type="radio"/> No Within the last year: <input type="radio"/> Yes <input type="radio"/> No History of hearing things: <input type="radio"/> Yes <input type="radio"/> No History of seeing things: <input type="radio"/> Yes <input type="radio"/> No					
<b>Section 2</b> History of suicide attempt(s): <input type="radio"/> No <input type="radio"/> Yes Last attempt: _____ Are you thinking of suicide now: <input type="radio"/> Yes <input type="radio"/> No Family/friends history of suicide: <input type="radio"/> Yes <input type="radio"/> No Recent significant loss: <input type="radio"/> Yes <input type="radio"/> No Do you feel like there is nothing to look forward to (hopeless/helpless): <input type="radio"/> Yes <input type="radio"/> No Have you ever hurt yourself on purpose: <input type="radio"/> Yes <input type="radio"/> No Are you thinking of hurting yourself now: <input type="radio"/> Yes <input type="radio"/> No Are you thinking of hurting others now: <input type="radio"/> Yes <input type="radio"/> No					
<b>Section 3</b> Ever hospitalized for head trauma: <input type="radio"/> Yes <input type="radio"/> No History of violent behavior: <input type="radio"/> Yes <input type="radio"/> No History of victimization: <input type="radio"/> Yes <input type="radio"/> No History of sex offenses: <input type="radio"/> Yes <input type="radio"/> No History of: <input type="checkbox"/> Special education placement <input type="checkbox"/> Developmental disability <input type="checkbox"/> Mental retardation					
<b>EXAMINATION</b>					
General Appearance: <input type="checkbox"/> NAD <input type="checkbox"/> Appears hydrated <input type="checkbox"/> Other: _____					
<b>Oral Screening</b> <input type="checkbox"/> Unremarkable <input type="checkbox"/> Missing teeth <input type="checkbox"/> Abscesses <input type="checkbox"/> Cavities <input type="checkbox"/> Lesions <input type="checkbox"/> Dentures <input type="checkbox"/> Swelling <input type="checkbox"/> Dentures/Partials <input type="checkbox"/> Other: _____		Describe _____ Describe _____ Describe _____ Describe _____		<b>Skin (visible)</b> <input type="checkbox"/> Unremarkable <input type="checkbox"/> Surgical scars <input type="checkbox"/> Jaundice <input type="checkbox"/> Open <input type="checkbox"/> Rash <input type="checkbox"/> Pallor <input type="checkbox"/> Sores <input type="checkbox"/> Tracks <input type="checkbox"/> Lacerations <input type="checkbox"/> Tattoos <input type="checkbox"/> Other: _____	
<b>DISPOSITION</b>					
<b>Placement</b> <input type="checkbox"/> GP <input type="checkbox"/> Isolation reason: _____ <input type="checkbox"/> Infirmary <input type="checkbox"/> Observation <input type="checkbox"/> Suicide Watch <input type="checkbox"/> Other		<b>Referral</b> <input type="checkbox"/> H&P <input type="radio"/> Routine <input type="radio"/> Expedited <input type="checkbox"/> Behavioral Health <input type="radio"/> Routine <input type="radio"/> Expedited <input type="checkbox"/> Nursing Sick Call <input type="radio"/> Routine <input type="radio"/> Expedited <input type="checkbox"/> Chronic Care Clinic <input type="radio"/> Routine <input type="radio"/> Expedited <input type="checkbox"/> Practitioner Sick <input type="radio"/> Routine <input type="radio"/> Expedited <input type="checkbox"/> Dental referral <input type="radio"/> Routine <input type="radio"/> Expedited			
<b>Notification:</b> <input type="checkbox"/> Immediate supervisor <input type="checkbox"/> Practitioner On Call <input type="checkbox"/> ER for transport					
<b>Consent for treatment signed:</b> <input type="radio"/> Yes <input type="radio"/> No Reason: _____					
<b>Access to care reviewed:</b> <input type="radio"/> Yes <input type="radio"/> No Reason: _____					
<b>Grievance process explained:</b> <input type="radio"/> Yes <input type="radio"/> No Reason: _____					
<b>Implement (check all that apply):</b> <input type="checkbox"/> CIWA-Ar <input type="checkbox"/> COWS <input type="checkbox"/> BWS-C					
<b>ADDITIONAL COMMENTS</b>					
_____ _____					
My information is correct and I accept the provision of medical, dental and mental health care.					
_____ Patient's Signature		_____ Interviewer's Name (Printed)		_____ Interviewer's Signature	
				_____ Date	
<b>Secondary review (if indicated)</b> _____ Name (Print) _____ Signature _____ Date _____					

**APPENDIX C  
MEDICAL PROCESS OVERVIEW  
MEDICAL PROCESS OVERVIEW**

**Medical Referral Sources**



**SANTA BARBARA COUNTY JAIL**

**APPENDIX D  
CLINICAL OPIATE WITHDRAWAL SCALES (COWS)**



**Clinical Opiate Withdrawal Scale (COWS)**

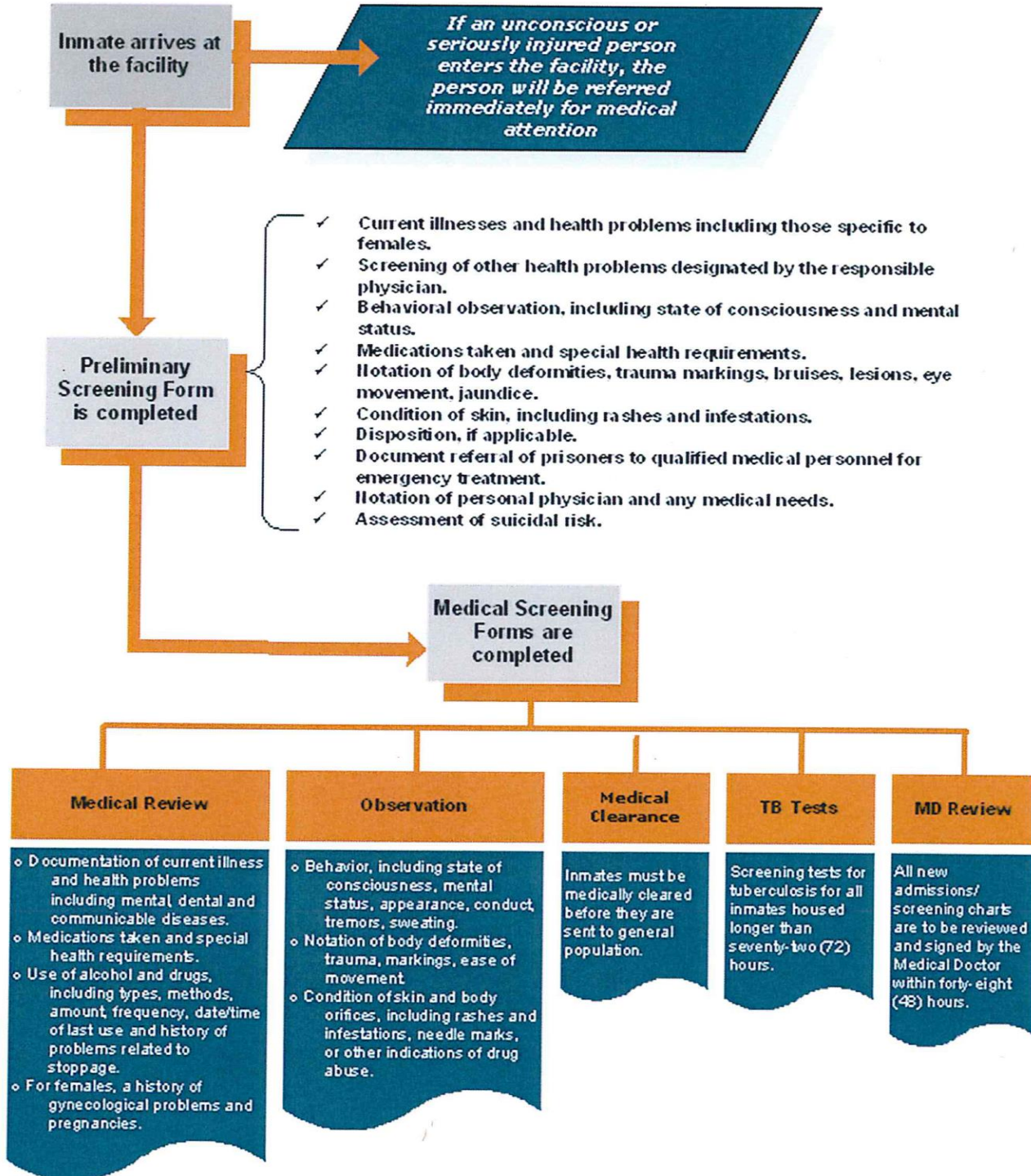
<b>Name:</b>				<b>DOB:</b>	<b>WT:</b>	<input type="checkbox"/> reported	<b>ID#:</b>
						<input type="checkbox"/> actual	
<b>Shift 1</b>	<b>Date:</b>	<b>Time:</b>	<b>Score:</b>	<b>T:</b>	<b>P:</b>	<b>RR:</b>	<b>BP:</b>
<b>Shift 2</b>	<b>Date:</b>	<b>Time:</b>	<b>Score:</b>	<b>T:</b>	<b>P:</b>	<b>RR:</b>	<b>BP:</b>
<b>Shift 3</b>	<b>Date:</b>	<b>Time:</b>	<b>Score:</b>	<b>T:</b>	<b>P:</b>	<b>RR:</b>	<b>BP:</b>

1	2	3	ASK and OBSERVE	1	2	3	ASK and OBSERVE
			<b>Resting pulse rate (record beats per minute)</b> Measured after patient is sitting or lying down for one minute 0 pulse rate 80 or below 1 pulse rate 81-100 2 pulse rate 101-120 4 pulse rate greater than 120				<b>Runny nose or tearing</b> Not accountable for by cold symptoms or allergies 0 not present 1 nasal stuffiness or unusually moist eyes 2 nose running or eyes tearing 4 nose constantly running or tears streaming down cheeks
			<b>Sweating</b> Over past ½ hour not accounted for by room temperature or patient activity 0 no report of chills or flushing 1 subjective report of chills or flushing 2 flushed or observable moistness on face 3 beads of sweat on brow or face 4 sweat streaming off face				<b>GI upset over last ½ hour</b> 0 no symptoms 1 stomach cramps 2 nausea or loose stool 3 vomiting or diarrhea 5 multiple episodes of diarrhea or vomiting
			<b>Restlessness</b> Observation during assessment 0 able to sit still 1 reports difficulty staying still, but is able to do so 3 frequent shifting or extraneous movements of arms and legs 5 unable to sit still for more than a few seconds				<b>Tremor observation of outstretched hands</b> 0 no tremors 1 tremor can be felt, but not observed 2 slight tremor observed 4 gross tremor or muscle twitching
			<b>Pupil size</b> 0 pupils pinned or normal size for light in room 1 pupils possibly larger than normal for light in room 2 pupils moderately dilated 5 pupils so dilated that only the rim of the iris is visible				<b>Yawning observation during assessment</b> 0 no yawning 1 yawning once or twice during assessment 2 yawning three or more times during assessment 4 yawning several times /minute
			<b>Bone or joint aches</b> If patient is having pain previously, only the additional component attributed to opiate withdrawal is scored 0 not present 1 mild diffuse discomfort 2 patient reports severe diffuse aching of joints/muscles 4 patient is rubbing joints or muscles and is unable to sit still because of discomfort				<b>Anxiety or irritability</b> 0 none 1 patient reports increasing irritability or anxiety 2 patient obviously irritable or anxious 4 patient so irritable or anxious that participation in assessment is difficult
							<b>Gooseflesh skin</b> 0 skin is smooth 3 piloerection of skin can be felt or hairs standing up on arms 5 prominent piloerection

<b>Shift 1</b>	<b>Nurse Signature</b>	<b>Shift 2</b>	<b>Nurse Signature</b>	<b>Shift 3</b>	<b>Nurse Signature</b>
----------------	------------------------	----------------	------------------------	----------------	------------------------

Maximum possible score 48	0-10	Mild	11-24	Moderate	25-48	Severe
---------------------------	------	------	-------	----------	-------	--------

**APPENDIX E**  
**Receiving Screening Process**  
 Receiving Screening Process





**LOMPOC UNIFIED SCHOOL DISTRICT**

# **LOMPOC UNIFIED SCHOOL DISTRICT**

## **Problems on the Board**

### **SUMMARY**

The 2015-2016 Santa Barbara County Grand Jury (Jury) completed an investigation into the Lompoc Unified School District (LUSD) after receiving complaints concerning a perceived conflict of interest involving a member of the Lompoc Unified School District Board of Education (Board) and his spouse, an employee of LUSD. The complainants reported that they came to the Grand Jury because they feared retaliation if they spoke out publicly on the issue, having already been subjected to threats of termination and other workplace hostility.

The Jury found that there was at least the appearance of a conflict of interest. Consistent with its role as “the public’s watchdog” in civil matters, the Jury deferred to the Santa Barbara County District Attorney the question of whether any criminal laws were broken.

The Jury also found that the Board lacks adequate internal financial controls regarding transfers from the General Fund and payments of travel expenses.

Finally, the Jury found that the Board did not adequately oversee staff attendance, allowed unethical behavior, and permitted a hostile work environment to exist.

### **BACKGROUND**

The Lompoc Unified School District (LUSD) has close to 1,700 employees serving approximately 9,300 students, about 1,000 of whom require special education. There are eight elementary schools, two intermediate schools, and two high schools in the district. The Lompoc Unified School District Board of Education (Board) consists of five members who are elected to four-year terms that are staggered so an election occurs every two years. According to the Board’s bylaws, the Board “*shall ensure that the district is responsive to the values, beliefs, and priorities of the community.*” Its mission is “to provide leadership and citizen oversight of the district.”<sup>1</sup>

The Superintendent of LUSD is employed by the Board and serves as the chief executive officer of the school district. He is the professional advisor to the school board, chief administrator of the schools within the district, and leader of the staff. He is responsible for the implementation of Board policies and the development of procedures for management of the entire school district. (See Chart 1.)

The LUSD has classified employees who are union members and are hired, fired, and promoted on a merit system from within. These employees include the kitchen staff, bus drivers, janitors, and other

---

<sup>1</sup> Lompoc Unified School District Bylaws of the Board, § BB 9000.

## **LOMPOC UNIFIED SCHOOL DISTRICT**

---

workers in similar jobs. There are also certified staff who are part of the Association of Lompoc School Administrators (ALSA), which is not a bargaining unit. ALSA includes teachers and management staff who are promoted by seniority when applying for new positions. Some ALSA employees are also confidential employees who work with management to develop or present positions during collective bargaining.

### **METHODOLOGY**

The Santa Barbara County Grand Jury (Jury) interviewed current and past employees of the LUSD, members of the LUSD Board, and a member of the Santa Barbara County Education Office. Board member Bill Christen declined to meet with the Jury. In addition, the Jury reviewed the LUSD budgets for the past four years, independent audits, travel expenses, and department expenditure records. Jury members also attended a LUSD Board meeting.