Better Health for All

COUNTY OF SANTA CLARA
Health System

County of Santa Clara Health System
2325 Enborg Lane, Suite 320
San Jose, California 95128
Phone: (408) 885-4030
Fax: (408) 885-4051

DATE: May 28, 2019

TO: Honorable Members of the Board of Supervisors
Jeffrey V. Smith, M.D., J.D., County Executive

FROM: René G. Santiago, Deputy County Executive &
Director, County of Santa Clara Health System

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Rene Santiago
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Matthew Gerrior, Director of Custody Health Services

SUBJECT: Off-Agenda Report on Custody Health Services' Protocol for Placing a Medically Disabled Inmate in a Medical Facility Outside the Jail

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On March 19, 2019 (Item #11), the Board of Supervisors directed staff to provide an off-agenda report relating to Custody Health Services' protocol for placing a medically disabled inmate in a medical facility outside the jail upon designation that the inmate requires medical services beyond the capacity of traditional incarceration. Since the discussion focused on compassionate release and the protocol for it, this off-agenda report focuses on those steps.

Custody Health Services Guidelines for Compassionate Releases

Custody Health Services established its Compassionate Release Guidelines pursuant to Government Code 26005.6. The Sheriff's Office may seek compassionate release if it determines that an inmate would not reasonably pose a threat to public safety and has a life expectancy of under 6 months. This decision is made after conferring with Custody Health and after diagnosis by a treating physician.

Compassionate release is an inter-agency undertaking in Santa Clara County. To ensure inmates recommended for compassionate release are appropriately identified and processed in a timely manner, Custody Health Services works alongside representatives from the District Attorney's Office, Public Defender's Office or Alternate Defender's Office, the Sheriff's Office Custody Bureau, SCVMC Medical Social Services and if applicable, with the inmates' private attorney. These representatives are instrumental at initiating and facilitating communication with Santa Clara County Superior Court, the final approving agency for compassionate release of inmates within the Santa Clara County jails.

The below procedures outline the Compassionate Release process for Santa Clara County Adult Custody Health Services(ACHS):

1. When the Custody Health Services Medical Director or his designee identifies a patient as a potential candidate for compassionate release, a medical summary of the patient's medical condition(s), treatment(s), and prognosis is provided to the Nurse Manager where the inmate is housed.
2. Upon receipt of the summary, the Nurse Manager will complete the Custody Health Services Medical Release Request Form (Attachment A) and will send the completed form and the patient's medical summary to agency representatives of the District Attorney's Office, Public Defender's Office or the Alternate Defender's Office and the Sheriff's Office Custody Bureau. If applicable, the Nurse Manager will also notify the inmate's private attorney regarding the request for compassionate release.
3. The representatives from the District Attorney, Public Defender or Alternate Defender and if applicable, the inmate's private attorney will discuss the viability of the inmate's compassionate release and communicate the decision to the Nurse Manager and the Sheriff's Office Custody Bureau representative(s).
4. If there's consensus in support of an inmate's compassionate release, the Office of the District Attorney and representative(s) for the defense - Public Defender or Alternate Defender and if applicable, the inmate's private attorney must consult with Custody Health Services Nurse Manager to coordinate a release date.
5. The representative(s) for the defense will then send a proposed order to the Superior Court sentencing judge for approval. In the event the sentencing judge is unavailable, the proposed order will be forwarded to a supervising judge. The representative(s) for the defense will also bear the responsibility of ensuring the signed order is filed with the Superior Court on a timely manner.
6. To prepare for the inmate's imminent release, the Nurse Manager will direct ACHS support staff to identify the patient's housing and transportation needs and SSI eligibility after being released from custody. ACHS may also contact the SCVMC Medical Social Services' Homeless Discharge Planner for assistance.
7. If the Superior Court approves the inmate's compassionate release, the representative(s) for the defense will ensure that the filed compassionate release order is faxed to the Sheriff's Office Custody Bureau Administrative Booking Unit at (408) 299-8725. The representative(s) will also be responsible for faxing a copy of the filed release order along with the completed ACHS Medical Release Request Form to the appropriate Nurse Manager. The fax numbers corresponding to the jail facilities are:
   - Nurse Manager, Main Jail Fax Number – (408) 808-5237
   - Nurse Manager, Elmwood Fax Number – (408) 946-8023

In the event a request for compassionate release is received from a family member, ACHS will first require a fully signed Release of Information (ROI) Form (Attachment B). Upon receipt of a signed ROI, an ACHS physician will contact the requesting family member to discuss details of

the compassionate release. The physician will also inform the ACHS Medical Director of the family member-initiated request and both doctors will determine the inmate's suitability. If the inmate fits the criteria for compassionate release, ACHS will follow its current protocol.

ATTACHMENT A

SANTA CLARA VALLEY HEALTH AND HOSPITAL SYSTEM
ADULT CUSTODY HEALTH SERVICES
Medical Release Request

To: □ **DA's Office** □ **Public Defender's Office**
□ **DOC Administration** □ **Judge**
□ **Administrative Booking**

Inmate's Name ______________________________ PFN# __________

DOB ____________________ Housing Facility ____________________

Docket # ________________________ Department Court# __________

Judge ____________________ Public Defender __________________

District Attorney ______________ Charges ______________________

Due to medical reasons, Custody Health Services is requesting that this inmate be considered for one of the following reasons:

□ Compassionate Release

□ Daylight Release

The following paperwork is attached:

□ Medical Summary Letter from M.D. □ Medical Release/Placement Plan

Custody Health Services' Contact Person:

Name ________________________________ Title ____________

Office Phone # ____________________ Cell # __________________

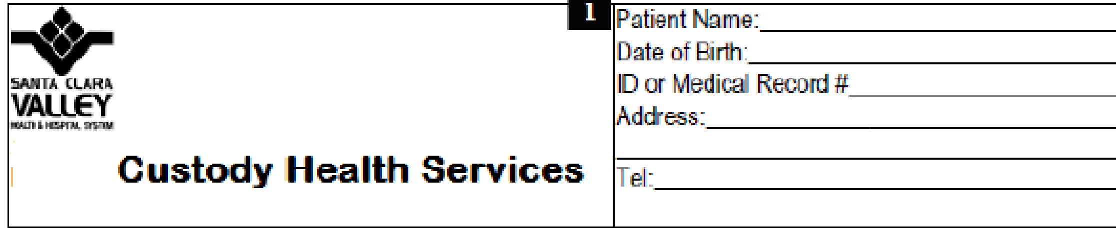
E-mail ________________________ Fax# ______________________

Judge __________________________ □ Approved □ Not Approved

Public Defender ____________________ □ Approved □ Not Approved

District Attorney ___________________ □ Approved □ Not Approved

ATTACHMENT B


SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM

Custody Health Services

1 Patient Name:______________________
Date of Birth:______________________
ID or Medical Record #______________________
Address:______________________
____
Tel:______________________

2 AUTHORIZATION: I give permission to ______________________________ to use and release to
Recipient Name:____
Address:____
Phone:______________________________ Fax:______________________

3 PURPOSE: The health information disclosed may only be used for the following purpose(s):____________
____
____

4 INFORMATION TO BE RELEASED

A. ☐ Medical Record
- ☐ All health information (e.g. diagnosis, test results, treatment); OR
- ☐ Images and/or Films ☐ Reports ☐ Billing ☐ Dental

B. ☐ HIV/AIDS Test Results (A separate authorization is required for each disclosure.) Initial: ___

C. ☐ Drug & Alcohol Treatment(e.g. diagnosis, test results, treatment, billing, attendance) Initial:___

D. ☐ Mental Health (e.g. diagnosis, test results, treatment, billing) Initial:___

E. ☐ Other____ Initial:___

5 DELIVERY PREFERENCE:
☐ Mail ☐ Pick up ☐ Other______________

6 DELIVERY FORMAT:
☐ CD ☐ Film ☐ Paper ☐ Other______

7 DURATION: This authorization is valid immediately and will be valid until________________(*give date*).
If I do not write in a date, it will expire twelve months from the date it was signed.

8 CANCELLATION: I understand that I have a right to cancel this authorization any time. A cancellation (1) must be in writing, (2) sent or given to the Health Information Management Department, 751 S. Bascom Ave., San Jose, CA 95128 and 3) is effective when it is received by the department. A cancellation will not apply to actions already taken by SCVHHS under this authorization or if the authorization was required for getting insurance coverage and the insurer has a legal right to contest a claim. Verbal cancellation will be accepted for behavioral health medical record pursuant to WIC Section 5328. Call: 408-885-5770.

9 CONDITIONS: I understand that treatment, payment, enrollment, or eligibility for benefits will not be based on my giving or refusing to give this authorization except if my treatment is related to research, or if health care services are given to me only for creating protected health information for release to a third party. I also understand that I may refuse to sign this authorization.
A copy of this authorization is as valid as an original. I have the right to receive a copy of this authorization.

10 REDISCLOSURE: Information disclosed pursuant to this authorization could be redisclosed by the recipient. Such redisclosure is in some cases not prohibited by California law and may no longer be protected by federal confidentiality law (HIPAA), although information protected by 42 CFR Part 2 continues to be subject to that protection. In addition, California law prohibits the person receiving my health information from making further disclosure of it unless another authorization for such disclosure is obtained from me or unless such disclosure is specifically required or permitted by law.

11 Patient/Patient's Representative Name Patient/Patient's Representative Signature Relationship Date