# county of ventura

COUNTY EXECUTIVE OFFICE MICHAEL POWERS

County Executive Officer

J. Matthew Carroll

Assistant County Executive Officer

Paul Derse

Assistant County Executive Officer/ Chief Financial Officer

John K. Nicoll

Assistant County Executive Officer/ Human Resources Director

Catherine Rodriguez

Assistant County Executive Officer/
Chief of Operations & Strategic Development
RECEIVED

SEP 2 2 2011

VENTURA COUNTY

GRAND JURY

Subject: Board of Supervisors' Consolidated Response to 2010-11 Grand Jury Final Report

Dear Judge O'Neill:

Ventura, CA 93009

September 16, 2011

Honorable Vincent J. O'Neill II

800 South Victoria Avenue

Presiding Judge of the Superior Court

Superior Court of California, Ventura County

In accordance with State requirements, the consolidated response from the Ventura County Board of Supervisors to the 2010-11 Final Grand Jury report is hereby submitted. The Board approved the response on September 13, 2011.

Should you have any questions, please call Matt Carroll at 654-2864 or Kathleen Van Norman at 654-2566.

Respectfully submitted.

Michael Powers

County Executive Officer

Enclosure - Board of Supervisors' Consolidated Response to the 2010-11

**Grand Jury Final Report** 

copies:

County Clerk, Mark A. Lunn

Superior Court Jury Services (3 copies as listed)

- For Jury Services, Peggy Yost, Manager
- For transmittal to State Archives
- For transmittal to Grand Jury

#### **BOARD MINUTES**

#### BOARD OF SUPERVISORS, COUNTY OF VENTURA, STATE OF CALIFORNIA

SUPERVISORS STEVE BENNETT, LINDA PARKS, KATHY I. LONG, PETER C. FOY AND JOHN ZARAGOZA September 13, 2011 at 8:30 a.m.

228.3

**COUNTY EXECUTIVE OFFICE** – Approval of Responses to the 2010-2011 Ventura County Grand Jury Reports: "Bullying in the Workplace," "Inmate Processing and Suicide Prevention in the Ventura County Jail," "Emergency Communications Interoperability," "Election Process," and "Under-Enrollment in Proposition 36"

- (X) All board members are present.
- (X) The following person is heard by the Board: Matt Carroll.
- (X) Upon motion of Supervisor Bennett, seconded by Supervisor Foy, and duly carried, the Board hereby approves the attached reports and includes an appreciation to the Grand Jury for their service in terms of presenting their reports to us and complements them for the new and higher standards that they follow.

Bv:

•

CLERK'S CERTIFICATE

I hereby certify that the annexed instrument is a true and correct copy of the document which is on file in this office. MICHAEL POWERS, Clerk of the Board of Supe

MICHAEL POWERS, Clerk of the Board of Supervisors, County of Ventura, State of California.

Dated:

By

Deputy Clerk of the Board

Item# 43 09/13/11

DISTRIBUTION: Originating Agency, Auditor, File



# county of ventura

**COUNTY EXECUTIVE OFFICE** MICHAEL POWERS County Executive Officer

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Assistant County Executive Officer

Paul Bares

Assistant County Executive Officer/ Chief Financial Officer

John K. Nicoli

Assistant County Executive Officer/ **Human Resources Director** 

Catherine Rodriguez

Assistant County Executive Officer/ Chief of Operations & Strategic Development

September 13, 2011

County of Ventura **Board of Supervisors** 800 South Victoria Avenue Ventura, CA 93009

Subject: Approval of Responses to Five (5) 2010-2011 Ventura County Grand Jury Reports: "Bullying in the Workplace," "Inmate Processing and Suicide Prevention in the Ventura County Jail," "Emergency

Communications Interoperability," "Election Process," and "Under-

**Enrollment in Proposition 36"** 

#### Recommendation:

That your Board approves responses to the five subject Grand Jury reports pertaining to County government under your authority for submittal to the Presiding Judge of the Superior Court in accordance with State statute.

#### Discussion:

Penal Code §933.05 requires that your Board comment on the findings and recommendations of the Grand Jury pertaining to county government under your authority. The 2010-2011 Ventura County Grand Jury issued 11 individual reports, seven of which pertain to County government.

Responses from the Board of Supervisors were required on four of the seven reports pertaining to County government and were prepared on your behalf by the County Executive Office. Responses from appointed officials were also required for three of the These responses have been coordinated through our office and are seven reports. submitted for your approval.

For your reference, the report titles and respondents listed in the Grand Jury Report are summarized in the table below. The underlined respondents require Board approval.

Board of Supervisors Responses to Four 2010-2011 Grand Jury Reports September 13, 2011 Page 2 of 3

Special Property Tax Assessments  Responses from the Auditor-Controller and Treasurer-Tax Collector are for information only.  Approval is not required.	Auditor-Controller Treasurer-Tax Collector
Rancho Simi Recreation and Park District Rangers	Sheriff
The RSRPD is an independent entity. Response from the Sheriff is for information only. Approval is not required.	
Bullying in the Workplace	Board of Supervisors Auditor-Controller
Response from the Auditor-Controller is for information only. Approval is not required.	* <u>Director-Human Resources Division</u> (CEO) (*Response was <i>requested</i> , not required)
Inmate Processing and Suicide Prevention in Ventura County Jail Responses from the Sheriff and the District Attorney	Sheriff District Attorney Health Care Agency
are for information only. Approval is not required.  Emergency Communications Interoperability	Board of Supervisors
Responses from the Sheriff and the Ventura County Emergency Planning Council are for information only. Approval is not required.	Sheriff *Ventura County Emergency Planning Council (*Response was requested, not required)
Election Process  Response from the Registrar of Voters (County Clerk and Recorder) is for information only. Approval is not equired.	Registrar of Voters Board of Supervisors
Jnder-Enrollment in Proposition 36	Board of Supervisors  *Behavioral Health (Health Care Agency) (*Response was requested, not required)  *Probation (*Response was requested, not required)

Board of Supervisors Responses to Four 2010-2011 Grand Jury Reports September 13, 2011 Page 3 of 3

The responses that pertain to County government under your control will serve as your Board's response to the subject 2010-2011 Grand Jury Reports to be filed as indicated in the above-recommended action along with any additional comments your Board may wish to make.

If your Board does elect to amend responses submitted from agencies headed by appointed officials or if your Board elects to change a response prepared on your behalf by the County Executive's office, then CEO staff, at your direction, will make such changes or additions prior to submitting the responses to the Presiding Judge.

As you are aware, elected officials submit their Grand Jury responses directly to the Presiding Judge. Although your approval is not required for responses from elected officials, copies of responses from the following elected officials are included here for your information: from the Auditor-Controller and the Treasurer Tax Collector to the report "Special Property Tax Assessments;" from the Sheriff to the report, "Rancho Simi Recreation and Park District Rangers;" from the Auditor-Controller to the report, "Bullying in the Workplace;" from the Sheriff and District Attorney to the report, "Inmate Processing and Suicide Prevention in the Ventura County Jail;" from the Sheriff to the report, "Emergency Communications Interoperability," and from the Registrar of Voters to the report, "Election Process."

This letter has been reviewed by County Executive Office, Auditor-Controller and County Counsel. Should you have any questions or require additional information, please contact Matt Carroll at 654-2864 or Kathleen Van Norman at 654-2566.

Sincerely.

MICHAEL POWERS

County Executive Officer

#### Attachments:

Exhibit 1 - Response to "Special Property Tax Assessments"

Exhibit 2 - Response to "Rancho Simi Recreation and Park District Rangers"

Exhibit 3 - Response to "Bullying in the Workplace"

Exhibit 4 - Response to "Inmate Processing and Suicide Prevention in the VC Jail"

Exhibit 5 – Response to "Emergency Communications Interoperability"

Exhibit 6 - Response to "Election Process"

Exhibit 7 - Response to "Under-Enrollment in Proposition 36"

### **FY 2010-2011 GRAND JURY FINAL REPORT**

RESPONSES TO FINDINGS (FI) AND RECOMMENDATIONS (R)

Report Number (& Date)

Report Title

Respondents (with FI and R #)

REPORT NO. 04. (May 31, 2011)

Title:

Inmate Processing & Suicide Prevention in the Ventura

County Jail

Required

Respondents: Ventura County Sheriff (FI-01 thru FI-11) and (R-01 thru R-13)

Ventura County District Attorney (R-01)

Requested

Respondents: Health Care Agency (FI-08 & FI-10) and (R-03, R-06, R-09 & R-10)

## Response to Grand Jury Report Form

Report live: Irmste Processing and Suicide Prevention in VC Jail
Report Date: May 31, 2011
Response by: August 15, 2011 Title: Sheriff G. Deen
FINDINGS
I (we) agree with the findings numbered: 1,2,3,4,6,8,9
I (we) disagree wholly or partially with the findings numbered: 5,7,10,11  (Attach a statement specifying any portions of the findings that are disputed; include an explanation of the reasons therefor.)
RECOMMENDATIONS
Recommendations numbered 2,3,7,9,11 have been implemented.
(Attach a summary describing the implemented actions.)
* Recommendations numbered 5,6, have not yet been implemented, but will be implemented in the future.
(Allach a limeframe for the implementation.)
* Recommendations numbered 8, require further analysis.
(Attach an explanation and the scope and parameters of an analysis or study, and a timeframe for the matter to be prepared for discussion by the officer or director of the agency or department being investigated or reviewed, including the governing body of the public agency when applicable. This timeframe shall not exceed six months from the date of publication of the grand jury report.)
* Recommendations numbered 1,4,10,12,13 will not be implemented because they are not warranted or are not reasonable.
'Attach an explanation.)
Date: Signed:
Number of pages attached



# VENTURA COUNTY SHERIFF'S OFFICE

- GEOFF DEAN Shoriff
- GARY PENTIS Assistant Sheriff
- JOHN CROMBACH
   Assistant Sheriff

800 SOUTH VICTORIA AVENUE, VENTURA, CA 93009 PHONE (805) 654-2380 FAX (805) 645-1391

August 12, 2011

The Honorable Vincent O'Neili, Jr.
Presiding Judge of the Superior Court
County of Ventura
800 S. Victoria Avenue
Ventura, CA 93009

SUBJECT: Grand Jury Report "Inmate Processing and Suicide Prevention in the Ventura County Jail."

Dear Judge O'Neill:

This letter is in response to the Grand Jury's Findings and Recommendations pertaining to the Sheriff's Office procedures related to Inmate Processing and Suicide Prevention in Detention Services Division.

#### **FINDINGS**

#### Finding FI-01

The Sheriff is mandated to establish institutional processes that meet legal standards. Attempting to avoid a statistically rare event, like a suicide, is a unique management challenge. It take an institutional focus on this kind of issue that despite the conflicting demands and budget priorities of day-to-day events, this issue is always part of the management process. Other than the Sheriff, there is not one individual formally responsible for suicide prevention in the County Jail (FA-01 through FA-04) Response:

We concur with this finding.

#### Finding FI-02

The majority of those booked into County Jali return to private life in the community and some are sent to state prison. Some individuals are booked into the County Jali and released on a regular basis. A statistically small number die in County Jali custody. Of the 28,045 bookings in 2010, three inmates have died. (FA-03, 04 and FA-06 through FA-11)

#### Response:

We concur with this finding.

#### Finding FI-03

The Sheriff has instituted a set of processes to screen, monitor, respond, and evaluate inmate suicides. After review of the literature, the Grand Jury has determined that some of the processes are considered to be best practices. (e.g. 72 hour reception housing and multi-stage screening). These processes involve not just the detention staff, but also the Major Crimes staff and contracted medical staff. The Sheriff has

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instituted a project to modify the County Jall based on lessons learned from past suicides. (FA-05, FA-14 through FA 16)

#### Response:

We concur with this finding. We thank the Jury for acknowledging our efforts to reduce the potential of suicide through our best practices and modification to the physical plant.

#### Finding Fi-04

Institutionally, dealing with potentially suicidal inmates is a challenging problem. Collecting information from those inmates about suicidal factor is sometimes difficult. Some inmates withhold information from custody staff even when it is in their best interest to provide that information. Some inmates withhold information when it is not in the best interest of their cellmate. Sometimes families are not forthcoming with pertinent information until after the event. Some inmates make non-serious attempts at suicide, therefore compounding the suicide prevention problem. Some aspects of suicidal tendencies are associated with mental illness. (FA-13, FA-24 and FA-25)

#### Response:

We concur with this finding. All staff members assigned to the jail receive training in life safety protocols in conjunction with maintaining facility security. As the deputies conduct hourly safety checks, oftentimes they are alerted to and respond to suicidal ideation and attempts, thus saving lives.

We believe our strongest effort in support of the inmate population is that deputies interact with all inmates on a regular basis. Most of these contacts occur when the deputies conduct hourly cell checks. These incidents of contact provide an opportunity for deputies to note any change in behavior, or possibly obtain intelligence on potential security and safety issues in the housing section.

#### Finding FI-05

When compared with nationwide data collected form the Justice Department, the County Jail ranks in the top 12 percent in experiencing inmate deaths for seven of the last eleven years. Its eleven year suicide rate is less than the smallest jails nationally and greater than most of the largest jails in California. Both suicide and mortality rates in the County Jail have risen over the three-year period 2008 through 2010. There are many factors correlated with suicides in a jail environment. When addressing a specific institution, the analysis of the two suicide events in 2010 does not provide enough data to make a credible evaluation of patterns, but does lead to an understanding of special factors, e.g. cell configuration. (FA-04, FA-06 through FA-12, and FA-36).

#### Response:

We only concur with the final sentence of this finding. Statistical comparisons alone do not provide a basis for assessing the quality of our efforts. It is not realistic to cite the experience of 2010 with an eight year experience of other jails to draw a credible conclusion. Oftentimes a comparison is made between the jail population and the communities we serve. It is more reasonable to use the community's experience of suicides in comparison with those that have occurred in the jail.

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In 2010, there were 80 suicides within Ventura County and 2 suicides in the jail. Comparing the number of suicide events to the population, .007% of the jail population (jail incidents as compared to the jail population) and .02% (community incidents as compared to the total county population) of the community is significantly less than the information cited.

Using the information cited within the report, six percent of jalls experienced 2 or more deaths per year in an eight year period (2000-2007). Suicide was not clearly delineated as being the reason for all of the listed deaths. In the same eight years within the Ventura County Jall, the average death percentage for natural deaths was .006% and .004% for suicides with the jall population.

#### Finding FI-06

The VCSD Policies and Procedures track all of the elements of a suicide prevention program identified by the National Commission on Correctional Health Care. There is not a single "Plan" for the VCSD, but a program does exist. The suicide prevention program is not represented in a single document, but it meets Title 15 criteria. What is significant is that all of the written policies and procedures exist in a coherent framework and contain standard practices that are not only followed to the letter, but are followed with commitment as well. For example, the immediate institutional responses to the suicides of inmates A and B were timely and appropriate. The teamwork that was demonstrated in the institutional responses to these two suicides indicates the dedication that exists within the detention staff. (FA-14 through FA-22 through FA-26, FA-28, and FA-30 through FA-34)

#### Response:

We concur with this finding. As stated, there is not a "single plan" related to suicide prevention, but rather a philosophy woven into each element of our operation. This is evidenced in our mission of providing safe, secure and humane detention.

Once again, we believe our use of the interactive inmate management philosophy is effective. It is not the panacea; however it does provide more opportunities for dialog between the inmates and deputies, which may lead to recognizing suicidal ideation. If the inmate is more confident in disclosing information to the staff, we are able to respond immediately. When an inmate does not share their thoughts with others, internally or externally, it is nearly impossible to determine their thoughts or interrupt potential actions.

#### Finding FI-07

Despite the thoroughness and dedication of the VCSD Major Crimes investigators, the fact that the VCSD is investigating deaths in its own jail can be perceived as a lack of transparency. This can lead to a false perception as to the integrity of the investigative process and findings. (FA-23 and FA-28) Response:

We disagree with this finding. In each area of our operations, we have proven to be thorough and transparent. The Sheriff's protocol does not differ from any other law enforcement agency as it relates to investigations of major incidents.

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The role of the Sheriff's Major Crimes bureau is to provide an intensive inquiry of all inmate deaths. The specialized resources, skills and experience provided by Major Crimes investigators are essential when making a determination of whether the event was a criminal act or not. Their involvement adds yet another layer of analysis to the investigation.

In addition to Major Crimes, the Ventura County Medical Examiner conducts an Independent death investigation.

#### Finding FI-08

The participation of the VCSD, the Jail Work Group of the Ventura County Mental Health Board, and the VCBHD with regard to inmate release, has demonstrated an openness that allows for effective communications across the community. This kind of relationship can be considered a best practice. (FA-29).

#### Response:

We concur with this finding. We believe our alliance with our internal and external partners strengthens our abilities to operate a safe, secure and humane jail.

#### Finding FI-09

There is a spectrum of personnel available to observe the potential suicidal inclinations of inmates. These include individual deputies, chaplains, and psychiatrists from the CFMG, religious volunteers, teachers, work supervisors and maintenance personnel. The amount of training regarding suicidal issues in this spectrum is varied. (FA-30, FA-33 and FA-37)

#### Response:

We concur with this finding. The Sheriff is dedicated to providing a high level of training to all of the staff members within the Jail system. Each member of our staff, whether sworn, professional or volunteer, is a part of the Sheriff's team. Our deputies save lives every day through the use of the Interactive Inmate Management Philosophy, and the gathering of intelligence gained from the hourly cell checks.

#### Finding Fl-10

Psychological Autopsies have not been an explicit element in the VCSD suicide assessment process. There are two institutional resources available to the VCSD with the technical capability to support custody staff in performing Psychological Autopsies: the CFMG and the VCBHD. The CFMG is a contractor to the VCSD with a clinical perspective; the VCBHD is an independent organization within the County with a community-based perspective. (FA-35) (Att-04)

#### Response:

We disagree with this finding. While there is not an actual form completed related to "psychological autopsies", it is an element of our investigation to determine if the inmate relayed his/her intentions to others.

inquiries are made of the family and friends during the investigation. Recent calls to family or friends are also reviewed. There is some value in researching information on identifying categories of individuals who may be prone to suicide.

Letter to Honorable Judge O'Niell Grand Jury Report - Inmate Processing & Suicide Prevention August 16, 2011 Page 5 of 8

#### Finding FI-11

The stoic culture of custody staff and inmates is an inhibiting factor in their requesting counseling services. This can preclude staff and inmates from requesting counseling services even if those services could be beneficial. (FA-29)

#### Response:

We disagree with this finding. One of the areas within law enforcement that often receives the most criticism is the appearance that our employees lack emotion and/or compassion. The responsibilities of a deputy sheriff and sheriff service technicians are difficult within the jail. Oftentimes it is necessary to create an emotional barrier as a means to cope with the rigors of the job.

Each person responds to traumatic incidents in different ways and their needs vary. Discussing the use of mental health services is a personal obstacle not easily accomplished. The problem is not isolated to law enforcement, but rather extends to the community as well.

Our employees have a variety of different counseling resources available to them through the department, County EAP, and their own medical provider. Supervisors and managers strongly encourage and support the choice to access psychological services internally and /or externally, even many months after a critical incident.

#### RECOMMENDATIONS

#### Recommendation R-01

The District Attorney should review VCSD suicide investigations, as is done in officer-involved shootings, with results of this review to be posted on the District Attorney website (Fi-07)

#### Response:

We disagree with this recommendation. We do not believe it is the role of the District Attorney Office to investigate suicides. Currently, the Medical Examiner (M.E.) investigates all deaths within the county. We believe the involvement of the M.E. is most appropriate to add an external investigative perspective.

#### Recommendation R-02

The Sheriff should designate a "Suicide Prevention Officer" with the responsibility to focus on the elements described by the National Commission on Correctional Health Care. (FI-01 and FI-06) Response:

This recommendation is already in place, although not in the form of one person. We believe it is the responsibility of every staff member to be "suicide prevention officers". We value the information provided in this report as a tool to assist us to provide for the safe, secure and humane detention of those persons legally conveyed into our facilities.

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#### Recommendation R-03

The Sheriff should solicit the Ventura County Health Care Agency for VCBHD's participation with the VCSD legal unit in the analysis of suicides in order to provide an Independent perspective. (FI-06, FI-08, and FI-10)

#### Response:

In essence, this recommendation is already in place. Members of the VCBH are invited to the quarterly CFMG Quality Assurance/Quality Control (QA/QC) meeting. Our partnership with VCBH is strong and affords us the ability to request assistance whenever we may need assistance in understanding mental health issues.

#### Recommendation R-04

The Sheriff should establish a team composed of members of custody staff, the VCBHD, and the CFMG, which would review suicides over the past eight years in order to identify potential patterns. (Fi-02 and Fi-05)

#### Response:

We disagree with this recommendation. Each incident related to the death of an inmate is reviewed, internally and externally, taking all factors of each incident into consideration. If patterns are identified, all options to prevent the incident from occurring again are evaluated and put into practice, wherever practical.

#### Recommendation R-05

The Sheriff should develop a brochure that would be available to the inmates' visitors. The brochure would solicit information from friends and relatives about the pre-incarceration mental or physical behavior of inmates that may be indicative of suicide risk. A telephone number should be provided in order to communicate this information to a new in the County Jail medical unit. (FI-01 and FI-04) Response:

We agree in part with this recommendation. We have partnered with the National Alliance for the Mentally III (NAMI) to provide brochures for family members upon visiting the PTDF. Within this brochure is the number to our medical staff member and the Jail's Watch Commander. We are in the process of developing a poster for display in the public lobbies or our jails.

We do not agree that that contact should be the Jail nurse. We advocate the call being sent to the Jail Watch Commander as they would be best suited to respond operationally, in partnership with our medical staff, to respond to any suicidal threat.

#### Recommendation R-06

The Sheriff should post signs in all three jail lobbies with the contact telephone number for a nurse who can receive comments from friends and relatives on inmates' mental and physical health. (FI-04)
Response:

This is answered in Recommendation #5.

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#### Recommendation R-07

The Sheriff should consider developing a supplemental Critical Incident Stress Debriefing protocol for staff and inmates who are involved with suicides. (FI-06 and FI-29)

#### Response:

We believe this recommendation is in place. All staff members responding to any inmate death are offered access to and highly encouraged to participate in a Critical incident Debriefing. All inmates in the immediate area are also offered access to the CFMG psychiatric staff.

#### Recommendation R-08

The Sheriff should institute a policy that, during the interview of an inmate at the end of the reception housing period, an inmate is requested to provide information about possible suicidal ideation and behavior of a ceilmate. That information could be used in the transitional interview of the fellow ceilmate (Fi-O3)

#### Response:

We agree that interviewing inmates at the completion of the reception center process appears to be valuable. One of the obstacles in this recommendation is that the current interview is a mental health screening of the inmate being interviewed, not about another person. Once the assessment is completed, the form becomes part of their confidential medical record.

The recommendation has merit. We will evaluate our options.

#### Recommendation R-09

The Sheriff should develop a course and implement recurring training for the recognition of suicidal tendencies in a custodial setting by non-medical personnel. This could be used as a supplement to the STC training. It is further recommended that the VCBHD, the CFMG, and members of the chaplain's office participate in the development of this course. This course should be used to establish an additional knowledge domain required for review by custody staff. The VCSD should provide wallet-sized help cards, based on this course, to staff and volunteers. (Fi-09)

#### Response:

The Sheriff has implemented additional training in the form of a CIT Academy. In discussing this topic with mental health professionals we are in the process of developing an additional knowledge domain as recommended for annual training all our detention staff members.

#### Recommendation R-10

The Sheriff should consider requesting the VCBHD and the CFMG to support the performance of Psychological Autopsies on inmates A and B. (FI-03 and FI-10)
Response:

We believe our investigations into these deaths were thorough and covered the areas outlined in a "Psychological Autopsy." As previously stated, we will continue to foster strong partnerships with VCBH.

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#### Recommendation R-11

The Sheriff should insure departmental contact with the family member of inmate suicides, not only to express condolences, but to gain understanding of the individual's pre-incarceration behavior. (Fi-O4 and Fi-O5)

#### Response:

We believe this recommendation currently occurs. The department representatives have several meetings with the family as a means of offering condolences, as well as possibly identifying additional information. Each contact with the family is an element in the further investigation.

#### Recommendation R-12

The Sheriff should task CFMG to assess the use of Information from the Draft Mental Health Assessment Form (Attachment 3) for applicability to the VCSD screening process. (FI-04 and FI-05) Response:

We believe the existing Intake Health Screening Form is the best available. During the last Accreditation Review from the Institute of Medical Quality (IMQ) our procedures were identified as being "best practices." Several of our forms were requested to be shared with other jails as being "model" forms.

#### Recommendation R-13

The Sheriff should establish a database of inmate screening forms to be kept for future reference, to the extent that it does not violate legal privacy restriction. (FI-02 and FI-03)

#### Response:

Privacy laws prohibit dissemination of this information as recommended. All intake health screening forms are retained the inmate's medical file, which is confidential.

Thank you for the opportunity to respond to this Grand Jury report. If additional explanation is needed, please feel free to contact my office at 654-2381.

Sincerely.

Ventura County Sheriff

C: Foreman, Ventura County Grand Jury Brown Mail # L-3751 Frank Chow, CEO Analyst

## Response to Grand Jury Report Form

Report Title: Inmate Processing and Suicide Prevention in the Ventura County Jail
Report Date: May 31, 2011
Response by: Gregory D. Totten Title: District Attorney
FINDINGS
I'(we) agree with the findings numbered:
• I (we) disagree wholly or partially with the findings numbered: R-01  (Altach a statement specifying any portions of the findings that are disputed; include an explanation of the reasons therefor.)
RECOMMENDATIONS
Recommendations numbered have been implemented.
(Allach a summary describing the implemented actions.)
* Recommendations numbered have not yet been implemented, but will be implemented in the future.
(Atlach wlimeframe for the implementation.)
Recommondations numbered require further analysis.
(Attach an explanation and the scope and parameters of an analysis or study, and a timeframe for the matter to be prepared for discussion by the officer or director of the agency of department being investigated or reviewed, including the governing body of the public agency when applicable. This timeframe shall not exceed six months from the date of publication of the grand jury report.)
* Recommendations numbered R-01 will not be implemented because they are not warranted or are not reasonable.
(Attach an explanation.)  Date: 7/13/11 Signed:
Number of pages attached 3



# OFFICE OF THE DISTRICT ATTORNEY

# County of Ventura, State of California

GREGORY D. TOTTEN
District Attorney

JAMES D. ELLISON
Chief Assistant District Attorney

July 13, 2011

MICHAEL K. FRAWLEY
Chief Deputy District Attorney
Criminal Prosecutions

CHERYL M. TEMPLE Chief Deputy District Attorney Special Prosecutions

MICHAEL D. SCHWARTZ
Special Assistant District Attorney

ROBERT A. BRINER Chief investigator

The Honorable Vincent J. O'Neill, Jr.
Presiding Judge, Superior Court of California
County of Ventura
800 South Victoria Avenue
Ventura, CA 93009-2120

Robert A. Peskay, Foreman Ventura County 2010-2011 Grand Jury 800 South Victoria Avenue Ventura, CA 93009-3751

Re: Response to the Ventura County 2010-2011 Grand Jury report entitled, Inmate Processing and Suicide Prevention in the Ventura County Jail

Dear Judge O'Neill and Mr. Peskay:

As required by California Penal Code section 933.05, this letter is a response to the finding and recommendation of the Ventura County 2010-2011 Grand Jury report entitled, Inmate Processing and Suicide Prevention in the Ventura County Jail.

#### Recommendation R-01:

"The District Attorney should review VCSD suicide investigations, as is done in officer-involved shootings, with results of this review to be posted on the District Attorney website."

#### Response to Recommendation R-01:

Any death in a custodial facility understandably generates public concern and interest in the circumstances surrounding the death. Independent prosecutor review is certainly appropriate and necessary when the death is a suspected homicide. However, the Grand Jury's recommendation that the District Attorney review all Sheriff's Office investigations of suicides in the jail will not be implemented because it is not warranted.

The Honorable Vincent J. O'Neill, Jr. Mr. Robert A. Peskay
July 13, 2011
Page 2

The recommendation appears to be based on the Grand Jury's finding that the Ventura County Sheriff's Office investigation of deaths in its own jail could be perceived as having a lack of transparency, calling into question the integrity of the investigative process and its findings. There are, however, already safeguards in place to ensure the integrity of the investigation.

The Grand Jury report accurately points out that the Ventura County Medical Examiner already reviews jail inmate deaths. (FA-14) In each case of a death in the county jail, the Ventura County Sheriff investigates the death and the Medical Examiner also investigates and determines the cause of death. If the death is determined to be a homicide, and thus a crime, the District Attorney is presented with the investigative results. (FA-27) In the case of suicides within the jail, the District Attorney does not review the investigation.

While the District Attorney reviews all officer-involved shootings and, with the exception of those cases resulting in a criminal prosecution, posts the review on the District Attorney's website, the District Attorney does so because the application of deadly force, when not justified by the circumstances surrounding the shooting, can be a criminal act. The District Attorney is responsible for conducting on behalf of the people prosecutions for public offenses. The public has the right to know the facts of a shooting and the rationale for the District Attorney's determination that no charges will be filed because the shooting was justified. The disclosure of the details surrounding the shooting is necessary for the public's continuing confidence in its public servants.

Suicide, however, is not a crime in any jurisdiction within the United States. (In re Joseph G. (1983) 34 Cal.3d 429) The majority of suicides are caused by untreated mental illness, most notably depression. With the exception of assisted suicides, in which the actions of the assisting party could be criminal, the District Attorney does not investigate or review suicide cases, regardless of the location in which they occur, because there is no criminal conduct involved. Further, because the act of suicide is most often a very private family tragedy, which hurts innocent family members tremendously, disclosing to the public in a report posted on the District Attorney's website the detailed circumstances which prompted the person to commit suicide would accomplish little other than to invade the privacy of already suffering surviving family members.

The Grand Jury notes that the Sheriff has instituted a "set of processes to screen, monitor, respond, and evaluate inmate suicides." It further found some of those processes are considered "best practices." The Grand Jury also reported that the Sheriff's policies and procedures track all of the elements of a suicide prevention program identified by the National Commission on Correctional Health Care. Finally, the Grand Jury found that the standard practices contained within the Sheriff's written policies and procedures are followed to the letter and with commitment.

The Honoralia Vincent J. O'Neill, Jr. Mr. Robert A. Peskay July 13, 2011 Page 3

For all these reasons, it is neither necessary nor appropriate to insert the District Attorney into the review of these tragic incidents.

GREGORY D. TOTTEN

District Altorney

GDT/jd

The Honorable Geoff Dean, Sheriff
Michael Powers, County Executive Officer cc:

## VENTURA COUNTY HEALTH CARE AGENCY



## MEMORANDUM

Response to 2016-11 Grand Jury Report

Report Date: May 31, 2011
Response by: Dr. Robert Gonzalez, Health Care Agency Director
Report Title: Inmate Processing and Suicide Prevention in the Ventura County Jail
MINDINGS
* I (we) agree with the findings numbered: FI-08, EI-10
* I (we) disagree wholly or partially with the findings numbered:  (Attach a statement specifying any portions of the findings that are disputed; include an explanation of the reasons therefore.)
RECOMMENDATIONS
* Recommendation numbered R-06 has been implemented. (Attach a summary describing the implemented actions.)
* Recommendations numbered have not yet been implemented, but will be implemented in the future (Attaches timefrance for the implementation.)
* Recommendations numbered R-03; R-09: and R-10 require further analysis.  (Attach an explanation and the scope and parameters of an analysis or study, and a timeframe for the matter to be prepared for discussion by the officer or director of the agency or department being investigated or reviewed, including the governing body of the public agency when applicable. This timeframe shall not exceed six months from the date of publication of the grand jury report.)
* Recommendations numbered will not be implemented because they are not warranted or are not reasonable (TRCh an explanation.)  Date: July 15, 2011 Signed:

FI-08. The participation of the VCSD, the Jail Work Group of the Ventura County Mental Health Board, and the VCBHD with regard to inmate release, has demonstrated an openness that allows for effective communications across the community. This kind of relationship can be considered a best practice. (FA-29)

We appreciate the Grand Jury's recognition of the efforts of VCBHD, the Ventura County Mental Health Board, and the Sheriff's Department to strengthen and enhance the working relationship between the two departments on behalf of individuals with mental illness. We agree that the high degree of open communication that exists between our Departments and stakeholders constitutes a best practice, which serves the public's interest. It is our intention to continue to work to enhance and strengthen the collaboration in the future.

FI-10. Psychological Autopsies have not been an explicit element in the VCSD suicide assessment process. There are two institutional resources available to the VCSD with the technical capability to support custody staff in performing Psychological Autopsies: the CFMG and the VCBHD. The CFMG is a contractor to the VCSD with a clinical perspective; the VCBHD is an independent organization within the County with a community-based perspective. (FA-35)

Psychological autopsies are not an explicit element in the VCSD suicide assessment process. However, based on the perspective the Behavioral Health Department acquires through our attendance at the quarterly Quality Assurance Reviews (FA-29), in which findings related to suicides are discussed, the Sheriff's current process for review/investigation includes many of the fundamental elements of a "Psychological Autopsy" as described in Attachment A.

The Behavioral Health Department works closely with the Sheriff's Department, and when called upon, is more than willing to provide mental health expertise with the aim of reducing suicidal behaviors in the jail through collaboration, especially regarding individuals with serious mental illness. In addition to the resources of CFMG and VCBHD, technical capability to support custody staff in performing psychological autopsies could also be attained through the engagement of a contracted psychiatrist.

R-03. The Sheriff should solicit the Ventura County Health Care Agency for VCBHD's participation with the VCSD legal unit in the analysis of suicides in order to provide an independent perspective. (FI-06, FI-08, and FI-10)

The working collaboration between VCBHD and the Sheriff's Department will continue to be one in which we utilize one another's expertise with the goal of assuring that individuals with serious mental illness are identified and that optimal collaboration occurs. The goal is that suicidal behavior is reduced and hopefully, eliminated. As is noted above, a contracted psychiatrist would also provide the expertise required to participate in the analysis of suicides. Should this resource not be available, VCBHD will work with VCSD as required. Response time frame is deferred to VCSD.

R-06. The Sheriff should post signs in all three jail lobbies with the contact telephone number for a nurse who can receive comments from friends and relatives on inmates' mental and physical health. (FI-04)

VCBHD agrees that it is crucial for friends and relatives of inmates to have a means through which they may communicate essential health information to jail nursing staff. As part of the Jail Work Group (FA-28), the Sheriff's staff and the local membership of the National Alliance of the Mentally III (NAMI) worked collaboratively to develop information, for concerned family members and friends, on how to assist inmates with mental health issues. Although a posted sign is suggested in R-06, a reporting form that allows information to be put in writing to the jail nursing staff, is now available in the three jail lobbies.

R-09. The Sheriff should develop a course and implement recurring training for the recognition of suicidal tendencies in a custodial setting by non-medical personnel. This could be used as a supplement to the STC training. It is further recommended that the VCBHD, the CFMG, and members of the chaplain's office participate in the development of this course. This course should be used to establish an additional knowledge domain required for review by custody staff. The VCSD should provide wallet-sized help cards, based on this course, to staff and volunteers. (FI-09)

VCBHD clinicians have expertise and experience in the area of suicidal behavior (among other areas related to mental health), which might augment that possessed by California Forensic Medical Group and the chaplain's office. As such, VCBHD will assist the Sheriff's Department in whatever manner is deemed necessary. Response time frame is deferred to VCSD.

R-10. The Sheriff should consider requesting the VCBHD and the CFMG to support the performance of Psychological Autopsies on inmates A and B. (FI-03 and FI-10).

VCBHD remains committed to its work with the Sheriff's Department to reduce suicidal behavior through the identification of incarcerated individuals with serious mental illness and collaboration between the Departments. Should the Sherriff conduct psychological autopsies on inmates A and B, VCBHD will provide assistance needed. Response time frame is deferred to VCSD.