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2011-2012 Sutter County Grand Jury Final Report

ENDORSED FILED

JUN 23 2012

SUPERIOR COURT OF CALIFORNIA
COUNTY OF SUTTER
CLERK OF THE COURT
By JACKIE LASWELL Deputy

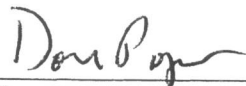
Final Report

of the

2011-2012

Sutter County

Grand Jury



Don Pope

Foreperson



Honorable Judge Chris Chandler

Presiding Judge



SUTTER COUNTY GRAND JURY

Honorable Judge Chris Chandler
Sutter County Superior Court
446 2nd Street
Yuba City, CA 95991

Dear: Judge Chandler

In accordance with the California Penal Code Section 933, the 2011-2012 Sutter County Grand Jury has completed its duties with the release of the Final Report to the Court and to the citizens of Sutter County. We were selected to serve on the Sutter County Grand Jury so the people had a voice in the workings of the County government.

Each member took this responsibility seriously and dedicated a great deal of time and effort in interviews and visits to numerous County departments. We would like to extend our thanks to the individuals in these departments that provided information and conducted tours for our individual committees. These tours were very informative and helpful in our fact gathering of several complaints that were submitted to this year's Grand Jury. Although some of these investigations did not result in issuance of individuals reports, we wish to express our appreciation for the efficiency demonstrated and the assistance we were given. Also, we wish to thank the officials who made presentations to the Jury.

As you look at the cover of this year's report, the Grand Jury would like to thank Franklin Tarke and Francisco Ruiz, members of the Sutter Buttes 4-H, who designed the official Sutter County Flag. Young men like these two are the future of this County.

Last July, nineteen people took the oath of office to serve on the Grand Jury. It was a diverse group in both experience and expertise. Over these past months this group worked together in reviewing the different County departments and became a team.

I would like to personally thank all members of this Grand Jury for their dedication and cooperation to the civic responsibility of serving on the 2011-2012 Sutter County Grand Jury.

Sincerely,

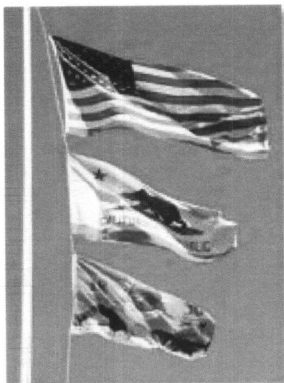
A handwritten signature in dark ink, appearing to read "Don P", followed by a horizontal line.

Donald Pope, Foreperson
2011-2012 Sutter County Grand Jury

Sutter County Now Has Its Own Flag

The president and vice-president of Sutter Buttes 4-H Club presented the new Sutter County flag to the Sutter County Board of Supervisors on Wednesday, October 26, 2011.

President Francisco Ruiz and Vice-President Franklin Tarke presented the flag during a dedication ceremony at the Hall of Records. Immediately following the presentation, the pair raised the new flag beneath the United States and California flags at the Sutter County Courthouse East annex on Second Street.




It is Sutter County's first official flag in its 161-year history.

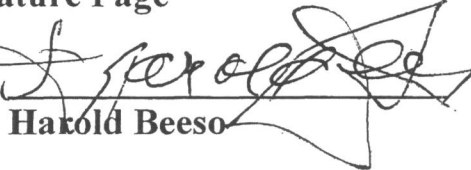
The 4-H Club members designed the flag and raised the money to purchase several for the County. Indoor flags will be located in the Board of Supervisors Chambers at the Hall of Records, and at the administration building at 1160 Civic Center Boulevard. Outdoor flags will fly at the courthouse and at 1160 Civic Center Boulevard.

During the presentation of the flag, Board Chairman James Gallagher, on behalf of the entire Board of Supervisors, presented Gold Resolutions honoring their achievement to Mr. Ruiz and Mr. Tarke.




2011-2012 Signature Page

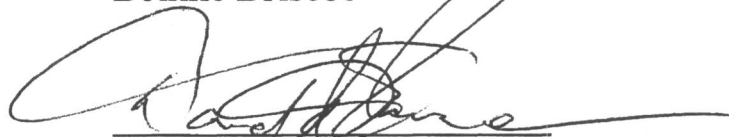

Jeff Barrow


Harold Beeso


Tom Bethards



Bonnie Briscoe


Christine Duncan

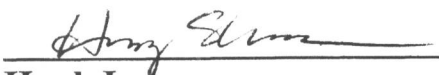

Don Hanson



Wendy Iverson


April James



Mark Jenny


Karen La Rose


Hank Lamon


Martha Mc Clard


Linda Peterson


Don Pope


Brandy Roberts


Lanier Stenhouse


Terry Sutton


Harprit Takher

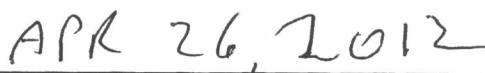
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**Don Pope – Foreperson, Jeff Barrow, Harold Beeso, Tom Bethards, Bonnie Briscoe,
Christine Duncan, Don Hanson, Wendy Iverson, April James, Mark Jenny,
Karen LaRose, Hank Lamon, Emma McClard, Linda Peterson, Brandy Roberts,
Lanier Stenhouse, Terry Sutton, Harprit Takher**

Final Report [pursuant to Penal Code 933 (a)]



**Don Pope
2011-2012 Foreperson**



Date

.....
**Pursuant to Penal Code Section 933(a), the Presiding Judge makes the finding that the
foregoing report is in compliance with the Title 4, Chapter 3 of the Penal Code
("Powers and Duties of the Grand Jury")**



**Honorable Christopher Chandler, Presiding Judge
Superior Court of California, County of Sutter County**



Date

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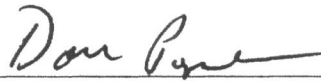
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Final Report (pursuant to Penal Code 933 (a)) on subject:

Sutter County Jail Death

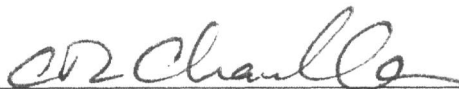


Donald Pope
2011-2012 Foreperson

APRIL 3, 2012

Date

Pursuant to Penal Code Section 933 (a), the Presiding Judge makes the findings that the
foregoing report is in compliance with the Title 4, Chapter 3 of the Penal Code
("Powers and Duties of the Grand Jury")



Honorable Christopher Chandler, Presiding Judge
Superior Court of California, County of Sutter County

4-3-12

Date

AD-HOC Committee

SUTTER COUNTY JAIL DEATH

SUMMARY

The 2011-2012 Sutter County Grand Jury (SCGJ) received a citizen's complaint on the Sutter County Jail alleging improper and denial of medical care resulting in an inmate's death. The SCGJ conducted an investigation into the inmate's time in custody and specifically the quality of medical treatment he received while at the jail.

The SCGJ conducted interviews of all Jail Medical Services (JMS) personnel in management positions, jail clinic staff members, Rideout Hospital Emergency Room (ER) physicians, the ambulance emergency medical team (EMT) personnel and family members of the deceased. The SCGJ found the medical treatment of the inmate, just prior to his final transport to Rideout Hospital ER, to have been below the standard of care. This can indirectly be traced to a myriad of problems with the jail clinic program.

Recommendations from the SCGJ are to make changes at the jail medical clinic to improve oversight and supervision. Responsibility should be taken by those in management positions to complete and maintain policies and procedures provide training to nurses and conduct Morbidity and Mortality (M&M) discussions in order to prevent recurrence of adverse outcomes.

BACKGROUND

The Sutter County JMS provides necessary emergency and basic health care services to individuals who are in custody from booking until time of release. Medical Staff is comprised of the Health Officer (HO), Jail Nurse Manager (JNM), Nurse Practitioner (NP), two (2) Supervising Registered Nurses (RN), four (4) Licensed Vocational Nurses (LVN) and on-call LVN's as needed.

A sick call request form must be filled out if an inmate wants to be seen at the jail medical clinic. These forms are collected by a JMS staff member during medication pass, then reviewed and triaged by an RN for follow-up. In a medical emergency, the nurse on duty, either using his/her own judgment or by consulting with a physician, NP or RN, can determine if an inmate needs to be seen at Rideout Hospital ER.

Management

As part of the investigation, the SCGJ reviewed job descriptions of those in authority at the jail clinic to ascertain their respective roles and responsibilities. This included the JNM, the HO and Assistant Director of Human Services-Health Division (AD).

Health Officer

The HO is a physician who acts as medical director of the Sutter County jail and is responsible for oversight of the quality of health care provided to inmates and making final decisions on all clinical matters. The HO is responsible for the development and annual review of medical policies and procedures, including nursing assessment protocols. Even though the HO reports directly to the Board of Supervisors this position coordinates with the AD in support of the JMS. The current HO has been in the position since 2010.

Assistant Director of Human Services-Health Division

According to the job description, the AD "...has the primary authority and responsibility for directing several areas of service within the department..." including jail health services. Having oversight of the jail clinic, the AD is responsible for its efficient operation and delivery of quality medical care in a timely manner. The AD directly supervises the JNM. The current AD has been in this position since 2007.

Jail Nurse Manager

According to the job description, the JNM has the responsibility "...to plan, organize, coordinate and manage jail medical services, to supervise nursing staff; to oversee quality assurance and legal compliance issues; and to perform related work as required." This includes development of "...policies, procedures and standards to ensure quality of care", directing staff in the delivery of health services to inmates, and providing "...professional nursing care as needed." The JNM is also responsible for "...handling employee concerns and problems" and "...directing employee training and development". The current JNM has been in this position since 2009.

Policies and Procedures

The 2010-2011 SCGJ wrote a report addressing a complaint of the Sutter County Jail Nurses Program which alleged, among other things, out of compliant policies/procedures. The complaint alleged the Jail Nurses Program was out of compliance with the California State correctional code - Title 15 sec 1206, which states that Policy and Procedures (P&P) are to be reviewed and updated annually. Also, Standardized Nursing Procedures had not been reviewed or updated since 1995 and had been changed with pencil marks. The 2010-2011 SCGJ recommended that "the County Medical Officer and the Jail Nurse Program Manager with oversight from the Assistant Director of Health and Human Services should ensure that Jail Nursing Program P&P's are reviewed, rewritten, and made current so they can be used and referred to by the jail staff." This was to be completed by December 31, 2011.

Nurse Training

The 2010-2011 SCGJ also addressed a complaint of lack of staff training at the Sutter County Jail and recommended the JNM, along with the HO, "...develop a training program to ensure adequate on-site training be made available to the nursing staff on a regular basis". The AD "...should provide oversight to ensure this training program is implemented."

Complaint

Based on the serious nature of the complaint, the SCGJ agreed to investigate the allegation of an inmate not receiving proper medical care during his eight days of incarceration. Furthermore, there seemed to be a lack of urgency by JMS management to implement changes in order to avoid a similar adverse outcome. The SCGJ was concerned past inadequate staff training and incomplete JMS policies and procedures could have been contributing factors in the inmate's death.

APPROACH

Interviews were conducted with the Director of Human Services, Assistant Director of Human Services-Health Division, the Health Officer, the Jail Nurse Manager, several jail nursing staff members, Rideout Hospital ER physicians, the ambulance EMT personnel, several correctional officers and family members of the deceased.

Medical and jail records and reports associated with the case were obtained and studied. Copies of treatment protocols and the updated Policies and Procedures were requested. Several SCGJ members participated in a tour of the Sutter County Jail, including the jail clinic, the Medical Cell (formerly Sick Bay) and the office of the JNM.

DISCUSSION

The inmate had been complaining of pain in his leg/foot since sometime after his arrest on January 21, 2011. On January 24, 2011, he requested sick call, and was seen at the jail clinic on January 25, 2011. The inmate was scheduled for sick call again on January 26, 2011, because of increasing leg pain. The jail nurse on duty requested he be transported to Rideout Hospital ER. After evaluation and negative findings by ER physicians, he was returned to the jail. Since the inmate continued to complain of leg pain that night, he was prescribed medication and seen again at the jail clinic on Thursday morning, January 27, 2011. During late evening Thursday/early Friday morning his condition severely and rapidly deteriorated. He was escorted by the Correctional Officer on duty to the nurses' station on January 28, 2011, at 4:39 AM. Abnormal vital signs and appearance, together with reporting of coughing up blood, indicated the inmate to be in serious distress. His vitals were: Blood Pressure (BP) 64/44, Pulse (P) 120, Respirations (R) 24, Temperature (T) 97.6 and Oxygen Saturation 93.

The LVN on duty failed to recognize the urgency of the medical situation to seek immediate help. The LVN did not consult with the on call physician or call for an ambulance. At 5:25 AM, the LVN made the determination to place the inmate in the Medical Cell, located across from the jail clinic, requesting 30 minute visual checks by custody officers.

At 8:00 AM, the inmate was brought back to the clinic and his vital signs were retaken by the LVN: BP unobtainable, P 142, R 40 with significant shortness of breath, and T 94.2. The JNM arrived and was briefed by the LVN on the inmates' condition and he did not review the medical chart or examine the inmate. The NP arrived at 8:05 AM and noted very loud respirations from the inmate. Vital signs were taken, and the NP immediately requested an ambulance to transport him to Rideout Hospital. His condition further deteriorated and the inmate died in the ICU later that afternoon.

According to several Rideout Hospital physicians, it is unknown and probably unlikely that an earlier transport to the hospital would have changed this outcome. However, this does not absolve the actions of the nurse on duty, who failed to recognize the emergency and confined the seriously ill inmate in the Medical Cell for over three hours while she attended to other routine duties.

There was never any formal discussion or meeting held for the jail nursing staff to review the inmate's case. Morbidity and Mortality conferences are considered to be invaluable learning tools with the goal to discuss and gain insight when there is an unexpected death or poor outcome. As the medical director of JMS, the HO is the most likely person to moderate these M&M's. However, it was discovered that M&M-like discussions were not held and in fact the HO did not allow any discussion among medical staff about the inmate's case.

The P&P's were not current at the time the JNM was hired four years ago and no progress was made until the 2010-2011 SCGJ made its recommendations for them to be updated. It has been an ongoing process for both the HO and JNM to write and implement them. Approximately half of the P&P's are completed except for most of the nursing assessment protocols which are pending HO approval.

On the day the inmate was placed in the Medical Cell, the Sutter County Sick Bay Policy #56, dated October 8, 2001, was in place. It was one page and stated in general terms that only jail medical staff could place inmates with medical problems in Sick Bay; it did not offer any guidance. According to the October 12, 2011, revised JMS Policy #16-501, only the JNM, RN Supervisor or NP can determine if an inmate meets the criteria to be placed in the Medical Cell. It is not to be used for an inmate with an unstable condition that requires frequent observation. An LVN must have verbal orders to move an inmate into the Medical Cell.

Almost one year after the inmate's death, a priority still had not been made to write a protocol to help guide nursing staff should an inmate present with similar vital signs and symptoms. There seemed to be no urgency in developing P&P's to ensure inmates receive critical medical attention in a timely manner. Finally, a newly implemented Vital Signs Monitoring JMS Policy #16-506, dated January 9, 2012, includes parameters for normal and abnormal vital signs and required actions. The need to consult with a NP or physician in case of any concerns or questions regarding inmate health is stressed numerous times in the policy.

The JNM has provided the SCGJ with documentation of mandatory training for the JMS completed last year, including CPR, blood borne pathogens, HIPAA, and jail safety. However, he has not provided documentation of any in-house training related to direct patient care or staff meeting minutes showing patient care discussions or training.

Throughout all of the interviews conducted by the SCGJ, not one JMS staff member felt that the JNM provides effective leadership nor are they confident about consulting him regarding patient care. When asked, several of their responses about the JNM's participation in the clinic indicated he's either never there or always in his office, which is located around the corner from the clinic.

Sutter County Health Department requested the National Commission on Correctional Health Care (NCCHC) to assess and propose solutions to improve its health care management and costs. This organization is the leader in setting standards for correctional facilities. A facility can request an assessment by NCCHC for the purpose of reviewing and comparing their health care services against national standards. In November 2011, NCCHC conducted an on-site review of the JMS.

The chief finding of NCCHC for the JMS was their "...policies, procedures, and guidelines have not been vetted, nor has staff been trained. Although training is planned, the lack of strategic planning, developed policies and procedures and consistent leadership in the application of those policies and procedures have greatly hampered the delivery of health services at the Sutter County Jail". In addition, "...there has been no effective process that studies the quality of health care provided in the jail. A registered nurse reviews charts, but the data from these reviews is limited to documentation issues and does not evaluate the clinical care. The chart reviews include no information regarding the quality of care provided". Although the NCCHC commended the jail medical staff efforts to provide health care with their limited resources, they made several recommendations to improve the quality of care. The NCCHC recommendations include:

- completing the policies and procedure manual
- implementing "...nursing protocols as soon as possible and ensure that nursing staff is properly trained"
- improvement on the health record format and contents to facilitate monitoring of the quality of health care delivery

FINDINGS

- F1.** The involved LVN, by failing to recognize the medical emergency and by not calling for an ambulance, acted inadequately in the treatment of the inmate.
- F2.** The JNM did not take any interest or immediate action responding to the inmate's medical emergency which is inconsistent with RN training and not in compliance with the job description to provide professional nursing care.
- F3.** Although the 2010-2011 SCGJ recommended a December 31, 2011 completion date, only about half of the P&P's have been finalized and made available on the intranet. There was no priority after the inmate death to immediately implement a policy that included vital sign parameters indicating when to call for an ambulance.
- F4.** According to the job description, the AD has direct involvement with JMS, not only for oversight of the JNM's performance, but for the purpose of recognizing and improving employee problems. With the discontent amongst the JMS staff with the JNM, the AD is not attune to the problems at the jail medical clinic and/or not taking appropriate, decisive steps to resolve them.
- F5.** The AD violated the conditions of the job description by enabling the JNM to be negligent of duties and responsibilities throughout the JNM's entire tenure. This includes continuous noncompliance by not reviewing and updating P&P's annually (Title 15 sec 1206 CA code), no in-clinic training program to assure standardized treatment procedures, and reluctance to act in the capacity of an RN.
- F6.** There is no in-house training provided to JMS staff that is specific to their job.
- F7.** All JMS Management (JNM, AD, and HO) abrogated their responsibility by not conducting an M&M-like conference following the death of the inmate.
- F8.** M&M-like conferences have not been held after adverse incidents at the JMS clinic. These discussions have been discouraged by the HO. M&M-like conferences are of great value as a teaching tool for patient management. Stifling any discussions of these cases is a detriment to the JMS since it deprives the nursing staff team an outlet to reflect upon and review poor or avoidable outcomes.
- F9.** Both the NCCHC visit and SCGJ investigation independently came to many of the same conclusions concerning issues with the JNP.

RECOMMENDATIONS

- R1.** Clinical performance of the involved LVN should be evaluated by RN supervisors on a regular basis, and reported to the JNM. The JNM and the AD should then review oversight and performance of the LVN to determine if the LVN meets minimum nursing standards.
- R2.** When present during an emergency situation the JNM should assume full responsibility as the lead RN to ensure professional quality medical care. The JNM should be more accessible when asked for guidance by jail nursing staff regarding inmate care, and be more available to assist as needed.
- R3.** The JNM must ensure all JMS staff is thoroughly familiar with the new JMS Policy #16-506, which outlines parameters for abnormal vital signs and required actions.
- R4.** The AD should evaluate and make changes to ensure the person in the position of JNM is capable of fulfilling all job responsibilities. This could entail periodic feedback from the nursing staff, more direct observation and frequent evaluations of the JNM's leadership abilities.
- R5.** Every effort should be made by the JNM, AD, and HO to finalize and implement all P&P's and makes them available on the intranet. Thereafter, all P&P's should be reviewed and updated annually.
- R6.** The JNM should encourage and foster a learning environment for the nursing staff. They should have opportunities to attend continuing education courses and arrangements should be made for in-house training relating to direct patient care, i.e. man down, suicide prevention, etc.
- R7.** After a death or poor outcome at the jail clinic, the HO should conduct M&M-like conferences with the AD and all JMS staff present. The JNM, AD and HO share the responsibility to schedule these discussions.
- R8.** JMS should implement all NCCHC recommendations.

RESPONDENTS

Director of Health and Human Services, Tom Sherry
Assistant Director of Health and Human Services, Amerjit Bhattal
County Medical Officer, Dr. Cummings
Jail Nurse Program Manager, Brent Garbett

APPENDIX A (Job Descriptions)

APPENDIX B (NCCHC Report)

APPENDIX A

County of Sutter
Established: 1/78
Revised: 01/31/84; 07/30/96; 10/30/01; 12/06/05; 03/27/07
Salary Range: MGT59
FLSA: Exempt

HEALTH OFFICER

DEFINITION

Under administrative direction of the Board of Supervisors and the Assistant Director of Human Services - Health, plans, organizes, directs and coordinates the activities of assigned medical programs; enforces local health orders and ordinances pertaining to protection of public health; assesses the community health status; advises the governing body concerning health issues.

CLASS CHARACTERISTICS

This is a single position classification that has primary responsibility for the enforcement of orders and ordinances pertaining to public health and sanitary matters. The incumbent also provides treatment and care for patients in the Health Department clinics. Positions at this level require highly specialized knowledge, abilities, skills and experience and exercise independent judgment in the performance of duties. Work requires creative ability, resourcefulness and discriminating judgment in the analysis and solution of complex problems, and the ability to make technical decisions on specialized matters. Work is reviewed in terms of fulfillment of goals, program effectiveness and soundness of judgment.

EXAMPLES OF ESSENTIAL DUTIES

The following duties are normal for this position. These are not to be construed as exclusive or all-inclusive. Other related duties may be required and assigned.

1. Assists the Assistant Director of Human Services - Health in planning, organizing, and directing the activities and programs of the Health Department and the Outpatient Clinic.
2. Enforces all applicable statutes, orders, regulations and rules relating to public health.
3. Provides direction and advice regarding policies and procedures directed by the state immunization board.
4. Assists in making decisions regarding investigation of communicable diseases, their diagnosis and treatment.
5. Directs the detection and control of communicable diseases,

- sexually transmitted diseases, and tuberculosis.
- 6. Directs the operation of adult, child, crippled children, and school health programs.
- 7. Directs public health education.
- 8. Promotes the advancement of maternal and child health.
- 9. Directs the recording of vital statistics.
- 10. Acts as medical director of the county jail medical facility; reviews and approves all examination and treatment records initiated by practitioners.
- 11. Approves all prescriptions dispensed by health department.
- 12. Performs professional care and treatment of patients in various clinics.
- 13. Conducts clinics to evaluate patients' health status, provide treatment, and provide advise.
- 14. Conducts immunization programs.
- 15. Administers a diagnostic and treatment program for individual patients under jurisdiction of the position.
- 16. May provide medical services at other county institutions.
- 17. Confers with members of the public and representatives of federal, state and local agencies regarding health department programs; cooperates with federal and state public health groups in the enforcement of health and sanitary matters.
- 18. Supervises, directs and evaluates assigned staff, to include assigning work, handling employee concerns and problems, and counseling.
- 19. Reviews technical requirements, reports and procedures generated by the health department.
- 20. Prepares public health information materials and news releases.
- 21. Reviews and countersigns various medical charts, reports and documentation; makes recommendations as appropriate.
- 22. Consults with physicians, nurses, patients, staff members, other county departments, agencies, or other individuals in the diagnosis of, and investigation of, cases of suspected communicable disease and to exchange information or provide recommendations; takes measures to prevent and control epidemics.
- 23. Answers the telephone, provides information, takes messages and/or directs calls as appropriate.
- 24. Responds to requests for information or assistance.
- 25. Provides education to the public; speaks before interested groups.
- 26. Serves on Emergency Medical Services Preparations

Committee.

EXAMPLES OF MARGINAL DUTIES

1. Attends professional meetings and conferences.
2. Represents the County on committees, boards, at meetings, or otherwise as assigned.

MINIMUM QUALIFICATIONS

Knowledge of: Medical science and its applications to public health; the pertinent laws, ordinances, rules and regulations governing public health work; principles and practices of public health administration; operating policies and general functions of the State Department of Health Services; principles and practices of management necessary to plan, analyze, develop, evaluate and direct diverse and complex activities of major health programs; current trends, concepts and advances in public health; causes and modes of transmission of communicable disease; basic principles of budgeting; specialized medical equipment and instrumentation; and standard office equipment.

Ability to: Plan, organize and direct public health programs within professional standards, legal requirements and financial constraints; direct and supervise professional and technical personnel; analyze situations accurately and take effective action; interpret laws, regulations and standards pertaining to public health; prepare clear and comprehensive records and reports; maintain accurate records; communicate effectively both orally and in writing; speak effectively in public; establish and maintain effective working relationships with patients, staff members, other departments, agencies, and public groups and organizations; operate a variety of standard and specialized medical equipment; and operate standard office equipment.

Education and Experience: Graduation from a recognized medical school approved by the Council of Medical Education and Hospitals of the American Medical Association with a degree of M.D., or graduation from a recognized osteopathic medical school approved by the American Osteopathic Association with a degree of D.O. (Master's Degree in Public Health desirable), and progressive supervisory or administrative experience in a health department.

Special Requirements: Essential Duties require the following physical skills and work requirements: Employees must be able to support the weight of patients for brief periods of time in positioning/ transporting and lift and hold babies or very young children; ability to operate and use a variety of health care equipment and tools.

Other Requirements:

Incumbent shall not have an ownership interest in any corporation,

partnership, or other entity engaged in any private practice of medicine, nor engage in any private practice of medical service.

License or Certificate: Possession of a valid physician's and surgeon's license issued by the State of California either through the Board of Medical Quality Assurance or the Board of Osteopathic Examiners to practice medicine in the State of California.

The County of Sutter is an Equal Opportunity Employer. In compliance with the Americans with Disabilities Act, the County will provide reasonable accommodation to qualified individuals with disabilities. Sutter County encourages both incumbents and individuals who have been offered employment to discuss potential accommodations with the employer.

County of Sutter
Established: March 1, 1996
Revised: 7/30/96, 10/30/01; 3/27/07
Salary Range: MGT51
FLSA: Exempt

ASSISTANT DIRECTOR OF HUMAN SERVICES

DEFINITION

Under general direction, plans, organizes, and manages the daily operations of a comprehensive social services, bi-county mental health, or community health delivery system within regulatory and fiscal constraints; serves as a member of the department's senior management team; if assigned to the mental health unit, acts as Alcohol and Drug Program Administrator in accordance with Sections 11801 and 11963 of the Health and Safety Code.

CLASS CHARACTERISTICS

This class has primary authority and responsibility for directing for a functional area of services within the Human Services Department, such as social services, public health, public mental health, primary health, and jail health services. This position is not responsible for technical medical protocols associated with a M.D. Medical protocols and practice are associated with the County Health Officer, a licensed M.D. Work is accomplished within a broad framework of policies. Work requires creative ability, resourcefulness and discriminating judgment in the analysis and solution of complex problems, and the ability to make technical decisions on specialized matters. Work is reviewed in terms of fulfillment of goals, program effectiveness and soundness of judgment.

EXAMPLES OF ESSENTIAL DUTIES

The following duties are normal for this position. These are not to be construed as exclusive or allinclusive. Other related duties may be required and assigned.

1. Plans, organizes and directs operations of Social Services, the Public Health Department, Mental Health, and/or other human services programs.
2. Develops new programs and expand existing programs to meet community needs and state mandates, in coordination with management staff.
3. Coordinates and integrates program components into a cohesive and effective service delivery system.
4. Develops and implements policies and procedures in compliance with all applicable laws and guidelines.

5. Ensures appropriate expenditure of public funds through the efficient operation of programs.
6. Establishes departmental budget and monitors expenditures.
7. Negotiates and monitors various contracted services.
8. Monitors utilization data, work production, and other information related to service delivery; directs operational changes to increase effectiveness and efficiency of operations.
9. Monitors the quality assurance and utilization review process.
10. Reviews clinical charts for proper documentation.
11. May perform studies, special projects or other managerial or administrative functions as assigned.
12. Supervises, directs and evaluates assigned staff, to include assigning work, handling employee concerns and problems, counseling, disciplining and completing employee performance appraisals.
13. Maintains liaison with representatives of state and regional health and service providers, interested community and other county departments.
14. Promotes public education on health issues; ensures dissemination of information regarding health services and department operations, as well as information published by other agencies or organizations to promote general knowledge of health services; makes public presentations upon request.
15. Prepares comprehensive reports related to program operations and activities.

EXAMPLES OF MARGINAL DUTIES

:

1. Responds to complaints and requests for information or assistance.
2. May act on behalf of the Director of Human Services in absence of same.
3. Acts as a representative of the county and the department on committees, at meetings or as otherwise assigned.
4. Attends meetings and conferences.

MINIMUM QUALIFICATIONS

Knowledge of: Principles and practices of program design, planning and

evaluation; federal, state and local laws and regulations governing program operations; principles and practices of management necessary to administer and direct programs; professional program and service delivery standards; methods and techniques of professional networking and interagency liaison; program integration methods of determining and communicating community needs; public information and public speaking techniques; clinical concepts; public relations, and county programs and services; budgeting principles and practices; principles and practices of supervision and employee development; and basic computer applications and techniques.

Ability to: Plan, organize and direct comprehensive human services delivery systems within professional standards, legal requirements and financial constraints; understand, interpret and explain laws, regulations and policies governing program operations; research regulations, procedures and/or technical reference materials; coordinate and integrate various program components into a cohesive and effective service delivery system; formulate, promote and implement a variety of health programs; understand program objectives in relation to departmental goals and procedures; develop goals and objectives; evaluate program effectiveness; collect and analyze data to establish/identify needs; determine the appropriate course of action in emergency or stressful situations; make decisions and exercise independent judgment; supervise the work of others; instruct, persuade, negotiate and motivate individuals with diverse backgrounds and interests; establish and maintain effective interpersonal relations with individuals at all organizational levels; conduct liaison and community relations activities; communicate effectively both orally and in writing.

Education and Experience: Four years of progressively responsible management and supervisory experience in a social services or clinical community health or mental health agency which included program planning and evaluation, budget management, personnel management and performance evaluation, and policy development; completion of core course work in Social Work, Health Administration, Business Administration, or closely related field; or any combination of education and experience that provides equivalent knowledge, skills and abilities.

Special Requirements: Essential Duties require the following physical skills and work requirements: Requires the ability to exert a small amount of physical effort in sedentary to light work involving prolonged sitting, walking or moving from one area of the office to another, and standing for periods of time. Requires the ability to maintain mental capacity which allows the capability of exercising sound judgment and rational thinking under varied circumstances.

Other Requirements:

The Assistant Director of the Mental Health unit is required to possess one of the following:

1. A medical degree and California license in psychiatry with

two years of training in psychiatry, one year of which is administrative.

2. Master's Degree in social work and a Clinical Social Worker license, and five years related experience, two of which are administrative.
3. Ph.D. in clinical psychology with a California Clinical Psychologist license.
4. Marriage, Family, Child Counselor license and a masters degree in behavioral sciences and five years mental health experience, two of which are administrative.
5. Masters degree in psychiatric or public health nursing and license as a Registered Nurse in California and five years mental health experience two of which are administrative.
6. Masters degree in hospital administration, public health administration or public administration and at least three years experience, two of which have been in mental health.

License or Certificate: Must possess and maintain an appropriate, valid driver's license. The County of Sutter is an Equal Opportunity Employer. In compliance with the Americans with Disabilities Act, the County will provide reasonable accommodation to qualified individuals with disabilities. Sutter County encourages both incumbents and individuals who have been offered employment to discuss potential accommodations with the employer.

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County of Sutter
Established: 11/9/04
Revised: 03/27/07
Salary Range: MNU44
FLSA: Exempt

JAIL NURSE MANAGER

DEFINITION

Under general direction, to plan, organize, coordinate and manage jail medical services; to supervise nursing staff; to oversee quality assurance and legal compliance issues; and to perform related work as required.

CLASS CHARACTERISTICS

This is a single position classification having management responsibility for the jail nursing program and staff, reporting to and receiving direction from the Assistant Director of Human Services - Health Division with medical direction from the County Health Officer. This class is distinguished from the Supervising Nurse, which is a first-level supervisory position, and from the Director of Public Health Nursing, which has broader management authority and responsibility for a variety of public health nursing programs.

EXAMPLES OF DUTIES

The following duties are normal for this position. These are not to be construed as exclusive or all-inclusive. Other related duties may be required and assigned.

1. Plans, organizes and manages jail nursing services; directs operations and staff in the delivery of health services to inmates in the County jail facility.
2. Develops, implements and interprets goals, objectives, policies, procedures and standards, and interprets and implements laws, rules and regulations, to ensure quality of care and compliance with requirements.
3. Represents the jail nursing program and coordinates operations with other County departments, community agencies, boards, commissions and committees.
4. Provides professional nursing care as needed; responds and coordinates inmate emergency and urgent care.
5. Performs Discharge Planning of inmates and coordinates aftercare with other agencies.
6. Monitors and evaluates operations issues, new developments and requirements; develops, recommends and implements courses of action; evaluates, develops and

- oversees implementation of new programs and services.
7. Supervises, directs and evaluates assigned staff; to include assigning work, handling employee concerns and problems, counseling, disciplining, and completing employee performance appraisals.
 8. Directs and participates in the interviewing and selection of candidates for employment; directs employee training and development; guides subordinate supervisors in employee performance appraisal and counseling, disciplinary actions, documentation and related personnel actions.
 9. Provides clinical and administrative consultation and problem-solving to staff, as needed.
 10. Manages quality assurance activities; reviews nursing protocols, procedures and standards to ensure effective patient care and compliance with applicable policies and regulations.
 11. Enforces and observes security precautions and requirements.
 12. Conducts various staff and committee meetings; disseminates information to staff; confers regularly with superiors regarding policy and operational issues.
 13. Participates in the development of the budget.
 14. Prepares and maintains a variety of records, reports, studies and statistics related to jail nursing activities.
 15. Reassigns and shifts personnel as required.
 16. Attends meetings and conferences.

MINIMUM QUALIFICATIONS

Knowledge of: Principles and practices of management, including goal setting, program development, implementation and evaluation; administration and work planning; principles and practices of personnel management, including hiring, training and supervision; professional nursing principles, practices and techniques, including medical case management, medical/psychological assessment, patient care planning and delivery, patient education and evaluation of outcomes; medical terminology and equipment; principles and techniques of drug administration, uses, effects and adverse reactions to medications and controlled substances; principles, practices and techniques of safety and infectious disease control; laws, rules and regulations governing the practice of nursing in general and within County jail facilities; security issues and challenges of care delivery within a correctional institution; community medical and social agencies and resources; environmental, sociological and psychological problems affecting nursing care within a jail facility; child and elder abuse and neglect and domestic violence reporting laws.

Ability to: Plan, organize, direct, schedule, set performance standards and evaluate staff; develop goals, objectives, policies, procedures and protocols; devise and adapt work procedures to meet changing program needs; understand, interpret, explain and apply laws, regulations and policies; perform physical and psycho-social nursing assessments and developing and implementing patient care plans and/or referrals; administer medications and performing skilled nursing treatments and procedures in a high-security setting for dysfunctional, stressed and/or uncooperative patients; assure quality of care and compliance with requirements; establish and maintain a cooperative working relationship with others; prepare and present clear and concise reports, instructions and correspondence; develop and evaluate program policies and procedures and implement as approved; work in an institutional setting and apply institutional rules, policies and procedures; deal effectively with manipulative, hostile and antisocial behaviors; respond effectively in emergency and stressful situations; make effective, reasonable and responsible decisions in emergencies and take appropriate action; deal firmly and fairly with inmates and demonstrate tact and diplomacy; identify alcohol, drug and street drug related symptoms and behaviors; oversee the maintenance of medical records and legally interpret medical records.

Education and Experience: Four years of professional nursing experience, including one year of experience in a supervisory capacity; or any combination of education and experience that provides equivalent knowledge, skills and abilities. One year of experience in Discharge Planning or one year experience as a Public Health Nurse is desirable. Core college course work in administration or management is highly desirable. A bachelor's degree in nursing may substitute for one year of the general nursing experience.

Special Requirements: Essential Duties require the following physical skills and work requirements: Must be able to apply first aid and CPR which requires stamina and coordination; push heavy objects such as Medical carts, or an occupied wheelchair; rapidly move to an emergency medical situation; distinguish colors of uniforms and armbands to identify inmate access to restricted areas; distinguish verbal and nonverbal sounds in a noisy environment; stand and walk for long periods of time; lift objects weighing up to 16 pounds, such as an emergency bag, portable oxygen tank, and medical card index files; mobility to work in both office and clinical settings, and to travel to various sites; touch in order to conduct physical health assessments; vision to read handwritten and printed materials, computer screens and to examine and observe patients; hearing and speech to converse in person and by telephone; mobility and strength to respond to emergencies.

Other Requirements:

Must pass a background investigation conducted by the Sheriff's Department. Must be willing and able to accept assignment in a locked jail facility serving clients of various cultural, physical, behavioral and psychological profiles.

License or Certificate: Possession of a valid California Registered Nurse license, a current CPR certificate, and a valid California Class C driver license.

The County of Sutter is an Equal Opportunity Employer. In compliance with the Americans with Disabilities Act, the County will provide reasonable accommodation to qualified individuals with disabilities. Sutter County encourages both incumbents and individuals who have been offered employment to discuss potential accommodations with the employer.

APPENDIX B

RECEIVED
FEB 09 2012
SUTTER COUNTY HEALTH



TECHNICAL ASSISTANT REPORT OF
THE HEALTH CARE SERVICES AT
SUTTER COUNTY JAIL

Yuba City, CA

November, 2011

National Commission on Correctional Health Care
1145 W. Diversey Pkwy.
Chicago, IL 60614-1318
(773) 880-1460

Introduction

The Sutter County Jail, in Yuba City, California, is a design-rated 352-bed facility. The average daily population ranges from 180 to 230 inmates. The Sutter County Health Department provides health services. As is true across the country, the Sutter County Jail is experiencing a rise in health care costs and the number of inmates with health problems entering from the community. As a result, the county recognized a need to review its health-care delivery system in the jail and requested the National Commission on Correctional Health Care (NCCHC) to assess and propose solutions to improve its health care management and costs. In November 2011, the NCCHC conducted an on-site review of the Sutter County Jail. This report reflects our findings and recommendations that may help to improve access and quality of care at the Sutter County Jail.

Methodology

NCCHC's main objective in this technical assistance was to review and compare Sutter County Jail's health services delivery system against accepted national standards and practices for jail health care organization. Our goal, through this comparative analysis, is to provide specific recommendations to facilitate jail health services. To assess the efficiency and effectiveness of jail health services NCCHC used a methodological approach that focused on current operational issues. First, we interviewed key personnel, including the medical director, health administrator, jail physician, nurse practitioner, health and mental health staff. We reviewed existing policies and procedures, and a few medical records. We analyzed health care management practices against NCCHC's *Standards for Health Services in Jails (2008)*.

Chief Finding

The responsible health authority is creating policies, procedures, and clinical guidelines/nursing protocols that will guide staff in the management of jail health services. These

policies, procedures, and guidelines have not been vetted, nor has staff been trained. Although training is planned, the lack of strategic planning, developed policies and procedures, and consistent leadership in the application of those policies and procedures have greatly hampered the delivery of health services at the Sutter County Jail.

Findings on Operational Issues

Governance and Administration

Access to Care. In our discussions with health staff, we believe that inmates can access health services through written requests that are triaged daily. Inmates are instructed on how to access health services during the intake process. Interviews and health record documentation confirm that inmates have access to needed care.

Responsible Health Authority. The responsible health authority (RHA) is the county health department, whose on-site representative is a physician (medical director). A health services administrator (nurse) is responsible for the overall daily operation of the health service program. Mental health services are provided through a county community mental health system and a contracted psychiatrist. This arrangement appears to function well and services are coordinated.

Medical Autonomy. Our review of the health records and interviews confirmed that all clinical decisions pertaining to direct health care of patients are the sole responsibility of the medical director and clinical staff.

Administrative Meetings and Reports. The medical administration meets with jail administration on a regular basis to strategically plan how to improve health service efficiency and overall clinical operations. Data management could be improved to assess health services. A sample of statistical data that should be collected is provided in Appendix A. The health services manager should be responsible for collecting this information and sharing it with the medical director and jail administration.

Policies and Procedures. The medical director is working on the policies and procedures and is using the NCCHC's *Standards for Health Services in Jails (2008)* as the foundational framework. Once completed, the manual will be available to staff. We reviewed a few sample policies and found them to be consistent with national practices.

Continuous Quality Improvement Program. The Sutter County Jail's health services quality improvement program needs to be re-assessed. Studies on process or outcome have not been performed to meet the goals for quality of care. The Institute of Medicine's (IOM) 2001 report, *Crossing the Quality Chasm: A New Health System for the 21st Century*, states that health care should be safe, effective, patient-centered, timely, efficient, and equitable. While health staff attempt to meet these objectives, there has been no effective process that studies the quality of health care provided in the jail. A registered nurse reviews charts, but the data from these reviews is limited to documentation issues and does not evaluate the clinical care. The chart reviews include no information regarding the quality of care provided. In the appendix, we provide a sample outcome study on diabetic care. Using this template, jail health managers should begin to monitor the provision of health services.

Communication on Patient's Health Needs. Communication occurs between the facility administration and treating clinicians in such a way that patient health needs are appropriately managed and addressed. Health staff, when asked, advises classification and custody staff of an inmate's special health needs that may affect housing, work assignments, program assignments, disciplinary measures, and admissions to and transfers from satellite facilities and other institutions.

Procedure in the Event of Inmate Death. There have been three inmate deaths at the Sutter County Jail during the past year and a half. One of these deaths was a suicide. Administrative and clinical reviews were completed. We did not review these documents.

Managing a Safe and Healthy Environment

Infection Control Program. The jail's infection control program is a combined effort of representatives of the facility's administration, the county health department, the medical director, and other health care personnel. Inmates are screened and observed for hepatitis, tuberculosis, sexually transmitted infections, scabies, lice, HIV, and AIDS. Inmates are questioned specifically about current symptoms of tuberculosis. The facility does not have negative air-flow cells and inmates identified through a chest x-ray to be positive for active TB are referred to the county health department and local hospital. Inmates testing positive for reportable sexually transmitted infections (STIs) are prescribed appropriate antibiotic therapy. Health personnel participate in annual infection control in-service training. It appears that the jail has an effective infection control program in place.

Patient Safety. The RHA promotes patient safety by instituting systems to prevent adverse and near-miss clinical events. This is accomplished by informing health staff of the incident report process during orientation and daily communications with the medical director. We believe that staff effectively works to monitor patient safety.

Personnel and Training

Credentialing. Health personnel are appropriately credentialed according to the state's licensure, certification, and registration requirements. The health department follows a formalized credentialing process. We did not verify CPR certification for all qualifying health care professionals.

Clinical Performance Enhancement. There is no documentation that an annual clinical performance of primary care providers is conducted and shared with the clinician being reviewed.

Medication Administration Training. Nurses review, as needed, the appropriate procedures to administer medications.

Staffing. Full-time equivalent health staff includes:

Medical director	.60
Nurse Practitioner	1.0
Physician	0.2 (8 hours a week on Tuesday and Thursday)
Jail Nurse Manager	1.0
Psychiatrist	0.1 (4 hours on Saturday)
RN Shift Supervisors	2.0
RN	2.0
LVN	4.0
Mental health staff	1.0
Licensed Psychiatric Tech	0.5
Office Assistant II	1.0

Health Care Services And Support

Pharmaceutical Operations. A pharmacist prepares a monthly report on the pharmaceutical services. We did not examine the medications; however, the practitioners noted that pharmaceutical operations are sufficient to meet the needs of inmates.

Medication Services. The medical director approves the prescriptive practices at the site and we did not find any irregularities. There is no keep-on-person (KOP) system which allows inhalers, antibiotics, thiazides, cardiac medications, nitroglycerin, Dilantin, Zantac, and prenatal vitamins to be kept by inmates when prescribed by the health care provider. A KOP system includes training for inmates to take care of their health care needs, and helps to reduce the burden of medication distribution in the jail. A sample KOP policy is attached.

Clinic Space, Equipment, and Supplies. The clinic area is small but sufficient; it includes one examination room, and a large central nurse's station/clerical office. There is sufficient equipment to provide health services to the inmates. An interview room/office is also across the hall from the clinic area.

Inmate Care And Treatment

Information on Health Services. Inmates are instructed about the availability of, and access to, health care upon their arrival at the facility. We saw no posted signs in the intake area about access to health care services and recommend that such signs be posted (in English and Spanish). Inmates are given written information on how to access health care services. Access to emergency and routine health care services is described in the inmate handbook.

Receiving Screening. Admissions arrive directly from the community. Correctional officers complete the receiving screening and nurses review each one. The receiving screening form does not include all the requirements of the standard. Attached is a sample receiving screening form that we recommend be used.

Health Assessment. An initial health assessment is offered to each inmate within 14 calendar days of admission. The nurse practitioner completes the initial health assessment. The physician reviews the health assessment forms when there are significant medical findings. Our review of completed health assessments found them to be thorough.

Mental Health Screening and Evaluation. Trained correctional officers complete the mental health screening. Patients are referred to the mental health staff when there are positive findings. The mental health worker completes the mental health evaluation.

Oral Care. Trained RNs complete the oral screenings during the intake screening. Inmates approaching 12 months of incarceration are not offered an annual oral health examination by the off-site dentist. Oral care is limited to relief of pain and infection. There is a backlog of dental sick call requests.

Nonemergency Health Care Requests and Services. Inmates can request medical, dental or mental health services daily. However, the nurse practitioner's daily case load is approximately nine inmates a day. The patient flow is limited and not well organized and inmate requests are not honored on a timely basis. At the time of the survey, the inmate sick call request backlog ranged from one day to four months. The nurse practitioner was working on sick call requests from June. On a daily average, it is expected that 15 patients would be seen in a correctional health care clinic. It was reported that it takes three weeks (21 days) on average to complete the health assessment.

Nursing Assessment Protocols. Prior to the on-site audit, nursing protocols had not been used. However, the medical director has drafted a policy for the use of nursing protocols. We reviewed the draft and found that the two main elements for protocols are addressed. First, there are no standing orders for prescription medications, and second, there are requirements that either the physician or nurse practitioner sign off on all nurse-generated protocols. We recommend that nursing assessment protocols be fully implemented at the Sutter County Jail. A sample nursing protocol is attached.

Continuity of Care During Incarceration. Referrals to specialist care are carefully monitored. It takes approximately two to three weeks to see a specialist. Individual treatment plans are used and monitored. The medical director reviews charts.

Health Promotion

Healthy Lifestyle Promotion. The medical director and nurse manager have made health education materials and instruction to patients. Our observation indicates that this is provided to the inmates.

Medical Diets. We were informed that medical diets are available for patients with specific dietary needs.

Use of Tobacco. Smoking is not permitted anywhere inside the institution

Special Needs And Services

Chronic Disease Services. The nurse practitioner and physician monitor chronic disease. Patients are transported to outside specialty appointments as needed. There are no national clinical guidelines for practitioners to follow. Sample guidelines are provided.

Basic Mental Health Services. A mental health counselor provides services 30 hours a week (Monday through Friday). A psychiatrist provides 10 hours of care a week. Custody staff conducts a mental health receiving screening and the nurse will review the form when she arrives. Any inmate with positive findings will be referred to the mental health counselor for evaluation. Crisis intervention is provided by the counselor; however, there is no group counseling (coping skills, medication compliance, or women's group).

Suicide Prevention Program. The suicide prevention program addresses each of the 12 aspects of planning as described by the standard. However, when an inmate is placed on suicide watch, 15-minute watches are conducted, instead of on an intermittent schedule, as required by the standard. The mental health staff will release an inmate from suicide watch. The psychiatrist is minimally involved.

Intoxication and Withdrawal. Individuals with symptoms of intoxication or withdrawal are managed on site by nursing staff. Individuals with severe withdrawal or intoxication are sent to the hospital. Staff do not use the CIAW-R to monitor intoxication. A copy of the CIAW-R is attached and we recommend that nursing staff be trained to use this patient monitoring tool.

Care of the Pregnant Inmate. Health services are available to pregnant inmates through off-site services. Some inmates are allowed to go out to their personal physician.

Health Records

Health Record Format and Contents. Inmate medical and mental health records are integrated in hard copy format. The Master Problem List (MPL) is insufficiently detailed, however. In the appendix we provide a sample MPL and recommend its use.

Conclusion

Overall, the health staff provide health services with limited resources and are to be commended for their effort. However, several recommendations have been made in this report that, if implemented, can improve the overall quality of care: 1) Jail health administration should improve its metrics to evaluate operational issues. A sample of statistical data that should be collected is provided and we recommend its consistent use. 2) The medical director should complete the policies and procedures manual so that it is consistent with NCCHC's *Standards for Health Services in Jails (2008)*. 3) There should be efforts to improve the quality improvement program with one study on process and another on outcome. There has been no effective process that studies the quality of health care provided in the jail. 4) An annual clinical performance of the physician, nurse practitioner, and psychiatrist is to be conducted and shared with the clinician being reviewed. 5) In our experience, full-time equivalent health staff should include 40 hours of psychiatrist's time for 1,000 inmates. More psychiatrist's time is needed at the Sutter County Jail. We recommend that the psychiatrist time be increased to 0.4 from 0.1 hours. 6) Many jails have a keep-on-person (KOP) system that allows inmates to keep inhalers, antibiotics, thiazides, cardiac medications, nitroglycerin, Dilantin, Zantac, and prenatal vitamins when prescribed by the health providers. We recommend that a KOP system be considered. It will help to relieve some of the duties and tasks nurses are required to perform. 7) There should be signs posted in the intake area about the availability of, and access to, health care in the facility. 8) The receiving screening form should be revised so that it conforms to national standards. Nine, an analysis on the oral care provided in the jail should be made. The jail nurse manager should conduct a root cause analysis on the dental sick call request backlog. 10) The jail nurse manager should conduct an analysis of the nurse practitioner's daily caseload. The nurse practitioner is underutilized and because of the limited space, must stop seeing patients and

complete clerical work when the physician is in the office. This is inefficient. The patient flow is limited, not well organized, and should be fully studied. The RHA should consider the problem of inmate requests not being honored on a timely basis as its top priority. When access is limited, quality of care suffers. 11) Implement nursing protocols as soon as possible and ensure that nursing staff is properly trained. The implementation of nursing protocols and the expansion of their duties will improve the sick call process. 12) National clinical guidelines for practitioners to follow should be approved. 13) The implementation of group counseling (coping skills, medication compliance, or women's group) should be considered. This will prevent warehousing of inmates with mental illness. 14) When an inmate is placed on suicide watch for precaution (potential suicide), he or she should be monitored on an infrequent basis, with no two checks more than 15 minutes apart; checks by security officers should be conducted on an intermittent schedule as required by the standard. 15) Health staff should use the CIAW-R to monitor intoxicated inmates. 16) Improvement on the health record format and contents is needed. The Master Problem List (MPL) should be changed and staff instructed on properly completing the form.

We appreciate the opportunity to provide the Sutter County Health Department with this review of its health services. We are certainly willing to provide additional information regarding this report and are available for additional assistance if required.

About the National Commission on Correctional Health Care

With support from the major national organizations representing the fields of health, law and corrections, the National Commission on Correctional Health Care (NCCHC) is committed to improving the quality of health care in jails, prisons, and juvenile confinement facilities. In this we are guided by an exceptionally dedicated Board of Directors comprised of representatives from our supporting organizations.

NCCHC's origins date to the early 1970s, when an American Medical Association study of jails found inadequate, disorganized health services and a lack of national standards. In collaboration with other organizations, the AMA established a program that in the early 1980s became the National Commission on Correctional Health Care, an independent, not-for-profit 501(c)(3) organization whose early mission was to evaluate and develop policy and programs for a field clearly in need of assistance.

Today, NCCHC's leadership in setting standards for health services in correctional facilities is widely recognized. Established by the health, legal and corrections professions, NCCHC's Standards are recommendations for the management of a correctional health services system. Written in separate volumes for prisons, jails and juvenile confinement facilities—and now with a manual specifically for mental health services—the Standards cover the areas of care and treatment, health records, administration, personnel and medical-legal issues. These essential resources have helped correctional and detention facilities improve the health of their inmates and the communities to which they return, increase the efficiency of health services delivery, strengthen organizational effectiveness and reduce the risk of adverse legal judgments.

Building on that foundation, NCCHC offers a broad array of services and resources to help correctional health care systems provide efficient, high-quality care.

The National Commission on Correctional Health Care has no membership or dues. NCCHC does not require any affiliation to be considered for accreditation, certification or employment as a consultant or surveyor, or to serve on committees or the board of directors. NCCHC staff and spouses are not allowed to accept gifts or consulting fees from those we accredit or certify. NCCHC is impartial, unbiased and expert. And dedicated only to recognizing and fostering improvements to the field of correctional health care.

NCCHC GOVERNING BOARD OF DIRECTORS
(Representatives from the following organizations)
American Academy of Child & Adolescent Psychiatry
American Academy of Pediatrics
American Academy of Physician Assistants
American Academy of Psychiatry & the Law
American Association for Correctional Psychology
American Association of Physician Specialists
American Association of Public Health Physicians
American Bar Association
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American College of Healthcare Executives
American College of Neuropsychiatrists
American College of Physicians-American
Society of Internal Medicine
American Correctional Health Services Association
American Counseling Association
American Dental Association
American Diabetes Association
American Dietetic Association
American Health Information Management Association
American Jail Association
American Medical Association
American Nurses Association
American Osteopathic Association
American Pharmacists Association
American Psychiatric Association
American Psychological Association
American Public Health Association
American Society of Addiction Medicine
John Howard Association
National Association of Counties
National Association of County and City Health Officials
National District Attorneys Association
National Juvenile Detention Association
National Medical Association
National Sheriffs' Association
Society for Adolescent Medicine
Society of Correctional Physicians

HEALTH SERVICES DATASHEET

Health Services Report

JAN FEB MAR APR MAY

Booking

(returned)
(not returned)

Booking refusals
Booking refusals
Receiving screenings

Emergency Services Provided to Patients

(deputy to ER)
(after hours)
(total)

Ambulance transports
Baker Acts
ER visits
Pre-book
Post-book

H&P's

(within 14 days)
(within 1 year)

H&P
H&P - Annual

Housing Unit Care

Patients examined
Blood pressures
Confinement/Seg Round Visits
ETOH / Withdrawal
PPD's

Sick calls

Wound care treatments

Infirmary Care

(gyn-on-site)
(excluding pregnant)

Physician visits
ARNP visits
Infirmary days
Infirmary average LOS
Admissions
Pregnant patients

Mental Health Care

Physician visits
ARNP visits
RN - Psych visits
Mental health days
Admissions
Close OBS
Days in close OBS
Signals / Emergencies
Suicide Attempts

Clinic Care

Physician visits

ARNP visits
RN/LPN Visits
Serious inmate injuries
Signals / Emergencies
Wound care treatments

Chronic Care

Patients examined
Asthma/COPD/Pulmonary
Cardiac/HTN/Lipids
Coumadin
Diabetic/Endocrine
HIV/AIDS
Seizures/Neurology
TB/INH Clinic

Dental Care

Patients examined
Completed dental care plans
Dental xrays
(annuals)

Radiology

Patients examined
Total xray views taken

Labs

Patients with lab tests
number of tests

Infection Control

(last day of the month)

AIDS patients
Chlamydia cases
Gonorrhea cases
HEP C chronic cases
HIV's through the system
MRSA cases
New acute hepatitis
New HIV carriers
Syphilis cases
TB cases
(active)

Pharmacy

Patients on prescription meds
% of population on meds

Patients on psychotropic meds
% of population on psych meds

Office-Site Specialty Visits:

Cardiology	
Dental	(surgeon)
Dialysis	
ENT	
Eye	
General surgery	
Nephrology	
Neurology	
Neurosurgery	
Obstetrics	(includes ob radiology)
Oncology	
Orthopedic	
Other	
Radiology	
Hospital admissions	(total)
Pre-book	
Post-book	
Hospital days	(total)
Hospital days	(average)
Outpatient surgeries	
Births	

Third Party Reimbursemer

On-site Specialty Visits

Dialysis	
Gyn	(amp)
OB/Gyn	(physician)
Physical therapy	
Ultrasound	

Deaths

Discharge Planning

Grievances

Patients interviewed
Requests
Actual grievances

2146 2146 2146 2146

Medical care
Dental care
Mental health care
Non-medical response
Conduct
Medications
PPD's done
PPD's positive
Sick calls
Wound care treatments

Dorm A

Patients examined
Blood pressures
ETOH / Withdrawal
PPD's done
PPD's positive
Sick calls
Wound care treatments

Dorm B

Patients examined
Blood pressures
ETOH / Withdrawal
PPD's done
PPD's positive
Sick calls
Wound care treatments

Dorm C

Patients examined
Blood pressures
ETOH / Withdrawal
PPD's done
PPD's positive
Sick calls
Wound care treatments

Outcomes Study

IDENTIFIED: Diabetic patients coming into our system have base-line level done by the time of their first official chronic care visit. Approximately sample had initial elevated values. (N=10)

CTION/ROOT CAUSE: Diabetes is a chronic illness that requires medical care and patient self management education prevent acute ons and reduce the risk of long term complications. At any given time, over 2 ple are incarcerated in prisons and jails in the U.S. It is estimated that nearly ese inmates have diabetes – a prevalence of 4.8%. Those with diabetes in l facilities should receive care that meets national standards.

IC is thought to reflect average glycemic control over several months and has ictive value for diabetes complications. It should be performed routinely in all h diabetes, at initial assessment and then as part of continuing care. The et value from the American Diabetic Association is <7%.

for poor initial control is multi-factorial and include: 1) poor self t of their disease prior to incarceration; 2) availability of canteen privileges re infirmary setting; 3) trading to obtain canteen privileges and consuming te dietary items; 4) lack of understanding their disease process and how life-s s play an important role.

Initial and follow-up Hbg A1C values were collected on ten patients enrolled nic Care Clinics. Diabetic patients are seen in the Chronic Care Clinic for every 90-120 days. Hbg A1C levels are monitored and patients are evaluated for appropriate insulin or oral hypoglycemics by Health Care Providers ents are typically placed on a 2400 calorie ADA diet. Unless they are in the

infirmary, they are allowed to put in food orders through the commissary. There are no-sugar choices available. They are educated on the role that diet and exercise play in their disease management and the consequences of poor adherence. Blood sugars are monitored twice per day at a minimum and more often if clinically indicated. Sliding scale coverage of insulin is utilized as needed.

RESULTS: In the sample collected, only 30% of the patients should improvement in their overall glycemic control. Two of the ten essentially remained the same (7.1 and 5.5 to start and 7.2 and 5.6 respectively at follow-up). Three of the ten worsened and two of the patients did not have follow-up values done. All patients were prescribed diabetic diets. The status of any commissary privileges is not known.

DISCUSSION: In this particular study sample, the percent of those patients who improved their glycemic control and of those who worsened were equal at 30%. It is noted that this is overall a small sample. However, given that 2 of the patients remained stable with initially low Hbg A1C's gives that 50% of the sample remained stable or improved. Interestingly, 7/8 of those with follow-up levels done showed values between 5.6 and 7.3. This indicates that their control was still 'pretty good'. Twenty percent of the patients did not have Hbg A1C's ordered by the Providers. This was addressed during subsequent staff meetings in March and April. Our Health Care Providers will need to strengthen their partnership in the management of their diabetes. Follow-up studies will also examine correlations between control and other factors such as type of medication, dietary compliance, level of activity, commissary status, etc.

Sample Nursing Protocols

WISCONSIN Department of Corrections Health Services POLICY / PROCEDURE	EFFECTIVE DATE	NUMBER
	May 1, 2004	300:18
	UNITS AFFECTED	SUPERCEDES NO.
SUBJECT Nursing Protocols	DAI, DJC, BHS	DATE REVISED
		2/11/04
	PAGE 1	OF 6

POLICY:

Nursing Protocols are developed and authorized by the Bureau of Health Services to provide Registered Nurses with guidelines for assessment and management of common health conditions in the Wisconsin Department of Corrections patient population.

Registered Nurses utilize nursing protocols approved by a physician as a delegated medical act. In using nursing protocols, RNs must do the following per Chapter N6, N6.02(2)a-d:

- Accept only those delegated medical acts for which there are protocols or written or verbal orders
- Accept only those delegated medical acts for which the RN is competent to perform based on his or her nursing education, training or experience.
- Consult with a physician, dentist, or podiatrist in cases where the RN knows or should know a delegated medical act may harm a patient.
- Perform delegated medical acts under the general supervision of a physician, dentist, or podiatrist.

This policy/procedure does not include the WCCS facilities.

REFERENCES:

Note: This section lists various standards or resources, which contain subject matter pertinent to the development of the policy and procedure. These standards or resources are intended to be used for guidance only. This does not imply the policy and procedure is intended to be the same in every regard as the standard or resource.

Ch. N6, Wisconsin Administrative Code, Board of Nursing, Department of Regulation and Licensing, Standards of Practice for Registered Nurses and Licensed Practical Nurses

DEFINITION:**Stat Referral:**

A referral that should immediately result in a response or evaluation by an advanced level provider. This applies to any potentially life-threatening condition.

Urgent Referral:

A referral that should result in evaluation the same day. This applies to circumstances which if left untreated, the patient's condition may deteriorate or a painful condition which is uncontrolled with mild analgesics. At a minimum, there must be same day phone consultation with an advanced level provider.

Routine Referral:

A referral should result in a scheduled evaluation usually within ten days. This applies to circumstances in which the patient's condition is non-urgent but requires an initial diagnosis or a diagnosed condition which has not responded to the nursing protocol.

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Vital Sign	High	Low
Temperature	>103F	<96F
Blood Pressure		
Diastolic	>115mm HG	
Systolic	>170mm HG	<90mm HG
Pulse	>110/minute	<50/minute
Respiration	>30/minute	<10/minute

Note: These are guidelines only. The definition of an elevated temperature will vary dependent on the patients' health status. There may be instances when a temperature within the thresholds is significant due to a patients' health condition. There may be instances when a temperature outside the thresholds is normal for a particular patients' health condition.

Ex. Patients on prolonged corticosteroid therapy or other immunosuppressive agents, (e.g. azathioprine/Imuran, mycophenolate/Cellcept, cyclosporine/Sandimmune/Neoral) are especially vulnerable to infection as are persons with underlying cardiac or chronic debilitating diseases, the elderly, and persons with implanted prosthetic devices.

FORMS/EQUIPMENT:

Nursing Protocol Manual
BHS Approved assessment and flow sheets
DOC-3021 Progress Notes
DOC-3023 Physician's Orders
DOC-3034 Patient Medication Profile

REQUIREMENTS/NOTES:

Each protocol contains a definition of the problem and its causes, the clinical features most commonly associated with the condition, the nursing assessment process, and nursing interventions, which include patient education and criteria for a stat, urgent and routine referral.

Nurses are expected to practice within their licensure, training and experience when using protocols. When in doubt about the assessment and management of a patient, it should be referred to an advanced level provider for evaluation.

Orientation and Training

After having received training in physical assessment and orientation regarding their appropriate use, the protocols will be used by the nurse. Any exceptions or deviations to the protocol should be based on sound reasons and be well documented.

Use of Nursing Protocols

Nursing protocols should be made available to nursing personnel in areas where clinical activities are conducted. This includes both the main health services units as well as satellite areas such as isolation/segregation areas. The protocols serve as guidelines for sound nursing practice and should be used during health encounters to assess and treat patients. Professional judgment is used to determine what information should be collected to make an adequate assessment. Regardless of the presenting complaint, abnormal vital signs should always be noted and referred if

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Using Nursing Protocols in Isolation/Segregation Housing Units

To maximize the quality of health care, health encounters such as sick call should be conducted, whenever possible, with the health record present, in an adequately equipped room that affords privacy and access to handwashing facilities. A patient declared emergency may, at the nurses' discretion, be briefly assessed through bars for the urgency of the complaint. If urgent, the patient should be taken to an examination room for evaluation and a complete assessment performed, including vital signs. If possible, the patient's complete health record should be in hand, available for review. If non-urgent, the patient should be instructed to submit a health services request form.

Medical versus Nursing Diagnosis

In using the protocols, it is important to make a distinction between medical and nursing diagnosis. A medical diagnosis is made by physicians or other practitioners who are qualified and licensed to do so. Nursing diagnosis is a deviation from an individual's normal state of health. It is a judgement made by a Registered Nurse following a nursing assessment of a patient's actual or potential health needs for the purpose of establishing a nursing plan of care. For example, a nurse may identify a patient with a blood pressure reading of 160/110 mm/Hg as "elevated blood pressure reading", however, only an advanced level practitioner may make a medical diagnosis of hypertension. Nurses may only provide care to patients within the scope of nursing practice and refer all patients requiring a medical diagnosis to an advanced level practitioner.

Once a medical diagnosis has been made, nurses may refer to the diagnosis if it is relevant to the presenting problem. For example, if the patient with the elevated blood pressure described above has been previously diagnosed as being hypertensive, and the nurse learns through the collection of subjective data that the patient was noncompliant with antihypertensive medication during the previous month, the nurse may appropriately conclude that the patient has an "elevated blood pressure due to medication noncompliance." An appropriate nursing response includes education regarding the purpose of the medication and effects of uncontrolled hypertension.

The phrase "alteration in comfort or discomfort" as a stand-alone nursing diagnosis provides no useful information regarding the assessment of the patient. In general, it should be avoided and other, more specific nursing diagnoses used, such as fever, chest pain or "discomfort comfort secondary to the problem such as ear pain."

Multiple Complaint Patients

Patients may present with a number of problems which if taken literally, may require the performance of five or more assessments. While these complaints should never be taken lightly, it is possible to focus the visit in one or two meaningful areas by asking the patient the relative importance of each complaint, in addition to the nurse's assessment of their urgency.

Vital Signs

Vital sign should generally be taken for all nursing encounters. If an inmate/youth is being seen regularly (e.g. weekly) for follow-up of a stable condition such as an ongoing, non-acute dermatological problem it may not be necessary to take vital signs. All encounters resulting in a referral to a practitioner should have vital signs taken.

Vital signs that fall above or below the thresholds described should be referred on an urgent basis. This requires phone consultation with an advanced level provider. There may be circumstances where vital signs within the identified thresholds is still considered abnormal and should be referred (i.e. patient with a chronic condition such as transplant with a temperature of 101)

The nurse must be cognizant of objective data which requires referral regardless of the presenting complaint of the

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patient. This is particularly relevant to abnormal vital signs. For example, a patient presenting with athlete's foot who coincidentally has a blood pressure reading of 170/122 mm/Hg should receive an urgent (same day) referral to an advanced level provider.

Documentation

Nurses are responsible for recording assessments they have completed and interventions taken, using the protocol as a guideline.

Patient Teaching

A number of protocols contain attached instruction sheets that can be used to reinforce patient teaching.

PROCEDURE:

Warden/Superintendent Responsibilities

- Ensure development of and compliance with policies and procedures.

Bureau of Health Services Director Responsibilities

1. Ensure development of and compliance with policies and procedures.
2. Approve Nursing Protocols
3. Assigns Nursing Coordinator as chairperson of the Nursing Protocol Committee.

Medical Director Responsibilities

1. Approve Nursing Protocols.
2. Identify physician for consultation with the Nursing Protocol Committee

Health Service Nursing Coordinator Responsibilities

1. Chair Nursing Protocol Committee.
2. Approve nursing protocols.
3. Determine when existing nursing protocols need to be reviewed.

Nursing Protocol Committee Responsibilities

1. Develop nursing protocols.
2. Review nursing protocols as needed.

Responsible Physician Responsibilities

1. Review and approve nursing protocols annually.
2. Notify Nursing Protocol Committee if a protocol needs to be revised.

Health Services Manager Responsibilities

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1. Develop and implement unit policies and procedures.
2. Ensure compliance with policies and procedures.
3. Ensure appropriate use of nursing protocols.
4. Ensure staff are trained:
 - Orientation of new staff
 - All staff for new or revised nursing protocols at staff meetings
5. Provide for staff to attend committee meetings.
6. Maintain document of training of Nurse Clinicians in uses of the nursing protocols.

Nurse Clinician Responsibilities

1. Use Nursing Protocols as appropriate.
2. Document as appropriate on DOC-3021 or checklists.
3. Record over-the-counter medications on DOC-3034.
4. Record prescription medications on DOC-3023 and DOC-3034.

CHEST PAIN ASSESSMENT ENCOUNTER

OFFENDER NAME

DOC NUMBER

DATE

TIME

Subjective	Onset Pain: _____ Pain Scale (1 - 10) _____
	Timing: onset <input type="checkbox"/> Gradual <input type="checkbox"/> Sudden <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> With inspiration or <input type="checkbox"/> expiration
	Describes Pain as: <input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Crushing/ vice-like <input type="checkbox"/> Throbbing <input type="checkbox"/> Squeezing <input type="checkbox"/> Pressure/heaviness <input type="checkbox"/> Ache <input type="checkbox"/> tingling or numbness <input type="checkbox"/> Burning
	Location <input type="checkbox"/> Substernal <input type="checkbox"/> Chest <input type="checkbox"/> Epigastrium <input type="checkbox"/> Neck <input type="checkbox"/> Arm <input type="checkbox"/> Jaw <input type="checkbox"/> Radiation _____
	Associated Complaints <input type="checkbox"/> SOB <input type="checkbox"/> Nausea/vomiting <input type="checkbox"/> Indigestion <input type="checkbox"/> palpitations <input type="checkbox"/> Lightheadedness <input type="checkbox"/> Sweating
Objective	What makes it better? _____ What makes it worse? _____ <input type="checkbox"/> Exercise <input type="checkbox"/> Rest <input type="checkbox"/> Eating <input type="checkbox"/> Other <input type="checkbox"/> Exercise <input type="checkbox"/> Rest <input type="checkbox"/> Eating <input type="checkbox"/> Other
	Hlstory <input type="checkbox"/> Cardiac Disease (or family hlstory) <input type="checkbox"/> Diabetes <input type="checkbox"/> Hypertension <input type="checkbox"/> Smokes <input type="checkbox"/> High Lipids <input type="checkbox"/> Obesity <input type="checkbox"/> > age 40 <input type="checkbox"/> Drug user (e.g. cocaine) <input type="checkbox"/> Alcohol user
	Present Medications: _____
	RX for nitroglycerin? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was it taken sublingual every 5 minutes x 3 <input type="checkbox"/> Yes <input type="checkbox"/> No Did it relieve pain? <input type="checkbox"/> Yes <input type="checkbox"/> No
	General appearance: <input type="checkbox"/> Anxious <input type="checkbox"/> Restless <input type="checkbox"/> Guarded <input type="checkbox"/> Relaxed
Nursing Dx.	Vital Signs: BP & P: _____ / _____ / _____ Temperature _____ Respirations _____
	Heart Sounds <input type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Extra Sounds <input type="checkbox"/> Other _____
	Pulses <input type="checkbox"/> Radial <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Pedal <input type="checkbox"/> Right <input type="checkbox"/> Left
	Breath Sounds <input type="checkbox"/> Clear <input type="checkbox"/> Crackles <input type="checkbox"/> Wheezing <input type="checkbox"/> Rales <input type="checkbox"/> Diminished
	Respiratory <input type="checkbox"/> Cough <input type="checkbox"/> Congestion <input type="checkbox"/> Sputum (color _____) <input type="checkbox"/> Hemoptysis <input type="checkbox"/> Dyspnea
Plan / Intervention	Abdomen <input type="checkbox"/> Distended <input type="checkbox"/> Soft <input type="checkbox"/> Rigid Bowel Sounds: <input type="checkbox"/> Active <input type="checkbox"/> Hyperactive <input type="checkbox"/> Hypoactive <input type="checkbox"/> Absent
	Skin <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Flushed <input type="checkbox"/> Diaphoretic/clammy <input type="checkbox"/> Jaunticed <input type="checkbox"/> Other _____
	<input type="checkbox"/> Leg swelling/ pain <input type="checkbox"/> Other _____
	<input type="checkbox"/> Chest pain with significant signs and symptoms <input type="checkbox"/> Chest pain unrelieved by nitroglycerin
	<input type="checkbox"/> Chest pain without significant signs and symptoms
Plan / Intervention	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Activate EMS (911) <input type="checkbox"/> Monitor vital signs as time & conditions permit
	<input type="checkbox"/> CPR/AED <input type="checkbox"/> Practitioner notified _____ (time)
	<input type="checkbox"/> Oxygen up to 8 Liters per minute <input type="checkbox"/> Advised to submit HSR if _____
	<input type="checkbox"/> Aspirin 325 mg or baby aspirin (4 tablets of 81 mg each) - chewed (if used, obtain Practitioner Order later) <input type="checkbox"/> Other _____
Plan / Intervention	<input type="checkbox"/> Nitroglycerin sublingual if systolic B/P > 90 mm/hg and heart rate <100 (have patient lay down) (if used, obtain Practitioner Order later)
	<input type="checkbox"/> Follow-up instructions/appointment

STAFF SIGNATURE

DATE SIGNED

DISTRIBUTION: Original - Progress Notes Medical Record

DERMATOLOGICAL ASSESSMENT

WISCONSIN

OFFENDER NAME

DOC NUMBER

DATE

TIME

Subjective

Chief Complaint: _____

Allergies: _____

Tetanus (date) _____

Onset: _____

Duration: _____

Prior episodes ☐ Yes ☐ No

Location: _____

Prior treatments: _____

Results? _____

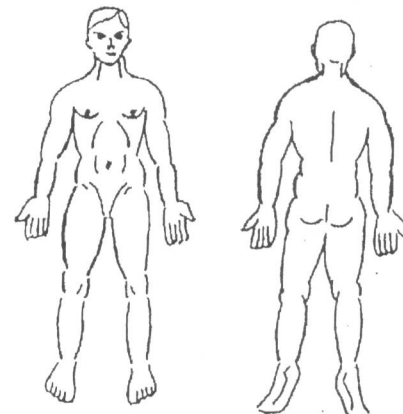
Aggravating/relieving factors _____

Any change on skin care, laundry products, job, etc.: _____

Medical History

Present Medications: _____

Mark affected area(s) on figure



Objective

Vital Signs: BP: _____ / _____ Pulse _____ Resp. rate _____ Temp. _____

Description of Lesions:

Type ☐ Lesion ☐ Burn ☐ Laceration Size/measurement _____
☐ Macules ☐ Papules ☐ Pustules ☐ Comedone ☐ Wheals ☐ Plaque ☐ Vesicles ☐ Nodule ☐ Bulla
☐ Dry ☐ Scaly ☐ Thickened ☐ Flaking ☐ Fissures ☐ Peeling Color _____
☐ Excoriation ☐ Erythematous Signs/Symptoms of infection ☐ Yes ☐ No
☐ Drainage/Bleeding Color _____ Amount _____ Consistency _____

Nsg Dx.

Protocol(s) Utilized: ☐ Acne ☐ Blisters ☐ Burns ☐ Callus/Corns ☐ Dry Skin
☐ Eczema ☐ Frostbite ☐ Insect Bites/Sting ☐ Pediculosis ☐ PFB
☐ Seborrheic Dermatitis ☐ Tinea Cruris ☐ Tinea Pedis ☐ Tinea Versicolor ☐ Warts

Impaired: ☐ skin integrity ☐ mobility ☐ Body image disturbance ☐ Alteration in comfort r/t _____

Potential for: ☐ Infection ☐ Altered tissue perfusion ☐ Other _____

Plan

☐ Cleansing/Soaks _____

☐ Dressings _____
(steri-strips)

☐ Supplies _____
(corn plaster, pumice stone, basin)

☐ Topical _____ per protocol

☐ Analgesic _____ per protocol

☐ Antihistamine _____ per protocol

☐ Education _____ per protocol

Referral: ☐ Stat - Anaphylaxis, (Burns 2nd or 3rd degree, ENT, perineum, and > 5-10%, electrical

☐ Urgent - Abnormal V.S., Overdue td booster; Signs of infection, Wounds: In diabetics & vascular disease; animal or human bites; grossly contaminated; uncontrolled bleeding; deep; penetrating; crushing; functional impairment

☐ Routine - No response to treatment

STAFF SIGNATURE

DATE

DISTRIBUTION: Original - Medical Chart, Progress Notes Section

DIZZINESS - SYNCOPES ASSESSMENT ENCOUNTER

WISCONSIN

OFFENDER NAME _____ DOC NUMBER _____ DATE _____ TIME _____

Subjective	Onset <input type="checkbox"/> Gradual <input type="checkbox"/> Sudden <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Duration
	Previous History <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe _____
	What makes it better? _____ What makes it worse? _____
	Associated complaints <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Headache <input type="checkbox"/> Sweating <input type="checkbox"/> SOB <input type="checkbox"/> palpitations <input type="checkbox"/> hearing loss <input type="checkbox"/> CP What happened before and/or after the event? _____
	History <input type="checkbox"/> Cardiac Disease <input type="checkbox"/> HTN <input type="checkbox"/> Seizures <input type="checkbox"/> Arrhythmias <input type="checkbox"/> Stroke/TIAs <input type="checkbox"/> Diabetes Mellitus <input type="checkbox"/> Asthma/Emphysema <input type="checkbox"/> GI Bleed <input type="checkbox"/> Drug Use <input type="checkbox"/> Trauma <input type="checkbox"/> Thyroid Disease
Present Medications: _____ Allergies: _____	

Objective	General appearance: <input type="checkbox"/> Anxious <input type="checkbox"/> Restless <input type="checkbox"/> Guarded <input type="checkbox"/> Relaxed
	Vital Signs: /BP & P: Lying _____ / _____ / _____ Sitting _____ / _____ / _____ Standing _____ / _____ / _____ T. _____ R. _____
	<input type="checkbox"/> Pulse Oximetry _____ <input type="checkbox"/> Accucheck _____
	Neuro AAOX3 <input type="checkbox"/> yes <input type="checkbox"/> No Steady/symmetrical movements <input type="checkbox"/> yes <input type="checkbox"/> No PERL <input type="checkbox"/> yes <input type="checkbox"/> No Hand grasps - equal <input type="checkbox"/> yes <input type="checkbox"/> No Balance normal <input type="checkbox"/> yes <input type="checkbox"/> No Gait normal <input type="checkbox"/> yes <input type="checkbox"/> No
	CV Rate/rhythm regular <input type="checkbox"/> yes <input type="checkbox"/> No Pulses equal - radial <input type="checkbox"/> yes <input type="checkbox"/> No Pedal <input type="checkbox"/> yes <input type="checkbox"/> No
	Respiratory: Cough <input type="checkbox"/> yes <input type="checkbox"/> No Sputum <input type="checkbox"/> yes <input type="checkbox"/> No Lung Sounds Normal <input type="checkbox"/> yes <input type="checkbox"/> No
	GI Abdomen: Soft/Rigid/Distended (circle) _____ <input type="checkbox"/> yes <input type="checkbox"/> No If no describe: _____ Bowel Sounds: hypoactive/Hyperactive/Absent (circle) _____ <input type="checkbox"/> yes <input type="checkbox"/> No If no describe: _____
	Bowel Movement: Normal/Constipation/Diarrhea/Tarry (circle) _____ <input type="checkbox"/> yes <input type="checkbox"/> No If no describe: _____
	EENT Normal Eyes (vision)/Ears/Nose/Throat/Neck (circle) _____ <input type="checkbox"/> yes <input type="checkbox"/> No If no describe: _____
	Skin <input type="checkbox"/> Normal (WD/P) <input type="checkbox"/> Pale <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Hot <input type="checkbox"/> Dry <input type="checkbox"/> Cyanotic <input type="checkbox"/> Ruddy <input type="checkbox"/> Edema

Nursing Dx.	<input type="checkbox"/> Impaired Physical Mobility <input type="checkbox"/> Potential for Injury <input type="checkbox"/> Alteration in Fluid Status <input type="checkbox"/> Loss of consciousness
	Nursing Protocol (s) utilized: <input type="checkbox"/> Headache <input type="checkbox"/> Dizziness/Syncope

Plan / Intervention	<input type="checkbox"/> Lay flat & elevate legs <input type="checkbox"/> Restriction from working at heights or with machinery
	<input type="checkbox"/> Increase fluid intake <input type="checkbox"/> Acetaminophen 1-2 tablets Q 4-6 hours as needed per protocol
	<input type="checkbox"/> Reassure <input type="checkbox"/> Ibuprofen 1-2 tabs Q 4-6 hours as needed per protocol
<input type="checkbox"/> Breathe in paper bag if hyperventilating <input type="checkbox"/> Education per _____ protocol	
Practitioner Referral: <input type="checkbox"/> Stat Referral if abnormal vital signs, persistent bradycardia or tachycardia, persistent hypotension or chest pain <input type="checkbox"/> Urgent (same day) if a decrease in level of consciousness, weakness or difficulty speaking, alter mental status, age > 45 years or with a history of arrhythmia and/or CHF <input type="checkbox"/> Follow-up - Routine if the findings & examination is normal examination & age is less than 45 years	

STAFF SIGNATURE _____ DATE SIGNED _____

DISTRIBUTION: Original - Medical Chart, Progress Notes Section

GASTROINTESTINAL ASSESSMENT ENCOUNTER

	DOC NUMBER	DATE	TIME
OFFENDER NAME _____			
Subjective	Onset Pain: _____ Pain Scale (1 - 10) _____		
	Timing: onset <input type="checkbox"/> Gradual <input type="checkbox"/> Sudden <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Location _____		
	Describes Pain as: <input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Crushing <input type="checkbox"/> Throbbing <input type="checkbox"/> Burning <input type="checkbox"/> Squeezing		
	What makes it better? _____ What makes it worse? _____		
	Last BM? ____/____/____ <input type="checkbox"/> Color <input type="checkbox"/> Constipation <input type="checkbox"/> Diarrhea <input type="checkbox"/> Normal; # of Stools in 24 hours ____ Duration ____ <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting Duration ____ Amount ____ Color ____		
Objective	<input type="checkbox"/> Abdominal trauma <input type="checkbox"/> Ulcer <input type="checkbox"/> Hiatal Hernia <input type="checkbox"/> Irritable Bowel Syndrome <input type="checkbox"/> Genitourinary Complaints <input type="checkbox"/> Pregnancy <input type="checkbox"/> Vaginal Discharge LMP: _____		
	Present Medications: _____		
Nursing Dx.	General appearance: <input type="checkbox"/> Anxious <input type="checkbox"/> Restless <input type="checkbox"/> Guarded <input type="checkbox"/> Relaxed		
	Vital Signs: BP & P: Lying ____ / ____ / ____ Standing ____ / ____ / ____ Temp. ____ Respirations ____		
	Abdomen: <input type="checkbox"/> Distended <input type="checkbox"/> Soft <input type="checkbox"/> Rigid Bowel Sounds: <input type="checkbox"/> Active <input type="checkbox"/> Hyperactive <input type="checkbox"/> Hypoactive <input type="checkbox"/> Absent		
	Cardiac: <input type="checkbox"/> Heart Sounds Circulatory: <input type="checkbox"/> Pulses		
	Respiratory: <input type="checkbox"/> Lung Sounds		
Plan / Intervention	Skin: <input type="checkbox"/> Normal (WD/P) <input type="checkbox"/> Pale <input type="checkbox"/> Flushed <input type="checkbox"/> Cyanotic <input type="checkbox"/> Jaundiced <input type="checkbox"/> Clammy <input type="checkbox"/> Diaphoretic		
	LAB: <input type="checkbox"/> Guaiac Stool _____ <input type="checkbox"/> Dipstix Urine _____ <input type="checkbox"/> pregnancy urine		
	Nursing Protocol (s) utilized: <input type="checkbox"/> Acute abdomen <input type="checkbox"/> Diarrhea <input type="checkbox"/> Hemorrhoids <input type="checkbox"/> Nausea/Vomiting <input type="checkbox"/> Constipation <input type="checkbox"/> Gastrointestinal Bleeding <input type="checkbox"/> Heartburn <input type="checkbox"/> Lactose Intolerance <input type="checkbox"/> Flatulence/Bloating <input type="checkbox"/> Other: _____		
	Alteration in: <input type="checkbox"/> Comfort <input type="checkbox"/> Pattern of elimination <input type="checkbox"/> Nutrition <input type="checkbox"/> Circulation <input type="checkbox"/> Other: _____		
Plan / Intervention	<input type="checkbox"/> Analgesia _____ per protocol (medication) <input type="checkbox"/> Diet _____		
	<input type="checkbox"/> Laxative/supp _____ per protocol (medication) <input type="checkbox"/> Education per _____ protocol		
	<input type="checkbox"/> Antacid _____ per protocol (medication) <input type="checkbox"/> Advised to submit HSR if Sx get worse		
	<input type="checkbox"/> Hemorrhoid Cream _____ per protocol (medication) <input type="checkbox"/> Follow-up appointment _____ (Date)		
<input type="checkbox"/> Stat Referral <input type="checkbox"/> Urgent (same day) <input type="checkbox"/> Follow-up - Routine			
STAFF SIGNATURE _____		DATE SIGNED _____	

DISTRIBUTION: Original - Medical Chart, Progress Notes Section

GENITOURINARY ASSESSMENT ENCOUNTER

OFFENDER NAME _____

DOC NUMBER _____

DATE _____

TIME _____

Subjective	Symptoms: Onset _____ Duration _____ Females – Date last LMP _____ Check if yes <input type="checkbox"/> Hematuria <input type="checkbox"/> Dysuria <input type="checkbox"/> Associated symptoms chills/fever/foul odor <input type="checkbox"/> Vaginal or Urethral Discharge <input type="checkbox"/> Pain Location & rating _____ <input type="checkbox"/> Incontinence/volding difficulties <input type="checkbox"/> Caffeine Intake <input type="checkbox"/> Other: _____
	History <input type="checkbox"/> Previous UTI's <input type="checkbox"/> History of STD <input type="checkbox"/> Recent Trauma/ Strenuous Activity <input type="checkbox"/> Masturbation <input type="checkbox"/> GI Bleed Date of Last Sexual Intercourse _____ <input type="checkbox"/> Constipation/Diarrhea <input type="checkbox"/> Diabetes Mellitus <input type="checkbox"/> Hypertension <input type="checkbox"/> Neurologic Disorder <input type="checkbox"/> Penile Disorder <input type="checkbox"/> Endocrine Disorder <input type="checkbox"/> Other: _____
	Present Medications: _____ Allergies: _____

Objective	General appearance: <input type="checkbox"/> Anxious <input type="checkbox"/> Restless <input type="checkbox"/> Guarded <input type="checkbox"/> Relaxed <input type="checkbox"/> Toxic (pale, listless, ill) Vital Signs: BP/P Lying: _____/_____/_____ Sitting: _____/_____/_____ R. T. Of the following check & comment on ONLY those that are ABNORMAL: HEENT <input type="checkbox"/> Head/ /Ears/Nose/Throat/Neck (circle) Neuro <input type="checkbox"/> AAOX3 <input type="checkbox"/> Movements <input type="checkbox"/> PERL <input type="checkbox"/> Gait Musculo-skeletal <input type="checkbox"/> ROM <input type="checkbox"/> Muscular Strength <input type="checkbox"/> Symmetry/ Alignment <input type="checkbox"/> Motor Weakness <input type="checkbox"/> Costovertebral <input type="checkbox"/> Tenderness CV <input type="checkbox"/> Rate/rhythm regular Respiratory: <input type="checkbox"/> Lung Sounds <input type="checkbox"/> Rhythm <input type="checkbox"/> Quality GI <input type="checkbox"/> Abdomen: Soft/Rigid/Distended (circle) <input type="checkbox"/> Bowel Sounds GU <input type="checkbox"/> Bladder Distention <input type="checkbox"/> Genitalia <input type="checkbox"/> Urine Dipstix Skin <input type="checkbox"/> Rashes <input type="checkbox"/> Edema <input type="checkbox"/> Hot <input type="checkbox"/> Dry <input type="checkbox"/> Erythema <input type="checkbox"/> Other
Nursing Dx.	<input type="checkbox"/> Alteration in Elimination <input type="checkbox"/> Potential for Infection Nursing Protocol (s) utilized: <input type="checkbox"/> Genitourinary – Male <input type="checkbox"/> Genitourinary – Female
Plan / Intervention	<input type="checkbox"/> Push Fluids 8 (8 ounce glasses per day) <input type="checkbox"/> Ibuprofen 200 mg 1-2 tabs every 4-6 hours as needed per protocol or <input type="checkbox"/> Eliminate caffeine/coffee drinks <input type="checkbox"/> Acetaminophen 1-2 tablets Q 4-6 hours as needed per protocol <input type="checkbox"/> Perineal Hygiene (i.e. loose fitting pants, change underwear daily, wipe front to back) <input type="checkbox"/> Other per _____ protocol <input type="checkbox"/> Avoid a full bladder <input type="checkbox"/> Education per _____ protocol <input type="checkbox"/> Do not postpone urination
	Practitioner Referral: <input type="checkbox"/> Stat Referral: Abnormal vital signs with acute symptoms of chills, fever; Flank pain with fever; Acute onset of testicular pain; Extreme pain (testicular torsion, epididymitis, renal calculi); Signs of systemic infection such as fever, chills, inability or difficulty in voiding. <input type="checkbox"/> Urgent (same day) : Elevated temperature, Positive LET or nitrites on urine dipstix; Pregnant females; Recurring infection after treatment.
STAFF SIGNATURE _____ DATE SIGNED _____	

HEADACHE ASSESSMENT ENCOUNTER

OFFENDER NAME

DOC NUMBER

DATE

TIME

Subjective

Onset: ☐ Gradual ☐ Sudden ☐ Duration _____ ☐ Location _____ ☐ Radiation _____
Previous or Recent Trauma ☐ Yes ☐ No If yes, describe _____ Pain Level: Rate 1-10 _____
Character: ☐ Sharp ☐ Dull ☐ Throbbing ☐ Aching ☐ Stabbing ☐ Tight ☐ Pulling ☐ Cramping ☐ Pressure ☐ Constant ☐ Waves
What makes it better? _____ What makes it worse? _____
Associated complaints ☐ Nausea/Vomiting ☐ Diaphoresis ☐ Photophobia ☐ Rhinorrhea ☐ Vision Changes ☐ Numbness/Tingling
☐ Congestion ☐ Weakness ☐ Dizziness/Syncope
Therapies Tried: ☐ OTC ☐ Sleep ☐ Relaxation ☐ Heat/Cold
History Similar Episodes ☐ Yes ☐ No If yes, How often? _____
What Precipitates? _____ Past Treatment _____ Medical Problems _____
Present Medications: _____ Allergies: _____

Objective

General appearance: ☐ Anxious ☐ Restless ☐ Guarded ☐ Relaxed ☐ Flat Affect ☐ Distressed
Vital Signs: BP _____ Pulse _____ Respiration _____ Temperature _____
(circle those that apply & comment on abnormal)
Neuro AAOX3-Confused -- Obtunded -- PERLA - Balance/Gait WNL - MAE Symmetrically - Weakness in Extremity - Ataxic -
Numbness _____, Tingling _____
CV Rate/rhythm regular - Radial & Pedal Pulses WNL ☐ yes ☐ No
Musculo- No Evidence of Trauma - Deformity - Neck Stiffness with Flexion WNL ☐ yes ☐ No
skeletal Muscle Tone - Limited Movement - No Tenderness to Palpation WNL ☐ yes ☐ No
EENT Eyes - vision - Ears - Nose - Throat - Neck WNL ☐ yes ☐ No
Skin ☐ Normal (WD/P) ☐ Pale ☐ Diaphoretic ☐ Hot ☐ Dry ☐ Cyanotic ☐ Ruddy ☐ Edema

Nursing Dx.

☐ Alteration in comfort related to headache pain
Nursing Protocol (s) utilized: ☐ Headache

Plan / Intervention

☐ Acetaminophen 1-2 tablets Q 4-6 hours as needed per protocol ☐ Headache Diary (length of time)
☐ Ibuprofen 1-2 tabs Q 4-6 hours as needed per protocol ☐ Education
☐ Relaxation techniques ☐ Discuss lifestyle such as avoiding excessive caffeine, sleep patterns, avoid nicotine, stress management
☐ Warm/cool compresses ☐ Discuss overuse of analgesics - rebound headaches
☐ Increase Fluids ☐ Trigger avoidance
☐ Regular Exercise
☐ Clinical Referral

Practitioner Referral:

☐ Stat - Abnormal vital signs; New-onset, unilateral headache, particularly in patients over age 35; Severe headache or headache different from previous ones; Headaches becoming more continuous and intense; Headaches accompanied by vomiting but not nausea;
☐ Urgent (same day) - Abnormal Vital Signs
☐ Follow-up - Routine if the findings & examination is normal - Return if unrelieved or increased severity or duration, new symptoms, fever, chills, visual disturbances, numbness, weakness, dizziness, or syncope.

STAFF SIGNATURE

DATE SIGNED

DISTRIBUTION: Original - Medical Chart, Progress Notes Section

RESPIRATORY ASSESSMENT ENCOUNTER

OFFENDER NAME

DOC NUMBER

DATE

TIME

Subjective	Symptoms Onset _____ Duration & course _____ Check if yes <input type="checkbox"/> Cough <input type="checkbox"/> Sputum Color _____ <input type="checkbox"/> Dyspnea <input type="checkbox"/> Numbness/tingling toes/fingers/around mouth <input type="checkbox"/> Pain <input type="checkbox"/> Location _____ & rating _____ <input type="checkbox"/> Palpitations <input type="checkbox"/> Respiratory Infection (e.g. cold/flu) <input type="checkbox"/> Wheezing <input type="checkbox"/> Orthopnea <input type="checkbox"/> Exertional dyspnea <input type="checkbox"/> Activity Intolerance <input type="checkbox"/> Feelings of malaise _____ <input type="checkbox"/> Other <input type="checkbox"/> Other: _____ Measures tried for relief _____ (e.g. inhaler) History <input type="checkbox"/> Asthma <input type="checkbox"/> COPD/Emphysema <input type="checkbox"/> Respiratory Infections <input type="checkbox"/> Cardiac Disease <input type="checkbox"/> HTN <input type="checkbox"/> Arrhythmias <input type="checkbox"/> Stroke/TIAs <input type="checkbox"/> Diabetes Mellitus <input type="checkbox"/> Trauma <input type="checkbox"/> Smoker <input type="checkbox"/> Other <input type="checkbox"/> Other: _____ Present Medications: _____ Allergies: _____
	Primary Survey <input type="checkbox"/> Conscious <input type="checkbox"/> Airway patent <input type="checkbox"/> Breathing <input type="checkbox"/> Circulation General Appearance: <input type="checkbox"/> Anxious <input type="checkbox"/> Restless <input type="checkbox"/> Guarded <input type="checkbox"/> Relaxed <input type="checkbox"/> Lethargic Vital Signs: BP _____ T. _____ P. _____ R. _____ Wt. _____ Pulse Oximetry _____ Peak Flows _____ Of the following check & comment on ONLY those that are ABNORMAL: HEENT <input type="checkbox"/> Head/ Ears/Nose/Throat/Neck (circle) Neuro <input type="checkbox"/> AAOX3 <input type="checkbox"/> Movements <input type="checkbox"/> PERL <input type="checkbox"/> Gait Musculo-skeletal <input type="checkbox"/> Muscular Strength <input type="checkbox"/> Symmetry/ Alignment <input type="checkbox"/> Posture/Gait <input type="checkbox"/> Accessory Muscles CV <input type="checkbox"/> Rate/rhythm <input type="checkbox"/> Pulses: Radial <input type="checkbox"/> Pedal Respiratory: <input type="checkbox"/> Lung Sounds <input type="checkbox"/> Accessory muscles <input type="checkbox"/> Respiratory Rate <input type="checkbox"/> Wheezing <input type="checkbox"/> Sputum Color <input type="checkbox"/> Other _____ GI <input type="checkbox"/> Abdomen: Soft/Rigid/Distended (circle) <input type="checkbox"/> Bowel Sounds <input type="checkbox"/> BM Skin <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Hot <input type="checkbox"/> Dry <input type="checkbox"/> Cyanotic <input type="checkbox"/> Erythema <input type="checkbox"/> Edema
	Nursing Dx. <input type="checkbox"/> Ineffective airway clearance <input type="checkbox"/> Alteration in comfort r/t dyspnea <input type="checkbox"/> Anxiety r/t situational stress <input type="checkbox"/> Ineffective breathing pattern <input type="checkbox"/> Impaired gas exchange Nursing Protocol (s) utilized: <input type="checkbox"/> Hyperventilation <input type="checkbox"/> Respiratory Distress <input type="checkbox"/> Upper Respiratory Infection <input type="checkbox"/> Asthma
Plan / Intervention	For Severe Distress while waiting for EMS: <input type="checkbox"/> Place in high fowlers' or position of comfort <input type="checkbox"/> O2 if available (flow rate per administration device, 6-to 15 liters) <input type="checkbox"/> Monitor VS & O2 saturation For Mild/Moderate Symptoms: <input type="checkbox"/> Push fluids Unless contraindicated (e.g. CHF) <input type="checkbox"/> Avoid offending agents (smoke, dust, etc.) Practitioner Referral: <input type="checkbox"/> Stat (EMS) Referral: Respiratory Arrest; Severe respiratory distress; Foreign body inhibiting breathing; Distress with cyanosis of the lips, finger nail beds, or earlobes; Pulse Oximeter reading of <90% <input type="checkbox"/> Urgent (same day): Wheezing, dyspnea, difficulty swallowing without severe distress; Abnormal vital signs <div style="float: right;"><input type="checkbox"/> Ibuprofen 200 mg 1-2 tabs every 4-6 hours as needed per protocol or <input type="checkbox"/> Acetaminophen 1-2 tablets Q 4-6 hours as needed per protocol <input type="checkbox"/> Other per _____ protocol <input type="checkbox"/> Education per _____ protocol <input type="checkbox"/> Nebulizer per _____ protocol</div>

STAFF SIGNATURE

DATE SIGNED

TRAUMA ASSESSMENT ENCOUNTER

OFFENDER NAME

DOC NUMBER

DATE

TIME

Subjective

Date & time _____ Mechanism: ☐ Fall ☐ Fall from height ☐ Work related ☐ Altercation ☐ Sport related ☐ Self-inflicted
Site(s) affected ☐ Head & Neck ☐ Hands & Wrists ☐ Elbows ☐ Shoulders & Related Structures
☐ Ankles & Feet ☐ Knees & Hips ☐ Spine ☐ Abdomen ☐ Chest ☐ Other
Type of Injury ☐ Impact ☐ Blunt Force ☐ Crushing ☐ Laceration ☐ Puncture ☐ Other
Pain Rate on a scale of 1-10 _____ Location/Radiation _____ Describe _____
Presenting complaints (patient Statement)
What happened before and/or after the event?
History ☐ Cardiac Disease ☐ HTN ☐ Seizures ☐ Arrhythmias ☐ Stroke/TIAs ☐ Diabetes Mellitus ☐ GI Bleed
☐ Asthma/Emphysema ☐ Drug Use ☐ Thyroid Disease ☐ Previous Trauma ☐ Psych
☐ Other

Present Medications:

Tetanus Status:

Allergies:

Objective

Primary Survey: ☐ Conscious ☐ Airway patent ☐ Breathing ☐ Circulation ☐ Neuro (PERRL - EOM - A&O X 3)
General appearance: ☐ Anxious ☐ Restless ☐ Guarded ☐ Relaxed
Vital Signs: BP _____ T. _____ P. _____ R. _____ ☐ Pulse Oximetry _____ (if applicable)
Of the following check & comment on ONLY those that are ABNORMAL:
HEENT Head/ /Ears/Nose/Throat/Neck (circle) ☐ Teeth ☐ Eyes: ☐ Vision ☐ Foreign Body
Neuro ☐ AAOX3 ☐ Steady/symmetrical movements ☐ PERLA ☐ Gait ☐ Sensory loss R/L Injury
Musculo-skeletal ☐ ROM ☐ Muscular Strength ☐ Symmetry/ Alignment ☐ Crepitus ☐ Motor Weakness
☐ Joint Instability ☐ Unable to Bear Weight ☐ Deformity ☐ Focal or Point Tenderness
CV ☐ Rate/rhythm regular ☐ Pulses equal - radial ☐ Pedal
Respiratory: ☐ Lung Sounds ☐ Rhythm ☐ Quality
GI ☐ Abdomen: Soft/Rigid/Distended (circle) ☐ Bowel Sounds ☐ BM ☐ Anal Sphincter (spine)
Skin ☐ Diaphoretic ☐ Hot ☐ Dry ☐ Cyanotic ☐ Erythema ☐ Edema ☐ Bruising ☐ Bleeding

Nursing Dx.

☐ Impaired Physical Mobility ☐ Potential for Injury
Nursing Protocol (s) utilized:
☐ Ankle-Foot Injury ☐ Musculoskeletal Pain ☐ Trauma/Injury ☐ Back Pain ☐ Eye Pain/Injury ☐ Dental Trauma

Plan / Intervention

☐ Protect ☐ Activity Restriction
☐ Rest Affected Area & Immobilize Part ☐ Ibuprofen 200 mg 1-2 tabs every 4-6 hours as needed per protocol or
☐ Ice ☐ Acetaminophen 1-2 tablets Q 4-6 hours as needed per protocol
☐ Compression (if appropriate) ☐ Other per _____ protocol
☐ Elevate Limb ☐ Education per _____ protocol
☐ Tetanus per standing order
Practitioner Referral:
☐ Stat Referral, major trauma; Loss of consciousness; spine: (saddle anesthesia, neurologic deficits in lower extremities); abnormal vital signs, Dental: (orofacial swelling & fever, unresolved hemorrhaging); Eye: (chemical spill, major trauma, sudden visual loss or flashing lights, embedded FB)
☐ Urgent (same day) Potential fractures; Inability to bear weight with severe focal or point tenderness; Spine: (over age 50 with acute onset of pain); Dental (orofacial swelling but normal temperature); Eye: (corneal abrasion, inability to remove FB, infections)

STAFF SIGNATURE

DATE SIGNED

SUBJECT: ABDOMINAL PAINEFFECTIVE DATE: OCTOBER 1, 2008SUPERSEDES: OCTOBER 1, 2008

Note: These are protocols meant to provide very general guidance to PCSO medical staff as to the evaluation, treatment, and disposition of patients. As with any other medical issue, if there is a question or concern for the well-being and care of any patient, do not hesitate to notify a practitioner of these concerns.

Vital signs must be taken as part of the protocol assessment.

SUBJECTIVE FINDINGS

1. When? Onset? How long? Location? Radiation? Type of pain (sharp, dull, cramping)? Duration?
2. Rebound tenderness?
3. Nausea? Vomiting? Diarrhea? - # of times? # of hours? - color consistency?, blood?
3. Has there been a change in color of stool? - constipation? - Date of last BM? Stool color: red or black?
4. Passing flatus? Blood on tissue, streaks of blood, clots?
4. Pain related to food intake?
5. Urinary symptoms?
6. Are they hungry, eating?

OBJECTIVE FINDINGS

1. Temp., Pulse, Resp., BP, Wt.
2. Is there paleness, sweating, weight loss? Dry oral mucosa?
3. Severe pain (cannot stand erect, drawn knees to abdomen when lying down, pain when heels are tapped while lying supine)?
4. Abdomen soft or rigid? Rebound tenderness? Bleeding? Trauma?
5. Is pain produced or elicited or exaggerated by very gentle abdominal palpation?
6. Bowel sounds?
7. Lung sounds?
8. Heart sounds?
9. LMP?
10. Vaginal Discharge or bleeding?
11. Dipstick urine results?
12. Is pain related to food intake?

ASSESSMENT DECISION

1. Abdominal pain. Etiology (?) or as determined above.

FINDINGS REQUIRING REFERRAL (Doctor/ARNP)

1. Temp. 100.4 or > Pulse > 100 Resp. Normal
2. Paleness, sweating, moist skin
3. Pain severe, localized, or generalized - Call Doctor/ARNP for orders
4. Abdomen rigid - firm - Call Doctor/ARNP for orders
5. Intractable Nausea/Vomiting - Call Doctor/ARNP for orders
6. Pregnancy
7. Blood in stool
8. Pain unimproved with conservative care.
9. Positive dipstick - place on next available Doctor/ARNP SC.

FINDINGS NOT REQUIRING REFERRAL:

1. Vital signs WNL
2. Minimum to mild pain (According to type of pain and onset)
3. No vomiting or stools with blood

ACTION PLAN: APPROVED O.T.C. MEDS: (Check med. allergies)

1. Maalox 10 - 15 cc BID x3 days
2. Symptomatic (i.e. avoidance of offending foods.)
3. Kaopectate as directed for diarrhea.
4. MOM 30cc p.o. at h.s. If needed for constipation and abdominal examination is negative. May repeat in 12 hours if no results.

EDUCATION/INSTRUCTION - As appropriate to findings:

1. For constipation, provide instruction to increase water intake.
2. Avoidance of offending foods. Remain NPO until nausea passes.
3. Possibility of mild viral infection, which may persist for 24-48 hours.
4. Return to clinic if symptoms worsen or persist > 48 hours.

SUBJECT: BACKACHE
EFFECTIVE DATE: OCTOBER 1, 2008
SUPERSEDES: SEPTEMBER 21, 2006

Note: These are protocols meant to provide very general guidance to PCSO medical staff as to the evaluation, treatment, and disposition of patients. As with any other medical issue, if there is a question or concern for the well-being and care of any patient, do not hesitate to notify a practitioner of these concerns.

Vital signs must be taken as part of the protocol assessment.

SUBJECTIVE FINDINGS

1. Cause - lifting, fall, sports, spontaneous?
2. Onset?
3. Location, radiation, numbness?
4. Anything relieves/reduces or increases pain?
5. Pain on urination, color, increased frequency?
6. Increased pain with cough?
7. Past or recent injuries?
8. R.O.M.?
9. Difficulty walking?
10. History of kidney stones, pancreatitis, aortic aneurysm, pregnant?

OBJECTIVE FINDINGS

NOTE PATIENTS GAIT & MOVEMENT BEFORE & AFTER HISTORY & PHYSICAL.

1. Temp. __, Pulse __, Resp. __, BP __, Weight __
2. Is there swelling, redness, pain to touch, bruised area, limited movement, foot drop, and/or numbness, spasms?
3. Is urine cloudy, red, dark yellow? Urine dipstick results ____?
4. Are lower lungs congested, wheezing?
5. Lung sounds? Abdominal bruits?
6. What is posture while seated, describe gait
7. Is there a possibility of drug seeking, malingering? Qualify this with specifics (pain out of proportion to physical findings).
8. Rash? Possibility of shingles?

ASSESSMENT DECISION

- A. Backache
- B. Etiology (?)

FINDINGS REQUIRING REFERRAL (Doctor/ARNP)

1. Temp. 100.4 or >
2. Numbness and/or severe pain
3. Loss of normal R.O.M.
4. Swelling, discoloration
5. Foot drop
6. Loss of sensation
7. Positive dipstick findings
8. Difficulty ambulating

FINDINGS NOT REQUIRING REFERRAL

1. Temp. < 100.4 Vital signs WNL
2. Mild Pain
3. No Local Findings
4. No Numbness or Radiation
5. No Recent History of Trauma

ACTION PLAN - As appropriate to findings: (CHECK MED ALLERGIES)

1. Recommend hot showers if muscle spasm present.
2. Bed rest for 48-72 hours.
3. Recreation restriction as appropriate - Do not discontinue recreation privileges unless mandatory for appropriate care
4. Tylenol 325mg - ~~500mg~~, 1-2 tablets PO BID PRN x3 days, or
5. Motrin 200mg 2 tablets PO BID or TID x3 days for more severe pain.
6. Analgesic balm: apply to affected area BID PRN (after hot shower).
7. RTC PRN if no improvement or increase in symptoms. If bed rest is ordered, provide inmate with note to miss work and document on Nurse's notes.
8. Extra mattresses are NOT provided.

EDUCATION/INSTRUCTION - As appropriate to findings:

1. Avoid strenuous activity, especially weight lifting.
2. Demonstrate proper method of bending and lifting.
3. Suggest simple back exercises (See handout).
4. Return to clinic if change in symptoms.

CIWA FORMS

CLINICAL INSTITUTE WITHDRAWAL ASSESSMENT REVIEW SHEET
ALCOHOL (revised) (CIWA-Ar)



<p>NAUSEA & VOMITING - Ask, "Do you feel sick to your stomach? Have you vomited?"</p> <p>OBSERVATION:</p> <p>0 No nausea, no vomiting</p> <p>1 Mild Nausea with no vomiting</p> <p>2</p> <p>3</p> <p>4 Intermittent nausea with dry heaves</p> <p>5</p> <p>6</p> <p>7 Constant nausea, frequent dry heaves & vomiting</p>	<p>AUDITORY DISTURBANCES - Ask, "Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing to you? Are you hearing things you know are not there?"</p> <p>0 Not present</p> <p>1 Very mild harshness or ability to frighten</p> <p>2 Mild harshness or ability to frighten</p> <p>3 Moderate harshness or ability to frighten</p> <p>4 Moderately severe hallucinations</p> <p>5 Severe hallucinations</p> <p>6 Extremely severe hallucinations</p> <p>7 Continuous hallucinations</p>
<p>TREMOR - Arms extended, fingers spread apart.</p> <p>0 No tremor</p> <p>1 Not visible but can be felt fingertip to fingertip</p> <p>2</p> <p>3</p> <p>4 Moderate, with patient's arms extended</p> <p>5</p> <p>6</p> <p>7 Severe, even with arms not extended</p>	<p>VISUAL DISTURBANCES - Ask, "Does the light appear to be too bright? Is the color different? Does it hurt your eyes? Are you seeing anything that is disturbing to you? Are you seeing things you know are not there?"</p> <p>0 Not present</p> <p>1 Very mild sensitivity</p> <p>2 Mild sensitivity</p> <p>3 Moderate harshness or ability to frighten</p> <p>4 Moderately severe hallucinations</p> <p>5 Severe hallucinations</p> <p>6 Extremely severe hallucinations</p> <p>7 Continuous hallucinations</p>
<p>PAROXYSMAL SWEATS</p> <p>0 No sweat visible</p> <p>1 Barely perceptible sweating, palms moist</p> <p>2</p> <p>3</p> <p>4 Beads of sweat obvious on forehead</p> <p>5</p> <p>6</p> <p>7 Drenching sweats</p>	<p>HEADACHE, FULLNESS IN HEAD - Ask, "Does YOUR HEAD FEEL DIFFERENT? Does it feel like there is a band around your head?" Do Not rate dizziness or lightheadedness. Otherwise rate severity:</p> <p>0 Not present</p> <p>1 Very mild</p> <p>2 Mild</p> <p>3 Moderate</p> <p>4 Moderately severe</p> <p>5 Severe</p> <p>6 Very severe</p> <p>7 Extremely severe</p>
<p>ANXIETY - Ask, "Do you feel nervous?"</p> <p>0 No anxiety, at ease</p> <p>1 Mildly anxious</p> <p>2</p> <p>3</p> <p>4 Moderately anxious, or guarded, so anxiety is inferred</p> <p>5</p> <p>6</p> <p>7 Equivalent to acute panic state, as seen in severe delirium or acute schizophrenic reactions</p>	<p>ORIENTATION AND INCLUDING OF SENSORIUM - Ask, "What day is this? Where are you? Who am I?"</p> <p>0 Oriented and can do serial additions</p> <p>1 Cannot do serial additions or is uncertain about the date</p> <p>2 Disoriented for date by no more than 2 calendar days</p> <p>3 Disoriented for date by more than 2 calendar days</p> <p>4 Disoriented for place and/or person</p>
<p>AGITATION</p> <p>0 Normal activity</p> <p>1 Somewhat more than normal activity</p> <p>2</p> <p>3</p> <p>4 Moderately fidgety and restless</p> <p>5</p> <p>6</p> <p>7 Paces back and forth during most of the interview, or constantly thrashes about</p>	<div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p>The scores for the 10 items are summed to give a total score.</p> <p>< 10</p> <p>10-19</p> <p>20-25</p> <p>> 25</p> <p>Place Score on CIWA-Ar Score Sheet</p> </div>
<p>TACTILE DISTURBANCES - Ask, "Have you had any itching, pins & needles sensations, any burning, any numbness, or do you feel bugs crawling on or under your skin?"</p> <p>1 Very mild itching, pins & needles, burning, or numbness</p> <p>2 Mild itching, pins & needles, burning, or numbness</p> <p>3 Moderate itching, pins & needles, burning, or numbness</p> <p>4 Moderately severe hallucinations</p> <p>5 Severe hallucinations</p> <p>6 Extremely severe hallucinations</p> <p>7 Continuous hallucinations</p>	

Intake Provider Orders-CIWA Performance
 (Only For EtOH (alcohol);
 Not for Use for Other Substance Withdrawal)
 (Three Page Pathway)



Patient Name «Name»	Inmate Number «InmateNumber»	Date of Birth «DOB»	Today's Date «ClientDate»
-------------------------------	----------------------------------------	-------------------------------	-------------------------------------

Date:									
Time:									

SCORE										
Nausea and Vomiting										
Tremor										
Paroxysmal Sweating										
Agitation										
Autonomic Disturbances										
Auditory Disturbances										
Visual Disturbances										
Anxiety										
Headaches, Fullness in the Head										
Orientation										
Total (max score 67)										

Vitals										
SpO2										
Temp										
BP										

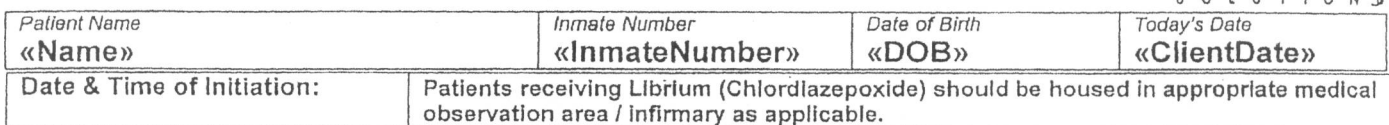
Mental Health Screen										
Thoughts of Self-harm or Suicide?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N

Nurses Initials:										
-------------------------	--	--	--	--	--	--	--	--	--	--

Use in conjunction with CIWA-Ar Assessment Review Sheet.
 Scores for the 10 items are summed to give a total score.
 0 Stable 20-25 Moderate withdrawal
 9 Mild to moderate withdrawal > 25 Severe withdrawal

Physician:	Allergies:
-------------------	-------------------

(Only For EtOH (alcohol);
Not for Use for Other Substance Withdrawal)
(Three Page Pathway)



1. House patient in medical observation if possible.
2. Thiamine 100mg PO q day x 30 days; if vomiting, give first dose IM
3. If patient is continuously vomiting OR displaying signs and symptoms of dehydration, contact the provider.
4. Contact the provider IMMEDIATELY for the following BEFORE giving Librium:

- a. Pregnancy
- b. Unresponsiveness
- c. Changes in mental status
- d. Seizures
- e. CIWA score >19

- f. Systolic BP <90 or >180
- g. Diastolic BP <60 or >110
- h. Heart Rate <60 or >120
- i. Respiratory Rate <10 or >24
- j. Temperature >101.1°F

5. Follow the Pathway below for EtOH assessments and Librium dosing:

STEP 1: Perform CIWA-Ar and score appropriately

- Start Librium 50mg po TID x 2 days (0800, 1600, MN), then
- Librium 50mg po BID x 2 days (0900, 2100), then
- Librium 50mg po daily x 1 day (0900)

STEP 2: Vital signs and CIWA scoring with each medication dosing

STEP 3: Contact provider for additional dosing orders when CIWA score greater than 19.

- | | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------|
| 6. | If patient answers "Yes" to mental health screen, immediately place patient on suicide watch then contact mental health provider on-call. |
|----|-------------------------------------------------------------------------------------------------------------------------------------------|

Date / Time	<input type="checkbox"/> ALCOHOL DETOXIFICATION			
	1) Begin "Infirmiry Drug/Alcohol Protocol Monitoring Form" and vital signs q 8 hours			
	2) Infirmiry Admission, Level 1			
	3) Low bunk, seizure precautions x14 days			
	4) Begin the following detoxification treatment(s):			
	5) Valium (diazepam) 10mg p.o q 8hrs x 48 hrs; then, Valium 10mg p.o q12hrs x 48hrs; then Valium 10mg p.o QHS x 48hrs; then discontinue HOLD VALIUM IF ASLEEP OR SEDATED			
	6) Thiamine 100mg p.o daily x3 days			
	7) Laboratory: CBC, CMP, Magnesium			
	8) Notify HCP if unable to tolerate oral medications or remaining symptomatic			
	<input type="checkbox"/> BENZODIAZEPINE OR BARBITURATE DETOXIFICATION			
	1) Low bunk, seizure precautions x 14 days			
	2) Begin the following detoxifications treatment(s):			
	<input type="checkbox"/> Ativan 1.0mg p.o q 8hrs x 48hrs; then Ativan 0.5mg p.o q8hrs x 72hrs; then Ativan 0.5 mg p.o q12hrs x 72hrs; then Ativan 0.5mg p.o QHS x 48hrs; then discontinue HOLD ATIVAN IF ASLEEP OR SEDATED		-OR-	<input type="checkbox"/> Valium (diazepam) 10mg p.o q 8hrs x 48 hrs; then, Valium 10mg p.o q12hrs x 48hrs; then Valium 10mg p.o QHS x 48hrs; then discontinue HOLD VALIUM IF ASLEEP OR SEDATED
	3) Place In Psych RN Clinic (23) In A.M. after meds have started		Place In Psych RN Clinic (23) In A.M. after meds have started	
	4) Notify HCP if unable to tolerate oral medications or remaining symptomatic			
	<input type="checkbox"/> OPIATE DETOXIFICATION			
	1) Low bunk, seizure precaution x 14 days			
	2) Begin the following detoxification treatment(s):			
	3) Clonidine as follows: Clonidine 0.1mg p.o TID x 48 hours; then Clonidine 0.1mg p.o BID x 48 hours; then Clonidine 0.1mg p.o QHS x 48 hours; then discontinue Hold Clonidine for systolic BP <100 mmHg or diastolic BP < 70 mmHg			
	4) Ibuprofen 600mg p.o TID x 72 hours prn muscle aches			
	5) Phenergan 25 mg IM or po TID x 72 hours (Hold if patient is too sedated) (give IM if vomiting)			
	6) Bentyl 20mg p.o TID x 72 hours			
	7) Imodium 4mg p.o. TID x 72 hours			
	8) Notify HCP if unable to tolerate oral medications or remaining symptomatic			
	9) Other			
ALLERGIES:		ORDERED BY: _____ Signature: _____		
Patient Name:		Booking Number:	D.O.B.	Sex: Facility:

PRO/ Date	
	THIAMINE 100mg
	PO Q D
	x 5 DAYS & DC

[illegible]

MULTNOMAH COUNTY
HEALTH DEPARTMENT
CORRECTIONS HEALTH

ID#: _____

NOTE- Not to exceed Librium 300mg/24 hours. Call on-call MD if problem or questions with Librium doses.

**KOP
POLICY
AND
CONTRACT**

To facilitate clinically appropriate medication services and to provide prescribed medications in a timely, safe, and sufficient manner within the Detention Health Care Services (DHCS), adult division. This is a revised policy, in compliance with NCCHC J-D-02, and supersedes the policy dated 09/04/07.

LABORATION:

DEFINITIONS

Executive Medical Management Staff – Term referring to the Medical Director, Administrative Director, Director of Mental Health, and the Director of Nursing

Controlled Substance Administration Record – Used to document patient receipt of prescribed medications that are considered to be “controlled medications” according to law. Also used to document patient refusal to report for medication administration when indicated.

Controlled Substance Record – Log used to maintain accountability for all controlled medications administered within the Detention Health Care Services (DHCS)

DOT Medications – Medications that are prescribed with the instructions that extra caution is needed to insure patient compliance

Floor Stock System – System of using stock medication supply, rather than blister packs generated for each individual patient

KOP MEDS – “Keep on person medications”; medications that may be issued to the patient for self administration



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- G. **MAR** – Medication Administration Record, used to document patient administration, or refusal of prescribed medications that are not considered to be “controlled substances” according to law. Also used to document patient’s failure to report for medication administration as scheduled
- H. **No Show** – Occurrences of patient failure to report to the medication cart, medication room, or treatment room for scheduled medication administration. Should be documented on the patient’s MARS.
- I. **Patient Advocacy** – Term used (broadly) here to refer to monitoring and defending the clinical best interests of the patients entrusted to our care, consistent with established community standards.
- J. **Refusal** – Patient reports to the medication cart, medication room, or treatment room for scheduled medication administration but refuses to take the medication. Refusal form should be signed.

II. **THE MEDICAL DIRECTOR ESTABLISHES POLICIES REGARDING THE ADMINISTRATION OF ALL PRESCRIPTION MEDICATIONS DELIVERED WITHIN THE FACILITY.**

- A. Administration of prescribed medication to any patient requires an order from a physician, physician’s assistant, nurse practitioner, dentist, or other legally authorized individual.
- B. Prescriptions recommended by non-credentialed medical providers may not be implemented until they are co-signed by the supervising physician.
- C. Medications are prescribed only when clinically indicated and the clinical indication for the prescribed medication should be documented on the patient’s medication label, provided by pharmacy.
- D. Providers should coordinate their prescribing practices with one another in order to:



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1. Reduce the likelihood of an adverse patient outcome
 2. Promote consistency in treatment approaches
 3. Discourage inappropriate patient drug-seeking behavior
 4. Identify and correct duplication of orders
 5. Prevent real or potential interactions between prescriptions
- E. Prescribed medications will be administered by qualified medical staff unless the medication is approved for issue to the patient, for self administration (Medical Director approval for KOP medication)

III. MEDICATIONS APPROVED FOR ISSUE TO THE PATIENT, FOR SELF ADMINISTRATION (KOP)

- A. Medications on the approved list may be kept in the patient's possession.
1. Artificial Tears
 2. Metered Dose Inhalers
 3. Nitroglycerin Sublingual
 4. Saline (Ocean Spray)
 5. Dandruff shampoo
 6. "Others" as approved, individually, by the Medical Director, Administrative Director, and Jail Administration
- B. These medications should be kept in the patient's assigned cell while the patient is on his/her assigned housing unit (with the exception of Nitroglycerin sublingual and Asthma inhalers which may be kept on the patient's person regardless of location).
- C. The Medication Label must include:
1. Patient Name and SID Number
 2. Start date and expiration date
 3. Clinical Indication
 4. Special instructions if indicated
- D. The provider prescribing the medication to be issued to the patient must complete and document the necessary patient education during their contact with the patient during the office visit.
-



- E. The patient must be asked to sign the medication sheet, acknowledging receipt of the KOP medication when it is issued to them.

IV. OVER-THE-COUNTER (OTC) MEDICATIONS ADMINISTERED TO PATIENTS IN THE SCREENING/INTAKE AREA

- A. Nurses assigned to the medical screening area may administer a one time dose of regular strength Tylenol (2 tablets of 325mg each) or Aspirin (2 tablets of 325mg each) without a physician's order
 - 1. AFTER the patient's history of allergies is obtained and documented and providing they are not allergic to the medication given.
 - 2. Administration must be documented on the patient's screening sheet or attached progress note
 - a. Including reason for giving the OTC medication
 - b. Referrals for follow-up if indicated
- B. Repeat doses of Aspirin or Tylenol given to inmates remaining in the booking/intake area require a physician's order and must be documented on the patient's screening sheet or attached progress note

V. ADMINISTRATION OF OTC MEDICATIONS TO PATIENTS WHO ARE NOT IN THE SCREENING/INTAKE AREA, BY MEDICAL STAFF

- A. Nurses may not administer OTC medications to patients outside of the screening/intake area without a credentialed provider's order.
- B. The administration of OTC Medications by medical staff must be documented in the patient's medical record.

VI. OFFICER ADMINISTRATION OF OTC MEDICATIONS ON THE LIVING UNITS

- A. Detention Officers assigned to living units (other than the infirmary, 0B, or MHU/SPU areas) are authorized to administer a single, regular strength dose, of Tylenol (2 tablets of 325mg each) or Aspirin (2 tablets of 325mg each) during an eight (8) hour shift.
-
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- B. The administration of Tylenol or Aspirin by Detention Officers does not need to be documented in the inmate's medical record but the Officer should document the provision of the medication in their unit activity logs.
- C. Officers should be instructed to refer inmates with frequent requests for OTC medications to sick-call for follow-up if needs persist.
- D. The housing unit officers are responsible for coordinating a re-supply of approved OTCs directly with pharmacy, as needed

VII. ADMINISTRATION OF PRESCRIBED MEDICATIONS TO PATIENTS IN BOOKING

- A. Patients who remain within the booking areas after being screened should be started on their prescribed medication while still in booking
 - 1. Medications should be pulled from stock, per physician's order
 - 2. "High priority" medications include, but are not limited to
 - a. Medications ordered for acute alcohol withdrawal
 - b. Medications ordered for pregnant females addicted to opiates
 - c. Medications ordered for documented hypertension
 - d. Medications ordered for documented seizure disorders
 - e. Medications ordered for documented cardiovascular or pulmonary disorders
 - f. Antibiotics for documented or apparent infections (refer suspected infectious patients to the physician for consideration of isolation needs)
 - 3. Medications should be given at the same times as those times specified for the rest of the facility (see paragraph XV below)
 - B. Medications prescribed for patients in booking should be administered by the nurses assigned to screening
 - C. MARS for patients receiving medications in booking should be initiated and maintained by the nurses in screening
-



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1. In accordance with guidelines outlined in DHCS Policy J-C-05
2. Must be forwarded to appropriate location once patient is assigned to a housing unit

VIII. ADMINISTRATION OF PRESCRIBED MEDICATIONS FOR PATIENTS AWAITING A BED ASSIGNMENT IN THE INFIRMARY AREAS (Main Jail and 0B at Annex)

- A. Patients who are waiting for a bed assignment will be monitored in the medical department waiting areas (Medical Security in Main Jail or Annex)
- B. The nurses assigned to the Main Jail Infirmary and/or Female Infirmary ("0B") will be responsible for ensuring that:
 1. Patient receive their prescribed medications as scheduled
 2. Patients receive their treatments as scheduled
 3. Patients are periodically evaluated for changes in clinical status
 4. The on-duty nursing supervisor is notified of patient changes in status or other unanticipated needs involving these patients
 5. The physician on-call is notified when indicated and in coordination with the on-duty nursing supervisor

IX. RECEIPT OF PRESCRIPTION MEDICATIONS FOR PATIENTS RETURNING FROM HOSPITALIZATION AT UNIVERSITY HOSPITAL

- A. Patients discharged from University Hospital with prescriptions for continued medications should be discharged to the BCADC with a 72 hour supply of each medication ordered
 1. From any inpatient UHS unit
 2. Regardless of classification of drug (exceptions would be drugs requiring special certification for administration, such as chemotherapy drugs)
 3. Regardless of what day of week or time of day
 - B. Patients returning from University Hospital with prescribed medications should receive these medications as ordered
-



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- C. The responsible DHCS physician should be notified of the patients' return, condition, and current medication orders
 - 1. On the following morning for patients returning during the night, provided that the patient does not require medical care that is NOT addressed in the discharge orders
 - 2. Immediately upon arrival when:
 - a. The patient assessment is inconsistent with the documentation on the discharge paperwork
 - b. The patient's clinical needs may exceed the capabilities within the BCADC
 - c. The patient requires orders for care that must be completed before morning (other than receipt of the medications or treatment documented on the discharge paperwork arriving with patient, and scheduled for administration before morning)
 - D. All prescribed medications will be transported from the hospital to DHCS personnel by the transporting Officer and delivered directly to the nurse assigned to screening (see DHCS Policy J-C-05 for specifics on procedure)
 - E. The Nursing Supervisors must maintain documentation of the failure to receive 72 hours of the prescribed medication when discharged from University Hospital for quality improvement purposes (forward to Medical Administration)
 - 1. Date & time
 - 2. Patient name, SID, date of birth
 - 3. Medication involved
 - 4. Specific discrepancy (i.e. insufficient doses, incorrect doses, etc.)
 - F. Refer to Paragraph XV for details regarding the receipt and management of controlled medications received from the hospital or approved use of controlled medications from home.
- X. RECEIPT OF WRITTEN PRESCRIPTIONS FOR PATIENTS RETURNING FROM THE UHS EMERGENCY CENTER (EC),**
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EXPRESS MED CLINIC, OR HOSPITALIZATION OUTSIDE OF THE UNIVERSITY HEALTH SYSTEM

- A. Prescriptions ordered by University Health System physicians may be honored within the Detention Health Care Services but should be approved by the responsible physician to facilitate medication reconciliation and avoid duplication of medications
- B. Approval should be deferred until the next morning if the patient returns during the night and there are no doses scheduled for administration before morning.
- C. May be pulled from stock, if available, and
 - a. Patient has no known drug allergies
 - b. Dose is scheduled for administration *before morning*
 - c. The on-call physician authorizes the administration of the initial dose prior to reviewing the medical records in morning (i.e. must call physician)

XI. ONLY LICENSED NURSES, CERTIFIED MEDICATION AIDES, PHARMACISTS, PHARMACY TECHNICIANS, OR CREDENTIALLED PROVIDERS MAY ACCESS THE STOCK MEDICATION CLOSET

XII. MEDICATION BROUGHT IN TO THE DETENTION CENTER BY INMATE OR INMATE'S FAMILY

- A. Acceptance of medications from home should be pre-approved by the Medical Director prior to their being dropped off at the facility, with the following exceptions:
 - 1. Anti-retroviral medications
 - 2. Tuberculosis medications
 - 3. Atypical antipsychotic medications
 - B. Medications accepted from home may only be received by a licensed nurse (see DHCS Policy J-C-05 "Medication Administration Training for specific procedure)
-



- C. The responsible physician must approve the use of patient medications from home, prior to their administration and will provide the nurse with an order approving the use of medications from home
- D. Once approved by the physician, the medications brought from home must be inspected by pharmacy.
 - 1. If cleared by the pharmacist after inspection, a MARS bearing the appropriate label will be generated.
 - 2. If the pharmacy is closed, a nurse may generate a handwritten MARS but may NOT administer the medication brought in from home before it is inspected by pharmacy.
 - 3. Medications from home may NOT be administered without a physician's order/authorization.
- E. Patient medications received from home, but that are not approved for administration within the BCADC will be placed in the inmate's property. A written receipt will be filed in the patient's medical record.

XIII. PATIENTS ON METHADONE: REFERENCE POLICIES

- A. DHCS J-G-06, "Intoxication and Withdrawal"
- B. DHCS J-G-08, "Inmates With Alcohol and Drug Problems"
- C. DHCS J-G-08.1, "Inmates on Methadone"
- D. DHCS J-G-08.2, "Pregnancy Assessment of Women Addicted to Opiates"
- E. DHCS J-C-05, "Medication Administration Training"
- F. **MEDICATION ERRORS**

- 1. Identified medication errors will be documented by:
-



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- a. The staff member(s) identifying the error
 - b. The staff member committing the error if available
 - c. Using the approved Medication Error report form
2. Completed medication error reports will be provided to the Medical Director, Administrative Director, Clinical Nursing Director, and any other parties relevant to the specific incident
 3. Documented medication errors will be investigated for contributing factors and corrective actions will be initiated as indicated.
 4. Trends in medication errors, corrective actions taken, and proposed changes in procedure relevant to medication errors will be discussed at the departments Pharmacy and Therapeutics Committee meeting.

G. PATIENTS WILL BE MONITORED FOR ADVERSE DRUG REACTIONS AND ALL IDENTIFIED ADVERSE DRUG REACTIONS TO PRESCRIPTION MEDICATIONS WILL BE INVESTIGATED AND REPORTED ACCORDING TO UNIVERSITY HEALTH SYSTEM POLICY

H. MANAGEMENT OF CONTROLLED MEDICATIONS/NARCOTICS

1. A floor stock system of medication, using reverse numbering unit dose packaging, is used for controlled substances in all areas of the DHCS-Adult Division
2. All controlled medications will be maintained/stored in locked carts or medication lockers in accordance with pharmacy policy & recommendations
3. The Controlled Substance Record/inventory sheet (attachment 1) will be used to document the movement of controlled medications in to and out of the stock supply system in each area

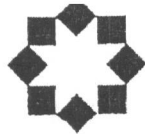


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4. One form will be used for each type and dose of controlled medication, in each area identified
 5. Pharmacy will stock each approved area as directed and annotate the number of doses "added to stock" and update the balance accordingly
 6. Each dose of controlled medication that is removed from the stock system must be logged out on the Controlled Substance Record
 7. Controlled Medications that are wasted or refused must be documented on the Controlled Substance Record (& include the identification of the staff member witnessing the wasting of the medication)
 8. The nurse responsible for a specific area is responsible for notifying pharmacy of the need to restock their area/cart/etc. when the inventory level falls
 9. Inventory levels should not be allowed to drop below the number needed to sustain operations for at least 24 hours (72 hours when approaching a weekend or holiday)
 10. The nursing supervisor should also be notified when staff request re-supply of stock narcotics
 11. All controlled drugs will be counted by two licensed nurses or certified medication aides, together, when custody of the stock of controlled medications passes from one staff member to another, such as
 - a. Shift change
 - b. When one staff member leaves early and passes control of his/her assigned medications to another staff member
 - c. When a staff member begins a duty day and then is pulled to assume another assignment
 12. The counting/verification of the controlled medication count must be
-



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documented on the Controlled Substance Record

- a. Must reflect the date/time of the count
 - b. Must reflect the two staff members who completed the count together
13. A new entry/line on the Controlled Substance Record/inventory sheet will be initiated to document the completion and correctness of the count
- a. Date
 - b. Time
 - c. Annotation "CC" or "Correct Count"
 - d. Exact quantity ("Balance") on hand
 - e. Signatures of both staff members completing the count
 - f. Example:

<u>Date</u>	<u>Time</u>	<u>Balance</u>	<u>Shift Change Count</u>
1/02/07,	0700,	-----c/c\-----	64----- signature 1/signature 2
14. Discrepancies in the narcotics count must be investigated immediately between shifts
15. The staff member from the off-going shift must remain for the investigation until released by the on-coming nursing supervisor
- a. Staff must complete their portion of the investigation and provide written reports prior to being released
 - b. Supervisors must review the written report upon receipt, obtain clarification if needed, and release the off-going staff members as soon as possible
16. A facility incident report must be generated and forwarded to medical administration by the staff members completing the narcotics count when discrepancies are unable to be resolved
17. The nursing supervisors from both shifts (or their designees covering supervisory responsibilities in their absence) must also document actions they've taken in the course of investigating a discrepancy in the narcotics count.
-



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- a. Documentation may be on the same facility incident report generated by their staff member, or on a separate report form
 - b. Documentation must be forwarded to medical administration
18. Administration of controlled medications to the patient must also be documented on the patients' individual Medication Administration Record (MARS)
19. Refer to DHCS Policy J-C-05, Medication Administration Training for additional specifics regarding documentation on the Controlled Substance Record and MARS

I. MANAGEMENT OF CONTROLLED MEDICATIONS THAT ARE NOT IN STOCK SUPPLY WHEN APPROVED FOR USE

1. There may be times that the DHCS Medical Director authorizes the use of a controlled medication that is not maintained in the stock narcotic inventory, for individual patient use.
2. Pharmacy will issue a MARS that is labeled for that specific patient
3. The MARS for controlled medications that are not in stock **MUST** be kept with the Controlled Substances Records and counted at the same time that stock narcotics are counted.
4. Doses of individually issued controlled medications that have not been given must remain secured in the approved in the appropriate narcotics locker/drawer until they are hand carried directly to pharmacy.
5. Discontinued medications that are controlled must **NEVER** be placed with the "throw backs" or non-controlled medications being returned to pharmacy



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6. Discontinued medications that are controlled must NEVER be placed in any cupboards or drawers that are not designated for stock narcotic supplies (i.e. do NOT put in the cupboards formerly used for returning narcotics)
7. Each MARS for each controlled medication being forwarded to pharmacy for destruction must be copied prior to returning the medication (directly) to pharmacy
8. The pharmacist or pharmacist tech must verify that the count for returning medications are correct immediately upon receipt
9. The pharmacist or tech must sign the original and copied MARS, in the presence of the nurse delivering the medication.
10. The copy of the (signed) MARS must be forwarded to Medical Administration
11. The original (signed) MARS must be forwarded to the patient's medical record

J. APPROVED MEDICATION TIMES

1. Medication administration times must be standardized throughout the facility (i.e. Annex and Main Jail, Infirmary areas and floors)
 2. Medication administration will be documented in military time
 3. The following times are approved for medication administration within the BCAC:
 - a. Once Daily – administered at 0800 hrs.
 - b. Twice Daily – administered at 0800 hrs. and 2000 hrs.
 - c. Three Times Daily – administered at 0800 hrs., 1400 hrs., and 2000 hrs.
 - d. Four Times Daily – administered at 0800 hrs., 1400 hrs., 2000 hrs., and 0200 hrs.
-



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K. LOCATION FOR ADMINISTRATION OF MEDICATIONS

1. In general, medications are administered to the patients on the housing units.
2. Medications that are not administered on the housing units include, but are not limited to
 - a. Medications Ordered Four Times Daily medications are administered out of the treatment rooms
 - b. The 1400 dose of prescriptions ordered Three Times Daily will be administered out of the medication rooms
 1. The nurse prepares patient list and presents to Officer
 2. Officer makes arrangements to have patient sent to or escorted to the medication room for the required medication
3. The following types of medications may also be administered in the Treatment rooms:
 - a. Injections
 - b. HIV Medications
 - c. TB Medications
 - d. DOT Medications
 - e. Other approved medications as approved by a member of the Executive Medical Management Staff
4. Methadone is administered by the nurses assigned to the Mental Health Unit and Female Infirmary and will be administered within the medical waiting areas in Main Jail or Annex

L. REFRIGERATED MEDICATIONS

1. The temperature of refrigerators used for storing medications will be kept at a temperature between 35 – 45 degrees Fahrenheit
 2. Daily documentation of temperature checks, and corrective actions if indicated, will be accomplished by the 7pm-7am shift
-



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temperature is found to be out of the acceptable range

4. Corrective action taken will be documented on the refrigerator temperature log for the corresponding refrigerator
 5. The refrigerator temperature will be re-checked after an appropriate time interval to assess the effectiveness of the corrective action and the findings will also be documented on the refrigerator log
 6. Refrigerators that will not maintain an acceptable temperature range will be reported to the Operations Director immediately (or first thing in morning if applicable).
 7. The contents of the defective refrigerator must be relocated to another appropriate refrigerator immediately
 8. The on-duty nursing supervisor must be notified of the defective refrigerator, corrective actions taken, and re-location of refrigerator contents
 9. Medications discovered to be in a refrigerator that has malfunctioned (i.e. temperature range falls below 35 degrees or above 45 degrees Fahrenheit will be reported to pharmacy immediately
 10. The staff member (s) reporting pharmacy of the refrigerator malfunction/inappropriate temperatures will generate an incident report and forward in to Medical Administration through their immediate supervisor
 11. Pharmacy will make a determination regarding the need to destroy and replace medications kept at inappropriate temperatures
 12. Refrigerators will be defrosted once a week, and as needed, by the 7pm-7am shift
-



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XVIII. PROVISION OF MEDICATION TO PATIENT UPON RELEASE FROM CUSTODY

- A. Prescription medication may be provided to the patient upon release from custody under specific circumstances
 - 1. Anti-retroviral medications
 - 2. Psychiatric medications involved in the Jail Re-entry Program (REP)
 - 3. Patient's medications accepted from home
 - 4. Other specific prescriptions, as approved by the Medical Director and Administrative Director

- B. Successful provision of prescribed medications to the patient upon release from custody requires a coordinated effort between the Medical and Detention departments
 - 1. Medical department
 - a. Identification of patients to be release with prescription medication
 - b. Receipt of Medical Director and Administrative Director approval when indicated
 - c. Pharmacy support in filling the prescription
 - d. Centralized location for securing the patient's medication, accessible by staff upon notification of an impending release
 - e. Communication of the need to leave with prescribed medication with the patient when possible
 - f. Provision of the approved medication upon patient release
 - 2. Detention staff
 - a. "Daylight release" when applicable
 - b. Timely notification of impending release

XIV. PROCESSING MEDICATIONS FOR THE RE-ENTRY PROGRAM (REP)

- A. A physician may order that an inmate be provided with a supply of medications upon his or her release in an effort to ensure that treatment
-



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- B. The physician will write "REP" (Re-Entry Program) on the physician order form (# 44-5192-01) to indicate this purpose.
- C. REP medications and the corresponding medication sheet(s) will be delivered by pharmacy personnel to the nursing supervisor or designee.
- D. REP medications will be placed in a double locked cabinet in the designated room in the medical area.
- E. Any controlled substances included among the REP medications will be maintained, stored, and inventoried as usual for controlled substances.
- F. The responsible nurse will be alerted when the inmate is leaving the facility and his/her REP medications will be given to him/her or the representative of the agency picking him/her up.
- G. The inmate or agency representative will sign the corresponding medication sheet when REP medications are given to them.
- H. The signed medication sheet will be forwarded to medical records for filing in the medical record.
- I. If an inmate is released from the facility without his REP medications the nursing staff should alert the mental health staff and return the medications to pharmacy.
- J. The nurse must indicate on the medication sheet that the inmate was released without his medications and that the medications were returned to pharmacy. The medication sheet will be taken to medical to medical records for filing in the medical record.
- K. Inmates on Center for Health Care Services (CHCS) funded medications or medications brought from home should be released with these medications.

XV. PROCESSING THE REFILL OF PRESCRIPTIONS WITH PROVIDER APPROVAL FOR REFILL WITHOUT A REPEAT VISIT TO PROVIDER



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- A. The medical provider may approve the refill of prescribed medication without a repeat provider appointment based upon their clinical judgment
- B. Pharmacy is dependent upon the nursing department to prompt prescription refill in a timely manner
 - 1. Pharmacy will print three medication labels when filling the original order
 - 2. The medication labels will be distributed as follows
 - a. One on patient blister pack
 - b. One on patient MARS
 - c. One forwarded to the Medical Assistant assigned to Medical Administration (one document containing all prescriptions filled on that business day that have provider approval for future refills)
- C. The Medical Assistant assigned to Medical Administration will verify that the patient remains in custody approximately 1 week prior to the need for prescription refill.
 - 1. Patients date and time of release, when applicable, will be documented on the label provided by pharmacy
 - 2. Patient housing locations for those remaining in custody will be revised on the label provided by pharmacy
- D. The document with the updated labels will be forwarded to pharmacy for processing of refill.

XVI. NURSING SERVICES' ROLE IN PATIENT ADVOCACY WITHIN THE MEDICATION DELIVERY SYSTEM

- A. Each member of the Detention Health Care Services are tasked with patient advocacy
 - B. Nursing's role in patient advocacy, with regards to medication administration, is addressed by the Texas Board of Nursing: *Texas*
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Administrative Code, Title 22, Part 11, Chapter 217, Rule 217.11

- C. The Standards for Nursing Practice established by the Texas Board of Nursing, with regards to medication administration, include but are not limited to the following:
 - 1. Knowing the rationale for and the effects of medications and treatments and correctly administer the same
 - 2. Accurately and completely reporting and documenting the administration of medications and treatments
 - 3. Clarifying any order or treatment regimen that the nurse has reason to believe is inaccurate, non-efficacious, or contraindicated by consulting with the appropriate licensed practitioner and notifying the ordering practitioner when the nurse makes the decision not to administer the medication or treatment.
- D. The nurse or medication aide tasked with administering a medication must communicate with their supervisor, ordering provider, and/or Medical Director, when making a decision to not administer a medication until clarification of the order is received.
- E. The nurse/medication aid must make the necessary revisions in their plan of care as indicated by the input received from the ordering practitioner (i.e. resume giving the medications as ordered/scheduled, process revised prescription orders, etc.)

E. REFERENCE POLICIES AVAILABLE

- A. DHCS Policy J-C-05, "Medication Administration Training"
- B. DHCS Policy J-C-05.1, "Medication Non-Compliance, Adult Detention Center"
- C. DHCS Policy J-C-05.2 – this policy has been retired and content merged in to DHCS Policy J-C-05
- D. DHCS Policy J-C-05.3, "HIV Medication Administration Protocol"
- E. DHCS Policies referenced in Paragraph XII above (re Methadone)



DHCS

Detention Health Care Services
Policies and Procedures

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- F. DHCS Policy J-D-02.1, Administration of medication to patients on the housing units

REFERENCES:

National Commission on Correctional Health Care, (2008)
DHCS Policy Number J-D-01, "Pharmaceutical Operations"
Texas Board of Nursing: *Texas Administrative Code*, Title 22, Part 11, Chapter 217, Rule 217.11

OFFICE OF PRIMARY RESPONSIBILITY:

Medical Director, Detention Health Care Services

ENDNOTES:

Written By:	Shari L. Taylor, RN, MSN, CCHP RN Clinic Supervisor
Reviewed By:	Katherine McMullen, MSN, FNP DHCS Administrative Director Miguel A. Ramirez, M.D., MPH DHCS Medical Director



DHCS

Detention Health Care Services

Policies and Procedures

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DHCS Medical Director

**HILLSBOROUGH COUNTY SHERIFF'S OFFICE
DEPARTMENT of DETENTION SERVICES
KEEP ON PERSON (KOP) CONTRACT**

If you meet the requirements for the "Keep on Person" medication program, and agree to the requirements below, you will be allowed to keep your medication in your possession:

1. Only medications that are approved and ordered by the facility clinician will qualify for this program.
 2. Medication may be given to you in a special package that will contain no more than a (30) day supply of medication. The package will contain a label that includes your name, identification number, the medication name, and directions for its use.
 3. You must follow instructions on the medication label. Health care staff can check your medicine at any time to make sure you are taking it correctly.
 4. If you believe you are having a problem with the medication, it is your responsibility to notify the nurse or doctor as soon as possible.
 5. **YOU ARE RESPONSIBLE FOR YOUR MEDICATION.** If you lose, tamper with, share or trade the medication, you will be terminated from the program and may be subject to disciplinary action.
-

**PRACTITIONER
GUIDELINES
AND
FORMS**

roduction

ough clinical guidelines are important decision support for evidence-based practice, to leverage the ential of guidelines to improve patient outcomes and resource use, NCCHC recommends that health e delivery systems also have components including primary care teams, other decision support at the nt of care (such as reminders), disease registries, and patient self-management support. These nponents have been shown to improve outcomes for patients with chronic conditions. In addition, we ommand establishment of a strategic quality management program that supports ongoing evaluation f improvement activities focused on a set of measures that emphasize outcomes as well as process d practice. For information on the chronic care model, model for improvement, and outcomes asures, see the resources listed on page 3.

Asthma Care in Corrections

A general approach to the management of asthma is organized into four components:

- Assessment and monitoring of disease severity and control to reduce impairment and risk

- Patient education and self-management about the disease process, appropriate use of medications and spacers, and use of an action plan, especially for patients with moderate and severe asthma

- Attention to environmental triggers and comorbidities such as tobacco smoke, allergens, and coexistence of (and confusion with) chronic obstructive pulmonary disease

- Medications including the daily use of inhaled corticosteroids (ICS) in the vast majority of patients with persistent asthma, with the goal of reducing the need for and overuse of short-acting beta₂-agonists (SABA)

A diagnosis of asthma is based on information gathered from the clinical history, physical examination, and spirometry results performed before and after use of albuterol to check for reversibility greater than 12%. Assessment of disease severity is most important prior to a patient starting long-term ICS. Because new inmate-patient usually is already taking medications, the clinician should focus on assessment of degree of control as well as severity classification to reduce impairment and risk. Impairment is determined by the presence of certain symptoms and functional status (see Table 1). Risk of morbidity

Because asthma is a chronic inflammatory disease rather than one characterized solely by "reactive airways," the use of ICS is an important cornerstone of treatment. Historically, in correctional settings as well as other health care settings, the overprescribing and overuse of SABA agents has been a problem both in the stable setting when ICS should be prescribed and in the urgent care setting when a 5- to 10-day course of burst (rather than taper) oral steroids should be prescribed.

Currently there is no standard benchmark for the comparison of SABA prescribing to ICS prescribing. However, the ratio between SABA and ICS is recommended as one quality measure to monitor at a population level over time. This ratio typically should not exceed 2 SABA to 1 ICS at an institution and provider or team level.

Table 1. Severity

The clinician should assess disease severity to initiate treatment for patients who are not currently taking long-term control medications.

Components of Control	Degree of Severity			
	Intermittent	Persistent		
		Mild	Moderate	Severe
Short-acting beta-agonist inhaler use	< 2 days a week	> 2 days a week but not daily	Daily	Several times a day
Symptoms	≤ 2 days a week	> 2 days a week but not daily	Daily	Throughout the day
Nighttime awakenings	≤ 2 times a month	3-4 times a month	> 1 time a week but not nightly	Often, 7 times a weeks
Interference with normal activity	No limitation	Minor limitation	Some limitation	Extreme limitation
Lung function/ FEV ₁	> 80% predicted	> 80% predicted	60%–80% predicted	< 60% predicted

Source: Summary Report of the Expert Panel Report 3, p. 44
<http://www.nhlbi.nih.gov/guidelines/asthma/asthsumm.pdf>

Table 2. Control

At each follow-up visit, the clinician should record the degree of control as good, fair, or poor (the NAEPP uses "well controlled," "not well controlled," and "very poorly controlled").

Components of Control	Good Control (Well Controlled)	Fair Control (Not Well Controlled)	Poor Control (Very Poorly Controlled)
Beta-agonist inhaler use	No more than one canister per month	No more than one canister per month	More than one canister per month
Visits to an on-site urgent care center or community emergency department or hospital	None	No more than one in past month	More than one per month
Nighttime awakenings from asthma symptoms	None	No more than once a week	More than three times a week

Quality Improvement Measures

The following quality improvement measures are suggested, but they are not intended to be a complete list necessary to ensure a successful asthma management program in a correctional setting. We recommend that the improvement measures for a patient population be reported at a facility level and at a provider or team level. These indicators should be compared over time to correlate improvement.

- Percentage of patients with asthma whose severity classification and degree of control are assessed appropriately based on the NAEPP guidelines
- Percentage of patients with asthma evaluated by the primary care provider within the designated follow-up time frames based on their classification of severity and degree of control
- Percentage of patients with asthma who are well-controlled for 3 months or more who are evaluated for step-down therapy
- Percentage of patients with asthma whose degree of control is categorized as fair or poor who have a plan that includes a strategy for improving control
- Percentage of patients with asthma who have demonstrated good techniques in use of inhalers and spacers
- Percentage of patients classified as severe persistent asthma who have an asthma action plan
- Percentage of patients seen in an urgent or emergent care setting for an asthma exacerbation who were prescribed a burst of oral steroids (40-60 mg per day) for 5 to 10 days
- Percentage of patients prescribed SABA inhaler only compared to those prescribed ICS in addition to SABA; the ratio likely should be less than 2 to 1
- Percentage of patients with asthma who were offered influenza immunizations

Recommended Resources to Support Evidence-Based Practice and Quality Improvement

RESOURCE	Expert Panel Report 3 (EPR-3): Guidelines for the Diagnosis and Management of Asthma (2007)
SOURCE	National Asthma Education and Prevention Program; National Heart, Lung, and Blood Institute; National Institutes of Health
URL	http://www.nhlbi.nih.gov/guidelines/asthma
RESOURCE	Tools: Asthma
SOURCE	Institute for Healthcare Improvement
URL	http://www.ihl.org/IHI/Topics/ChronicConditions/Asthma/Tools
RESOURCE	National Guideline Clearinghouse
SOURCE	Agency for Healthcare Research and Quality
URL	http://www.guideline.gov
RESOURCE	Chronic Care Model (1998)
SOURCE	Developed by Ed Wagner MD, MPH, MacColl Institute for Healthcare Innovation, Group Health Cooperative of Puget Sound, and the Improving Chronic Illness Care program; available from the Institute for Healthcare Improvement
URL	http://www.ihl.org/IHI/Topics/ChronicConditions/AllConditions/Changes
RESOURCE	Model for Improvement (1997)
SOURCE	Associates in Process Improvement; available from the Institute for Healthcare Improvement
URL	http://www.ihl.org/IHI/Topics/Improvement/ImprovementMethods/HowToImprove
RESOURCE	Measures
SOURCE	Institute for Healthcare Improvement
URL	http://www.ihl.org/IHI/Topics/Improvement/ImprovementMethods/Measures

RESOURCE HEDIS & Quality Measurement
SOURCE National Committee for Quality Assurance
URL <http://www.ncqa.org/tabid/59/Default.aspx>

Last reviewed: May 2011
Updated: May 2011
Next scheduled review: May 2012
For the latest version, go to <http://www.ncchc.org/resources>

YEAR DIAGNOSED:**PRIOR ASTHMA COMPLICATIONS**

Y N Resp Hospitalizations (Lifetime)	Number:	Last:
Y N Resp Hospitalizations In Past 1 Yr	Number:	Last:
Y N Resp Hospitalizations In Past 2 Yr	Number:	Last:
Y N Intubations (Lifetime)	Number:	Last:
Y N ER/UC In Past Yr	Number:	Last:

CURRENT FLARE FREQUENCY

Y N Current Flare Frequency > Intermittent, as defined by:
Y N a.m. > 1/week: ... per Day ... per Week ... per Month
Y N p.m. > 2/month: ... per Month

SEASONAL

Y N Seasonal Component To Asthma Flares
Spring:.....Best Worst
Summer:...Best Worst
Fall:.....Best Worst
Winter:.....Best Worst

IDENTIFIED FLARE-UP TRIGGERS

Y N Cold
Y N ChangeInTemp
Y N Pollen
Y N Perfumes
Y N Pets
Y N Dust
Y N Humidity
Y N Heat
Y N Employment
Y N Exercise
Y N Other:

SINUS

Y N Sinus Symptoms/Allergies
Y N Sinus Congestion
Y N Rhinorrhea
Y N Seasonal
Y N Perennial

ALLERGY TESTING & DENSENSITIZATION

Y N Prior Allergy Testing
Allergic To:
Y N Allergy Desensitization(s) Done
For:

GER

Y N GER (By PMH Dx Or By Sx)
Y N GER <.100% Controlled

MEDICATIONS

Y N LABA

Y N BA-HFA

Y N RTC

Y N PRN

Y N BA-NEB

Y N RTC

Y N PRN

Y N CS-HFA

Y N CS-NASAL SPRAY

Y N ANTI-HISTAMINE (H1B)
Y N DECONGESTANT

Y N LEUKOTRIENE BLOCKER (LTB)

Y N PPI
Y N H2B

Y N Mast Cell Stabilizer
(Cromolyn & Nedocromil: modest benefit in Asthma.)

Y N Other Rx:

Most Recent Rx Change(s):

STEROIDS

Y N Prior Steroids Ever Date(s):
Y N Steroids In Past Yr Date(s):
Y N Steroids For > 2 Wk In Past Yr Date(s):

MEDICATION UNDERSTANDING

Poor Fair Good

MEDICATION COMPLIANCE

Poor Fair Good

ALARMS SINCE LAST EVALUATION

Y N Steroids.....Date:
Y N ER/UC.....Date:
Y N Hospitalization.....Date:
Y N Intubation.....Date:

PEAK FLOW

Peak Flow Nomogram-Based Norm

Approximately:

Based On:

Age: ...

Height: ... (measured stated)

Sex: M F

Peak Flow- Office

PF:

Nomogram-Based Norm:

PF %:

PF Coordination: Poor Fair Good

Peak Flow- Home

Y N Done/Doing

Dates:

Best %:

Worst %:

Variability %:

NAEPP CLASS

I - P1+ - P2+ - P3+

(I = Intermittent; P1+ = Persistent, Mild; P2+ = Persistent, Moderate; P3+ = Persistent, Severe)

NAEPP Itemized Class

AM	I	P1+	P2+	P3+
PM	I	P1+	P2+	P3+
PF	I	P1+	P2+	P3+
VAR	I	P1+	P2+	P3+

AEPP Class Definitions

	Symptoms AM	Symptoms PM	Peak Flow Percent Of Predicted	Peak Flow Percent Variability
	<1/Wk	<2/Mon	>80	<20
1+:	>1/Wk	>2/Mon	>80	20-30
2+:	1/Day	>4/Mon	61-79	>30
3+:	Continuous	>>4/Mon	<60	>30

ACCINATIONS

u Vax	Date:		
Vax	#1 Date:	#2 Date:	
1N1 Vax	#1 Date:	#2 Date:	#3 Date:

MARYLAND DEPARTMENT OF PUBLIC HEALTH AND CORRECTIONAL SERVICES
CORRECTIONAL MEDICAL SERVICES
JAIL INITIAL MEDICAL MENTAL SCREENING QUESTIONNAIRE

Offender Name:		DOB:		Booking ID	
BP	mmhg	Pulse	/min	RR	/min
		Temp	F	Pulse Ox	%
If Diabetic, random fingerstick glucose:					
If Asthmatic, document peak flow:					
Observations: These items require immediate intervention by the appropriate triage team					
*Does the offender appear to exhibit bizarre or unusual behaviors suggestive of mental health disorders such as being violent, unusually loud, confused or incoherent?					<input type="checkbox"/> Yes <input type="checkbox"/> No
*Does the offender appear to be disoriented or not alert?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the offender sweating or suffering from tremors?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the offender have skin conditions such as open wounds, jaundice, rashes?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the offender have observable deformities or exhibit difficulty of movement? Blindness, deafness, uses wheelchair?					<input type="checkbox"/> Yes <input type="checkbox"/> No
*Does the offender appear to be under the influence of, or withdrawing from, drugs or alcohol?					<input type="checkbox"/> Yes <input type="checkbox"/> No
*Does the offender's behavior or physical appearance suggest the risk of suicide or assault on others? [e.g. Tearful, anxious, threatening etc]					<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical: These items require immediate intervention by the appropriate triage team					
*Do you have a history of tuberculosis or have you ever been treated for tuberculosis?					<input type="checkbox"/> Yes <input type="checkbox"/> No
*Do you have a frequent cough with phlegm or blood?					<input type="checkbox"/> Yes <input type="checkbox"/> No
*Do you suffer from frequent fevers or night sweats?					<input type="checkbox"/> Yes <input type="checkbox"/> No
*Are you bleeding, do you have pain, cuts, bruises, open sores, broken bones, or gross oral abnormalities?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently prescribed medications for a medical condition?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have allergies?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have medical problems such as a rash, infection, hepatitis, VD or seizures or Diabetes?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you used any alcohol or drugs such as cocaine, heroin, PCP, LSD or Xanax in the past 72 hours? If yes ask next four questions and refer to triage team if any one or more of the four questions answered as Yes.					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently experiencing withdrawal? If yes from what substance:					<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had withdrawal problems, seizures, or blackouts from alcohol or drugs?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you drink alcohol or take drugs regularly and have never stopped?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Is person known to jail to have history of withdrawal problems in the past?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you in a methadone program?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you pregnant?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have gynecological problems currently?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health: These items require immediate intervention by the appropriate triage team					
Have you ever or are you currently receiving treatment for any mental health conditions?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been evaluated for a mental health problem or admitted to a psychiatric hospital?					<input type="checkbox"/> Yes <input type="checkbox"/> No
*Do you feel disoriented, not thinking clearly, hearing voices, or seeing visions?					<input type="checkbox"/> Yes <input type="checkbox"/> No
*Are you depressed, do you have thoughts of harming yourself, or have you ever attempted to hurt yourself in the past?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you now or have you ever been prescribed medication for a psychiatric illness?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Disposition					
<input type="checkbox"/> Referral to outside hospital					
<input type="checkbox"/> Urgent Onsite Referral to Medical Triage Team					
<input type="checkbox"/> Routine Onsite Referral to Medical Triage Team					
<input type="checkbox"/> Urgent Onsite Referral to Mental Health Triage Team					
<input type="checkbox"/> Routine Onsite Referral to Mental Health Triage Team					
Proceed to Booking <input type="checkbox"/> Yes <input type="checkbox"/> No NA for Females				Initial Heat Stratification: H1 H2 H3	
Signature/Title				Date Time	



Division of Immigration Health Services

In-Processing Health Screening Form



THIS FORM WILL BE SENT TO THE MEDICAL CLINIC AFTER IT IS COMPLETED

TODAY'S DATE: _____

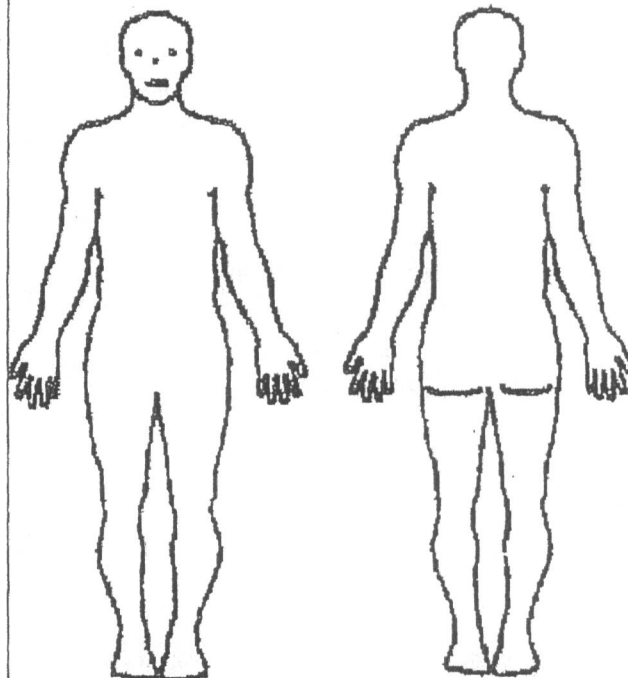
SECTION I: ASK THE DETAINEE (Check the appropriate box)

- ☐ Yes ☐ No Have you seen a doctor in the past year?
If YES, for what?
- ☐ Yes ☐ No Are you having any pain?
If YES, where?
- ☐ Yes ☐ No Have you been hospitalized in the past 6 months?
If YES, for what?
- ☐ Yes ☐ No Have you ever been treated for problems with drugs or alcohol?
If YES, when, where, and for what?

Do you now have or have you ever had any of the following?

- ☐ Yes ☐ No Your skin break out in bumps, or trouble breathing after taking medication?
- ☐ Yes ☐ No Sores on your privates, or a drip from your privates?
- ☐ Yes ☐ No Trouble peeling?
- ☐ Yes ☐ No Fits or seizures?
- ☐ Yes ☐ No The whites of your eyes or your nails turn yellow?
- ☐ Yes ☐ No Persistent cough (of more than 3 weeks duration)?
- ☐ Yes ☐ No Hemoptysis (coughing up blood)?
- ☐ Yes ☐ No Not been able to eat with a significant weight loss?
- ☐ Yes ☐ No A persistent fever?
- ☐ Yes ☐ No Night sweats?
- ☐ Yes ☐ No Weakness / lethargy (tired)?
- ☐ Yes ☐ No Are you afraid you might lose your mind or go crazy?
- ☐ Yes ☐ No Are you afraid you might hurt or kill yourself or others?
- ☐ Yes ☐ No If female, are you pregnant?

Please mark any bruises, scars, cuts or other marks or distinguishing physical characteristics in the diagrams below, and notify the DIHS medical officer if you feel that the detainee needs any kind of medical evaluation.



SECTION II: YOUR OBSERVATIONS OF THE DETAINEE (Check the appropriate box)

Does the detainee appear to be:

- ☐ Yes ☐ No Not doing what you tell him to do?
- ☐ Yes ☐ No Acting crazy or strange?
- ☐ Yes ☐ No Sweating a lot?
- ☐ Yes ☐ No Malnourished?

Does the detainee appear to have:

- ☐ Yes ☐ No Shaking / tremors?
- ☐ Yes ☐ No Skin broken out in bumps / rash?
- ☐ Yes ☐ No Cuts or bruises?
- ☐ Yes ☐ No Needle tracks?
- ☐ Yes ☐ No A handicap?

SECTION III: DETAINEE SENT TO (Check the appropriate box)

- ☐ General population
- ☐ General population with referral to medical care
- ☐ GR referral for immediate medical care
- ☐ Isolation until medically evaluated

Signature of individual completing the form

Printed name of individual completing the form

Last Name	First Name
A#	Country of Origin
Date of Camp Arrival (DCA)	DOB
Medical Clinic	Sex

MASTER PROBLEM LIST

Hepatitis B Vaccine and Vaccine Information Statement Record					
e	Lot#	Mfr.	Date on VIS	Date VIS Given	Staff Init.

Inmate # : _____

DOB: _____

**SAMPLE
RECEIVING
SCREENING
FORMS**

<u>on coughing or vomiting blood:</u>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ou having any shortness of breath, use inhalers, have chronic ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
are pregnant, do you have abdominal pain, bleeding or val symptoms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
are a dialysis patient, did you miss your last scheduled dialysis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
the arrestee have altered mental status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ou suicidal, confused, disoriented, and depressed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ck result		

If arrestee answers YES to questions 8 he/she is to be escorted IMMEDIATELY
urity staff to the mental health professional on-site for evaluation.

ion:

Accept

Reject (Complete information below)

is: BP _____ Pulse _____ Resp _____ Temp _____ (Nurse Encounter Form)

asons for Reject: (Answer YES to # 8 is NOT a reason to reject)

ed, copy of form listing reason for rejection should be sealed and given to the
hospital ER.)

Officer Notified: YES _____ NO _____

otification:

Division of Immigration Health Services

Intake Screening

patient was identified by (check 2 sources) ☐ Arm band ☐ Picture ☐ Verbally ☐ Other _____
 detainee was transferred from another facility, did a medical transfer summary accompany the detainee? ☐ Yes ☐ No ☐ N/A

Time of arrival in camp: _____ Time of initial screening: _____

3. 1. What language do you speak? ☐ English ☐ Spanish ☐ Other _____ Interpreter # or name: _____

Medical Screening

2. How do you feel today? (Explain in his/her own words)

3. Are you currently having any pain? ☐ No ☐ Yes If yes, complete pain assessment below:

3a. Character of pain:	3b. Location:	3c. Duration:	3d. Intensity (0-10 pain scale)	3e. What relieves pain or makes it worse?
------------------------	---------------	---------------	---------------------------------	-------------------------------------------

4. Do you have any significant medical problems? ☐ No ☐ Yes If yes, explain:

5. Do you take any medication on a regular basis, including over the counter and herbal? ☐ No ☐ Yes If yes, list medications:

6. Do you have any allergies to medication or food? ☐ No ☐ Yes If yes, explain:

7. Are you now or have you ever been treated by a doctor for a medical condition to include hospitalizations? ☐ No ☐ Yes If yes, explain:

8. Have you ever had a persistent cough for more than three weeks, coughed up blood, had a persistent fever, night sweats, or unexplained weight loss?
☐ No ☐ Yes If yes, explain:

9. Are you pregnant? ☐ No ☐ Yes ☐ N/A (male) If yes, date of last menstrual period:

10. Have you had any recent acute changes with your vision? ☐ No ☐ Yes If yes, explain

Oral Screening

11. Are you having any significant dental problems? ☐ No ☐ Yes If yes, explain:

Mental Health Screening

12. Have you ever tried to kill yourself? ☐ No ☐ Yes

If yes, when did the suicide attempt occur _____ Method: ☐ Gun ☐ Hanging ☐ Cutting skin ☐ Pills ☐ Other _____
 If attempt was within the last 90 days, make referral immediately and ensure safety.

13. Are you currently thinking about killing or harming yourself?? ☐ No ☐ Yes If YES, make referral immediately and ensure safety.

14. Do you have a history of assaulting or attacking others or have you ever been locked up for fighting while in jail/prison? ☐ No ☐ Yes
 Do you know of someone in this facility whom you wish to attack? ☐ No ☐ Yes If yes, who is this person?
 If YES, make referral immediately.

15. Do you now or have you ever heard voices that other people don't hear; seen things or people that others don't see; or felt others were trying to harm you for no logical or apparent reason? ☐ No ☐ Yes If yes, explain:

16. Have you ever received counseling, medication, hospitalization or any other form of treatment for mental health difficulties? ☐ No ☐ Yes
 If yes, explain:

17. Have you been a victim of physical or sexual abuse? ☐ No ☐ Yes If yes, explain:

18. Do you feel that you are currently in danger of being physically or sexually assaulted? ☐ No ☐ Yes
 If yes, explain:

19. Have you ever sexually assaulted anyone? ☐ No ☐ Yes If yes, explain:

Last Name		First Name	
Allen #	Date of Camp Arrival (DCA)	DOB	Sex
Country of Origin		Facility	

tural/ Religious/Learning Assessment

Is there anything important for us to know about your religious or cultural beliefs that are of concern to you while in detention?
 No ☐ Yes ☐ If yes, explain:

Have you ever had difficulties learning or understanding written information? ☐ No ☐ Yes ☐ If yes, explain:

stance Use/Abuse Screening

Have you ever been treated for drug or alcohol problems or suffered withdrawal symptoms from drug use? ☐ No ☐ Yes
 If yes, explain:

Do you now or have you ever used tobacco products, drank alcohol or used drugs? ☐ No ☐ Yes (If yes, give details below.)

Substance Used/Route of Use	Date of Last Use	Amount/Quantity Last Used

Screening

Have you had any of the following during the past 7 days?

Sore throat ☐ No ☐ Yes If yes, when did it begin?
 Cough ☐ No ☐ Yes If yes, when did it begin?
 Fever ☐ No ☐ Yes If yes, when did it begin?
 Chills ☐ No ☐ Yes
 Diarrhea ☐ No ☐ Yes Vomiting ☐ No ☐ Yes
 Nasal congestion ☐ No ☐ Yes
 Shortness of breath ☐ No ☐ Yes If present check respiratory rate: _____

Have you been in contact with anyone who was ill with influenza, fever, cough or sore throat during the past 7 days? ☐ No ☐ Yes If yes, when
 where?

Patient appears to have normal physical/emotional characteristics and no barriers to communication
 Patient appears to have the following abnormalities:

Patient appears oriented to person, place and time ☐ Patient appears NOT to be oriented to: _____ person _____ place _____ time
 observe any of the following, check the appropriate box: ☐ None observed

Irritable or crazy behavior ☐ Agitation
 Excessive sweating ☐ Malnourished appearance
 Skin broken out in bumps/ rash ☐ Cuts or bruises
 Physical disabilities ☐ Developmental disabilities
 Inability to focus or concentrate
 Shaking/tremors
 Needle tracks
 Patient wears glasses or contacts

Signs: T _____ p _____ resp. _____ BP _____ hgt. _____ wt _____

Results: ☐ Positive ☐ Negative ☐ N/A (male)

Initial Medical /Oral/Mental Health Screening: ☐ Normal ☐ Abnormal

Disposition: ☐ General population ☐ General population with referral for medical/mental health care
☐ Referral for immediate medical/mental health or dental care ☐ Isolation until medically evaluated

Education: ☐ Tuberculosis and CXR explained to detainee and process completed with appropriate shielding
☐ Access to medical/dental/mental health care, grievance process explained to patient
☐ Patient given the Medical Orientation and Health Information, and Dealing with Stress Brochures in their language
☐ Patient verbalized understanding of any teaching or instruction
☐ Patient was asked if he or she had any additional questions, and any questions were addressed

Interventions/Follow-up:

☐ See SF 600 for detailed assessment and plan ☐ Physical exam scheduled for patient
☐ The following care/treatment was given during this intake screening:

Provider Signature		Date		Stamp/Printed Name	
Name		First Name			
#		Date of Camp Arrival (DCA)		DOB	Sex
Country of Origin		Facility			



Division of Immigration Health Services

Medical Consent Form



Health Care Program

The major purpose of the clinic is to provide you with medical care. Medical information obtained will be kept in a confidential medical record. You will be expected to undergo a medical examination to determine your current health.

I, _____, hereby consent to medical screening and medical examination to determine my current health status, other medical evaluations, diagnostic procedures, routine care and medical/dental treatments which the medical and professional staff of the clinic may deem necessary, advisable or appropriate.

I also consent to mental health care screening and mental health care which the medical and professional staff of the clinic may deem necessary, advisable or appropriate. With respect to a minor, this includes but is not limited to weekly well-child visits for mental health care purposes for the duration of the minor's residence at this facility.

I authorize disclosure of my medical records to a hospital, if hospitalization is deemed necessary, advisable or appropriate. I authorize disclosure of my medical records to a physical and/or mental health care provider who is not an employee of the clinic, if the medical and professional staff of the clinic deems care by such a provider to be necessary, advisable or appropriate. I authorize the disclosure of my medical information to federal and state reporting agencies for purposes of disease surveillance and control.

This form has been fully explained to me, and I understand its contents. I further understand that no guarantees have been made to me regarding the results of treatments or examinations done in the clinic or outside the clinic by health care professionals to whom I may be referred.

Programa De Cuidado De Salud

La meta de esta clínica es proveerle a usted un cuidado de salud de alta calidad. La información clínica que se obtenga acerca de su caso, será mantenida de manera confidencial en su expediente médico. Usted será sometido a un examen médico para determinar su actual condición de salud.

Yo, _____, voluntariamente doy mi consentimiento al personal médico de esta clínica para llevar a cabo una evaluación inicial y un examen médico para determinar mi actual condición de salud. También consiento a otras evaluaciones médicas, procedimientos diagnósticos, cuidados de rutina y a tratamientos médicos/dentales que el personal médico y profesional de esta clínica considere necesario, recomendable o apropiado.

Yo también consiento a una evaluación de salud mental y a los cuidados de salud mental que el personal médico y profesional de esta clínica considere necesario, recomendable o apropiado. Con respecto a menores este proceso incluirá, pero no estará limitado, a entrevistas semanales para cerciorarse del bienestar del menor. Estas entrevistas serán efectuadas durante el tiempo que el menor permanezca en el Centro.

Yo autorizo a esta clínica a revelar la información en mi expediente médico a entidades hospitalarias, si una hospitalización es requerida o recomendada. Yo también autorizo a esta clínica a permitir el acceso a mi expediente médico a proveedores de salud mental y/o física que no sean empleados de esta clínica, si el personal médico de esta clínica entiende que sea pertinente o necesario para mi cuidado de salud. También autorizo el acceso a mi expediente médico a instituciones federales y estatales para propósito público de vigilancia y control de enfermedades.

Este documento me ha sido explicado y entiendo a cabalidad el contenido del mismo. Reconozco que no se me ha dado ninguna garantía en relación a los resultados de exámenes o tratamientos médicos, realizados en esta clínica o fuera de ella, por profesionales de la salud a los cuales se les ha referido mi caso.

<i>Patient, Parent or Guardian Signature</i>	<i>Date</i>	<i>Witness Signature</i>	<i>Date</i>
Last Name		First Name	
A#		Country of Origin	
Date of Camp Arrival (DCA)		DOB	
Medical Clinic		Sex	

RECEIVING SCREENING

1003
CORRECT CARE

VISUAL OBSERVATION Circle Y or N		YES	NO
1.	Is Inmate appearance abnormal in any way? (e.g., sweating, tremors, anxious, disheveled, evidence suggestive of trauma or abuse)	YES	NO
2.	Is detainee's movement restricted or compromised in any way? (e.g., body deformities, physical abnormality, unsteady gait, cast or splint intake, etc.)	YES	NO
3.	Is detainees breathing abnormal (cough, shortness of breath)?	YES	NO
4.	Does Inmate exhibit characteristics of potentially being at risk for victimization (e.g., age, small build, femininity, 1 st time offender, passive or timid appearance) If yes, explain:	YES	NO
5.	Does inmate's skin or scalp have obvious lesions or draining wounds, lice or scabies, jaundice, rashes, bruises, edema, scars, tattoos, needle marks or other indications of drug abuse?	YES	NO
6.	Is the detainees behavior abnormal, combative, disorderly, or confused? Has detainee experienced a head injury?	YES	NO

INMATE QUESTIONNAIRE CONTACT MEDICAL IMMEDIATELY FOR ALL HIGHLIGHTED AREA QUESTIONS		YES	NO
1.	Did the detainee come to the facility from the Hospital or Emergency room?	YES	NO
2.	Have you ever or are you currently being treated for: asthma, diabetes, seizure disorder, thyroid disorder, heart condition, high blood pressure, bleeding disorder, or kidney disease? Do you take insulin?	YES	NO
3.	Have you in the last six months or are you currently being treated for any other illness or health problem not listed above?	YES	NO
4.	Are you currently taking any medication prescribed to you by a physician? If yes, list: Medication(s) Name: _____ _____ _____	YES	NO
5.	Are you allergic to any medications or do you have any other allergies? List: _____	YES	NO
6.	Have you been exposed to or been diagnosed with Hepatitis, venereal or sexually transmitted disease, HIV/AIDS, or any other serious disease?	YES	NO
7.	Have you ever had a positive TB skin test, been exposed to TB, been diagnosed with TB or ever received treatment for exposure to diagnosis of TB?	YES	NO
8.	Do you currently have any of these symptoms: Persistent cough, shortness of breath, loss of appetite, fatigue, coughing up blood, night sweats or unexplained weight loss?	YES	NO
9.	Do you have a painful dental condition?	YES	NO
10.	Do you use drugs not prescribed by a physician? If yes, what kind? _____ How often? _____	YES	NO
11.	Do you use alcohol? If yes, what kind? _____ Last use? _____ How much? _____ How often? _____	YES	NO
12.	Have you ever received treatment for substance or alcohol abuse?	YES	NO
13.	Females: Are you pregnant, recently delivered or aborted; or experiencing female problems? Do you take methadone?	YES	NO

Inmate Name	ID#	DOB	Date
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14. Have you ever been a victim of a crime or have you ever been victimized during any previous incarceration?	YES	NO
15. Have you ever been arrested for any crime that involves a sexual offense or received disciplinary action during any previous incarceration for sexual assault?	YES	NO

SUICIDE POTENTIAL SCREENING		CIRCLE	
1	Arresting or transporting officer believes subject may be a suicide risk.	YES	NO
2	Lacks close family/friends in community.	YES	NO
3	Worried about major problems other than legal situation (terminal illness).	YES	NO
4	Family member or significant other has attempted or committed suicide (spouse/parent/sibling/close friend/lover).	YES	NO
5	Has psychiatric history (psychotropic medication or treatment).	YES	NO
6	Holds position of respect in community (professional/public official) and/or alleged crime is shocking in nature. Expresses feelings of embarrassment/shame.	YES	NO
7	Expresses thoughts about killing self.	YES	NO
8	Has a suicide plan and/or suicide instrument in possession.	YES	NO
9	Has previous suicide attempt.	YES	NO
10	Expresses feelings there is nothing to look forward to in the future (feelings of helplessness and hopelessness).	YES	NO
11	Shows signs of depression (crying or emotional flatness).	YES	NO
12	Appears overly anxious, afraid or angry.	YES	NO
13	Appears to feel unusually embarrassed or ashamed.	YES	NO
14	Is acting and/or talking in a strange manner. (cannot focus attention/hearing or seeing things not there).	YES	NO
15	Is apparently under the influence of alcohol or drugs.	YES	NO
16	If YES to #15, is individual incoherent or showing signs of withdrawal or mental illness?	YES	NO
17	Is this individual's first arrest?	YES	NO
18	Detainee's charges include: Murder, Kidnapping and / or Sexual Offense <input type="checkbox"/> Unknown	YES	NO
19	Does the detainee have a history of mental health hospitalization?	YES	NO
20	Does the detainee have a history of outpatient mental health treatment?	YES	NO

Immediate Action: A "YES" from highlighted area, or a total of 8 or more "YES" responses, shall result in notification of Shift Commander and immediate referral to MH evaluation. If after hours, initiate suicide watch immediately until MH can evaluate

Education provided orally and in writing on Access to Healthcare Y N
 Education provided orally and in writing on Sexual Assault Awareness Y N
 COMPLETED BY: (NAME AND NUMBER)

Are you a veteran? Y N
 Do you receive VA services? Y N

I have answered all questions fully. I have been instructed on and received information on how to obtain/access medical services. I have been instructed and have received information on sexual assault awareness. I hereby give my consent for Correct Care Solutions to provide health care services.

Inmate Signature: _____

Date: _____

Health Care Signature/Title: _____

Date: _____ Time: _____

MEDICAL STAFF ONLY BELOW THIS LINE

REFERRALS: (check appropriate box)

- ☐ Medical Provider
- ☐ Mental Health
- ☐ Dental
- ☐ CIWA/Withdrawal Protocol

PLACEMENT/HOUSING: (check appropriate box)

- ☐ General Population (GP)
- ☐ Medical Observational Housing (I POD)
- ☐ Medical Isolation (I POD)
- ☐ Mental Health Unit (B3)
- ☐ Emergency Room for evaluation/treatment
- ☐ Immediate placement on Suicide Precautions (I POD)

Inmate Name	ID#	DOB	Date
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EMERGENCY MH REFERRAL: ALL "YES" RESPONSES TO BOLDED/ITALICIZED ITEMS and MH5

ON-SITE EVALUATION BY MH CLINICIAN: ALL "YES" RESPONSES TO "S" SUBCODE
If on-site MH clinician not available contact on-call MH

PART III DISPOSITION

Urine obtained for screening (female only) ☐ Yes ☐ No

TST: Plant Date: _____ ☐ left ☐ right ☐ deferred (explain) _____ ☐ Form HR104A TB Symptom Screening completed _____

Refer to: (Check all appropriate)

Medical	
Emergency (<i>on-site/on-call</i>)	<input type="checkbox"/>
Within 24 hrs.	<input type="checkbox"/>
Routine (<i>within 72 hrs.</i>)	<input type="checkbox"/>

Mental Health	
Emergency (<i>on-site/on-call</i>)	<input type="checkbox"/>
Within 24 hrs.	<input type="checkbox"/>
Routine (<i>within 72 hrs.</i>)	<input type="checkbox"/>

Dental	
Urgent (<i>within 72 hrs.</i>)	<input type="checkbox"/>
Routine	<input type="checkbox"/>

HIV	Contact Nurse	<input type="checkbox"/>
HIV	Counselor	<input type="checkbox"/>

ADA	Coordinator	<input type="checkbox"/>
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☐ CN4401 Authorization to Obtain and/or Disclose Protected Health Information (ROI) signed

Placement: ☐ General Housing ☐ RHU ☐ Infirmary – Medical ☐ Infirmary – Mental Health
☐ Medical ☐ Mental Health ☐ Refer for Physical

REMARKS: _____

Emotional response to incarceration: (circle) Cooperative Angry Tearful Embarrassed Uncooperative Depressed

Today's Classification Scores and sub codes:

Medical _____

Mental Health _____

Entered into OBIS

☐ Health Services

☐ Custody

STAFF NAME/TITLE (Printed)	Date/Time	STAFF SIGNATURE
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Intake Health Screening

OFFENDER NUMBER		DATE OF BIRTH
OFFENDER NAME (LAST, FIRST, INITIAL)		
SEX M F	RACE/ETHNIC B W H O	FACILITY

CUSTODY INFORMATION

Charges: _____ Bond Amount: _____ Sentence: _____

Special *suicide* precautions advised because of: (check all that apply) ☐ No special circumstances identified

☐ First CDOC Incarceration ☐ Statement from family, friends, or community providers

☐ Court *mittimus* alert ☐ Statements from offender, or observations of offender behavior

☐ Placement in special housing ☐ Other _____

For returning offenders, most recent mental health classification ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 "S" subcode? ☐ Yes ☐ No

For returning offenders, most recent medical classification ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Offender's medications brought to facility? ☐ Yes ☐ No Meds forwarded to medical department? ☐ Yes ☐ No ☐ N/A

Prostheses, braces, assistive devices brought by offender? ☐ Yes ☐ No Any such devices confiscated? ☐ Yes ☐ No ☐ N/A

Comments: _____

Interstate Compact ☐ Yes ☐ No

Date: _____ Time: _____ am / pm A/P Officer _____ (printed) _____ (signature)

HEALTH SERVICES INFORMATION

PART I OBSERVATION

☐ Yes ☐ No Custody info reviewed

Circle appropriate response

Oriented to time, place, person (check) ☐ Yes ☐ No

1. Level of consciousness (circle only one); alert lethargic obtunded stuporous/comatose

2. Does the offender show signs of:

A. Obvious pain/bleeding/trauma (circle)	YES	NO	G. Disorderly or disorganized behavior (circle)	YES	NO
B. Obvious fever; jaundice; infection (circle)	YES	NO	H. Risk of assault to staff or other offenders	YES	NO
C. Barbiturate, heroin, cocaine, benzodiazepine, or alcohol intoxication/withdrawal (circle) (If Yes = Medical Urgent Referral)	YES	NO	I. Breathing difficulties	YES	NO
D. Sweating; tremors; anxiety; self-neglect; disheveled (circle)	YES	NO	J. Recent weight loss	YES	NO
E. Scars; needle marks; rash; skin abnormalities (circle)	YES	NO	K. Disabilities requiring special accommodations	YES	NO
F. Body vermin/infestation	YES	NO	L. Obvious oral/dental abnormality	YES	NO

Vital signs: Temp _____ Pulse _____ Resp _____ B/P _____ O₂ Sat _____ Wgt _____

Does any of the above indicate a need for immediate intervention by? ☐ Medical ☐ Mental Health ☐ Neither

Offender Name	Offender Number	Date
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PART II HEALTH STAFF-OFFENDER QUESTIONNAIRE

Circle appropriate response. A "Yes" answer requires specific information following each question.

1. Have you ever been told that you have cancer, diabetes, heart disease, thyroid problems, arthritis, HIV/AIDS, asthma, lung disease, kidney disease, ulcers, high blood pressure, hepatitis, TB, seizure activity, infectious disease, psychiatric disorder, mental retardation or traumatic brain injury? Problems controlling violent behavior? Other? (Circle all that apply) YES NO
2. Do you take any medication? (List / Last Taken) YES NO
3. Are you allergic to any medication or other substance including food items? (Describe reaction) YES NO
4. Are you presently on a diet ordered by a doctor? Diet name? Doctor's name? YES NO
Where? When? Why?
5. Within the last 6 months, have you been hospitalized or otherwise treated for any medical/surgical condition? YES NO
6. Are you using alcohol? Daily intake? Last drink? YES NO
7. Are you using heroin, methadone, "street drugs" or other substances? Specify
Amount? Last use? Mode/Route? YES NO
(a) Are you or have you been an intravenous or injection drug user? YES NO
(b) Have you shared needles or drug paraphernalia? YES NO
8. Have you ever been a patient in a "detox" or substance abuse program? (If yes, =Mental Health Routine within 72 hrs.) YES NO
Where? When? Why?
9. Have you ever received services from the Department of Mental Health and Addiction Services or the Department of Mental Retardation or the Department of Children and Family Services? (If yes, =Mental Health Routine) YES NO
Where? When? Case Manager's Name?
10. Have you ever been in a mental health hospital? (If <30 days of release =Mental Health to see within 24 hrs.) YES NO
Where? When? Why?
11. Have you ever been in a mental health outpatient program/clinic? (If yes, =Mental Health Routine within 72 hrs.) YES NO
Where? When? Why?
12. Have you ever thought about or tried to hurt/kill yourself? Why? YES NO
(If yes, < 3 yr. = Mental Health to see within 24 hrs / >3 yr. Mental Health Routine within 72 hrs.)
Where? When? How?
13. Are you thinking of hurting/killing yourself now? (If yes, ER MH REFERRAL) YES NO
Do you have a plan? If yes, describe YES NO
14. Has a parent, spouse or other close relative or friend attempted or committed suicide? (If yes, =Mental Health Routine within 72 hrs.) YES NO

Offender Name	Offender Number	Date
---------------	-----------------	------

15. Has there been a recent death or change in your immediate support system? If yes, specify _____ YES NO
16. Have you ever experienced physical/emotional/sexual abuse? (circle) _____ YES NO
17. Have you ever been the victim of a violent crime? _____ YES NO
18. Are you having headaches, numbness in any part of your body, or changes in your vision or memory? (circle) _____ YES NO
19. Have you fainted or had a head injury? Date _____ Details _____ YES NO
20. Do your teeth or gums hurt? _____ YES NO
21. Have you ever had a sexually transmitted disease or abnormal discharge? Specify _____ YES NO
How treated? _____ When? _____
22. Have you had multiple sexual partners, or unsafe sex with someone who you know has HIV/AIDS? _____ YES NO
23. Have you ever had a blood transfusion? When? _____ YES NO
24. Have you had a severe rash in the past two years? Describe _____ YES NO
25. Have you had any sores, infections, or white patches in your mouth? Describe _____ YES NO
26. Have you ever been tested for HIV? Where? _____ When? _____ Results? _____ YES NO
27. Have you received HIV/AIDS information while incarcerated? _____ YES NO
28. Have you ever had pneumonia? If yes, when? _____ YES NO
29. Do you sweat excessively at night, have a cough, or bring up sputum, phlegm, or blood? (circle all that apply) _____ YES NO
30. Have you had fevers, chills, felt weak all over, lost your appetite, or lost weight? (circle all that apply) _____ YES NO
31. Have you ever had a positive skin test for TB? _____ YES NO
32. Do you smoke? If yes, number of packs per day _____ YES NO
33. Do you have any other medical problems or disabilities that might require special accommodations? _____ YES NO
If yes, identify (e.g., prosthesis, glasses, contacts, hearing aid) _____
34. Where do you go for medical care? _____
35. Will you sign a release of information form so we can get your health record? _____ YES NO
36. Do you understand how to get medical, mental health or dental services? _____ YES NO

<p>Check all that apply:</p> <p><u>Attention</u> <input type="checkbox"/> adequate attention span, <input type="checkbox"/> poor attention span, <input type="checkbox"/> distractible, <input type="checkbox"/> confused</p> <p><u>Attitude</u> <input type="checkbox"/> cooperative, <input type="checkbox"/> suspicious, <input type="checkbox"/> guarded, <input type="checkbox"/> hostile, <input type="checkbox"/> uncooperative</p> <p><u>Speech</u> <input type="checkbox"/> normal, <input type="checkbox"/> slow, <input type="checkbox"/> hesitant, <input type="checkbox"/> rapid, <input type="checkbox"/> slurred</p> <p><u>Movement</u> <input type="checkbox"/> normal movements, <input type="checkbox"/> abnormal movements, <input type="checkbox"/> abnormal gait, <input type="checkbox"/> motor retardation</p> <p><u>Mood/Affect</u> <input type="checkbox"/> normal range (euthymic), <input type="checkbox"/> anxious, <input type="checkbox"/> irritable, <input type="checkbox"/> depressed, <input type="checkbox"/> angry, <input type="checkbox"/> elated</p> <p><u>Thought content</u> <input type="checkbox"/> normal content, <input type="checkbox"/> preoccupations, <input type="checkbox"/> delusions</p> <p><u>Perception</u> <input type="checkbox"/> no perceptual distortions, <input type="checkbox"/> auditory hallucinations, <input type="checkbox"/> visual hallucinations</p> <p><u>Intellect</u> <input type="checkbox"/> normal intellectual functioning, <input type="checkbox"/> signs of mental retardation</p> <p><u>Memory</u> <input type="checkbox"/> no impairment, <input type="checkbox"/> memory impairment (specify) – <input type="checkbox"/> remote, <input type="checkbox"/> recent, <input type="checkbox"/> immediate</p> <p><u>Homicidal</u> <input type="checkbox"/> no homicidal ideation, <input type="checkbox"/> homicidal ideation</p> <p><u>Judgment</u> <input type="checkbox"/> adequate, <input type="checkbox"/> mildly impaired, <input type="checkbox"/> severely impaired</p>	<p>Comments:</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------

I have received information describing health services at this facility and understand how to access health care.

Offender Signature / Date _____

Audit and Finance Committee

SUTTER COUNTY ASSESSORS OFFICE

SUMMARY

The 2011-2012 Sutter County Grand Jury (SCGJ) received several complaints and comments regarding the process of re-appraisal known as Proposition 8. The complaints centered around the timeliness of re-appraisals. The SCGJ found the distribution of information regarding Proposition 8 to property owners was lacking.

BACKGROUND

Proposition 8 was passed by California voters in 1978 as an amendment to Proposition 13. It allows for a temporary reduction in assessed value when real property values fall below adjusted base values from Proposition 13. Values may decline as a result of various factors. Storm or fire damage, changes in the real estate market, or the makeup of a neighborhood may cause a decline. Currently, most declines are the result of the real estate bubble and subsequent crash in real estate values.

It is generally up to the property owner to request a Proposition 8 assessment. However, due to the nature and severity of the real estate crash, county assessors are proactively reviewing assessed values without having the taxpayer request a review.

APPROACH

The SCGJ conducted an interview with the County Assessor located at 1160 Civic Center Boulevard, Yuba City, CA. Follow up interviews were conducted with one of the seven Real Property Appraisers, the Chief Appraiser, the Assessment Technical Services Manager and a second interview with the County Assessor.

DISCUSSION

Proposition 8 assessments began in earnest in 2008, with 5,190 assessments completed that year. Before that, the numbers of Proposition 8 assessments were less than 500 per year. Every year since 2008 the number of assessments has increased in part because of the continuing decline in values. Also, properties are not removed from the Proposition 8 list until they increase in value to above the adjusted base value. A yearly summary of the Proposition 8 assessments is as follows:

2005	471
2006	299
2007	259
2008	5,190
2009	7,745
2010	8,281
2011	10,053
2012	11,000 est

The current County Assessor was elected in 2010 and has made Proposition 8 assessments the number one priority. That priority is compromised by the fact that the department has suffered budget cutbacks that have resulted in the loss of several staff positions.

The department uses a sophisticated Excel spreadsheet to compare properties and make mass assessments easier. The spreadsheet works well for tract homes and condominium developments. Custom homes, industrial and commercial properties are more difficult to assess. They often are not similar enough to easily fit into a spreadsheet comparison. Better computer software systems are available but acquisition and maintenance costs make them unaffordable for a department already suffering severe budget restrictions.

The Assessor's office makes Proposition 8 information available through a variety of sources: links to forms on the Assessors web site, an Appeal-Democrat article, and an insert in the tax bill sent to all property owners for the 2008-2009 tax year.

Link: www.suttercounty.org/doc/government/depts/assessor/assessor

FINDINGS

- F1.** Although the department has captured a high percentage of the Proposition 8 assessments a number of them are missed each year due in part to budget reductions.
- F2.** Current efforts to advertise the availability of the Proposition 8 program are inadequate.

RECOMMENDATIONS

- R1.** Continue efforts to streamline the assessment process to capture a higher percentage of properties due reductions.
- R2.** Develop outreach programs to reach property owners informing them of Proposition 8.

RESPONDENTS

Todd Retzlöff, Sutter County Assessor

Criminal Justice Committee

ENDORSED FILED

APR 09 2012

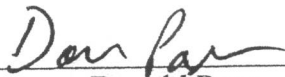
Report
Of the 2011-2012
Sutter County Grand Jury

SUPERIOR COURT OF CALIFORNIA
COUNTY OF SUTTER
CLERK OF THE COURT
By JACKIE LARWELL Deputy

Donald Pope-Foreperson, Jeffry Barrow, Harold Beeso, Thomas Bethards, Bonnie Briscoe
Christine Duncan, Donald Hanson, Wendy Iverson, April James, Lanier Stenhouse
Karen La Rose, Henry Lamon, Martha McClard, Linda Peterson
Brandy Roberts, Mark Jenny, Terrance Sutton, Harprit Takher

Final Report (pursuant to Penal Code 933 (a)) on subject:

Sutter County Department of Child Support Services

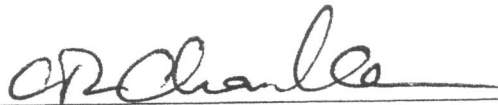


Donald Pope
2011-2012 Foreperson

APRIL 3 2012

Date

Pursuant to Penal Code Section 933 (a), the Presiding Judge makes the findings that the
foregoing report is in compliance with the Title 4, Chapter 3 of the Penal Code
("Powers and Duties of the Grand Jury")



Honorable Christopher Chandler, Presiding Judge
Superior Court of California, County of Sutter County

4.3.12

Date

SUTTER COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES

SUMMARY

During late June of 2011, the Grand Jury received a letter from a Sutter County citizen, who is not and has never been an employee of Child Support Services (CSS), who was concerned by the seemingly disorganized conditions and low morale within that department. An investigation was initiated by the Grand Jury to determine if the conditions stated in the letter were factual and did they adversely affect the citizens of Sutter County who depend upon the services of CSS.

Subsequent to a six week investigation, the Grand Jury concluded low morale and disorganization described in the letter has been resolved; however, the Grand Jury is concerned with communication between management and employees.

BACKGROUND

Function of CSS

CSS was established in 1975 and charged with the responsibility of assisting the guardian/custodial parent to collect financial support for their offspring from the separated member of the family group to ensure that financial support is provided for their minor children. When the separated parents do not agree on the amount of financial support, CSS will assist the guardian/custodial parent to acquire a court order to determine the amount of support.

To initiate a case, the guardian/custodial parent can directly contact CSS to request their assistance or they can be referred by the Department of Welfare. Parties who agree on child support, and pay as per their agreement, do not require CSS intervention. Only those who need assistance collecting financial support are assisted by CSS.

Once a case is opened CSS does the following:

- Establish paternity
- Seek a court order to establish financial support
- Determine the location of the absent parent
- Start collections voluntarily or through legal process
- Continue monitoring case for compliance

When financial support is established by a court order and the non-custodial parent begins to pay child support, all support money is sent to the State Disbursements Unit (SDU) in Sacramento, California, where it is held and distributed. If the non-custodial parent is not found or is not able to pay child support there is no disbursement from SDU. However, the guardian/custodial parent may continue drawing benefits from the Department of Welfare.

Internal Departmental Changes

Dissatisfaction among the staff began with the retirement of the previous Director and the hiring of a new Director. Shortly after this time a new statewide automated computer system, which Sutter County was one of three pilot counties, was implemented. During this time staff had to maintain the manual system while learning the automated system. These changes created confusion and stress which led to low morale throughout CSS.

APPROACH

The 2011-2012 Sutter County Grand Jury Criminal Justice Committee conducted an on-site visit of CSS at 543 Garden Highway, Suite A, Yuba City, with the Director on Friday, September 30, 2011. In addition, the Grand Jury interviewed numerous members of CSS including the management team consisting of the Director, Deputy Director, the Support Services Manager, and several staff members.

DISCUSSION

On June 1, 2009, the current Director of CSS was hired. Up to this time case records were being compiled and maintained manually. Morale was not an issue. The new Director was instrumental in convincing California Department of Child Support Services (CDCSS) to include Sutter County as one of three counties to pilot a new automated computerized system that would be used statewide. The manual system and the automated computerized system were used in parallel until early 2011 when the automated computerized system was fully implemented.

During the two years of transition from the manual system to the automated computerized system CSS employees labored through numerous changes. Occasionally, the changes were hour-by-hour and/or day-to-day. In addition to these frequent changes, staff was expected to provide a consistent level of service to clients while learning new procedures. The on-the-job stress generated led to serious frustration that resulted in extremely low morale within the department. This was the condition at the beginning of 2011, at which time seven long term employees retired leaving a brief deficiency in the experience level of the department. To off-set the loss of experience, several promotions were made and four new employees were hired, one of which was terminated. The atmosphere within CSS began to stabilize as the new system was learned and new habits formed which facilitated the maintenance of assigned cases. This resulted in improved morale.

FINDINGS

Based on information gleaned from the interviews it was determined:

- Morale has improved
- Communications between employees and management is cordial
- Employees are familiar with the automated computerized system and are generally satisfied with the training and support they receive from Supervisors, Leads, and Attorneys
- Customer Service is a priority
- Management and employees have undergone a long period of growth and adjustment that has resulted in a more stable work environment

RECOMMENDATIONS

It is recommended that Management and Supervision continue to improve communications to support Case Managers to offset the high stress nature of this work environment.

RESPONDENTS

Director, Child Support Services, Jamie Murray
Chairman, Sutter County Board of Supervisors

Education Committee

NUESTRO ELEMENTARY SCHOOL

SUMMARY

On February 22, 2012, members of the 2011-2012 Sutter County Grand Jury (SCGJ) visited and toured the Nuestro Elementary School located at 3934 Broadway, Live Oak, CA 95953.

Committee members met with the Principal of Nuestro Elementary School, who conducted a tour of the school grounds.

BACKGROUND

Nuestro Elementary was built in 1964 and expanded in 2006, adding additional classrooms, a multipurpose room, and a media room. The school has approximately 150 students in kindergarten through eighth grade. Nuestro Elementary is a secured campus with a unique security camera system which monitors sixteen areas of the school. The school was recently upgraded to include wireless capabilities. Each teacher has an iPad2 and students have access to iPads and a computer in all classrooms. The school has also installed a smart board with touch screen in the media room. All teachers have received two days of specialized training in new technology.

DISCUSSION

During the visit and tour the SCGJ learned the following:

- The office, classrooms for kindergarten through second grade, and a library/computer lab are housed within the original school building.
- Leo Chesney Community Correctional Facility built the bookcases for the library.
- Third through eighth grade students attend classes in the new addition of the school.
- The media room is used for music, art and meetings.
- Plays, band and choir concerts, and sports events are held in the multipurpose room. It is also used as a lunch room. The multipurpose room is available for public use at no charge. The floor is made of a special type of rubber and is lined for volleyball, basketball, and tennis.
- Nuestro Elementary also provides an after school program open until 5 PM five days per week. The cost for students to attend is \$2.00 per hour for the first child and \$1.50 per hour for each additional child. The school is discussing adding tutoring at no extra charge.

- The playground equipment was funded by a State Grant, approved by the Sutter County Board of Supervisors, and installed by parents and grandparents.
- At the end of each school year one tree is purchased for the school yard, students decide where it will be planted, and the custodian plants it in the chosen spot.

Each year fifth and sixth grade students go to Shady Creek, in Nevada City, CA for a weeklong outdoor school program. To cover the costs for the students to attend Shady Creek, funding comes from silent auctions, raffles, spaghetti feeds, and other fundraisers. The students are never charged.

RIVER VALLEY HIGH SCHOOL

SUMMARY

On February 16, 2012, members of the 2011-2012 Sutter County Grand Jury (SCGJ) visited and toured River Valley High School (RVHS) located at 801 El Margarita Road, Yuba City, CA 95993. Committee members met with the principal and the food service manager of RVHS.

BACKGROUND

RVHS, built in 2003, is Sutter County's newest high school and one of the newest schools in the district. This is the principal's third year and the food service manager's second year at RVHS. The school has approximately 1,700 students and between 170 to 175 employees. It is a closed campus; students are not allowed to leave for lunch. The school is on a block schedule; students attend four ninety minute classes daily.

DISCUSSION

RVHS does not have a high turnover rate for teachers. They are a relatively young staff with some first year teachers just out of college. All teachers have taken the California Subject Examinations for Teachers and have their credential for the No Child Left Behind Act. The school has four (4) special education teachers, four (4) special education aides, one (1) full time and one (1) part time school psychologist, one (1) on campus Yuba City police officer, one (1) probation officer, and four (4) counselors. There are at least two (2) counselors always available.

The average class size is 25-30 students. The senior class has 400-450 students this year with approximately 90-95% expected to graduate. Students can earn up to 320 credits throughout their four years of school, but only 280 credits are needed to graduate. Those students who do not meet the criteria to graduate can still receive their GED. Special Education students can earn a Certificate of Completion.

The school has parent/teacher meetings. Parents have the opportunity to attend two (2) back to school nights per year. The last back to school night is open to eighth grade students and their parents.

RVHS offers Regional Occupational Program (ROP) classes for both their students and Yuba City High School (YCHS) students: RVHS offers Physics and YCHS offers Industrial Arts. RVHS curriculum offers a variety of classes including digital photography, greenhouse, drama, computer laboratories, and life skills. Advanced Placement (AP) courses are offered in World History, US History, Chemistry, Biology, Physics, English, Art, Calculus, and Advanced Trigonometry. Students who complete an AP class are eligible to take the subject test for college credit. Each AP test costs approximately \$80.00-\$90.00. Foreign language classes are offered in French, German, Spanish, and Punjabi.

RVHS has approximately 50 clubs, including Future Business, Sports, Chess, Hispanic, Anime Club, Flash Mob, and Small Business & Design. The Associated Student Body (ASB) raises money for the school district through club activities, the student store, and various fundraisers. Also a Punjabi Day is celebrated with cultural dancing and a bake sale.

For safety reasons the school does not provide lockers for students. Students are not allowed to use their cell phones in class, although they can use them during breaks and lunch. The school has zero tolerance for tobacco, alcohol, drugs, bullying, weapons, and gang activity. This has resulted in decreased gang activity. Racial or religious problems at the school are few. There is an increasing alcohol and marijuana problem in the school. A drug sniffing dog is used for random searches of cars and backpacks.

The cafeteria is more like a food court you would find at a mall. It offers a variety of choices, such as Chef Corner (tri-tip sandwiches), Luigi's Pizzeria (pizza), Rivers End Deli (soup and sandwiches), Pico De Gallo's (Mexican foods), Chop Stix (Oriental foods), Stubby's (burgers), Snack Bar (hot wings), and a salad bar. They all have their own separate serving counter. The cafeteria also offers fruit smoothies, milk, and Gatorade. There are no energy drinks or sodas for sale on the premises. With the variety of foods prepared in the cafeteria RVHS meets Federal and State nutritional guidelines. The school uses 10% or less of processed foods.

There are several TV monitors on the cafeteria walls advertising daily menus and upcoming sports events. The cost of lunches range from \$2.50 for students up to \$4.00 for adults. The cafeteria serves food to 600 students per day within a fifteen to twenty minute period. Outside the cafeteria lunches are also sold at student stores. The food service manager accommodates students with special diet needs. There are thirteen adults and fifteen students employed to work in the cafeteria. Students can only work for one hour per day and earn \$8.00 per hour. The chef has a Masters degree in nutritional science. The cafeteria has a catering service that will prepare food for staff meetings, wedding receptions, and other functions.

SUTTER COUNTY MEMORIAL MUSEUM

SUMMARY

On October 14, 2011, members of the 2011-2012 Sutter County Grand Jury (SCGJ) made an on-site visit to the Sutter County Memorial Museum (SCMM) located at 1333 Butte House Road, Yuba City, CA 95993.

Committee members met with the Museum Curator, Assistant Museum Curator, and Commission President of SCMM, who conducted a tour of the museum and Ettl Hall.

BACKGROUND

In 1975, the Sutter County Historical Society and Harter family gifted the museum, Howard Harter Park, and the land which both sit upon to Sutter County. The SCMM exhibits depict the history of Sutter County through artifacts, photographs, and interpretive labels. Exhibits include:

- Agriculture
- Sutter County settlers
- Maidu Indians
- School Life
- Sutter Buttes
- History of area floods
- Baldwin player piano
- Lola Montez and her dressing table
- Japanese Internment Camps during World War II
- John Sutter's Guns and Hock Farm

The museum is open Tuesday through Sunday. Group tours are available Tuesday through Friday by appointment only. Admission is free, although they do accept donations. The museum has a gift shop where they sell unique and one-of-a-kind gifts pertaining to Sutter County, a large volume of books covering local and California history, and children's books. The donations and proceeds from the gift shop go to the Museum's special revenue fund.

Five years ago The Community Memorial Museum Trust Fund Board of Trustees recognized a need for a meeting room in the future. Dorothy Ettl gifted \$150,000.00 to the museum to be used for a future meeting room. With accrued interest and private donations the trust fund grew to \$200,000.00 for construction of the meeting room. In addition the Sutter County Board of Supervisors authorized using State Proposition 40 monies in the amount of \$279,477.00. A loan from the General Fund was authorized to pay the remainder of the final cost \$625,290. Ettl Hall is now complete. It can be rented for full days Monday through Sunday.

APPROACH

The SCGJ interviewed the Museum Curator and spoke with the Director of Public Works and members of the Sutter County Board of Supervisors.

DISCUSSION

During the on-site visit SCGJ discussed the construction of Ettl Hall and its intended use with the Museum Curator. Ettl Hall is available for additional events and exhibits as well as being available for rent by the community. The Hall has a large restaurant style kitchen. Ettl Hall will accommodate up to 376 people.

In 2007, the Museum independently began planning the design of Ettl Hall. It was to be a 3,600 square foot steel framed building. The Museum Commissioner gave the plans and information to the Chief Building Official with Sutter County who did a cost analysis to determine the total building price. His estimate for the construction of the building costs was \$369,252.00. In 2010, the project was put out to bid and all bids were higher than the Museum could afford. The Board of Supervisors directed Sutter County Public Works to rework the plans and rebid the project. In the rework the building was smaller with fewer amenities. The lowest bid came in at \$512,782.00 minus the parking lot.

As of January 31, 2012 the Museum expense was \$667,641.48. That does not include the \$45,559.45 in county expenditures for the parking lot. Sources of funding are:

- **Museum Donations** **\$ 200,000.00**
- **State Prop 40 Money** **\$ 279,477.00**
- **Loan from General Fund unknown at this time until the Museum gets a final bill**

On October 27, 2011, SCGJ spoke with the Director of Public Works and asked about lowering rental fees and considering half day rentals. On November 7, 2011, SCBOS stated they were considering half day rentals.

The fee changes and half day rental proposal went before the Sutter County Public Works/Support Services Committee meeting and was approved to be brought before the SCBOS on April 10, 2012. It was approved by the SCBOS; rental rates are located at: www.co.sutter.ca.us/apps/agendas/file.aspx?item=6099

The Museum Curator has a key to Ettl Hall but only a Public Works employee may unlock and show Ettl Hall to potential customers. Public Works manages all the contracts and collects all the fees for the use of Ettl Hall. The Museum is charged for this service.

FINDINGS

- F1.** Public Works charges the Museum to show potential customers Ettl Hall even though the Museum Curator has a key.

RECOMENDATIONS

- R1.** During the Museum business hours, it would be more convenient and cost effective to have a Museum employee show Ettl Hall.

RESPONDENTS

Robert Starr, Sutter County Deputy Director of Public Works
Doug Galt, Sutter County Director of Public Works
Sutter County Board of Supervisors

YUBA CITY UNIFIED SCHOOL DISTRICT

SUMMARY

On February 9, 2012, members of the 2011-2012 Sutter County Grand Jury (SCGJ) visited Yuba City Unified School District (YCUSD) located at 750 North Palora Avenue, Yuba City, CA 95991.

Committee members met with the Superintendent of YCUSD, Assistant Superintendent of Business Services, Assistant Superintendent of Educational Services, Assistant Superintendent of Human Resources, and Director of Student Welfare and Attendance.

BACKGROUND

YCUSD unified 45 years ago when seven districts joined together, covering a 200 square mile area. There are sixteen campuses, with approximately 13,500 students. The district is funded from property tax income and the State.

DISCUSSION

At the visit the SCGJ discussed a variety of issues including:

- **Safety:** All Yuba City teachers are fingerprinted. The district has a policy for protecting whistle blowers. Teachers report to Child Protective Services when warranted; all staff are reminded through posters and periodic training. Each school has a safety committee which holds public meetings. One can call their local school to find out the date and time.
- **Emergencies:** In an emergency situation, the students may be directed to go to a neighbor school or may be sent to the Yuba/Sutter Fairgrounds. The YCUSD has a unique emergency notification phone system to inform parents/guardians of the emergency. The phone system can make up to 9,000 calls in a ten minute period.
- **Gangs/Drugs:** YCUSD works with Yuba City Police through bi-weekly intercommunication meetings. If students are found selling, possessing, or under the influence of drugs, it will lead to expulsion.
- **Bullying:** YCUSD has no tolerance for bullying. There are two programs for younger students, one called Nurture Heart and one called Love and Logic that teach students how to avoid conflict. The high schools have a program called Yellow Ribbons to help students cope with suicide related to bullying. Since the Columbine incident, State and Federal Laws allow students to bring cell phones to school.

- **Nutrition:** YCUSD has a Wellness Policy for their Food Service department to meet State and Federal Guidelines. Students may bring their own lunch. It is interesting to note that YCUSD Food Services created a recipe for cupcakes that meet the State and Federal Guidelines for healthy snacks. These cupcakes can be purchased locally at Stevens Farmhouse, Raley's, and Winco.
- **Programs:** YCUSD has a Resource Specialist Program (RSP), a form of special education that is available to students who have mild to moderate learning disabilities. YCUSD received a grant for an after school program to help students (kindergarten through twelfth grade) with their homework. The Tri-County Regional Occupational Program (ROP) is for high school students to receive on-the-job occupational training. ROP students go out into the community on internships and earn credits towards graduation.

Fire and Emergency Committee

OFFICE OF EMERGENCY MANAGEMENT

SUMMARY

On March 4, 2012, the Sutter County Grand Jury (SCGJ) conducted an interview with the Emergency Operations Manager (EOM). One of the issues discussed was the loss of the position of Administrative Analyst I which was transferred to Fire Service Administration in 2005-2006. This left the EOM as the sole employee in the Office of Emergency Management (OEM) for Sutter County. The SCGJ recommends reestablishing the Administrative Analyst position so, if necessary, someone in addition to the EOM would be available to perform emergency coordination for the County.

BACKGROUND

In 2010 the Office of Emergency Services (OES) was changed to The Office of Emergency Management. The OEM is responsible for planning, response and recovery activities for natural and man-made emergencies and disasters throughout the County. A detailed list of the duties and responsibilities of the OEM are in Attachment 1. The OEM also coordinates these services with local agencies, California Emergency Management Agency (CalEMA) and the Federal Emergency Management Agency (FEMA).

The EOM coordinated County efforts during the 2005-2006 winter storms that the State and President declared as a natural disaster. Twenty-one separate Public Assistance projects were monitored and tracked. Federal and State reimbursements for storm damage were distributed through CalEMA; the OEM linked each reimbursement to the applicable project. Tracking of the reimbursements was challenging due to the various sliding reimbursement formulas and the way the State provides payments.

APPROACH

The SCGJ met with the EOM to discuss the duties and responsibilities of the OEM for Sutter County. The SCGJ also reviewed the County Emergency Operations Plan (EOP). On March 22, 2012 the SCGJ observed the quarterly Emergency Communication Drill coordinated by the OEM, Sutter County Sheriff's Department, and Public Health Department.

DISCUSSION

The EOM has a critical responsibility not only to insure the County is prepared for all disasters, but that the response and recovery activities associated with those disasters are in place. It is also the EOM's responsibility to research and apply for grants, to upgrade emergency equipment and training, and receive disaster related reimbursements from the State and Federal Governments. The SCGJ considers the position of EOM to be a vital necessity to insure the safety and well being of our citizens and their property. Therefore, OEM personnel should be staffed for continuity and trained to perform in all capacities during emergency situations.

FINDINGS

- F1.** The Administrative Analyst I position was transferred out from the OEM to the Fire Services Administration Department.

RECOMMENDATIONS

- R1.** Reestablish the OEM Administrative Analyst position at a level commensurate with performing emergency coordination as necessary.

RESPONDENTS

Danelle Stylos, Sutter County Community Services Director
Stephanie Larsen, Sutter County Administrative Officer
Sutter County Board of Supervisors

ATTACHMENT A

Attachment A

Homeland Security Grant Processes

The Federal Department of Homeland Security through the California Emergency Management Agency (CalEMA) provides grant funding to local jurisdictions for the implementation of State and Federal Homeland Security Strategies. Funds may be used for planning purposes, equipment purchases, training and exercises. There are very specific guidelines that must be followed for use of awarded funds. Additionally, tracking of how the funds are used is quite detailed since CalEMA is interested in the level of funding each discipline receives and what type of preparedness efforts they spend it on.

Equipment Purchases

Projects are submitted by various disciplines to the "Approval Authority" which selects projects for Homeland Security funding. The projects and grant application are submitted to CalEMA for approval. Once approved by CalEMA an agenda item is submitted to the Board of Supervisors for final approval. All items purchased are tracked and added to a master inventory list. The master inventory list includes equipment description, cost, serial and ID tag #s, condition of equipment and where the equipment will be stored. Detailed financial management documents are kept for auditing/monitoring purposes. All grant equipment purchases must be inventoried every 2 years.

Detailed Work Tasks to Manage CALEMA Grants

- Board Agenda Item (or Resolution) to approve application
- Meet with Approval Authority to select projects for funding
- Submit application to CALEMA. Application consists of:
 - Project descriptions
 - Project Ledger:
 - Investment Justification – Goals and Objectives
 - Needs Statement
 - Equipment Inventory Ledger
 - Planning Roster
 - Training Roster
 - Exercise Roster
 - Authorized Agent Form
- Board Agenda Item to accept unanticipated revenue once funding is approved
- Develop grant budget by project
- Receive and review specs on each item from end user
- Match items with their number on the Approved Equipment List
- Review and select submitted bids from vendors
- Receive equipment and issue to jurisdiction or agency
- Maintain Master Inventory Tracking Sheet by jurisdiction or agency

Tracking information includes:

- Cost
- Vendor
- Serial #
- ID Tag # for fixed asset items or items for outside agencies
- Location of item and condition
- Property Transfer Agreements for items going to outside agencies

Update Master Inventory List

Prepare and submit semi-annual grant report to Homeland Security.

Failure to submit report on time will result in 10% funding reduction. Report consist of:

- Current Project status
- Items received
- Amount spent by discipline and Solution Area
 - Fourteen disciplines
 - Six Solution Areas
 - Twenty One Solution Area Sub-Categories

Prepare and submit grant modification request

Prepare and submit CALEMA Sole Source Request

Prepare and submit reimbursement request

Receive reimbursements and deposit into appropriate account

Track reimbursements

Inventory of every item purchased at 2 year intervals

Daily tracking of time spent working on grant

Attend CalEMA meetings on grant policies and procedures

Attend annual CalEMA Conference

Attend CalEMA grant workshops

Training

Training courses have to be approved by CALEMA and can change frequently, so the list of approved courses has to be watched regularly. The training portion of the grant also requires financial management documentation. OEM assists individuals in signing up for classes and submitting claims.

Revenue placed in appropriate accounts for expenditures

Contract with consultant for ICS Classes

Contract with consultant for exercises

Accept registrations for classes and exercises

Create course flyer

Create Class roster

Send class reminders to students

Coordinate with local agencies to determine their training needs

Provide local agencies with current CALEMA approved training opportunities

Pay tuition/registration using PO or check

Arrange and pay for lodging either PO or check

Collect receipts, certificate and claim forms upon student completion of classes

Collect copies of completion certificates and sign in roster as proof of attendance
Track spending by agency and discipline
Constantly monitor approved CALEMA course listing for those that have been added or removed
Update financial tracking sheet and monitor expenditures

Emergency Management Performance Grant (EMPG)

The purpose of this grant is to support emergency management at the local level and to encourage the improvement of mitigation/prevention, preparedness, response, and recovery capabilities for all hazards. This grant has a 50% match requirement and in the past has been used to pay salaries of the OEM staff. Grant award amounts have increased substantially since the late 1990's. For example, the FY 2005 grant award was \$41,191 while the FY 2010 award was \$141,524.

The application process includes the development of projects with measurable outcomes. Projects in the past have included EOP Updates, EOC upgrades, special needs population assessments, and NIMS implementation.

Board Agenda Item to accept revenue once funding is approved
Project development for application
Individual project management
Daily tracking of time spent on EMPG projects
Monthly consolidation of time reported against grant projects by OEM
Prepare and submit reimbursement requests
Maintain revenue receipts and deposits log

Disaster Public Assistance Grant Processes

December 2005/January 2006 Winter Storms (DR 1628) and 2008 January Storms (CDAA 2008-01) The 05/06 Winter Storms were a state and presidentially declared disaster with damages to County maintained road infrastructure. There were 21 separate Public Assistance projects that are individually monitored and tracked. Federal and State reimbursements are distributed through CALEMA and must be linked to each project. Tracking of reimbursements is challenging due to various sliding reimbursement formulas and the way the State provides payments. Reimbursements received from State are distributed to county departments as projects are finished and financial documents are audited by county OEM.

Collect documentation from affected county departments on storm damage
Collect Initial Damage Estimates (IDE's) from affected jurisdictions to include Special Districts
Solicit and track damages of private property
Submit IDE's from entire Operational Area to CALEMA
Prepare Board Agenda items to declare, renew and terminate disaster
Maintain Grant Assurances document with CALEMA
Maintain Grant Agent Resolution with CALEMA

Host Applicant's Briefing to describe process for reimbursement
Within 90 days of event submit After Action Report to CALEMA
Escort CALEMA or FEMA representatives to selected damage sites
Project review meeting with departments and CALEMA to review project eligibility
Transcribe collected information from departments to proper State or FEMA forms
Track State and Federal reimbursements for each Public Assistance Project
Track reimbursement of Administrative costs
Funds are distributed to individual departments after reviewing each project for accurate documentation
Participate in audit with State and FEMA auditors
Participate in site visit to each individual disaster project site

Special Needs Populations Assessment Committee

The Special Needs Population Assessment Committee was started through efforts of the Sutter County Human Services Department who has the responsibility of maintaining and implementing the Operational Area (OA) Mass Care and Shelter Plan. OEM is a member of the committee to develop special needs disaster plans and mapping of special needs populations within the county.

Coordinate with GIS on map development
Liaison between local agencies, county departments, other organizations, and CALEMA on information and training
Attend quarterly Disaster Preparedness Committee meetings

County Emergency Operations Plan (EOP)

Review EOP annually
Incorporate new Federal and State guidelines to EOP
Coordinate with consultant (if contracted) concerning EOP update activities
Incorporate NIMS compliance guidelines to EOP
Update sections of plan that received comments from exercises or actual EOC activation
Receive County Department Head approval on updates
Submit to State CALEMA for approval
Submit to Board of Supervisors for adoption

Public Safety Interoperability Communications Committee and Grant

This committee exists to address the challenges facing interdisciplinary communications across multiple jurisdictions. It was established to create a centralized interoperable communications planning and implementation capacity for the Sutter County Operational Area. Additionally, the committee was created as a result of a Homeland Security requirement to create a Tactical Interoperability Communication Plan (TICP) for the Operational Area. The committee's goals are:

Continually review and identify the cooperating agencies with-in the Sutter Operational Area
Collect information about each cooperating agency's current communication infrastructure as it pertains to interoperability or lack there of
Establish operating procedure agreements between cooperating agencies
Develop a cohesive plan to provide interdisciplinary interoperable radio communications
Provide an implementation plan to accomplish the radio communications interoperability plan

Discuss and plan for anticipated legislation that will affect all agencies (narrow banding, Project 25)

Stakeholder in the Northern California Planning Area

Public Safety Interoperability Communications (PSIC) Grant participant. Efforts include:
Assisting in grant application preparation
Budget preparation
Create and submit Board Agenda items
Assist in developing RFP for Regional Interoperability Plan
Submitting semi-annual reports
Grant modification request
Reimbursement request

National Incident Management System Implementation and Maintenance (NIMS)

Federal guidelines recommend local governments use NIMS during disaster events. NIMS must be approved and used by jurisdictions to be eligible for certain Federal Grants and post disaster response cost reimbursements. In past years, the Federal government annually released NIMS Compliance Guidelines for local governments to meet. Since October 2008 the Federal NIMS compliance measures was released through a five-year planning cycle.

Annually complete the National Incident Management System Capability Assessment Tool (NIMSCAST)
Inform and assist jurisdictions in completing their NIMSCAST
Implement NIMS compliance measures
Coordinate NIMS training to departments
Provide NIMS training to departments and volunteer organizations
Compile NIMS required trainings for inclusion to NIMSCAST
Track NIMS implementation training requirements for EOC staff
Maintain local NIMS resolutions
Maintain database on "typed" county resources

Emergency Contact Information

Collect and maintain emergency contact information of jurisdictions, agencies, special districts, community based organizations, utilities, and individuals who may be contacted during a disaster event.

Categorize contacts by discipline, agency or jurisdiction
Update school districts contact information annually (Sept)
Maintain Satellite Phone directory of State and local agencies

Community Outreach

Respond to public inquiries from citizens
When requested, speak to community groups on Disaster Preparedness issues
Coordinate with County Public Information Officer (PIO) on Community Awareness

Events

Maintain and publish Slow Rise Flood Readiness Pamphlets

Disaster Service Worker (DSW's) Program

Identify Disaster Service Workers (DSW's) groups and organizations within the County
Coordinate with County Personnel Department on Volunteers and Donation Management

Program

Develop and issue photo identification to DSW's
Maintain MOU's with volunteer groups
Assign areas of responsibilities with participating groups

American Red Cross

Coordinate with Red Cross on determining pre-disaster shelter site locations
Assist in securing shelter agreements
Maintain database on current shelter locations and status
Coordinate with GIS to map shelter locations
Coordinate and provide training to Red Cross volunteers in NIMS and ICS
When requested by Cities/Town, County Fire, Sheriff, or Human Services, coordinate with Red Cross to open shelters for evacuated citizens
Attend Red Cross disaster preparedness meetings

Emergency Operations Center Maintenance and Upgrades

Maintain EOC in constant state of readiness
Upgrade EOC as technology improves
Maintain EOC phone directory
Maintain supplies used in EOC
Maintain maps of County used in EOC
Maintain visual displays used in EOC
Semi-annually set up EOC for functional check
Train EOC staff

Exercise the EOC staff
Test EOC equipment
Maintain and update EOC Standard Operating Procedures (SOP)

Meetings Regularly Attended

Emergency Medical Care Committee (EMCC) (Monthly) – OEM is directed to attend this meeting by the Board of Supervisors. Attendees include: Public Health Officer, Emergency Room representatives from each hospital, Fire, Emergency Medical Services (ambulance/helicopter) providers, ER doctor, pharmacist, and a community citizen.

Emergency Management Team Meetings (as needed) called when conditions warrant an increased level of readiness or awareness due to a developing natural or man-made hazard situation/emergency/disaster.

Mutual Aid Regional Coordinating Committee (Quarterly) – A CALEMA coordinating committee whose membership includes Emergency Managers from each of the Operational Areas and the CALEMA Regional Coordinators. A forum used to exchange information on disaster mitigation, preparedness, response, and recovery matters, improve the Standardized Emergency Management System (SEMS).

Response and Emergency Management in Schools (REMS) Coordinating Council (Quarterly) – Members include school officials, law enforcement, fire services, OEM, American Red Cross and parents. Meetings developed out of a grant requirement and now provides venue for discussing school safety and emergency preparedness.

Standardized Emergency Management Systems (SEMS) Advisory and Working Groups (as needed) – Meetings are held by CalEMA for input on issues regarding emergency Management throughout the state and specific regions.

Sutter County Operational Area Council – at least one meeting a year, sometimes meets requirement as Grant Approval Authority meetings

Prepare and forward Agendas and minutes
Conduct Meeting
Maintain sign-in sheets
Secure meeting location

Sutter County Disaster Council – at least one meeting a year, primarily to review and update Emergency Operations Plan for approval by Board of Supervisors.

Sutter County Fire Chiefs Meeting – Attend this meeting depending on time availability. An excellent forum to exchange information.

Sutter County Interoperability Committee and Communications Exercise (Quarterly) – Quarterly communication exercises/drills are held to test capabilities throughout the OA Interoperability Committee meetings are usually held in the afternoon of the same day to discuss any issues regarding the exercise or communications in general.

California Emergency Services Association Inland Region Board Member (Quarterly) – Serve on the Board as Immediate Past President.

California Emergency Services Association State Board Member (Quarterly) Serves at the Board's request when needed due to status as former Past President.

Maintains Current Plans & MOU's

County Emergency Operational Plan
County Multi-Jurisdictional All Hazard Mitigation Plan (LHMP)
Maintain LHMP resolutions of participating jurisdictions
Tactical Interoperability Communications Plan (TICP)
Mass Care and Shelter Plan (Human Services, OEM & Red Cross)
MOU between American Red Cross and County concerning sheltering roles during disaster or emergency.

YUBA CITY FIRE DEPARTMENT

SUMMARY

A complaint was filed with California Occupational Safety and Health Administration (Cal/OSHA) alleging four (4) outbreaks of Methicillin Resistant Staphylococcus Aureus (MRSA) and other health violations at Fire Station No.7, 2855 Butte House Road, Yuba City. A letter was then sent from Cal/OSHA to the Fire Department Station No. 7 dated October 13, 2011. The Appeal-Democrat reported on the complaint and the 2011-2012 Sutter County Grand Jury (SCGJ) initiated an investigation to determine the conditions at the fire station.

BACKGROUND

Yuba City Fire Department

In 2001, The Walton Fire Protection District merged with the City of Yuba City Fire Department. Yuba City Fire Department (YCFD) took over responsibility for Fire Station No. 4 and Fire Station No. 7. In 2009, the old Walton Fire Station No.4 was closed and a new one was opened at 150 Ohleyer, Yuba City, CA. It was determined that Fire Station No. 7 needed to be renovated.

In September 2010, Yuba City Council awarded a contract to Lamon Construction to complete the renovation of the exterior of Fire Station No. 7, which was completed August 16, 2011. On November 1, 2011, Yuba City Council awarded a contract to Peterson Development to complete the renovation of the interior living and work areas. The interior was scheduled to be completed by the end of March 2012. Bids for the renovation of the bathrooms will not be scheduled until after completion of the interior.

YCFD currently has five (5) fire stations serving a population estimated at over 73,000 and covering 30 square miles. Each station is always staffed with at least two (2) fire personnel and a Battalion Chief. There are no volunteers in the department. There were 7,712 calls for service and in addition the fire department performed 1,826 public building inspections in Yuba City in 2011 (See Attachment A for a complete list of fire statistics).

Below are the current Yuba City Fire Stations:

Fire Station No. 1, 824 Clark Avenue
Fire Station No. 2, 1641 Gray Avenue
Fire Station No. 3, 795 Lincoln Road
Fire Station No. 4, 150 Ohleyer Road
Fire Station No. 7, 2855 Butte House Road

APPROACH

On February 1, 2012, the SCGJ conducted an interview with Yuba City Fire Chief, Administrative Analyst, Fire Marshall, and Battalion Chief. On February 23, 2012, the SCGJ conducted an on-site inspection of Fire Station No. 7, and on March 15, 2012, visited Fire Station No. 4. A copy of the complaint from Cal/OSHA was reviewed by SCGJ (See Attachment B Complaint and Attachment C Code Explanations).

DISCUSSION

The complaint received from Cal/OSHA regarding health and safety concerns was discussed. The letter addressed four (4) alleged conditions:

- Four outbreaks of MRSA within the last 16 months; no action taken to correct
- Toilet drain in living area plugged with a piece of fabric
- Septic system had been backed up; no cleanup done
- Insulation exposed in living room

The SCGJ met with the Fire Chief who briefed them about the conditions and renovations at Fire Station No. 7. The corrective actions are being completed in three (3) phases. Currently, Fire Station No. 7 is in the 2nd phase of renovations.

Phase One:

The first phase was to complete the exterior weatherization which included installation of a new roof and siding, removal of a south facing window, installation of all new windows and two security doors, removal of an overhang covering above the pedestrian walkway on two sides of the building, and installation of a simple awning structure. The exterior remodel was completed on August 16, 2011.

Phase Two:

The interior renovation was to gut the first and second floor living/working areas. The kitchen area was expanded and included installation of new cabinets, appliances, and non-porous countertops. Vinyl flooring and new insulation was installed throughout the first and second floors. All walls were finished in the living/working areas. An existing doorway into the apparatus bay was closed off. The old toilet drain on the first floor was capped and new flooring was installed. A separate room on the second floor was dedicated for the repair of self-contained breathing apparatus (SCBA), and a high pressure breathable air line from the apparatus bay to the SCBA room was installed. All electrical, phone and data lines within the station were upgraded. The Fire Department leased a single family home adjacent to the station for the fire crews during the remodeling.

Phase Three:

This phase, to renovate bathrooms, has not yet begun. The addition of fresh air access and improved exhaust fans to the bathrooms were completed in Phase 2.

MRSA

In 2010, one of the employees contracted MRSA. Approximately 4 months later, two employees reported they had contracted MRSA; however, it was found out later that the third employee did not have MRSA. In September 2011, a fourth employee also contracted MRSA.

The Fire Department then hired an Industrial Hygienist to evaluate and update the department's Communicable Disease Prevention Policy to include development of strategies for cleaning procedures to address the MRSA concerns within the department. Staff was given information and training on MRSA. It was determined that spreading of MRSA is a hygiene issue and did not stem from the issues reported in the complaint.

FINDINGS

F1 Three (3) employees that contracted MRSA were the result of a hygiene issue and were not caused by the conditions at the firehouse.

F2 Renovations are not yet complete at Fire Station No. 7.

RECOMMENDATIONS

R1 Annually review and update Communicable Disease Prevention Policy and training.

R2 Continue and complete the renovation work on Fire Station No. 7.

RESPONDENTS

Pete Daley, Yuba City Fire Chief
Steve Jepsen, Yuba City Manager
Yuba City - City Council

ATTACHMENT A
ATTACHMENT B
ATTACHMENT C

ATTACHMENT A

ATTACHMENT A

The following statistics were taken directly from the Yuba City Fire Department website

Departmental Statistics

	2011	2010	2009	2008	2007	2006	2005	2004
Total Calls	7,712	7,302	7,028	7,351	6,591	6,120	5,834	5,376
Structure Fires	52	66	63	87	70	85	70	48
Other Fires	183	204	209	259	232	248	235	288
EMS	5,680	5,167	4,959	4,870	4,397	4,595	4,247	3,968
Vehicle Accidents	335	376	390	385	429	N/A	N/A	N/A
False Alarms	315	369	414	619	530	N/A	N/A	N/A
All Other	1,147	1,120	993	1,131	933	1,192	1,282	1,072
Mutual Aid (total)	185	184	174	267	247	254	193	97
Given	101	104	98	124	135	152	114	59
Received	94	80	76	143	112	102	79	38

Prevention	2011	2010	2009	2008	2007	2006
Total Inspections	1,826	1,513	2,579	1,368	744	1,239
Bureau	829	477	981	644	205	598
Company	997	1,036	1,598	724	299	641
Violations Corrected	927	983	1,528	625	259	691
Plan Review	141	152	162	256	240	195

Public Education	2011	2010	2009	2008	2007	2006
Engine Visits	21	24	24	36	28	27
# In Attendance	964	1,277	1,149	1,402	1,783	1,999
Station Tours	22	15	34	33	32	25
# In Attendance	546	328	1,074	875	8	599
Fire Safety House	4	3	3	5	11	12
# In Attendance	1,062	1,549	1,522	1,680	2,345	3,927
Fire Ext. Demos	4	3	3	6	6	4

# In Attendance	145	110	150	120	125	105
Clown Shows	3	5	0	8	8	6
# In Attendance	900	1,874	0	2,493	1,870	1,373
Misc. Events* *	**	6	6	14	8	3

** Various Health & Safety Fairs
 Various Safety/Career Talks
 Neighborhood Watch
 Relay for Life
 Block Parties
 National Night Out

ATTACHMENT B

ATTACHMENT B

State of California

Edmund G. Brown, Jr., Governor

Department of Industrial Relations
Division of Occupational Safety and Health
Cal/OSHA Enforcement - Sacramento District Office
2424 Arden Way, Suite 165
Sacramento, CA 95825
Phone: (916) 263-2800 Fax: (916) 263-2798



October 13 2011

Yuba City Fire Department Station 7
2855 Butte House Rd
Yuba City, CA 95993

Dear Employer:

The Division of Occupational Safety and Health has received a complaint alleging the following condition(s) at your workplace at 2855 Butte House Rd, Yuba City, which may be a violation of the Safety Orders found in Title 8 of the California Code of Regulations.

The Code Sections and Alleged Condition(s):

1. 3387/5141/3203: Four outbreaks of MRSA with the last 16 months and employer isn't doing anything about it.
2. 5141: Toilet drain located in living area is just plugged with a piece of fabric.
3. 3362: Septic system backed up approximately 3 to 6 months ago and no official clean up was done.
4. 5141/3362: Insulation is exposed in living room.

To review a Section directly, go to: www.dir.ca.gov/title8/####.html, substituting the above Section for the #s. For example, for Section 3203, enter www.dir.ca.gov/title8/3203.html.

To review a Section and see the other available online information, go to: www.dir.ca.gov; scroll down and then click on [Laws & Regulations](#); then click on [Regulations - CCR Title 8](#); then click on [Cal/OSHA](#); and then enter the Section number listed above and press Enter.

The Division has not determined whether the hazards, as alleged, exist at your workplace and, at this time, the Division does not intend to conduct an inspection of your workplace.

However, you are required to investigate the alleged condition(s) and notify this Office in writing no later than fourteen (14) calendar days after receipt of this letter whether the alleged condition(s) exist and, if so, specify the corrective action(s) you have taken and the estimated date when the corrections will be completed.

Please include any written documentation, e.g., equipment purchase orders or contracts for corrective work, and photographs, if appropriate, in your response. If you do not respond in a timely and satisfactory manner, an unannounced inspection of your workplace will be scheduled which may result in citation(s) and monetary penalties. Also, every tenth satisfactory letter response from employers is subject to verification by an inspection.

You are required to post a copy of this letter and a copy of your response to the Division in a prominent location in your workplace where it is readily accessible for employee review for at least three (3) days or until the hazard is corrected, whichever is longer.

This letter is not a citation or a notification of a proposed penalty. Citations and penalties can only be issued after an inspection of your workplace. If the Division does not receive a satisfactory response from you within fourteen (14) calendar days after receipt of this letter, an on-site inspection will be conducted as appropriate.

If the identity of the complainant is known to the Division, a copy of this letter will be sent to the complainant. Also, the complainant will be notified that California law protects any person who makes a complaint about workplace safety and health hazards from being treated differently, discharged or discriminated against in any manner by their employer. If a complainant believes they have been discriminated against, it is their right to file a complaint with the Division of Labor Standards Enforcement within six (6) months of the discriminatory action.

If you have any questions concerning this matter, please contact me at the address above.

Your interest in the safety and health of your employees is appreciated.

Sincerely,



William Estakhri
District Manager

WE/lf

Reference: File 0266 208289512-d

ATTACHMENT C

ATTACHMENT C

§3387. Sanitation

Protectors shall be capable of being cleaned easily and disinfected. These protectors shall be kept clean and in good repair. Safety devices, including protective clothing worn by the employee, shall not be interchanged among the employees until properly cleaned. Where the division has determined that ordinary cleaning will not remove risk of infection, additional precautionary measures may be required.

EXCEPTION: Safety devices worn over shoes or outer clothing, no part of which contacts the skin of the wearer, such as metal foot guards.

§5141. Control of Harmful Exposure to Employees

(a) Engineering Controls. Harmful exposures shall be prevented by engineering controls whenever feasible.

(b) Administrative Controls. Whenever engineering controls are not feasible or do not achieve full compliance, administrative controls shall be implemented if practicable.

(c) Control by Respiratory Protective Equipment. Respiratory protective equipment, in accordance with Section 5144, shall be used to prevent harmful exposures as follows:

- (1) During the time period necessary to install or implement feasible engineering controls;
- (2) Where feasible engineering controls and administrative controls fail to achieve full compliance; and
- (3) In emergencies.

NOTE: Authority cited: Section 142.3, Labor Code. Reference: Section 142.3, Labor Code.

§3202. Application

(a) These orders establish minimum standards and apply to all employments and places of employment in California as defined by Labor Code Section 6303; provided, however, that when the Occupational Safety and Health Standards Board has adopted or adopts safety orders applying to certain industries, occupations or employments exclusively, in which like conditions and hazards exist, those orders shall take precedence wherever they are inconsistent with the General Industry Safety Orders hereinafter set forth.

NOTE: Unless otherwise designated in this subchapter, the phrase "division" refers to the current Division of Occupational Safety and Health or any of its predecessors including the former Division of Industrial Safety or the Division of Occupational Safety and Health Administration. Reference to the former Division of Industrial Safety or Division of Occupational Safety and Health Administration in these orders is meant to refer to their successor, the Division of Occupational Safety and Health, or any subsequent successor agency.

(b) After the date on which these Orders become effective, all installations shall conform to these Orders.

EXCEPTION: (1) Existing installations which are in compliance with safety orders, or variations therefrom, in effect prior to the effective date of these safety orders, unless the hazard presented by the installation or equipment is, in the judgment of the Chief of the Division, of such severity as to warrant control by the application of the applicable sections of these orders.

(2) Facsimiles, replicas, reproductions, or simulations when used for exhibition purposes when such compliance would be detrimental to their use for such purposes unless the hazard presented by the installation is, in the judgment of the Chief of the Division, of such severity as to warrant control by the application of the applicable sections of these Orders.

(c) Regulations herein affecting building standards, apply to any building, or building alteration, or building modification for which construction is commenced after the effective date of the regulations. Date of commencement of construction, for the purpose of this section, shall be:

(1) The advertising date for invitation of bids for State and local government projects.

(2) The building permit issuance date for other projects.

(Title 24, Part 2, Section 2-109.)

NOTE: Identification of Building Regulations. The basic building regulations for employments and places of employment contained in Title 24, State Buildings Standards Code, California Administrative Code are part of these safety orders. Pursuant to Health and Safety Code Section 18943(c), such building regulations are identified in these safety orders by the addition of a reference to the appropriate section of the State Building Standards Code (Title 24), which is added to the end of the safety order section:

(Title 24, Part X, Section XXXX.)

(d) Nothing contained in these regulations shall be considered as abrogating the provisions relating to public safety of any ordinance, rule or regulation of any governmental agency, providing such local ordinance, rule or regulation is not less stringent than these minimum standards.

NOTE: Authority cited: Section 142.3, Labor Code. Reference: Section 142.3, Labor Code; and Section 18943(c), Health and Safety Code.

§3362. General Requirements

(a) To the extent that the nature of the work allows, workplaces, storerooms, personal service rooms and passageways shall be kept clean, orderly and in a sanitary condition. The interiors, exteriors and environs of buildings that contribute to a hazard to which these orders apply shall be cleaned and maintained in such conditions as will not give rise to harmful exposure, as defined in Section 5140.

(b) Cleaning and sweeping shall be done in such a manner as to minimize the contamination of the air and, insofar as is practicable, shall be performed at such time and in such a manner that will avoid harmful exposures as defined in Section 5140.

(c) To facilitate cleaning, every floor, workroom, personal service room and passageway shall be kept free from protruding nails, splinters, loose boards and unnecessary holes and openings.

(d) All putrescible waste or refuse shall be stored in a receptacle so constructed that it does not leak and may be conveniently and thoroughly cleaned. Such a receptacle shall be maintained in a

sanitary condition and shall be equipped with a tight fitting cover if it cannot be maintained in a sanitary condition without one. (This provision does not prohibit the use of receptacles which are designed to permit the maintenance of a sanitary condition without regard to the above requirements.)

(e) All sweepings, putrescible wastes, refuse and garbage shall be removed in such a manner as to avoid creating a nuisance and shall be removed as often as necessary to avoid creating a menace to health through the development of unsanitary conditions.

(f) Every enclosed workplace and personal service room shall be equipped and maintained, insofar as is practicable, to prevent the entrance or harborage of insects, rodents or other vermin. An effective program of extermination and control shall be instituted whenever their presence is detected.

(g) When exterior water intrusion, leakage from interior water sources, or other uncontrolled accumulation of water occurs, the intrusion, leakage or accumulation shall be corrected because of the potential for these conditions to cause the growth of mold.

NOTE: Authority cited: Section 142.3, Labor Code. Reference: Section 142.3, Labor Code.

Planning and Environment Committee

SUTTER BUTTES FLOOD CONTROL AGENCY

SUMMARY

The Sutter Buttes Flood Control Agency (SBFCA) is responsible for repairing and upgrading levees along the west bank of the Feather River, from the Thermalito Afterbay south to the Sutter Bypass, a total of 44 miles. Repairs are necessary because the Feather River west levees do not provide 100-year flood protection, a requirement of the Federal Emergency Management Agency (FEMA) or 200-year flood protection, a new state requirement for areas with more than 100,000 residents.

The 2011-2012 Sutter County Grand Jury (SCGJ) visited the SBFCA office for an informational meeting to learn about the Feather River West Levee Project 1 (Project). The SCGJ learned that this is a long term project that requires oversight from the community. SCGJ recommends SBFCA do more public outreach and Citizen's Oversight committee meetings throughout the entire project. The SBFCA board members are placing too high an emphasis on a FEMA Agricultural Zone Coalition. More emphasis should be placed on the U.S. Corps of Engineers (COE) Feasibility Study, the California Environmental Study, state and federal construction permits, and temporary and permanent right-of-ways.

BACKGROUND

Statistics on flooding show the risks of living in the Central Valley. Since 1983, there have been over 70 Central Valley State-Federal project levees that have been breached or over topped. In 1986, flooding left 13 people dead and caused \$720 million in property damage. There was \$2.6 billion in damages and eight deaths caused by the 1997 floods. Even if a levee is designed for the FEMA standard of a 1% annual chance of flood, there is a 1-in-4 chance of a larger flood occurring within any 30-year period. From 1960 to 2005, more Californians died during flood disasters than during earthquakes. For many Central Valley homes, the risk of flood damage is greater than the risk of fire damage over the life of a 30-year mortgage. Since 1950, flood disasters have been declared in every California County at least 9 times, with some having as many as 28 state and federal disaster declarations.

The official Joint Powers Association (JPA) for SBFCA formed in 2007 by Butte and Sutter counties, Yuba City, Live Oak, Biggs, Gridley, and Levee Districts #1 and #9 for maintenance and rehabilitation of the Project.

In June 2010, a ballot measure was passed allowing SBFCA to assess properties to share the cost for the construction of the levee rehabilitation. The State is expected to pay 77% of the cost and a local cost share of 23% is required.

The Official Notice and Ballot Information Guide reads partially as follows:

“Our levees must be improved to reduce the risk of flooding and to avoid our communities being mapped into Special Flood Hazard Areas, or remove portions from regulatory floodplains.

Levees along the west bank of the Feather River were first built more than 100 years ago. These levees were not meant to protect growing communities, so they don't meet even the minimum federal standards for flood protection. Without levee repairs, the Federal Emergency Management Agency (FEMA) will designate most of Sutter County and South Butte County as Special Flood Hazard Areas. Once that happens, property owners with mortgages will be required to purchase higher-cost flood insurance. Strict building codes will take effect. It will make it more difficult to build or rebuild homes and businesses.

Our levees leak from potential underseepage and through-seepage (water going under and through the levees, weakening them). These are the types of problems that caused major levee failures in Yuba City in 1955, Yuba County in 1986 and 1997, and more recently in New Orleans.

Levees can be made stronger by building deeper cutoff walls (also known as slurry walls), stability berms and seepage berms. These levee improvements block or slow the flow of water through and underneath the levees. Not all 44 miles of levees will need each of these improvements. A detailed engineering study will determine what improvements are needed along the 44 miles.

Now that the assessment is approved by property owners, design and environmental work for levee improvements would begin immediately. Construction would begin 2013, and levee improvements would be finished by 2015.”

Link :http://www.sutterbutteflood.org/assessment/assess_downloads/fact_sheet.pdf

APPROACH

On November 7, 2011, the SCGJ attended a meeting with SBFCA staff including the Executive Director (ED), General Counsel (GC), Director of Engineering (DOE), Certified Public Accountant (CPA) and Public Outreach Coordinator (POC) to discuss the levee improvement project. The meeting was held at their office located at 1227 Bridge Street, Suite C, Yuba City, CA. We learned that the staff is comprised of Independent Contractors except for the DOE, their first employee, who has had 30 years experience working for the California Department of Water Resources (DWR). The SCGJ viewed a Power Point presentation ahead of the Public Outreach meetings to be held later that week.

SCGJ also attended Public Outreach meetings on November 9 and November 11, 2011. SCGJ interviewed a SBFCA JPA Board member, attended monthly public meetings and reviewed the SBFCA Independent Annual Auditors report for the year ending June 30, 2011.

DISCUSSION

The Project is expected to increase public safety by providing 200-year flood protection to Biggs, Gridley, Live Oak, and Yuba City, and improve flood protection for the less populated area south of Yuba City. In addition, the goal of SBFCA is to save Live Oak and Yuba City property owners from being mapped into FEMA Special Flood Hazard zones. Delaying the mapping could save tens of millions of dollars each year in mandatory flood insurance costs. Without 200-year flood protection, cities and counties would be restricted or not be allowed to implement general plans or to urbanize. The Project will allow property owners to maintain their rights to make improvements without new state or federal land use restrictions. This would not apply to rural communities. This Project could also sustain and grow the local economy by creating construction jobs, protecting property values, and allowing for residential, commercial and industrial development.

On October 4, 2011, the Sutter County Board of Supervisors (SCBOS) approved a recommendation to contribute up to \$40,000 to SBFCA for the creation of a coalition to advocate for a new FEMA Zone for agriculture. SCBOS mentioned the Ferguson group (lobbyist group) but it did not appear in the minutes. Link:

<http://www.co.sutter.ca.us/apps/agendas/file.aspx?item=5669>

As of April 6, 2012, the contribution could not be tracked as being paid.

At the public SBFCA meeting on February 8, 2012, the GC proposed a trip to Washington D.C., to brief decision makers and to discuss the necessary approvals required to proceed with the Project, the COE Feasibility Study, the California Environmental Study and the FEMA Zone for Agriculture. They will also discuss a joint state environmental report which will need to be approved by the COE before Project construction. The GC recommended sending three Board representatives, the DOE, and the GC. The SBFCA Board passed this recommendation unanimously.

The cost of the COE Feasibility Study has grown from \$2.5 million in 1999 to \$10 million in 2012 and will increase with delays. The study is a requirement for State-Federal Funding. Once the COE Feasibility Study is completed, federal funds may be available for improvements to the portions of the basin not addressed by the Project. If the Project cannot be completed within the existing budget, the COE Feasibility Study remains a vehicle to obtain Federal dollars.

It was recommended by GC that SBFCA not retain a Lobbyist to assist on the trip to Washington, D.C., since this is not a lobbying effort. Scheduling and coordinating many appointments in a compressed time frame would be exceedingly difficult from California; therefore, GC would subcontract with a local Washington, D.C. firm to schedule meetings. The cost would not require an increase in the GC's budget.

Information presented at the SBFCA public outreach meeting on November 7, 2011, shows there are 34,000 parcels involved in the construction phase of the Project. The design phase is now 60 to 65% completed. The southern and northern portions of the assessment district are already mapped by the COE as flood zones. SBFCA is working diligently to keep the metropolitan areas of Yuba City and Live Oak from being mapped by COE as a flood zone. The State is concerned about the growth in rural areas. The DWR SB5 states that by 2015 the area must have or adequate progress must be made towards completion of 200-year flood protection or the State will stop issuing entitlements. This includes construction of the slurry walls to begin in 2013 and end in 2015.

SCGJ attended SBFCA public outreach meetings on November 9, at Whitaker Hall and November 11, 2011 at Gridley High School. There were a few taxpayers, one (1) SBFCA Board member, and most of the SBFCA staff in attendance. There were concerns expressed from taxpayers over testing the levees without prior landowner notification. Expenditures for those already mapped in the FEMA Special Flood Hazard zones were discussed. These expenditures include mandatory flood insurance in addition to flood assessment taxes. Permits are needed to build above certain flood level elevations or must be flood proofed.

The Sutter Bypass and the Wadsworth Canal are owned by DWR and they are competing with SBFCA for grant funding. The southern portion of the county will not have 200-year flood protection until the Bypass is rehabilitated. Through an accelerated COE Feasibility Study, the Central Valley Flood Protection Agency (CVFCA) may get funding for their Bypass project before SBFCA gets funding for their Project. An Early Implementation Project (EIP) Grant has already been issued by the State for the design phase and an environmental study for the Bypass project. If the right-of-way is funded before construction starts on the Bypass Project, SBFCA moves down the list for funding. SBFCA staff realizes the Bypass needs to be improved, but needs to be done without jeopardizing the Project. The SBFCA has sent a letter to CVFCA stating their concerns to the Plan (Attachment A). Construction can only be done April through October because of the flood season. This project has the potential to dwarf levee projects and will devastate Sutter County. If the Bypass Project is approved there could be a decrease of approximately 65,000 acres of farmland. Also several small communities will be eliminated. This action will limit and shrink growth in Sutter County.

Currently, CVFCA requires levees to have 10' easements. In order to meet 200-year protection CVFCA requires between 20' and 100' easements. The "Urban Levee Design Criteria" describes the 200-year protection. Link: <http://www.water.ca.gov/floodsafe/leveedesign/>. During the SCBOS meeting dated April 10, 2012 a discussion was held on the CVFCA Plan and several points of objection to the Plan were made by the Sutter County Public Works office. The SCBOS voted to send a letter to CVFCA stating their objections to this plan (Attachment B).

At the SBFCA public meeting on February 8, 2012, the ED submitted a formal letter of resignation which the SBFCA Board accepted. They then appointed the DOE as interim ED. Also, the Annual Financial Audit, which includes the Managers Report, was presented and showed significant deficiencies not addressed at the meeting (Attachment C).

FINDINGS

- F1.** During the Public Outreach meetings there were concerns for the right-of-way easements, property owners had not been approached by SBFCA prior to testing being done on their property.
- F2.** The ED's resignation has put additional responsibilities on the interim ED and SBFCA staff. To date the position has not been filled.
- F3.** SCBOS approved funds to be moved from the Flood Control Fund for purposes other than flood control.
- F4.** Annual Audit findings show deficiencies including lack of certain policies. Additionally, liability insurance coverage has not been in place since SBFCA's inception.

RECOMMENDATIONS

- R1.** Landowners need notification prior to any levee work being done on or near their property.
- R2.** SBFCA needs to actively look for a permanent ED.
- R3.** SBFCA and SCBOS should carefully consider use of designated Flood Control Funds for purposes other than flood control or levee repairs.
- R4.** SBFCA should carry liability insurance and continue the process of developing and implementing the policies recommended in the Audit findings.

RESPONDENTS

Sutter Buttes Flood Control Agency
Sutter County Board of Supervisors

ATTACHMENT A
ATTACHMENT B
ATTACHMENT C

ATTACHMENT A



Sutter Butte Flood Control Agency

1227 Bridge Street, Suite C

Yuba City, CA 95991

(530) 870-4425

sutterbutteflood.org

Counties

Butte County

Sutter County

Cities

City of Biggs

City of Gridley

City of Live Oak

City of Yuba City

Levee Districts

Levee District 1

Levee District 9

April 13, 2012

Ms. Nancy Moricz
Central Valley Flood Protection Board
3310 El Camino Avenue, Room 151
Sacramento, California 95821

Re: Comments on the Draft Central Valley Flood Protection Plan &
Draft Programmatic Environmental Impact Report

Dear Ms. Moricz:

The Sutter Butte Flood Control Agency (Agency) is a joint powers authority of Butte and Sutter Counties, the Cities of Yuba City, Live Oak, Gridley, and Biggs, and Levee Districts 1 and 9. The Agency is participating in three different efforts which interface with the Central Valley Flood Protection Plan (CVFPP or Plan).

First, the Agency is the lead on the Feather River West Levee Project, an aggressive effort to rehabilitate 37 miles of Feather River levee from the Theramalito Afterbay south to Star Bend. This \$270 million project will be funded through the Agency's assessment of more than 34,200 properties, and approximately \$200 million in funds to be provided by the California Department of Water Resources (DWR).

An interrelated and equally important effort, still in the development stage, is a project in partnership with DWR to protect the rural, southern portions of the basin to the equivalent of 100-year flood protection. This project will also be funded with the Agency's assessment. The Agency has completed preliminary design studies from Star Bend to the confluence of the Feather River and Sutter Bypass. The Agency is looking forward to the development of a rural levee program by DWR under the CVFPP to obtain funding for work on the rural levees.

The final effort is the Agency's participation in the Sutter Basin Feasibility Study as a non-federal sponsor along with the State. This is a Federal study in which the U.S. Army Corps of Engineers (Corps) evaluates and recommends a project to provide greater levels of flood protection for the basin.

The Agency's Board of Directors voted on April 11 to support adoption of the Plan so that the State of California can partner with the Agency on the completion of its critical projects. In adopting and implementing the Plan, the Agency's Board of Directors believes that the Central Valley Flood Protection Board and DWR must respect and advance the following principles:

1. The Plan must make parallel investments in urban, small community, and rural levees, ensuring that all have an opportunity to "get better together."

2. The Plan must continue to promote the use of significant State funds for investments in urban levees, defined as levees which cumulatively protect more than 10,000 people, including the communities of Yuba City, Live Oak, Biggs, and Gridley. In the case of the Sutter Basin, the Feather River West Levee Project includes the design and construction work required for those Feather River urban levees.
3. In order to respect and protect agriculture, and in recognition of the essential role of agriculture in the Valley and the State, the Plan must include a State commitment to develop a rural levee standard. The State must also commit to promptly create a rural levee grant program which can be used to repair the most critically deficient rural levee segments.
4. The Plan must ensure that flood damage reduction remains the preeminent goal of the Plan with ecosystem restoration as only a supporting goal. This means that as to existing facilities, the State must work to maximize and enhance flood flows through these existing channels and bypasses before pursuing additional or expanded bypasses. This also means that funds allocated through the implementation of the Plan must be consistent with this preeminent goal.
5. The Plan must continue the State practice of paying a higher cost-share for economically disadvantaged communities, such as those within the Sutter Basin.
6. The Plan must acknowledge the State's existing legal obligations for the Sutter Bypass levees and channel, as those facilities provide system-wide benefits. The Plan must therefore provide for significant State investment in those facilities.
7. The Plan must include a State commitment to work with the Agricultural Floodplain Management Alliance (of which SBFCA is a member) to influence Federal floodplain laws and regulations to allow for the continued vitality of agriculture in a FEMA floodplain.
8. The Plan should pursue alternatives to the Corps for Federal participation in funding for flood management projects.
9. The Plan should be responsive and respectful of the tremendous financial commitment made by the Agency's assessment district and the commensurate public support for the SBFCA FRWLP as envisioned prior to issuance of the Plan.
10. The Plan must be built on trust. Trust is built by including a prominent role for local agencies, such as SBFCA, to participate in regional workgroups to develop and influence which projects should be pursued for the region; DWR should fund the activities of these workgroups. DWR must also ensure prompt adoption of new guidelines to fund construction (both urban and rural) for projects to be implemented under the Plan, and must respect the bottom-up process for the development and selection of these projects.
11. Agriculture can provide significant habitat value while still remaining an economically productive use of land and as such is a preferred use of setback and bypass areas.
12. While SBFCA understands the State's desire to add capacity to the State's bypass system, SBFCA has significant concerns regarding the proposed Feather River Bypass (via an expanded Cherokee Canal) because of potential hydraulic, economic, agricultural and environmental impacts. Therefore, before any funds are invested in pursuit of such a project, SBFCA believes that extensive study is needed to justify the benefits of a Feather River Bypass in light of what appear to be massive costs. As a related concept, the Plan should direct DWR to evaluate whether comparable benefits can be attained with changes to the spillway and outlet facilities at Oroville Reservoir (including a raise), such as the DWR's and the CVFPB's implemented plan for Folsom Reservoir. Further, any proposed project must ensure that: (1) impacts to agriculture, businesses, and local tax revenues are fully mitigated; (2) hydraulic and associated risk impacts on the Sutter Bypass levees

are fully considered and mitigated, including corresponding rehabilitation or improvements to the east and west levees of the Sutter Bypass; (3) SBFCA is not subject to, or is compensated for, any environmental mitigation that would result; (4) a bypass project does not delay implementation of, or divert funding from, high priority regional projects such as the Feather River West Levee Project and a rural levee program; and (5) the new facility can be maintained (vegetation, sediment, etc.) with a reasonable and identifiable revenue stream in a manner which is greatly improved from current practice. SBFCA has also previously presented DWR with an engineering study which demonstrates the necessity and scope of SBFCA's Feather River West Levee Project whether or not a Cherokee Canal Bypass is constructed.

13. SBFCA understands that the Plan promotes expansion of the Sutter and Yolo Bypasses as a way to provide system-wide benefits. While SBFCA supports the idea of system-wide benefits, before construction of new or widened facilities DWR must ensure that the existing facilities are operated in a manner which maximizes the potential flood protection benefits. This is essential in light of the devastating impact that such expansion can have on local farming operations and the greater local economy. Therefore, any such expansion must ensure that: (1) DWR mitigates any impacts to agriculture, business, and local tax revenues; (2) DWR mitigates hydraulic impacts on adjacent and downstream levees; (3) the projects reflect a minimal local cost-share which is in accord with the State's statutory obligations for those levees; (4) the expanded facility can be maintained (vegetation, sediment, etc.) with a reasonable and identifiable revenue stream; (5) the expanded bypass is still available for sustainable and financially viable agriculture; and (6) bypass expansions should be prioritized so that downstream work occurs first to maximize benefits and minimize hydraulic impacts.
14. The State should prioritize its limited present and future revenues toward physical improvements to the system, rather than costly studies and planning processes.

If you have any questions regarding the content of this letter, please contact me or General Counsel Scott Shapiro.

Sincerely,



Michael Inamine
Acting Executive Director
Sutter Butte Flood Control Agency
m.inamine@sutterbutteflood.org

Cc: SBFCA Board of Directors

ATTACHMENT B



BOARD OF SUPERVISORS COUNTY OF SUTTER

1160 Civic Center Blvd.
Yuba City, CA 95993

(530) 822-7106
FAX: (530) 822-7103

April 16, 2012

Mr. Mark Cowin
Director, California Department of Water Resources
P.O. Box 942836, Room 1115-1
Sacramento, CA 94236-0001

SUBJECT: Central Valley Flood Protection Plan Comments

Dear Mr. Cowin,

The County of Sutter has reviewed the Public Draft of the Central Valley Flood Protection Plan (CVFPP), the accompanying attachments and the Draft Environmental Impact Report (DEIR). The County of Sutter desires to work with the Department of Water Resources (DWR) on a plan that includes system-wide benefits and meets the stated objectives of the CVFPP. However, the County has several concerns with the proposed CVFPP and the DEIR. Due to a number of factors, we believe that the CVFPP is infeasible as currently drafted, both practically and financially, and the DEIR does not identify and include major alternative approaches. These concerns are presented in greater detail within the two attached documents. A synopsis of specific concerns is presented here for your convenience:

- The actual flood protection benefits are severely reduced by the intent to use the CVFPP as a platform for statewide habitat restoration and environmental improvement project. The supporting goal for promoting ecosystem functions was not intended to be a co-equal goal with flood protection;
- The CVFPP alternatives do not include consideration for creating additional upstream storage capacity. The supporting goal of promoting multi-benefit projects, including projects that provide a water supply benefit, is not met. This is especially disturbing when climate change impacts are considered;
- The FloodSafe vision specifically includes supporting economic growth, yet the draft CVFPP would eliminate future development behind levees, strip away local land use authority, take tens of thousands of acres of prime agricultural farmland out of production, and would result in the permanent loss of a significant number of jobs;

Members of the Board
Larry Montna District 1
Stanley Cleveland, Jr. District 2
Larry Munger District 3
Jim Whiteaker District 4
James Gallagher District 5

County Administrator
Stephanie J. Larsen

Clerk of the Board
Donna M. Johnston

- The project is economically infeasible given that too much of the cost is associated with ecosystem restoration and not enough to the primary purpose of flood control. There is potential that the Federal government may not participate due to the low benefit/cost ratio, the inability of the local governments to fund \$1.3 billion in local cost share, and the annual interest cost associated with future bonds compared to the anticipated annual savings in reduced flood damage;
- The draft plan proposes to take up to 40,000 acres of lands to be used for expanding the bypasses, creating new bypasses, and constructing setback levees. The draft plan also proposes to purchase easements on additional acres of land. This unprecedented take of private property would have a devastating effect on agricultural communities and Sutter County as a whole;
- The draft plan, which has no detailed hydraulic, hydrologic, or geologic studies completed, identifies specific lands that are being considered for future setback levees, bypass expansions, or new bypasses. If the CVFPP is approved with these vast, arbitrary setbacks, the State would place a cloud over these lands, such that the property values have been decreased and the ability of the property owners to sell these lands or enter into long-term leases would be drastically affected. Absent actual engineering studies and calculated benefits to the flood protection system, these references to specific levee setback locations must be deleted from the CVFPP prior to adoption; and
- This draft CVFPP, which has no detailed hydraulic, hydrologic, or geologic studies completed, may be used to determine if local repair-in-place projects are no-regrets projects. If the draft CVFPP is used as such, it could delay implementation of local efforts, or even potentially result in local projects not being approved. Specific examples of projects that could be delayed or prohibited may include the Sutter-Butte Flood Control Agency - West Feather River Project or the ongoing Sacramento Area Flood Control Agency - Natomas Levee Improvement Project.

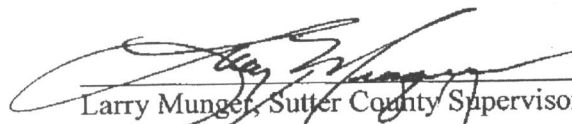
Even though there is very little information provided on the modified SSIA alternative, Sutter County believes this is an intriguing alternative to further evaluate, and may mitigate many of our concerns.

Due to these significant concerns, the County of Sutter would prefer that the Central Valley Flood Control Board not adopt the current draft CVFPP without substantial revisions, and re-evaluate the available flood protection enhancement alternatives including the development of new storage reservoirs. However, given that the Central Valley Flood Control Board is under a legislative mandate to adopt a CVFPP by July 1, 2012, we recommend that the Board should as a minimum action, remove all maps and references to specific levee setback locations to avoid unnecessary and unwarranted damage to property values and property rights and resultant adverse impact on the local communities and our economy.

Sincerely,


 Larry Montre, Sutter County Supervisor, District 1


Stanley Cleveland, Sutter County Supervisor, District 2


Larry Munger, Sutter County Supervisor, District 3


Jim Whiteaker, Sutter County Supervisor, District 4


James Gallagher, Sutter County Supervisor, District 5

Attachments: Comments on the draft Central Valley Flood Protection Plan
 Comments on the draft Environmental Impact Report

CF:

Mary Ann Hadden, Staff Environmental Scientist, DWR, Division of Flood
Management, Department of Water Resources

Mr. William Edgar, Chairman, Central Valley Flood Protection Board

Comments on Central Valley Flood Protection Plan
Submitted by: County of Sutter

1. Due to the limited flood protection benefits as compared to the estimated project cost, it is doubtful that the Federal government will financially participate in the CVFPP;
 2. The modified State Systemwide Improvement Approach (SSIA) should be evaluated within the CVFPP, as opposed to only being mentioned in the Draft Environmental Impact Report (DEIR);
 3. The proposal to widen the Sutter Bypass, introduce vegetation, and reduce water velocity would result in increased sedimentation within the bypass. This would increase Operations and Maintenance costs, which would be contrary to the stated goals of the CVFPP;
 4. One of the supporting goals of the CVFPP is to promote multi-benefit projects. In apparent conflict with this supporting goal, none of the alternatives considered by the CVFPP include provisions for new storage capacity within the system, nor do any of the alternatives have a positive effect on water supply. The Cherokee, Sutter, and Yolo bypasses are located within the bottom of drainage basins and are generally within areas having shallow groundwater elevations and tight (clayey) soils. Temporary retention of peak flows would result in very limited beneficial effects on groundwater aquifers in these areas;
 5. The draft CVFPP proposes to take tens of thousands of prime agricultural lands out of production. Sutter County feels that preserving agricultural land is equally important as other objectives of the Plan;
 6. The draft CVFPP, which has no detailed hydraulic, hydrologic, or geologic studies completed, will be used to guide State, Federal, and local actions for improving flood management. Sutter County is concerned that the State may attempt to use the CVFPP to determine if local repair-in-place projects are no-regrets projects. If the draft CVFPP is used as such, it could unnecessarily delay local projects such as the Sutter-Butte Flood Control Agency's - West Feather River Project or the ongoing Sacramento Area Flood Control Agency's - Natomas Levee Improvement Project;
 7. Local governments cannot afford a \$1.3 billion price tag for projects, nor would local residents be willing to assess themselves as sole beneficiaries for a project that has statewide environmental and water delivery benefits. Many of the small, rural communities are economically challenged communities, and in many areas have already assessed themselves to the capacity of their electorate for existing flood protection projects;
 8. The draft plan proposes to create up to 40,000 acres of new "flood system lands" by expanding the bypasses, creating new bypasses, and constructing setback levees. The draft plan also proposes to purchase easements on additional acres of land, and would dedicate 25% of the new lands located between the levees to habitat restoration. Additionally, the CVFPP proposes to widen and lower the weirs diverting flows to the Sutter Bypass, plus divert additional flows via the new Feather River Bypass. This would increase the frequency and duration of inundation within the Bypass and effectively eliminate any agricultural use of
-

lands within the Sutter Bypass. This unprecedented take of private property would have a devastating effect on agricultural communities and Sutter County as a whole:

- Tens of thousands of acres of prime farmland would be taken out of production;
- A significant number of jobs associated with agricultural activities on those lands taken out of production would be lost;
- A significant portion of the County's tax base would be eliminated;
- The State Drain, three State pumping plants associated with internal drainage, and potentially additional Levee District One pumping plants would have to be relocated to accommodate the proposed Bypass expansion and setback levees.

Instead of using expansion of the bypass system as a starting point, the CVFPP should first focus on maximizing and enhancing the existing bypass system; if further study shows a need for expansion, then that expansion should begin at the downstream portion of the system and should be directed by local input.

9. The proposal to widen and lower the weirs diverting flows to the Sutter Bypass and the diversion of additional flows via the new Feather River Bypass appear to transfer flood risk from the Live Oak/Yuba City areas to the Meridian and Robbins Basins;
 10. The CVFPP contains numerous references to future land use and floodplain management, "Conservation Planning", "Corridor Management Plans", "Habitat Conservation Plans", regional flood management plans, a "Flood Corridor Program", and "Regional Advanced Mitigation Planning". These plans would dictate management, restoration, and maintenance activities for flood control facilities, floodplains, and agricultural lands. Sutter County is very concerned that the State is using the CVFPP as a means of usurping local land use authority. The State's ability to dictate agricultural activities may also constitute an inverse condemnation of private agricultural properties. This concern is elevated by language contained within Attachment 2, "Conservation Framework", which identifies access roads, drainage ditches, groundwater pumps, surface water supply canals, and other agricultural infrastructure as potentially useful for improving environmental benefits;
 11. Attachment 9A states that the RAMP work group is working on a pilot project that will include preparation of the first Regional Assessment (planned completion Spring 2012) to identify advance mitigation sites. The pilot study area encompasses approximately 70% of Sutter County, yet Sutter County was unaware of this pilot project and
 12. The draft plan, which has no detailed hydraulic, hydrologic, or geologic studies completed, identifies specific lands that are being considered for future setback levees, bypass expansions, or new bypasses. By doing so, the State has placed a cloud over these lands, such that the property values have been decreased and the ability of the property owners to sell these lands or enter into long-term leases has been drastically affected. This constitutes a "take", and is tantamount to an inverse condemnation of these lands. Absent the final studies and calculated benefits to the flood protection system, these references to specific levee setback locations should be deleted from the CVFPP.
 13. The CVFPP should commit to working with the local stakeholders and implementation of the projects should be locally driven.
-

14. The CVFPP should include a robust Rural Levee Program that includes adequate funding and specifies a rural levee standard. This Rural Levee Program should encompass the State's commitment to encourage reform of the National Flood Insurance Program's floodplain regulations for agricultural basins. Furthermore, the CVFPP should also include a commitment to provide funding from Proposition 1E for this rural levee program.
 15. Attachment 8J, Appendix D identifies specific projects intended to protect small communities. The project to protect the community of Robbins leaves both community wells and the water treatment plant outside the proposed ring levee. Furthermore, neglecting the cost of constructing an internal drainage and pumping system to remove runoff from behind (inside) the ring levees results in the estimated project costs being severely understated.
-

**Comments on Central Valley Flood Protection Plan –
Draft Environmental Impact Report
Submitted by: County of Sutter**

Issue #1:

(AG-1 NTMA & LTMA): Conversion of Substantial amounts of important farmland to nonagricultural uses and conversion of land under Williamson Act Contracts to an inconsistent use.

- The CVFPP proposes to create up to 40,000 acres of new “flood system lands” by expanding the bypasses, creating new bypasses, and constructing setback levees. There would be a significant loss of agricultural lands associated with the new or enlarged levees.
- There would be an even more significant loss of agricultural lands associated with the dedication of 25% of the new lands located between the levees to habitat restoration.
- The widening and lowering of the weirs diverting flow to the Sutter Bypass would result in earlier and longer duration flooding of the bypass lands, making the continued use of those bypass lands for rice production infeasible.
- The widening and lowering of the weirs diverting flow to the Sutter Bypass would result in earlier and longer duration flooding of the bypass lands, resulting in slower water velocities and greater deposition of sediment. This increase in deposition would have a negative impact on agricultural activities within the Bypass.
- The widening and lowering of the weirs diverting flow to the Sutter Bypass would make travel across the Sutter Bypass more difficult and time – consuming, thus creating a discontinuity for farmers accessing land holdings on opposite banks of the Bypass.
- The creation of a new Feather River Bypass would eliminate thousands of acres of agricultural lands for no apparent hydraulic benefit.
- The “adaptive management” associated with Habitat Conservation Plans and Corridor Management Plans are identified as affecting drainage canals, irrigation canals, wells, access roads and other agricultural facilities/operations. The management of these lands for habitat purposes would undoubtedly interfere with agricultural activities, eventually making agriculture infeasible within the plan areas.

Issue #2:

(AG-3 NTMA & LTMA): Effects of other NTMAs & LTMAs on important farmland and Williamson Act contract land.

- The “adaptive management” associated with Habitat Conservation Plans and Corridor Management Plans are identified as affecting drainage canals, irrigation canals, wells, access roads and other agricultural facilities/operations. The management of these lands for habitat purposes would undoubtedly interfere with agricultural activities, eventually making agriculture infeasible within the plan areas.
-

Issue #3:

(BIO-A-1 NTMA & LTMA): Potential effects on Special Status Fish - During Construction or Operations and Maintenance Activities.

- The CVFPP proposes to create up to 40,000 acres of new "flood system lands" by expanding the bypasses, creating new bypasses, and constructing setback levees. The CVFPP additionally proposes widening and lowering of the weirs diverting flow to the Sutter Bypass, which would result in earlier and longer duration flooding of the bypass lands. Combined, the CVFPP proposals would eliminate thousands of acres of existing rice land, which is prime Giant Garter Snake Habitat. The CVFPP would also result in decreased flows in the Sacramento and Feather Rivers, as a significant amount of flows would be diverted to the new Feather River Bypass and the Sutter Bypass. The impact upon special status fish due to the decreased flows in the Sacramento and Feather Rivers and the corresponding new flows in the Feather and Sutter Bypasses is not addressed in the EIR. There may be an increased potential for fish stranding and/or impacts to fish passage due to the lower flows.
- Expanding the bypasses and constructing setback levees would likely eliminate lands currently under conservation easements, which could have an impact on special status fish or other species of concern.

Issue #4:

(BIO-T-1 NTMA & LTMA): Construction-related effects on Sensitive Natural Communities and Habitats.

- The CVFPP proposes to create up to 40,000 acres of new "flood system lands" by expanding the bypasses, creating new bypasses, and constructing setback levees. The CVFPP also proposes widening and lowering of the weirs diverting flow to the Sutter Bypass, which would result in earlier and longer duration flooding of the bypass lands. Combined, the CVFPP proposals would eliminate thousands of acres of existing rice land, which is prime Giant Garter Snake Habitat.
- Sutter County is several years into preparation of an NCCP/HCP affecting Sutter and Yuba Counties, the Cities of Live Oak, Yuba City, and Wheatland. The plans proposed under the CVFPP appear to conflict with this NCCP/HCP.

Issue #5:

(GRW-5 LTMA): Degradation of water quality or adverse rise in groundwater elevation as a result of groundwater banking.

- Many portions of Sutter County currently experience high groundwater. Widened or new bypasses may exacerbate existing problems with shallow groundwater aquifers invading root zones. This may preclude the raising of many types of crops (especially orchards) and potentially damage existing infrastructure.

Issue #6:

(HYD-1 NTMA & LTMA): Increased erosion and siltation from modifying the flood conveyance system.

- The proposal to widen the Sutter Bypass, widen and lower the weirs diverting flow to the Sutter Bypass, increase vegetation within the Sutter Bypass, and diverting new flows from the Feather River to the Sutter Bypass will cumulatively result in a significantly increased amount of siltation deposited within the Sutter Bypass. This will result in a need for routine dredging/silt removal, with the associated impacts on cost and on habitat.

Issue #7:

(HYD-4 NTMA & LTMA): Modification of the flood conveyance system in a way that would redirect flood flows and increase flood risk or exposure of people or structures to a risk of loss, injury, or death involving flooding.

- The proposal to create a new Feather River Bypass will redirect flows from the Feather River westward to the Butte Sink. These flows will expose the populations of Biggs, Gridley, Live Oak, and Yuba City to an increased risk of loss, injury, or death due to the presence of 15 miles of new levees.
- The proposal to redirect flood flows to the Sutter Bypass will increase flood risk to the communities of Meridian and Robbins by adding additional stresses to the west levee of the Sutter Bypass.

Issue #8:

(LU-5 NTMA & LTMA): Alterations of land uses or patterns of land use as a result of conveyance-related management activities that could cause a substantial adverse physical environmental effect.

- The CVFPP proposes to expand flood system lands by up to 40,000 acres, which would have a devastating effect on local agriculture.
 - More frequent and longer duration flooding of the Sutter Bypass would prohibit continued rice production (or virtually any other form of agriculture) within the Sutter Bypass.
 - Elimination of rice production would have a devastating effect on the Giant Garter Snake.
- What governing body will have land use control authority? The CVFPP appears to usurp local land use authority.

Issue #9:

(LU-7 NTMA & LTMA): Alterations of land uses or patterns of land use as a result of policies related to the required level of flood protection that would cause a substantial adverse physical environmental effect.

- Establishment of “adaptive management” conservation practices on agricultural lands and facilities adjacent to levees would, at a minimum, make agriculture less profitable, and potentially make agriculture infeasible. Reference Attachment 2, Conservation Framework, which discusses how floodway management will include management of agricultural access roads, drainage ditches, groundwater pumps and surface supply canals. This could affect lands well beyond the 40,000 acres of expanded flood system lands.

Issue #10:

(PEH-3 NTMA & LTMA): Changes in employment, either directly or indirectly, through changes in land use or policy changes.

- The elimination of 40,000 acres of farmland, combined with the establishment of “adaptive management” practices on agricultural land, will have the potential to eliminate a significant number of agriculturally-related jobs, including farm workers, mechanics, agricultural supply houses, heavy equipment operators, and other employees who provide support services.
- The “Flood Corridor” program proposes to eliminate structures from flood-prone areas. Flood prone areas are defined by the State as any area subject to inundation from flooding (no set recurrence interval provided). This would eliminate employment associated with new development throughout most of Sutter County.
- The U.S. Supreme Court has ruled that private property shall not be taken for public use without just compensation. What agency is responsible for properly acquiring these affected lands?
- It is questionable whether a sufficient argument can be made justifying the take of private lands for the purpose of promoting ecosystem functions.
 - The entire reach of a bypass system would need to be widened to recognize substantial flood control benefits. It is unreasonable to assume that every affected property owner would be willing to sell the land required to widen a bypass. If the State cannot acquire all lands necessary to widen an entire bypass length from willing sellers, then there would be virtually no flood control benefits resulting from widening a portion of the bypass.

Issue #11:

(TRN-2 NTMA & LTMA): Removal or temporary disruption of current transportation infrastructure.

- The proposed Feather River Bypass would disrupt and require relocation of State Highway 99, State Highway 162 and numerous County roads;
- The proposed Sutter Bypass expansion would disrupt and require relocation of State Highway 20, State Highway 113 and numerous County roads;

- Setback levees along the west levee of the Feather River could potentially disrupt or require relocation of State Highway 99.

Issue #12:

(UTL-1 NTMA & LTMA): Potential disruption of utility service and modification or relocation of utility infrastructure from project construction activities.

- The proposed widening of the Sutter Bypass would require removal and relocation of the State Drain and three State pumping plants associated with internal drainage. These pumping plants are all located adjacent to the east levee of the Sutter Bypass.
- Setback levees along the west levee of the Feather River could potentially disrupt or require relocation of other internal drainage pumping facilities, such as those owned and operated by Levee District 1.

Issue #13:

(UTL-2 NTMA & LTMA): Potential disruption of utility service and modification or relocation of utility infrastructure from project operation.

- The proposed widening of the Sutter Bypass would require removal and relocation of the State Drain and three State pumping plants associated with internal drainage. These pumping plants are all located adjacent to the east levee of the Sutter Bypass.
- Setback levees along the west levee of the Feather River could potentially disrupt or require relocation of other internal drainage pumping facilities, such as those owned and operated by Levee District 1.
- Changing the height and width of the Sutter Bypass levees and/or the Feather River levees could result in a need for increased pump size for the internal drainage pumps at the State pumping plants along the Sutter Bypass and the levee district pumps along the Feather River. This could also result in higher maintenance and operational costs associated with these internal drainage pumps, especially annual power costs.

Issue #14:

(SWQ-3 NTMA & LTMA): Alteration of floodplain Inundation Patterns that could result in substantial erosion and adversely affect water quality.

- The proposed redirecting of up to 35,000 cfs of additional peak flows to the Sutter Bypass, combined with the more frequent flooding and longer inundation duration, would have the potential to substantially increase wave erosion and adversely affect water quality.

ATTACHMENT C

SUTTER BUTTE FLOOD CONTROL AGENCY
June 30, 2010 and 2011

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The Agency's written responses to the findings identified in our audit are described in the current year recommendations section. We did not audit the Agency's responses and, accordingly, we express no opinion on them. In addition, we would be pleased to discuss the recommendations in further detail at your convenience, to perform any additional study of these matters, or to assist you in implementing these recommendations.

We have included in this letter a summary of communications with the members of the Board of Directors as required by professional auditing standards. We would like to thank the Agency's management and staff for the courtesy and cooperation extended to us during the course of our engagement. The accompanying communications and recommendations are intended solely for the information and use of management, the members of the Board of Directors, and others within the Agency, and are not intended to be, and should not be, used by anyone other these specified parties.

Moss, Levy & Hartzheim

MOSS, LEVY & HARTZHEIM, LLP
Culver City, California



MOSS, LEVY & HARTZHEIM LLP

CERTIFIED PUBLIC ACCOUNTANTS

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January 18, 2012

Members of the Board of Directors
Sutter Butte Flood Control Agency
1227 Bridge Street, Suite C
Yuba City, California 95991

We have audited the financial statements of the governmental activities, and each major fund of the Sutter Butte Flood Control Agency (Agency) for the three fiscal years ended June 30, 2010 and one fiscal year ended June 30, 2011. Professional standards require that we provide you with the information about our responsibilities under auditing standards generally accepted in the United States of America and *Government Auditing Standards*, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated December 20, 2011. Professional standards also require that we communicate to you the following information related to our audit.

Significant Audit Findings

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the Agency are described in Note 1 to the basic financial statements. As discussed in Note 1 of the notes to the basic financial statements, twelve new accounting policies were adopted during the three fiscal years ended June 30, 2010 and one fiscal year ended June 30, 2011. None of the new pronouncements had an effect on the Agency's financial statements except for Governmental Accounting Standards Board (GASB) Statement No. 54, *Fund Balance Reporting and Governmental Fund Type Definitions*. We noted no transactions entered into by the Agency during the fiscal years for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimate affecting the financial statements was the collectability of assessment revenues.

Management estimates that 100% of assessment revenues are collectable. We evaluated the key factors and assumptions used to develop this estimate and determined that it is reasonable in relation to the financial statements taken as a whole.

Difficulties Encountered in Performing the Audit

We encountered no difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management. Management has corrected all such misstatements. In addition, one of the misstatements detected as a result of audit procedures and corrected by management was material, either individually or in the aggregate, to each opinion unit's financial statements taken as a whole. The one adjustment was for taxes receivable and deferred revenue.

Disagreements with Management

For purposes of this letter, professional standards define a disagreement with management as a financial accounting reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letters dated December 21, 2011 and January 18, 2012.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Agency's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Agency's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

Other Information in Documents Containing Audited Financial Statements

With respect to the supplementary information accompanying the financial statements, we made certain inquiries of management and evaluated the form, content, and methods of preparing the information to determine that the information complies with accounting principles generally accepted in the United States of America, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of the financial statements. We compared and

reconciled the supplementary information to the underlying accounting records used to prepare the financial statements or to the financial statements themselves.

This information is intended solely for the use of the Board of Directors of the Agency and management of the Agency and is not intended to be and should not be used by anyone other than these specified parties.

Very truly yours,

Moss, Levy & Hartzheim

MOSS, LEVY & HARTZHEIM, LLP
Culver City, California

CURRENT YEAR RECOMMENDATIONS

Significant Deficiencies

2011-01 Finding – Lack of certain policies:

During our review of Agency policies, we noted that the following policies have yet to be implemented:

- a. Capital assets
- b. Fraud reporting
- c. Purchasing policy
- d. Computer use
- e. Disaster recovery plan
- f. Drug free
- g. Labor regulation policies associated with grants

Effect:

Without the above policies, employees and contractors of the Agency do not have written guidelines and plans to follow when performing their duties. This could lead to a misappropriation of funds, fraud to occur and go unreported, and grants to be disallowed or not awarded.

Recommendation:

We recommend that the Agency implement the seven policies above, for stronger controls and proper written guidelines.

Management's Response:

SBFCA management is in the process of researching, developing and implementing the recommended policies. To the extent any Labor regulations and policies are associated with current or future state or federal funding programs, SBFCA will implement applicable labor compliance programs as required.

2011-02 Finding – Lack of insurance coverage:

During our audit, we noted that there was no liability insurance in place from the Agency's inception to June 30, 2008.

Effect:

Lack of insurance coverage could lead to unnecessary liability of the Agency.

Recommendation:

We recommend that the Agency have sufficient insurance coverage at all times.

Management's Response:

During the time period noted, SBFCA was in the process of obtaining liability insurance. The recommendation has been implemented.

Other Matter

2011-03 Finding – Lack of “paid” stamp and approval on paid invoices:

During the test of cash disbursements, we noted that three paid invoices lacked a “paid” stamp and one paid invoice lacked an approval signature.

Effect:

Without a “paid” stamp defacing each paid invoice, there is a possibility of the paid invoice being resubmitted for payment and a duplicate payment could result. Also, paid invoices that do not contain approval signatures indicate that the invoice may not have been approved for payment.

Recommendation:

We recommend that all paid invoices be stamped “paid” at the time of payment, to avoid duplicate payments. Also, all invoices should contain approval signatures prior to processing for payment, to ensure that the invoice is for appropriate Agency business and has been reviewed and approved by the appropriate personnel.

Management’s Response:

The recommendation has been implemented along with additional invoice review and approval procedures.

SUTTER COUNTY DEPARTMENT OF AGRICULTURE

SUMMARY

Given that the economy of Sutter County is primarily based on agriculture, the 2011-2012 Sutter County Grand Jury (SCGJ) felt it was important to visit the Department of Agriculture and assess its effectiveness.

BACKGROUND

In 1881, the California Legislature gave counties the authority to establish local boards of horticulture commissioners to protect the state's agriculture from new pests. In 1920, the state created the State Department of Agriculture which brought the county commissioners and their deputies under the direction of the Director of Agriculture. The Board of Supervisors from each county is mandated to appoint an agricultural commissioner who is charged with the protection and promotion of California's agriculture, the protection of the environment, as well as the protection of the public's health and safety.

In 1988, the California Association of Weights and Measures Officials combined with the Association of Agricultural Commissioners to change the duties of the county departments. Some of the commissioner's duties include overseeing the following:

- Pest Exclusion – The first line of defense through inspection
- Pest Detection – The second line of defense through early detection
- Pest Eradication – Implement programs after detection of pests
- Pest Management – For the management of nuisance pests
- Pesticide Use Enforcement – Provides proper, safe and efficient use of pesticides
- Seed Certification – Inspections at retail and wholesale establishments
- Nursery Inspection – Inspect the growing, propagation, production and sale of nursery stock
- Fruits, Nuts and Vegetable Standardization – Ensure compliance with California minimum standards
- Egg Inspection – Enforce state and federal health, quality and grade standards
- Apiary Inspection – Emphasizes the registration and site location of honeybee colonies in the county
- Crop Statistics – Compile and record information in the annual crop report

APPROACH

The SCGJ visited the Sutter County Department of Agriculture and toured the facility with the Agricultural Commissioner and Sealer of Weights and Measures, along with his assistant on September 20, 2011, at 142 Garden Highway, Yuba City.

DISCUSSION

The Department has 21 employees: three (3) clerical, three (3) managers, one (1) supervisor, three (3) agricultural field advisors, and 11 biologists for pesticide use enforcement. Work space is less than adequate for the staff. The Department's budget was cut by 27% in 2011 and by 14% in 2010. The Department's budget is funded by the county and state at a 50/50 split.

The cost of the weights and measures truck is shared by Sutter, Yuba, and Nevada counties. Its purpose is to certify the large scales, 5,000 to 75,000 lbs, at agricultural sites and retail businesses within each county every five (5) years. The commissioner utilizes a smaller weights and measures truck that is owned fully by the Department, to check all fuel pumps and smaller scales, 1,000 to 4,000 lbs, in the county every year.

Fines for agricultural pesticide overspray, drifts, and complaints are also processed through the Department. They follow up on complaints of overspray to verify if it has occurred and assess fines as necessary. Air application of pesticides must be authorized between 24 to 48 hours prior to application depending on the contents to be sprayed.

Prior to the fiscal year 2011/2012 the cost for weed abatement was absorbed by the Department; however, the county is now reimbursing the Department for costs due to recent budget cuts. The Department will help in the identification of pests and weeds. They also administer exams to certify individuals in pesticide application.

FINDINGS

- F1.** The Department has worked with neighboring counties to share large equipment costs.
- F2.** The Department is currently working with Public Works to expand their building space.
- F3.** The Department was able to obtain a grant allowing them to run a recycling project for plastic pesticide containers.
- F4.** The weed abatement vehicle is not equipped with a Global Positioning System (GPS) which would be beneficial in the distribution and tracking of chemical applications.

RECOMMENDATIONS

- R1.** Expansion of the building space is vital as several work areas are crowded and substandard.
- R2.** The Department will be challenged by budget restrictions in the foreseeable future therefore, it is imperative that it continues to find ways to share costs and secure grants.
- R3.** The weed abatement vehicle should be equipped with GPS.

RESPONDENTS

Mark Quisenberry, Agricultural Commissioner, Sealer of Weights and Measures
Sutter County Board of Supervisors

Public Buildings and Properties Committee

SUTTER COUNTY AIRPORT

SUMMARY

The 2011-2012 Sutter County Grand Jury (SCGJ) visited the Sutter County Airport (SCA) several times between July 2011 and March 2012 because of concerns with their current budget. In order to stay afloat, the airport has been relying on loans and funds drawn from the General Fund. This is an ongoing practice which does not seem to be in the best interest of Sutter County taxpayers.

SCGJ members also met with the Director of Public Works (DPW), Deputy Director of Public Works (DDPW), and members of Sutter County Board of Supervisors (SCBOS).

SCGJ supports proposals to reduce the SCA deficit, including raising commercial rates for airport tenants and turning over management of the airport to a nonprofit entity, such as a Pilot Association.

BACKGROUND

According to the Senior Analyst, County Administrators Office, the SCA has been operating in the red since the year 2000. The General Fund contribution to the SCA through 2011 comes to approximately \$249,975.00 (Attachment A).

Since 2004 the SCA has received the following Grants:

2004	- \$ 35,000	FAA Grant for Taxiway Reconstruction Design
2005	- \$245,000	FAA Grant for Taxiway Reconstruction
2009	- \$248,137	FAA Grant for Perimeter Security Fencing
2010	- \$ 74,100	FAA Grant for Runway Lighting Design
2012	- \$ 75,900	FAA Grant for Airport Layout Plan

For the past twenty years, except for 2009 and 2010, an annual Caltrans Aeronautics Grant of \$10,000 has been given to SCA. If the airport were to close for more than one year, the annual grants would have to be repaid, although the amount owed would be reduced by 5% per year.

Part of the airport property was purchased in 1967 with FAA funds for a runway extension. If the airport closed, that portion of land would have to be sold at commercial rates and all proceeds would go to the FAA.

Therefore, if the airport were to close, a minimum repayment amount would be the sum of the annual General Grants (\$678,359), the Caltrans Grants (\$87,500), and the value from the sale of the commercial acreage.

Recommendations from the DPW to the SCBOS in December 2010 (Attachment B) outlined in detail what would be necessary to allow the airport to operate without assistance from the General Fund. This report also showed how the General Fund loan could be repaid in nine (9) years.

APPROACH

The SCGJ interviewed the County Administrative Officer (CAO), the Senior Analyst from the CAO's office, the DPW, the DDPW, and two members of the SCBOS. The SCGJ also interviewed a staff member of the Auditor-Controller's office. Several communications and SCBOS meeting minutes discussing SCA finances were reviewed.

DISCUSSION

The SCGJ reviewed the recommendations made by the DDPW at the December 7, 2010 SCBOS meeting. The DDPW concluded that without approval to raise rental revenues the airport will continue to require subsidized funding from the General Fund. With the rental increases, the DDPW stated it would take until 2014 for the airport to reach the breakeven point.

The SCGJ reviewed a letter to the CAO from the Senior Analyst (Attachment A) dated March 1, 2011. It included research on county airports throughout the state and the financial history for the operation of SCA. It also described in detail FAA regulations regarding funding for airport grants. FAA regulations stipulate that airports charge fair market value commercial rates in most instances, and be as "...self-sustaining as possible under the circumstance at the airport".

The CAO letter was also intended to educate the Airport Ad Hoc Committee regarding commercial rates in the surrounding area. The Ad Hoc Committee is made up of SCBOS members and county personnel with the purpose to address SCA revenue issues. The current rate of \$00.0066 per square foot charged to airport tenants is well below the median rate of \$00.048 per square foot in this area. Open commercial land in Yuba City is currently leasing at approximately \$00.07 per square foot.

Suggestions by the Senior Analyst to the CAO included developing a plan to raise commercial rates to fair market value and negotiating long term leases for businesses at the airport.

A member of the Ad Hoc Committee stated that suggestions from the CAO Senior Analyst were not discussed in detail. Discussion is necessary to reach a conclusion that is not only fair to the business and aircraft owners that utilize the airport, but also to the taxpayers of this county.

A long term solution currently under scrutiny is turning the operation of the airport over to a nonprofit Sutter County Pilots Association. The idea is to model the Sutter County airport after the one in the City of Turlock; Appeal Democrat article dated March 10, 2012, Link:

<http://www.appeal-democrat.com/articles/airport-114471-first-time.html>

After Turlock turned management over to the nonprofit pilot association in 2000, the airport was no longer in debt as of the end of 2003.

The SCGJ has been advised by the CAO that in April 2012, Sutter County will be submitting a grant application to the FAA for approximately \$570,000 to fund construction of Runway Lighting Improvements. They expect the grant to be issued by September 2012. FAA grants have a twenty year life span and all open grant commitments must be repaid if the airport is closed.

FINDINGS

- F1.** The SCA deficit continues to grow and the General Fund is used to cover this deficit.
- F2.** There is ongoing discussion to turn the operational control of the airport over to a Pilot Association made up of local pilots utilizing the airport. This option is currently under review by the pilots. Unless the operation can be turned over to a private enterprise for operational control and responsibility, SCA will continue to be a burden to the taxpayers.
- F3.** Rental rates for businesses at the airport should be raised to fair market value. Unless rental rates are increased, the deficit resulting from operational costs exceeding income will continue to increase, and taxpayers of Sutter County will continue to subsidize the county airport.

RECOMMENDATIONS

- R1.** SCGJ recommends the SCBOS take immediate steps to schedule an Airport Ad Hoc Committee meeting to facilitate changes that will avoid utilizing the General Fund to subsidize the operation of SCA.
- R2.** Despite resistance from airport tenants, the SCGJ strongly recommends that commercial rates be raised to at least cover operational costs incurred under the present management system. The Airport Ad Hoc Committee should make this recommendation to the SCBOS a priority.
- R3.** Efforts should be made to transfer the daily operation of the airport to a non-profit entity that is proven to be capable to assume such responsibility, namely a Pilot Association which is currently being discussed by local pilots.

RESPONDENTS

Robert Starr, Sutter County Deputy Director of Public Works
Doug Galt, Sutter County Director of Public Works
Stephanie Larsen, Sutter County Administrative Officer
Sutter County Board of Supervisors

ATTACHMENT A
ATTACHMENT B

ATTACHMENT A



County of Sutter

Office of the County Administrator

1160 Civic Center Boulevard
Yuba City, California 95993
Phone: (530) 822-7100 Fax: (530) 822-7103

March 3, 2011

To: Stephanie Larsen, CAO
From: Megan Greve, Senior Analyst
Subject: Airport Ad Hoc Committee Questions

On December 17, 2010, the Airport Ad Hoc Committee met and requested additional information regarding airport operations and budgets. The following is a summary of the information found in answer to those questions.

1. Do all counties have airports? Do they contribute General Fund dollars to them?

a. County Research

- Of the 58 counties, 12, or 21%, have no county owned airport. The airports in these counties are either owned by cities or by independent districts
- Approximately 44% of all public airports are owned by counties, the rest are cities or districts
- *Attachment A* shows a list of 18 counties with populations ranging from 46,000 to 200,000 with Sutter County in the middle. Of these, 4 counties, or 22% do not own airports. This is a comparable representation to all counties
- Some basic statistics taken from these 18 counties:
 - There is one public airport for every 77,013 people
 - Each airport has on average two (2) employees
 - The average annual budget is \$1,170,039
 - The average General Fund contribution is \$22,725, or 2%
- Sutter County
 - Sutter County has no direct employees and, as explained in question three (3), uses approximately one fourth (1/4) of one full time employee on airport business. The airport support from Public Works is billed through Admin services.

- Sutter County's budget for FY 2010-11 is \$921,124, approximately 22% below the average
- For FY 2010-11, the General Fund contribution is estimated at \$34,292 which is 13% of the total budget. This is approximately half of the General Fund contribution in FY 2009-10

b. FAA Regulations regarding funding for airports receiving grants

- Under the Department of Transportation, Federal Aviation Administration (FAA), Policy and Procedures Concerning the Use of Airport Revenue Notice – Vol. 64, No. 30 – dated Feb. 16, 1999
 - Airports are required by statute and grant assurance to maintain a fee and rental rate structure that makes the airport as self-sustaining as possible under the circumstance at the airport
 - Require airports to charge Fair Market Value (FMV) commercial rates for uses of airport property.
 - The FAA has determined that airports are allowed to charge something less than FMV but more than nominal charges for “aeronautical uses”, which are defined as any activity which involves, makes possible, or is required for the operation of aircraft.
 - Airports are allowed to charge less than FMV for Community/Charitable/Recreational uses – such as non-profit organizations, historical organizations, and educational organizations. The Civil Air Patrol and Police, Firefighters, and Military also qualify for less than FMV
- FAA Order 5190.6B (Chapter 17)
 - At some airports, market conditions may not permit a sponsor to establish fees that are sufficiently high to recover aeronautical costs and sufficiently low to attract and retain commercial aeronautical services
 - Under these circumstances, the airport should establish long-term goals and targets to make the airport as financially self-sustaining as possible
 - Rates charged must be based on FMV which can be determined by reference to negotiated fees charged for similar uses of the airport or by appraisal of comparable properties
 - Airports may not use airport revenue to support the operating costs associated with any community uses

c. Commercial Rates in surrounding area

- Most airport commercial rates are negotiated per individual contract based on an appraised value
- Only four (4) of the 18 comparable counties offers commercial leases.

- The median rate per square foot is 4.8¢
- The highest rate is 11¢ per square foot in Tuolumne County
- Sutter County's newly adopted rate of 0.66¢ per square foot is the lowest
- The next lowest is Yuba County's rate of 7¢ per square foot
- Colusa County currently has no commercial leases - they do have some negotiated hangar leases that lease by square footage¹
- Open commercial land in Yuba City is currently going at approximately 7¢ per square foot

2. *How did the airport budget get into this situation? Is there really a hole?*

a. *Enterprise Fund*

- The airport fund is separate from the General Fund and is accounted for as an Enterprise fund. This means that the County has determined that the airport is financed and operated in a manner similar to private business enterprises where the intent of the governing body is that the costs of providing goods or services to the general public on a continuing basis and it should be financed or recovered primarily through user's charges.

b. *Past 12 years budgets*

- *Attachment B* is a spreadsheet showing the past 12 years budgets with major expenses listed individually and grouped according to operating expenses versus capital expenditures with the corresponding revenues. *Attachment C* shows the summary profit/loss information in a graph.
 - Based on the actual numbers in the budgets, FY 2004-05 was the first year that a deficit shows up, however;
 - Prior to this time there were little if any A-87 costs charged to the airport fund
 - Also, there were no charges from the Road Fund for projects completed through that fund and expensed in Admin costs
 - The table separates Operating Expenses and Capital Expenses and also separates the revenues that cover those costs. The grants received from the State and the Federal Governments were for specific projects such as Capital Improvements and Airport Studies accounted for in Professional and Specialized Services. Looking only at the major Operating expenses, notice the following trends shown graphically in *Attachment D*:
 - **Maintenance on structures** – remained relatively level – ranging from \$4,000 to \$17,000
 - **Utilities** show a 40% increase from \$6,030 in FY 1998-99 to \$9,941 in FY 2009-10 or 3.3% per year
 - **Admin Costs - Public Works** remained relatively level until FY 2006-07 when they went from an average of \$10,000 to an

¹ As of this writing, I have been unable to speak directly to the Colusa Airport Manager to verify data

average of \$30,000. More information can be found under question three (3).

- **Admin Costs – Misc. Departments** is where the costs for the work done by the Road Department are recorded
 - There are no costs for the first five (5) years, the next three years average \$46,000, when some major work was being completed and the last four (4) years averaged \$4,500 reflecting minor projects
- **A-87 costs** – for the first two years, no A-87 costs were charged against the airport fund. For the next three years, only A-87 Building Maintenance costs were charged. For the next three years, A-87 Building Maintenance costs were charged as well as a select amount of the A-87 Overhead charges. (It would take extensive research to try to figure out which costs were charged and which ones weren't.) In FY 2006-07, all applicable A-87 charges were used. This makes it difficult to notice any kind of trend, however, as with all county A-87 costs, the trend has been upwards. More information on A-87 costs can be found in question four (4).
- If you extrapolate the A-87 costs backwards from FY 2009-10 at the same 3.3% annual increase shown in Utilities, *Attachment E* shows that there has not been a profit over the last 12 years if all expenses are accounted for in a like manner. Using this information it is clear that there has been a General Fund contribution over the past 12 years ranging from a low of \$4,132 to a high of \$117,774. This is an average of \$36,507 or 16% of the average budget over the same time frame. This can be seen in the blue box in *Attachment F*
- The Operating revenues, meant to cover the rising operating expenses, over the past 12 years, have been level until the rates were increased for the hangars in FY 2008-09. A graph showing operating revenues, except for Fuel revenues which will be handled separately, can be seen in *Attachment G*
 - The taxes revenue represents the portion of personal property tax received by the county for the airplanes based at the airport. The entire amount is put in the airport fund. The taxes have been approximately \$14,000 per year.
 - The interest revenue is the interest earned on the fund balance in the Airport Enterprise Fund which has dropped dramatically over the past 12 years
 - The Rents revenue represents all rents and leases charged at the airport. The graph shows a relatively level revenue source until the last two years, which reflects the increase in hangar rates
 - Fuel revenues are meant to mirror fuel costs and so these items have been removed and shown separately. The graph in *Attachment H* shows that the revenues and expenses mirror each other and until the last couple years when revenues have exceeded expenses. Several

years ago the airport fund issued gas cards using gallons as the unit measure. As fuel prices rose, the cost of providing the fuel for the established revenue was not in line. In FY 2009-10, those fuel cards were purchased back from the consumers, resulting in a much larger fuel expense than revenue for that year. It is anticipated that these two items will readjust themselves and begin to mirror each other again with the revenue slightly exceeding the cost. It is worth noting that, even though the cost of fuel is on the rise, our revenue and expense is going down, indicating that less fuel is being purchased at the airport. The less fuel purchased the more costly per gallon it is and the more that has to be charged to the customer. Also, this could be a result of the economic decline in that people are flying less due to the high cost of fuel.

- A long term loan from the Department of Transportation Aeronautics Program – Airport Loan Program was received in 1999 to build hangars. This loan has been repaid on a sliding scale that was to mirror increased revenues for those hangars over the loan repayment period. The payments have been made every year, however, until two years ago, the revenue from the hangar rentals never increased. The loan will be completely repaid in FY 2015-16.

3. *How much time do Mr. Gault and Mr. Starr charge to the airport fund?*

- *Attachment I* is a table indicating which employees are billed out under the Admin Services – PW line item. This information was determined by taking actual hours spent for FY 2010-11 through the first half of the year and then extrapolating them for an entire year. The hours are then multiplied by the estimated labor rate for each employee and an overhead rate is added to that.
 - The total cost per year for all PW administrative employees is approximately \$39,824. This amounts to about \$2,500 per month for administrative costs.
 - This includes \$1,500 per month for Mr. Starr and about \$1,000 per month for the Office Assistants and Accountants who do all the customer service, invoicing, rental payments, leases, insurance, contracts, and past due accounts.
 - On average, Mr. Starr spends 16 hours per month or 4 hours per week that he bills to the airport fund.
 - Mr. Starr's time was put into A-87, which was not billed to the airport fund until FY 2003-04. In FY 2005-06, Mr. Starr's time was billed through the Admin Services Miscellaneous Departments along with the Road fund labor charges. In FY 2006-07, Mr. Starr's time was moved to the Admin Services – PW.
 - Mr. Gault does not bill any of his time to the airport fund. Although he works on items related to the airport, he uses his non-billable "overtime" hours for this.

- The estimated 485 hours per year spent on the airport by all employees, divided by 2,080 hours for one FTE employee is 23% or 1/4 of one FTE
- The Admin Services – Miscellaneous Departments line item represents the cost from the Road Department for labor on projects as well as, for a couple of years, Mr. Starr’s salary. There were a couple of years with high costs representing work on specific projects. There are also some Workers compensation costs in this account.
- Public Works is conducting some research to try to determine exactly what was included in which account for these years, however, with budgets to complete and four audits going on there, it could be a while until that information is received

4. What is included in the A-87 costs?

- A-87 costs are calculated each year by the Auditor. The estimated budget for each year includes the actual costs from the FY two years prior plus any carryover costs from that year. The carryover costs equal the actual amount of costs for that year less the budgeted costs for that year. For example:

Sample A-87 Calculations			
FY 1999-00 Budgeted Costs		\$	29,444
FY 1999-00 Actual Costs		\$	34,389
FY 2001-02 Carry Forward Costs from FY 1999-00		\$	4,945
FY 2001-02 Actual Allocation from FY 1999-00		\$	34,389
Allocation for FY 2001-02		\$	39,334

- The A-87 costs include overhead from:
 - CAO
 - Auditor/Controller
 - Treasurer/Tax Collector
 - Purchasing
 - County Counsel
 - Personnel
 - Building Maintenance
 - Central Services
 - Building Allowance
 - External Audit Costs
- Each department’s costs are allocated on a different basis depending on the department’s purpose. For example, HR costs are based on number of employees in the department, while the Auditor charges out payroll based on employees, but accounting is based on the number of journal entries performed. Each of the department’s allocation basis’ can be seen in *Exhibit J*.

- The table in *Exhibit J* shows the A-87 costs from the cost plan for three selected years showing a fair representation of the 12 year period for this review: FY 2001-02, FY 2006-07, FY 2009-10. This table shows that:
 - In FY 2001-02 only the Building Maintenance costs of \$13,801 were included in the costs for that year, not the full cost of \$39,334
 - The budgeted costs, which reflect the actual costs from two years prior and the carry forward costs from two years prior, have increased by 3% annually
 - Due to the carryover costs, the total A-87 costs increased approximately 4% annually which indicates costs exceeding budget by about 1% per year
 - The Building Maintenance costs increased approximately 6% per year due to the addition by the Auditor of Building Maintenance administration overhead, which is comprised of office staff time
 - In FY 2001-02 a Building allowance was budgeted separately to help offset the costs of maintaining the building, which does not show up individually after that but has been incorporated in the Building Maintenance allocation

5. *If those businesses were not there, what would be the cost to the County?*

Revenues						
	FY 2009-10 Annual Revenue	FY 2010-11 Estimated Annual Revenue	Total Estimated Airport Annual Revenue	Percentage of Total Annual Revenue	FY 2010-11 Estimated Hanger Revenue	Percentage of Total Annual Revenue
Onstott Dusters	\$4,485	\$7,625		5.85%		
Twin Cities Dusters	\$4,028	\$4,898		3.76%		
Stadel Aviation	\$1,463	\$2,287		1.75%		
Total	\$9,976	\$14,810	\$130,357	11.36%	\$107,880	82.76%

- The estimated revenue at the current rates, which were just increased, for the three businesses is \$14,810
- This is approximately 11% of the total revenue taken in from operations
- The revenue from the hangars is \$107,880, approximately 83% of the total revenue taken in from operations
- Usage of the runway and other joint facilities is not tracked at this time, it would take a full time person out at the airport for the majority of the day to do this, however, the three businesses in question occupy more than 11% of the total space and use the runway more than 11% of the total
- If these businesses were not there, additional hangars could be built, for which there is a waiting list – the lower cost hangars are the most popular
- If these businesses were not there, costs for maintenance would decrease slightly; say 2% in true operating expenses. This would be a savings of approximately \$3,000, reducing the loss of revenue to around \$11,000.
- The largest majority of citizen complaints result from the crop dusters due to the lower flight pattern they incorporate

- The helicopters are currently not meeting FAA regulations, the business really needs to be moved to the end of the runway
- There are chemical spill concerns with crop dusting operations
- These operations are not purchasing our fuel and are not charged any kind of fuel charge for bringing fuel onto the base

6. *What is the County Benefit for having an airport?*

- The airport could be used as a place for emergency vehicles to congregate in the case of an emergency, however, if the emergency is a flood, this would not be the best spot
- There are no businesses, such as a restaurant, at the airport to bring fly-in customers that will increase the local economy. If pilots fly in and go to a restaurant or hotel, that brings a benefit to the City, not the County
- It appears that the last two years there has been an event, Hangar Days, at the airport, but this is the only community event held there at this time

7. *Is it possible to build more hangars?*

- Currently, there is no place other than the tie-down area to build additional hangars
- The loan received to build the current hangars was a 17-year payback and there has been sufficient revenue to pay back the loan
- Currently, the hangar revenue accounts for 83% of all revenue received and there is a waiting list for the hangars

8. *Why does Public Works come in and mow the weeds that the businesses have sprayed?*

- The contracts between the businesses and Public Works agree that Public Works will maintain the grounds
- Public Works has a contract with Twin Cities Aviation to selectively spray once a year
- This takes care of certain weeds, mostly star thistle
- In order to maintain the grasses, Public Works has the Road crew mow as often as necessary while maintaining enough foliage to reduce the dust – approximately 5-6 times per year
- Public Works also sprays round-up on the runway and taxi way
- Public Works currently charges the airport salaries, supplies and 10% overhead, even though the road crew normally charges the actual overhead of 33%

9. *Why does Mr. Starr come out all the time and drive the fence?*

- In his role as manager of the airport facility, it is essential than Mr. Starr check the fence on a regular basis to make sure it has not been damaged, that vegetation is not encroaching on the fence, and that the end lights are working
- Mr. Starr estimates that he does this approximately two (2) times per month
- Because of the fence and Mr. Starr's visual maintenance efforts, vandalism is down to only one (1) time in the past 18 months
- Mr. Starr's hours spent on management total approximately 4 hours per week, including all office work, which seems totally appropriate

Conclusion

It is apparent that the revenue for the airport is insufficient to cover the expenses incurred each year. It is necessary, in order to continue to receive FAA grant funds, that the airport be as "self-sustaining as possible under the circumstance at the airport". This implies that there can be some General Fund support if needed to maintain the airport.

However, it is also a requirement that all businesses be charged an amount equal to the Fair Market Value (FMV). This can be determined best by having an appraisal of the property completed at the time of each new contract to determine what the FMV of the property is and what the going rate for the area is. Also, a Consumer Price Index (CPI) increase should be included in each contract. In this way, the owners of the businesses can obtain a fairly long term contract at a fair rate and the County can be assured that the revenue from those buildings will keep pace with the expenses.

A review of the past 12 years expenses indicates that actual expenses have risen at approximately 3% per year, which is an acceptable rate, about equal to inflation. The true expenses of the airport are now being captured through both A-87 costs and the Administrative costs. It does not appear that the time spent by management is excessive, and in actuality, it would be difficult to privatize this function at this cost. This is evident from the lack of response to the RFP posted multiple times for management services.

Suggested steps include:

1. Have an appraisal done of businesses in question and evaluate the Fair Market Value with the current price structure
2. Determine a long-range plan to bring those rates up to the FMV
3. Negotiate long-term leases with those businesses willing to do so, including the rate increases to bring them up to FMV and include a CPI increase annually
4. Establish a set amount or percentage of General Fund support that the Board of Supervisors is willing to provide
5. Look at long-term projections and determine if it is possible under the above conditions to maintain the airport in the future

Attachment A

Airport Research

County	Population	Total Public Airports	# of County owned	# Employees	Total Annual Budget	Projects-if available on budget	Operations Costs	General Fund Contribution	% GF - of Operations
Siskiyou	45,971	8	4	-	\$ 189,170	\$ -	\$ 189,170	\$ -	0.00%
Calaveras	46,127	1	1	1.00	\$ 259,465	\$ -	\$ 259,465	\$ 38,630	14.89%
Tuolumne	56,799	2	2	2.00	\$ 475,081	\$ -	\$ 475,081	\$ 12,523	2.64%
San Benito	57,784	2	0	-	\$ -	\$ -	\$ -	\$ -	
Tehama	62,419	2	0	-	\$ -	\$ -	\$ -	\$ -	
Lake	64,059	2	1	-	\$ 80,696	\$ -	\$ 80,696	\$ 9,204	11.41%
Yuba	71,929	1	1	1.00	\$ 409,670	\$ -	\$ 409,670	\$ -	0.00%
Mendocino	90,163	6	2	-	\$ 1,836,350	\$ 1,755,200	\$ 81,150	\$ 29,899	36.84%
Sutter	95,878	1	1	-	\$ 921,124	\$ 660,000	\$ 261,124	\$ 34,292	13.13%
Nevada	99,186	2	1	2.00	\$ 1,107,712	\$ -	\$ 1,107,712	\$ -	0.00%
Humboldt	132,821	9	6	19.00	\$ 2,129,765	\$ 1,950,000	\$ 179,765	\$ -	0.00%
Napa	136,704	3	1	8.80	\$ 2,045,573	\$ -	\$ 2,045,573	\$ -	0.00%
Madera	150,887	2	0	-	\$ -	\$ -	\$ -	\$ -	
Kings	154,434	2	0	-	\$ -	\$ -	\$ -	\$ -	
Imperial	176,158	6	2	4.00	\$ 852,910	\$ -	\$ 852,910	\$ 216,733	25.41%
El Dorado	179,722	4	2	3.00	\$ 1,676,337	\$ -	\$ 1,676,337	\$ 67,773	4.04%
Shasta	182,236	4	1	-	\$ 223,000	\$ -	\$ 223,000	\$ -	0.00%
Yolo	199,066	3	1	19.50	\$ 8,853,852	\$ 6,252,257	\$ 2,601,595	\$ -	0.00%
Total	18 2,002,343	60	26	60	\$ 21,060,705			\$ 409,054	7.74%
Per Airport	77,013.19		43%	2	\$ 810,027			\$ 15,733	1.94%
Average	22%		4		\$ 1,170,039			\$ 22,725	1.94%

Picked the counties whose population puts Sutter as the median.

Of the 58 counties, 4 (22%) have no airport responsibility.

Forty-four percent (44%) of all public airports are owned by Counties - the rest are owned by cities.

One County airport for every 77,013 people on average

The average airport has 2 employees

The average annual budget is \$1.170.039

The average GF contribution is \$22.725

The average GF contribution as a percentage of total operating budget is 1.94%

Attachment B - Airport Profit and Loss

	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Expenses												
Operating												
Fuel	\$ 65,882	\$ 94,713	\$ 129,200	\$ 132,007	\$ 103,398	\$ 127,443	\$ 124,590	\$ 111,010	\$ 97,357	\$ 78,180	\$ 70,232	\$ 69,064
Maintenance	\$ 14,484	\$ 13,801	\$ 17,800	\$ 9,672	\$ 14,490	\$ 8,821	\$ 17,420	\$ 9,132	\$ 4,493	\$ 12,724	\$ 4,168	\$ 8,731
Sp. Dept Expense	\$ 5,318	\$ 4,957	\$ 5,097	\$ 5,703	\$ 5,805	\$ 5,305	\$ 6,168	\$ 5,201	\$ 5,021	\$ 6,072	\$ 6,184	\$ 9,408
Utilities	\$ 6,030	\$ 6,320	\$ 7,369	\$ 8,500	\$ 9,300	\$ 8,000	\$ 9,543	\$ 9,957	\$ 11,267	\$ 10,321	\$ 10,000	\$ 9,941
Weed Control	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,128	\$ 2,177	\$ 2,788	\$ 978	\$ -	\$ -
Admin - Misc. Depts	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 17,558	\$ 53,937	\$ 67,102	\$ 6,901	\$ 8,660	\$ 2,051	\$ 1,472
Admin - PW	\$ 9,172	\$ 9,777	\$ 10,923	\$ 4,832	\$ 11,683	\$ 13,268	\$ 16,373	\$ 10,397	\$ 32,080	\$ 35,551	\$ 40,000	\$ 35,422
A-87 - BM	\$ -	\$ -	\$ 6,282	\$ 13,801	\$ 6,169	\$ 6,484	\$ (2,657)	\$ 8,091	\$ -	\$ -	\$ -	\$ -
A-87 - Overhead	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,243	\$ 2,996	\$ 14,104	\$ 73,850	\$ 44,447	\$ 34,249	\$ 76,913
*Miscellaneous	\$ 10,659	\$ 16,687	\$ 11,211	\$ 9,725	\$ 14,064	\$ 11,787	\$ 13,908	\$ 14,343	\$ 14,323	\$ 12,496	\$ 14,141	\$ 9,393
Total Operating	\$ 111,545	\$ 146,254	\$ 187,882	\$ 184,240	\$ 164,909	\$ 201,908	\$ 246,405	\$ 251,514	\$ 248,080	\$ 209,430	\$ 181,025	\$ 220,344
Capital												
Plant Acquisition	\$ 172,011	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 37,362	\$ -	\$ 472,490	\$ 74,996
Prof Services	\$ 126,922	\$ -	\$ -	\$ 180,699	\$ 19,599	\$ -	\$ 16,315	\$ 235,843	\$ -	\$ -	\$ -	\$ -
Structure	\$ 9,756	\$ 21,327	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
LT Debt repay	\$ -	\$ 7,600	\$ 7,600	\$ 7,600	\$ 8,218	\$ 8,875	\$ 9,533	\$ 10,190	\$ 10,848	\$ 11,505	\$ 12,163	\$ 12,820
Interest Expense	\$ -	\$ 9,595	\$ 9,211	\$ 8,827	\$ 8,443	\$ 8,028	\$ 7,580	\$ 7,099	\$ 6,584	\$ 6,036	\$ 5,455	\$ 4,841
Total Capital	\$ 308,689	\$ 38,522	\$ 16,811	\$ 197,126	\$ 36,261	\$ 16,903	\$ 33,428	\$ 253,131	\$ 54,794	\$ 17,541	\$ 490,108	\$ 92,657
Total Expenses	\$ 420,235	\$ 184,776	\$ 204,693	\$ 381,366	\$ 201,169	\$ 218,811	\$ 279,834	\$ 504,645	\$ 302,874	\$ 226,971	\$ 671,134	\$ 313,000

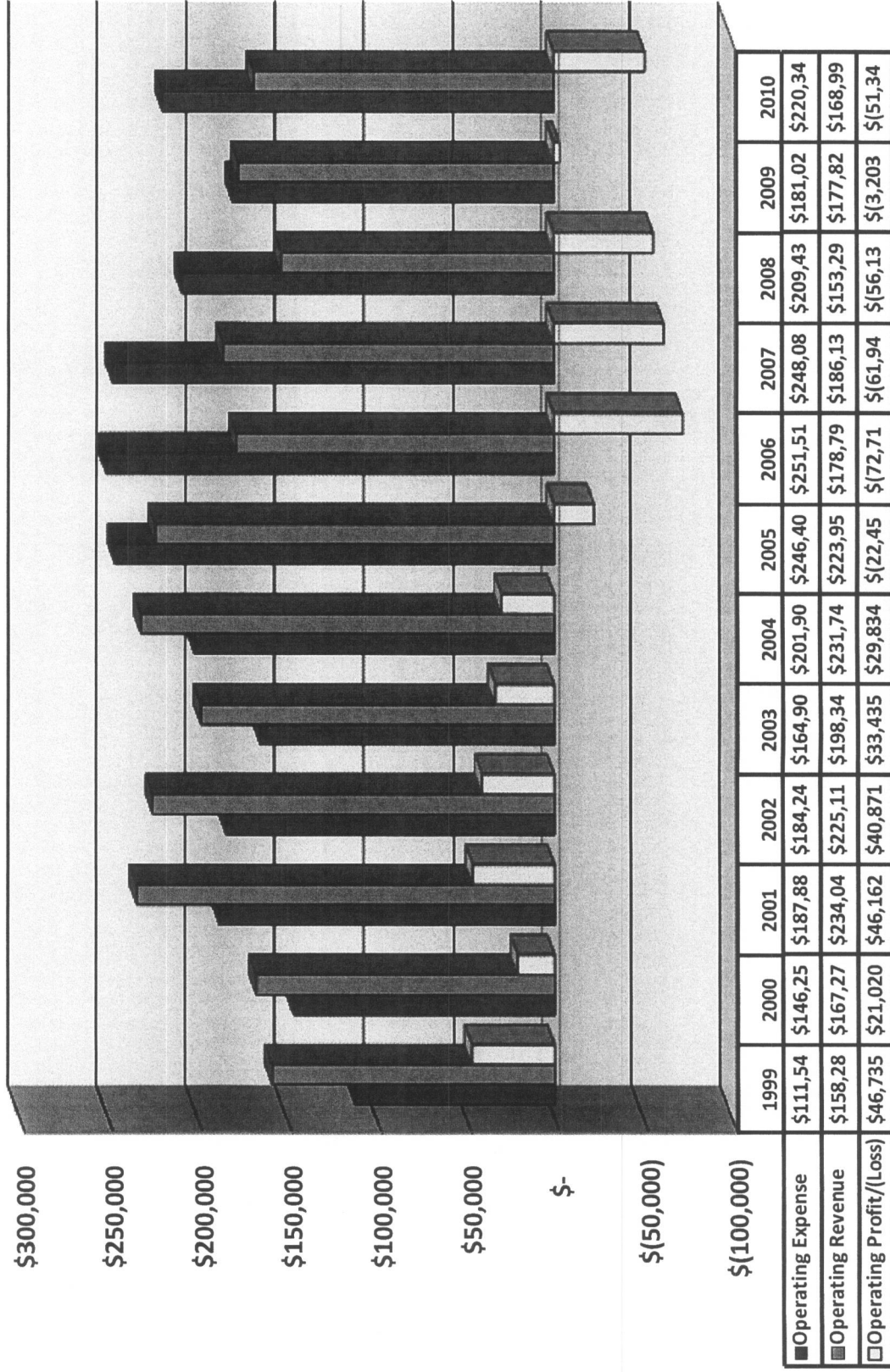
Revenues												
Operating												
Taxes	\$ 14,469	\$ 13,487	\$ 13,439	\$ 14,896	\$ 14,054	\$ 14,621	\$ 14,945	\$ 15,310	\$ 13,096	\$ 14,206	\$ 14,117	\$ 12,085
Interest	\$ 11,714	\$ 3,929	\$ 8,259	\$ 6,854	\$ 5,609	\$ 4,837	\$ 5,506	\$ 5,552	\$ 4,994	\$ 2,158	\$ 3,204	\$ (932)
Rents	\$ 56,389	\$ 66,580	\$ 65,913	\$ 62,696	\$ 63,326	\$ 67,875	\$ 68,408	\$ 66,908	\$ 68,048	\$ 70,328	\$ 90,601	\$ 109,342
Fuel	\$ 75,709	\$ 83,279	\$ 146,433	\$ 140,664	\$ 115,354	\$ 144,409	\$ 135,097	\$ 91,028	\$ 100,000	\$ 66,600	\$ 69,900	\$ 48,500
Total Operating	\$ 158,281	\$ 167,274	\$ 234,044	\$ 225,111	\$ 198,343	\$ 231,742	\$ 223,955	\$ 178,797	\$ 186,138	\$ 153,292	\$ 177,822	\$ 168,995
Grants												
State Aid	\$ 10,000	\$ 10,000	\$ 10,000	\$ 10,000	\$ 10,000	\$ 10,000	\$ -	\$ -	\$ 20,000	\$ -	\$ 20,000	\$ 10,000
CAAP	\$ 120,000	\$ 0	\$ -	\$ 167,437	\$ 20,308	\$ -	\$ 1,750	\$ -	\$ 12,261	\$ -	\$ -	\$ -
FAA	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 35,000	\$ 245,222	\$ 11,776	\$ 40,000	\$ 248,137	\$ 226,353
Total Grants	\$ 130,000	\$ 10,000	\$ 10,000	\$ 177,437	\$ 30,308	\$ 10,000	\$ 36,750	\$ 245,222	\$ 44,037	\$ 40,000	\$ 268,137	\$ 236,353
LT Debt Proceeds	\$ 190,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Misc. Revenue	\$ 50	\$ -	\$ -	\$ 50	\$ 45	\$ -	\$ 309	\$ 1,064	\$ -	\$ 3,089	\$ -	\$ 121
Total Revenues	\$ 478,331	\$ 177,275	\$ 244,044	\$ 402,598	\$ 228,697	\$ 241,742	\$ 261,013	\$ 425,083	\$ 230,175	\$ 196,381	\$ 445,959	\$ 405,469
Profit/(Loss) - URC	\$ 58,096	\$ (7,502)	\$ 39,352	\$ 21,232	\$ 27,527	\$ 22,931	\$ (18,820)	\$ (79,562)	\$ (72,699)	\$ (30,590)	\$ (225,174)	\$ 92,469

Attachment B - Airport Profit and Loss

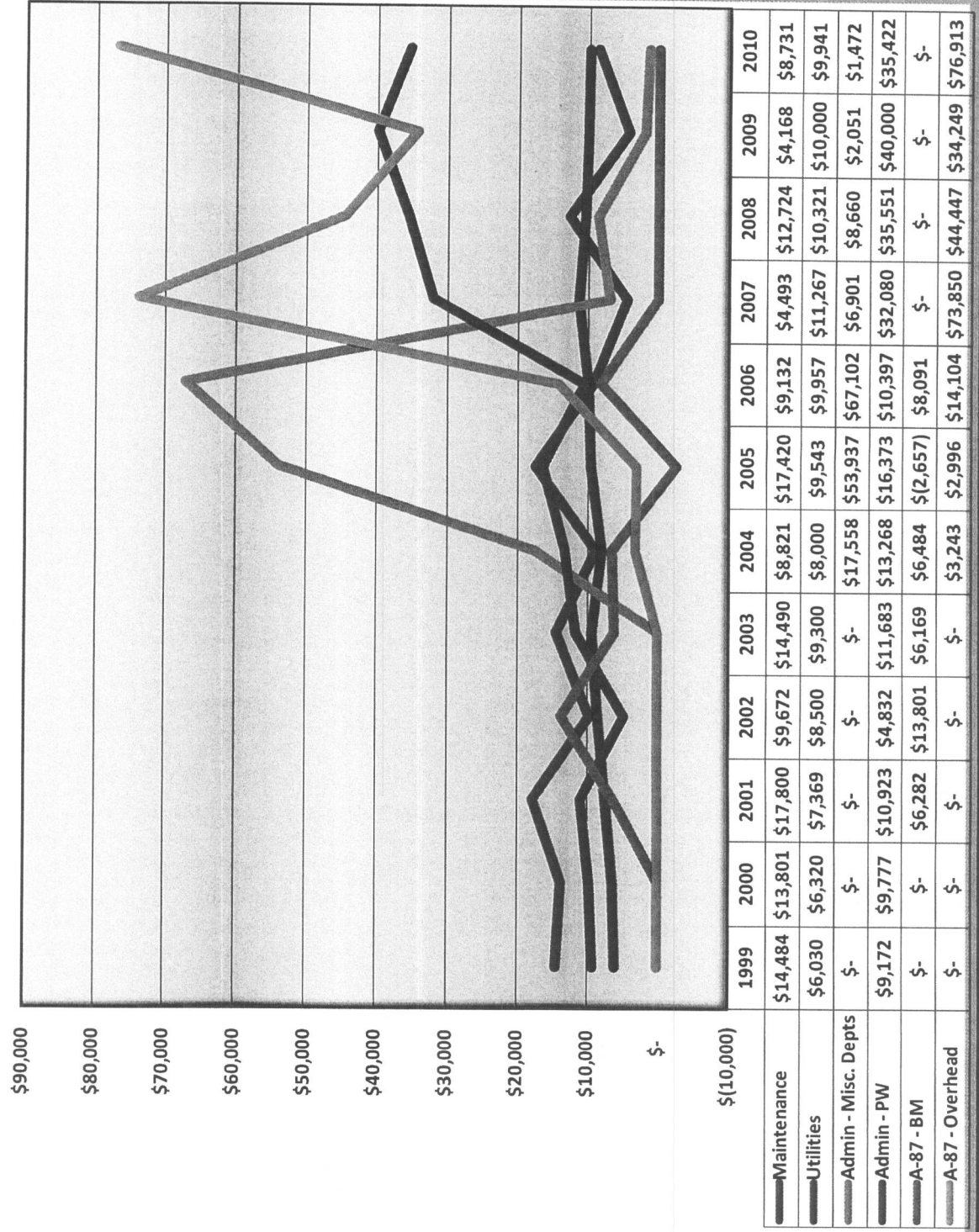
	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Operating Expense	\$ 111,545	\$ 146,254	\$ 187,882	\$ 184,240	\$ 164,909	\$ 201,908	\$ 246,405	\$ 251,514	\$ 248,080	\$ 209,430	\$ 181,025	\$ 220,344
Operating Revenue	\$ 158,281	\$ 167,274	\$ 234,044	\$ 225,111	\$ 198,343	\$ 231,742	\$ 223,955	\$ 178,797	\$ 186,138	\$ 153,292	\$ 177,822	\$ 168,995
Operating Profit/(Loss)	\$ 46,735	\$ 21,020	\$ 46,162	\$ 40,871	\$ 33,435	\$ 29,834	\$ (22,451)	\$ (72,717)	\$ (61,942)	\$ (56,138)	\$ (3,203)	\$ (51,349)
Fuel Expense	\$ 65,882	\$ 94,713	\$ 129,200	\$ 132,007	\$ 103,398	\$ 127,443	\$ 124,590	\$ 111,010	\$ 97,357	\$ 78,180	\$ 70,232	\$ 69,064
Fuel Revenue	\$ 75,709	\$ 83,279	\$ 146,433	\$ 140,664	\$ 115,354	\$ 144,409	\$ 135,097	\$ 91,028	\$ 100,000	\$ 66,600	\$ 69,900	\$ 48,500
Fuel Profit/Loss	\$ 9,827	\$ (11,434)	\$ 17,233	\$ 8,657	\$ 11,957	\$ 16,966	\$ 10,507	\$ (19,982)	\$ 2,643	\$ (11,580)	\$ (332)	\$ (20,564)
Operating Profit/(Loss)	\$ 46,735	\$ 21,020	\$ 46,162	\$ 40,871	\$ 33,435	\$ 29,834	\$ (22,451)	\$ (72,717)	\$ (61,942)	\$ (56,138)	\$ (3,203)	\$ (51,349)
Fuel Profit/(Loss)	\$ 9,827	\$ (11,434)	\$ 17,233	\$ 8,657	\$ 11,957	\$ 16,966	\$ 10,507	\$ (19,982)	\$ 2,643	\$ (11,580)	\$ (332)	\$ (20,564)
True Operating Profit/(Loss)	\$ 36,908	\$ 32,454	\$ 28,929	\$ 32,214	\$ 21,478	\$ 12,868	\$ (32,958)	\$ (52,735)	\$ (64,586)	\$ (44,557)	\$ (2,871)	\$ (30,785)
Operating Expense w/o Fuel	\$ 45,663	\$ 51,541	\$ 58,682	\$ 52,233	\$ 61,511	\$ 74,465	\$ 121,816	\$ 140,504	\$ 150,724	\$ 131,250	\$ 110,793	\$ 151,280
Revenue w/o Fuel	\$ 82,572	\$ 83,995	\$ 87,611	\$ 84,447	\$ 82,989	\$ 87,333	\$ 88,858	\$ 87,769	\$ 86,138	\$ 86,692	\$ 107,922	\$ 120,495
True Operating Profit/(Loss)	\$ 36,908	\$ 32,454	\$ 28,929	\$ 32,214	\$ 21,478	\$ 12,868	\$ (32,958)	\$ (52,735)	\$ (64,586)	\$ (44,557)	\$ (2,871)	\$ (30,785)

*Miscellaneous Expenses - Extra Help, Communications, Household Exp, Copy Service
Equip Maint, Memberships, Office Expenses, Misc Prof Services, Training, Travel, IF Gen Ins, Postage, Printing,

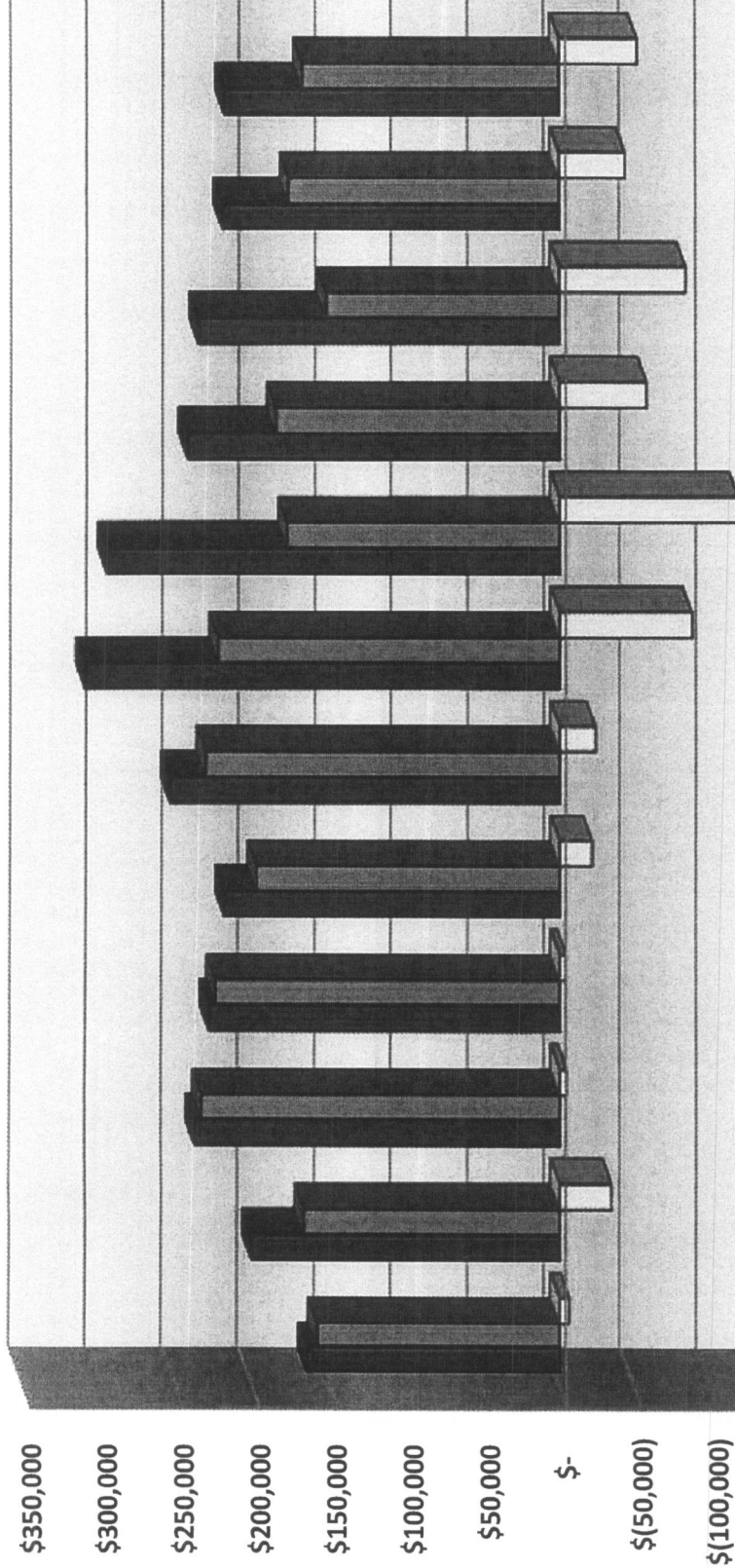
Operating Profit/(Loss)



Attachment D - Major Expenses



Attachment E - Operating Profit/(Loss) - Extrapolated A-87



	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Operating Expense	\$164,718	\$201,242	\$238,464	\$229,243	\$219,551	\$255,068	\$311,100	\$296,571	\$243,777	\$236,903	\$221,151	\$220,344
Operating Revenue	\$158,281	\$167,274	\$234,044	\$225,111	\$198,343	\$231,742	\$223,955	\$178,797	\$186,138	\$153,292	\$177,822	\$168,995
Profit/Loss	\$(6,438)	\$(33,967)	\$(4,420)	\$(4,132)	\$(21,208)	\$(23,325)	\$(87,145)	\$(117,77)	\$(57,639)	\$(83,611)	\$(43,329)	\$(51,349)

Attachment F - Airport Profit and Loss - Extrapolated A-87

1999		2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Expenses												
Operating												
Fuel	\$ 65,882	\$ 94,713	\$ 129,200	\$ 132,007	\$ 103,398	\$ 127,443	\$ 124,590	\$ 111,010	\$ 97,357	\$ 78,180	\$ 70,232	\$ 69,064
Maintenance	\$ 14,484	\$ 13,801	\$ 17,800	\$ 9,672	\$ 14,490	\$ 8,821	\$ 17,420	\$ 9,132	\$ 4,493	\$ 12,724	\$ 4,168	\$ 8,731
Sp. Dept Expense	\$ 5,318	\$ 4,957	\$ 5,097	\$ 5,703	\$ 5,805	\$ 5,305	\$ 6,168	\$ 5,201	\$ 5,021	\$ 6,072	\$ 6,184	\$ 9,408
Utilities	\$ 6,030	\$ 6,320	\$ 7,369	\$ 8,500	\$ 9,300	\$ 8,000	\$ 9,543	\$ 9,957	\$ 11,267	\$ 10,321	\$ 10,000	\$ 9,941
Weed Control	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,128	\$ 2,177	\$ 2,788	\$ 978	\$ -	\$ -
Admin - Misc. Depts	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 17,558	\$ 53,937	\$ 6,901	\$ 8,660	\$ 2,051	\$ 1,472
Admin - PW	\$ 9,172	\$ 9,777	\$ 10,923	\$ 4,832	\$ 11,683	\$ 13,268	\$ 16,373	\$ 10,397	\$ 32,080	\$ 35,551	\$ 40,000	\$ 35,422
**A-87 - Overhead & BM	\$ 53,173	\$ 54,988	\$ 56,864	\$ 58,805	\$ 60,811	\$ 62,887	\$ 65,033	\$ 67,252	\$ 69,547	\$ 71,921	\$ 74,375	\$ 76,913
*Miscellaneous	\$ 10,659	\$ 16,687	\$ 11,211	\$ 9,725	\$ 14,064	\$ 11,787	\$ 13,908	\$ 14,343	\$ 14,323	\$ 12,496	\$ 14,141	\$ 9,393
Total Operating	\$ 164,718	\$ 201,242	\$ 238,464	\$ 229,243	\$ 219,551	\$ 255,068	\$ 311,100	\$ 296,571	\$ 243,777	\$ 236,903	\$ 221,151	\$ 220,344
Capital												
Plant Acquisition	\$ 172,011	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 37,362	\$ -	\$ 472,490	\$ 74,996
Prof Services	\$ 126,922	\$ -	\$ -	\$ 180,699	\$ 19,599	\$ -	\$ 16,315	\$ 235,843	\$ -	\$ -	\$ -	\$ -
Structure	\$ 9,756	\$ 21,327	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
LT Debt repay	\$ -	\$ 7,600	\$ 7,600	\$ 7,600	\$ 8,218	\$ 8,875	\$ 9,533	\$ 10,190	\$ 10,848	\$ 11,505	\$ 12,163	\$ 12,820
Interest Expense	\$ -	\$ 9,595	\$ 9,211	\$ 8,827	\$ 8,443	\$ 8,028	\$ 7,580	\$ 7,099	\$ 6,584	\$ 6,036	\$ 5,455	\$ 4,841
Total Capital	\$ 308,689	\$ 38,522	\$ 16,811	\$ 197,126	\$ 36,261	\$ 16,903	\$ 33,428	\$ 253,131	\$ 54,794	\$ 17,541	\$ 490,108	\$ 92,657
Total Expenses	\$ 473,408	\$ 239,764	\$ 255,275	\$ 426,369	\$ 255,812	\$ 271,971	\$ 344,528	\$ 549,702	\$ 298,571	\$ 254,445	\$ 711,259	\$ 313,000
Revenues												
Operating												
Taxes	\$ 14,469	\$ 13,487	\$ 13,439	\$ 14,896	\$ 14,054	\$ 14,621	\$ 14,945	\$ 15,310	\$ 13,096	\$ 14,206	\$ 14,117	\$ 12,085
Interest	\$ 11,714	\$ 3,929	\$ 8,259	\$ 6,854	\$ 5,609	\$ 4,837	\$ 5,506	\$ 5,552	\$ 4,994	\$ 2,158	\$ 3,204	\$ (932)
Rents	\$ 56,389	\$ 66,580	\$ 65,913	\$ 62,696	\$ 63,326	\$ 67,875	\$ 68,408	\$ 66,908	\$ 68,048	\$ 70,328	\$ 90,601	\$ 109,342
Fuel	\$ 75,709	\$ 83,279	\$ 146,433	\$ 140,664	\$ 115,354	\$ 144,409	\$ 135,097	\$ 91,028	\$ 100,000	\$ 66,600	\$ 69,900	\$ 48,500
Total Operating	\$ 158,281	\$ 167,274	\$ 234,044	\$ 225,111	\$ 198,343	\$ 231,742	\$ 223,955	\$ 178,797	\$ 186,138	\$ 153,292	\$ 177,822	\$ 168,995
Grants												
State Aid	\$ 10,000	\$ 10,000	\$ 10,000	\$ 10,000	\$ 10,000	\$ 10,000	\$ -	\$ -	\$ 20,000	\$ -	\$ 20,000	\$ 10,000
CAAP	\$ 120,000	\$ 0	\$ -	\$ 167,437	\$ 20,308	\$ -	\$ 1,750	\$ -	\$ 12,261	\$ -	\$ -	\$ -
FAA	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 35,000	\$ 245,222	\$ 11,776	\$ 40,000	\$ 248,137	\$ 226,353
Total Grants	\$ 130,000	\$ 10,000	\$ 10,000	\$ 177,437	\$ 30,308	\$ 10,000	\$ 36,750	\$ 245,222	\$ 44,037	\$ 40,000	\$ 268,137	\$ 236,353
LT Debt Proceeds	\$ 190,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Misc. Revenue	\$ 50	\$ -	\$ -	\$ 50	\$ 45	\$ -	\$ 309	\$ 1,064	\$ -	\$ 3,089	\$ -	\$ 121
Total Revenues	\$ 478,331	\$ 177,275	\$ 244,044	\$ 402,598	\$ 228,697	\$ 241,742	\$ 261,013	\$ 425,083	\$ 230,175	\$ 196,381	\$ 445,959	\$ 405,469
Profit/(Loss) - URC	\$ 4,923	\$ (62,489)	\$ (11,231)	\$ (23,772)	\$ (27,115)	\$ (30,229)	\$ (83,514)	\$ (124,619)	\$ (68,396)	\$ (58,064)	\$ (265,300)	\$ 92,469

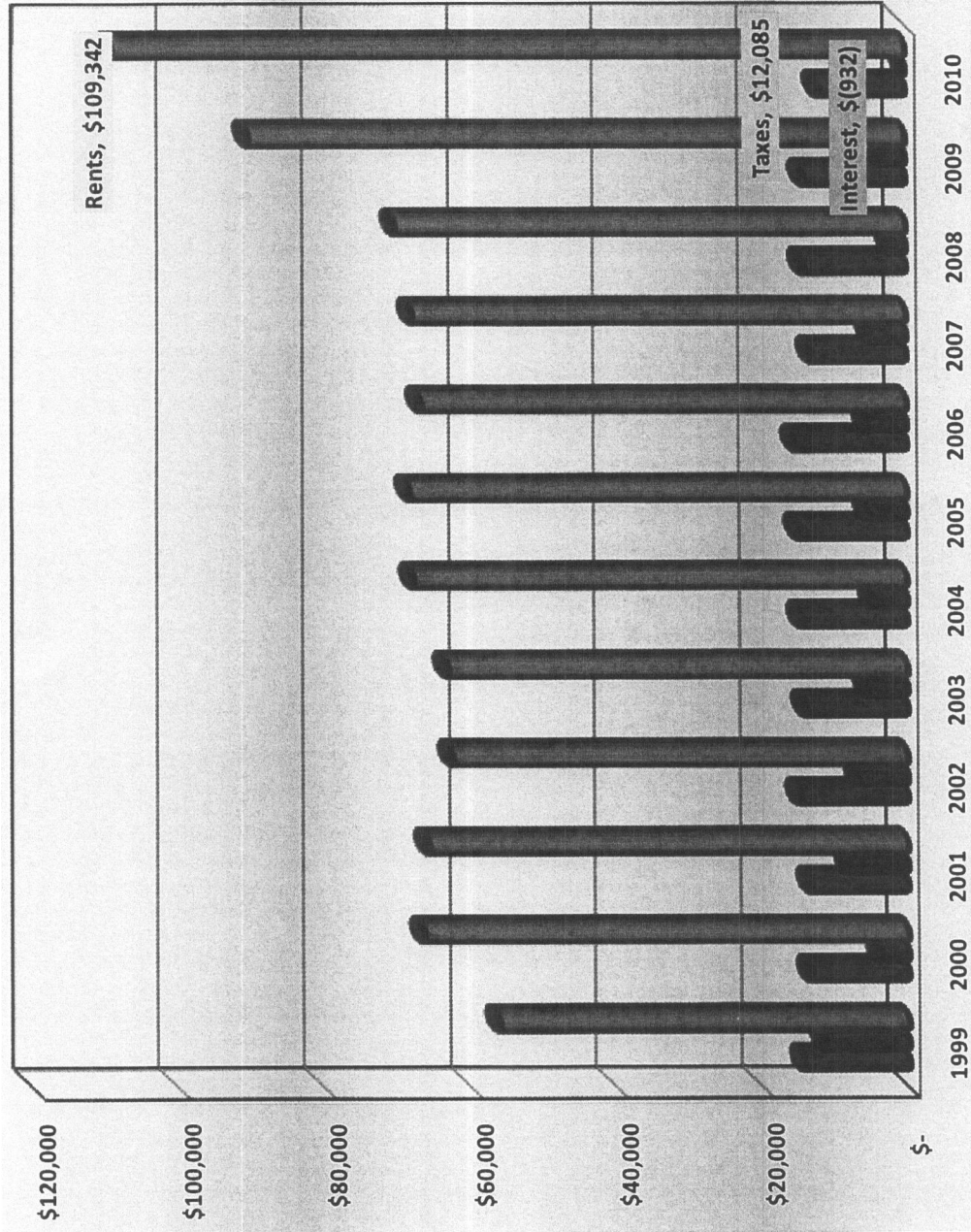
Attachment F - Airport Profit and Loss - Extrapolated A-87

	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Operating Expense	\$ 164,718	\$ 201,242	\$ 238,464	\$ 229,243	\$ 219,551	\$ 255,068	\$ 311,100	\$ 296,571	\$ 243,777	\$ 236,903	\$ 221,151	\$ 220,344
Operating Revenue	\$ 158,281	\$ 167,274	\$ 234,044	\$ 225,111	\$ 198,343	\$ 231,742	\$ 223,955	\$ 178,797	\$ 186,138	\$ 153,292	\$ 177,822	\$ 168,995
Operating Profit/(Loss)	\$ (6,438)	\$ (33,967)	\$ (4,420)	\$ (4,132)	\$ (21,208)	\$ (23,325)	\$ (87,145)	\$ (117,774)	\$ (57,639)	\$ (83,611)	\$ (43,329)	\$ (51,349)
Fuel Expense	\$ 65,882	\$ 94,713	\$ 129,200	\$ 132,007	\$ 103,398	\$ 127,443	\$ 124,590	\$ 111,010	\$ 97,357	\$ 78,180	\$ 70,232	\$ 69,064
Fuel Revenue	\$ 75,709	\$ 83,279	\$ 146,433	\$ 140,664	\$ 115,354	\$ 144,409	\$ 135,097	\$ 91,028	\$ 100,000	\$ 66,600	\$ 69,900	\$ 48,500
Fuel Profit/Loss	\$ 9,827	\$ (11,434)	\$ 17,233	\$ 8,657	\$ 11,957	\$ 16,966	\$ 10,507	\$ (19,982)	\$ 2,643	\$ (11,580)	\$ (332)	\$ (20,564)
Operating Profit/(Loss)	\$ (6,438)	\$ (33,967)	\$ (4,420)	\$ (4,132)	\$ (21,208)	\$ (23,325)	\$ (87,145)	\$ (117,774)	\$ (57,639)	\$ (83,611)	\$ (43,329)	\$ (51,349)
Fuel Profit/(Loss)	\$ 9,827	\$ (11,434)	\$ 17,233	\$ 8,657	\$ 11,957	\$ 16,966	\$ 10,507	\$ (19,982)	\$ 2,643	\$ (11,580)	\$ (332)	\$ (20,564)
True Operating Profit/(Loss)	\$ (16,265)	\$ (22,533)	\$ (21,653)	\$ (12,790)	\$ (33,165)	\$ (40,292)	\$ (97,652)	\$ (97,792)	\$ (60,283)	\$ (72,031)	\$ (42,997)	\$ (30,785)
Operating Expense w/o Fuel	\$ 98,836	\$ 106,529	\$ 109,264	\$ 97,236	\$ 116,154	\$ 127,625	\$ 186,510	\$ 185,561	\$ 146,421	\$ 158,723	\$ 150,919	\$ 151,280
Revenue w/o Fuel	\$ 82,572	\$ 83,995	\$ 87,611	\$ 84,447	\$ 82,989	\$ 87,333	\$ 88,858	\$ 87,769	\$ 86,138	\$ 86,692	\$ 107,922	\$ 120,495
True Operating Profit/(Loss)	\$ (16,265)	\$ (22,533)	\$ (21,653)	\$ (12,790)	\$ (33,165)	\$ (40,292)	\$ (97,652)	\$ (97,792)	\$ (60,283)	\$ (72,031)	\$ (42,997)	\$ (30,785)

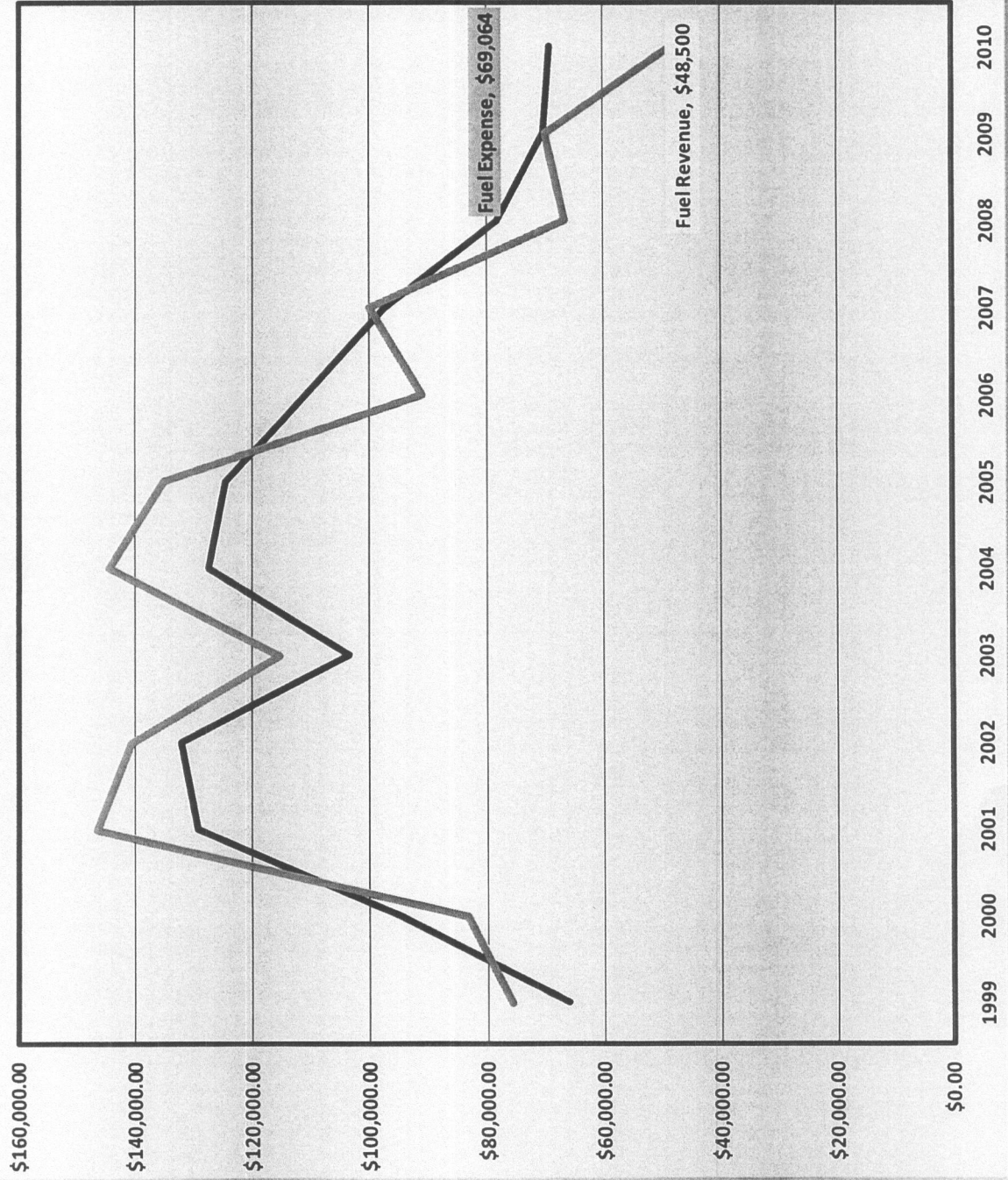
*Miscellaneous Expenses - Extra Help, Communications, Household Exp, Copy Service
Equip Maint, Memberships, Office Expenses, Misc Prof Services, Training, Travel, IF Gen Ins, Postage, Printing,

** Averaged last 4 years of A-87 and applied to all years equally.

Attachment G - Revenues not including Fuel



Attachment H - Fuel Expense and Revenue



Attachment I

Admin Hours for Public Works										
Position	Duties	Hours through December 31, 2010	Estimated Monthly Hours	Estimated Annual Hours	Labor Rate	Labor Cost per month	Overhead Labor cost x .31	Total Cost per month	Total Cost per Year	
Deputy Director	Management	96.50	16.08	193.00	\$ 96.00	\$1,544.00	\$ 478.64	\$2,022.64	\$24,271.68	
Accountant II	Accounting	2.50	0.42	5.00	\$ 42.00	\$ 17.50	\$ 5.43	\$ 22.93	\$ 275.10	
Accountant I	Accounting	5.50	0.92	11.00	\$ 42.00	\$ 38.50	\$ 11.94	\$ 50.44	\$ 605.22	
Accountant I	Invoices/Rental Payments	80.00	13.33	160.00	\$ 42.00	\$ 560.00	\$ 173.60	\$ 733.60	\$ 8,803.20	
Office Assistant II	Leases, Insurance, Past Dues	33.50	5.58	67.00	\$ 42.00	\$ 234.50	\$ 72.70	\$ 307.20	\$ 3,686.34	
Office Assistant II	Customer Service	24.50	4.08	49.00	\$ 34.00	\$ 138.83	\$ 43.04	\$ 181.87	\$ 2,182.46	
Totals		242.50	40.42	485.00		\$2,533.33	\$ 785.33	\$3,318.67	\$39,824.00	
	FTE = 2080 hours			0.23						

Attachment J

A-87 Costs Explanation					
	FY 2001-02	FY 2006-07	FY 2009-10	Based on two years prior actual costs	
CAO	\$ -	\$ 607	\$ 628	Number of Employees	
				Accounting is based on Journal Entries, Payroll based on Employees, Claims based on number of Warrants	
Auditor	\$ 1,338	\$ 1,543	\$ 1,640	Vendors based on number of Warrants, Payroll based on Employees	
Treasurer	\$ 35	\$ 72	\$ 272	Payroll based on Employees	
Purchasing	\$ 74	\$ 583	\$ 469	Purchasing based on hours spent	
County Counsel	\$ -	\$ 291	\$ 1,615	Based on % of salary	
Personnel	\$ -	\$ 727	\$ 782	Based on Employees	
Building Maintenance	\$ 13,801	\$ 35,914	\$ 46,843	Actual costs, custodial, grounds, maintenance, and administration	
Central Services	\$ 37	\$ 198	\$ 136	Mail, printing, copier	
Building Allowance	\$ 19,049	\$ -	\$ -	Square footage	
External Audit Costs	\$ 55	\$ 69	\$ 108	Based on Warrants	
Budgeted Costs	\$ 34,389	\$ 40,004	\$ 52,493	This is a 3% annual increase	
Carry Forward	\$ 4,945	\$ 33,846	\$ 24,420	Actual costs over or under the budgeted costs for 2 years prior	
Total A-87 costs	\$ 39,334	\$ 73,850	\$ 76,913	This is a 4% annual increase	
A-87 costs used	\$ 19,104	\$ 73,850	\$ 76,913		
Difference	\$ 20,230	\$ -	\$ -		
Year based on	FY 1999-00	FY 2004-05	FY 2007-08		

ATTACHMENT B

COUNTY OF SUTTER
PUBLIC WORKS DEPARTMENT

BOARD MEETING: DECEMBER 7, 2010
PWSS REVIEW: OCTOBER 14, 2010

TO: HONORABLE BOARD OF SUPERVISORS

SUBJECT: ADOPT A RESOLUTION ADJUSTING THE RENTS AND FEES CHARGED FOR
SUTTER COUNTY AIRPORT LAND FOR COMMERCIAL USE

Recommended Action: That the Board of Supervisors conduct a public hearing and, at the conclusion of the hearing, adopt the attached Resolution adjusting the rents and fees charged for airport land used for commercial use effective January 1, 2011; and authorize the not to exceed maximum for the Pooled Treasury / General Fund loan, required to maintain ongoing Airport operations, be increased from \$125,000 to \$225,000.

Background and Discussion: The County Airport budget consists of expenditures and revenues necessary to operate and maintain the Sutter County Airport for general aviation purposes. The Airport facility generates income by charging rental fees for use of the County-owned land, hangars, hangar sites, storage spaces, flight-based commercial land use operations, and tie downs. The Airport operates as a separate enterprise, and as such, must generate revenues to sufficiently cover the costs to operate and maintain the Airport facilities. Over the last several years, the Airport has been using its existing fund balance to balance expenses with revenue; this fund balance was depleted in FY 2008-09.

On October 7, 2008, staff presented to the Board of Supervisors a proposal to gradually increase all rates at the Sutter County Airport over an 8-year period with temporary deficits in operation funds covered by a loan from the General Fund. At that time, the Board of Supervisors only approved the proposed rate increase for hangars, private hangars, tie downs and storage spaces. The proposed rate increase for the commercial tenants was deferred to an Ad Hoc Committee. The Ad Hoc Committee met several times with the commercial tenants and reviewed a number of possible commercial rate adjustments. On January 13, 2009, the Board of Supervisors approved the interim commercial rate adjustments recommended by the Ad Hoc Committee, with the understanding that the approved increases were insufficient to bring the operating budget into balance. For this reason, the Ad Hoc Committee recommended that commercial rates for the Sutter County Airport be reviewed again by staff in 2010.

An increase in revenue is required to maintain the operations and ongoing maintenance of the Airport and, subsequently, pay back the funds borrowed from the General Fund. The recommended alternative includes an increase in commercial rents over a 5-year period, with temporary deficits in operating funds covered by a loan from the General Fund to be capped at \$225,000. This option would increase the monthly rent from the current \$.0039 per square foot (\$169.88 per acre per month) for land to \$.0346 per square foot (\$1,507.18 per acre per month) over five years and subsequently, on an annual basis, by the Consumer Price Index (Western Urban Cities – May to April). If the recommended rate increase proposal is approved, it is estimated that the General Fund loan would be repaid by year 9.

Similar land leases at the Yuba County Airport are charged at the rate of \$0.07 per square foot. Additionally the commercial users pay a fuel flowage fee of \$0.065 per gallon for fuel they bring onto the airport as a use fee for the airfield. Sutter County does not charge a fuel flowage fee for fuel brought onto the premises, nor is staff proposing one at this time. Yuba County Airport is classified as a regional airport and has a longer runway enabling larger aircraft to use the airport and two runways in total, enabling aircraft to use the airport in more varied weather conditions. There are some additional services available at the airport. Therefore, staff is recommending that the land rental fees not be increased beyond 65% of the Yuba County Airport rate since the value of the Sutter County airport is less to commercial operators.

The rents for commercial tenants for office and maintenance bay buildings remain as previously approved and will increase annually by the Consumer Price Index (Western Urban Cities – May to April). The attached spreadsheet showing the revenue increases is based on present values without inflation. No Consumer Price Index increases are proposed for commercial tenants during the phased increases period.

The attached resolution only extends to year 4. Rates would have to be revisited in FY 2014-15 for continued adjustment.

In order to maintain Airport operations, the Board approved a loan from the Pooled Treasury / General Fund on June 23, 2009 with a not to exceed maximum of \$125,000. In FY 2009-10, the Sutter County Airport budget used \$102,103 of this loan balance. If the proposed rate increases are approved, the necessary loan amount will increase over the next five years to a not-to-exceed peak of \$225,000 at which time the Sutter County Airport will begin to repay the loan.

Letters including this staff report and proposed rate increases, along with the date of the Public Works/Support Services Committee meeting, were sent to the three affected commercial tenants. On August 12, 2010, the Public Works / Support Services Committee (Committee) met with affected airport lease holders. After discussion, the Committee directed staff to look at two additional alternatives.

The first alternative considered charging commercial land leases holders solely for the footprint of their buildings and structures. Typically, leases for land include all the land in the lease and rental charges are for the footprint of the land used by the lessee, not the footprint of buildings and structures owned by the lessee. The other airport in the area, Yuba County Airport, leases its land at rates based on the total land used by the lessee. The result of using the buildings/structures footprints also does not provide sufficient revenues to balance the budget for the airport as shown in the attached Rates and Loan Balance Projections. It projects that the Airport Fund would continue to operate at a loss and the debt would climb to \$261,164 by year 8.

The second alternative reduces the footprint charged to land actually used for buildings, storage, parking, operations, and equipment staging. This is the recommended alternative as it bases the rental fees on the actual land used by the lessee, as is common in practice. The result of using this method to project revenues is included in the attached Rates and Loan Balance Projections. It projects that the airport fund would stop operating at a loss and the General Fund debt would be paid off by year 9. To execute this reduction in leased area, Onstott Dusters leased area would be reduced in 2012-2013. Twin Cities leased area would be reduced in 2016-2017 when their current lease expires.

After a second review by the Committee, the Committee recommended approval of the attached rate schedule which assumes some reductions in leased footprints at the times specified above.

Prior Board Action: The Board of Supervisors adjusted some of the Airport Commercial rates on January 13, 2009 and instructed staff to review these rates again in 2010.

Alternatives: The Board could increase the General Fund loan or grant funds to the Airport.

Other Department and/or Agency Involvement: No other County Departments or Agencies would be affected by an adjustment in the Commercial rates at the Airport.

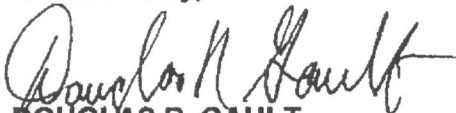
Action Following Approval: Direction given by the Board would be implemented by the Public Works Department.

Fiscal Impact: Staff estimates the recommended rate increases will, over the 9-year period, increase Airport revenues sufficiently to offset expenses. It is estimated that the Pooled Treasury / General Fund loan supporting ongoing Airport operations would hit its highest level of approximately \$225,000 in year 5. The loan would be paid in year 9. Specific estimated annual debt amounts are noted as "debt balance" on the "Rates and Loan Balance Projections" spreadsheet attached.

Committee Action: On August 12, 2010, the Public Works / Support Services Committee (Committee) met with affected airport lease holders. After discussion, the Committee directed staff to look at two additional alternatives discussed in the Discussion section above, and return as quickly as possible with the results. The Committee again reviewed this item at its meeting of October 14, 2010 and recommended for approval as an appearance item. The Committee further recommended staff perform an interim review of Airport Commercial rates near the end of calendar year 2012.

Prepared by: Robert Starr, Deputy Director for General Services

Submitted by,


DOUGLAS R. GAULT
DIRECTOR OF PUBLIC WORKS

Attachment: Resolution
Rates and Loan Balance Projection

**BEFORE THE BOARD OF SUPERVISORS
COUNTY OF SUTTER, STATE OF CALIFORNIA**

RESOLUTION OF THE BOARD OF)
SUPERVISORS INCREASING THE)
RENT CHARGED FOR RENTING)
AIRPORT COMMERCIAL LAND)

RESOLUTION NO. _____

WHEREAS, The Board has previously adopted Resolution 09-004 on January 13, 2009 establishing the Commercial rents and fees to be charged at the Sutter County Airport; and

WHEREAS, The Board of Supervisors desires to revise the rents for land only for commercial tenants adopted in Resolution #09-004.

NOW, THEREFORE, BE IT RESOLVED, by the Board of Supervisors of the County of Sutter that the following rents and fees be charged at the Sutter County Airport for commercial tenants renting land only, superseding Resolution 09-004:

Effective January 1, 2011

<u>Type</u>	<u>Monthly Rent</u>	<u>unit</u>
Commercial Land - Perimeter / Interior	\$ 0.0070	square foot

Effective July 1, 2011

<u>Type</u>	<u>Monthly Rent</u>	<u>unit</u>
Commercial Land - Perimeter / Interior	\$ 0.0119	square foot

Effective July 1, 2012

<u>Type</u>	<u>Monthly Rent</u>	<u>unit</u>
Commercial Land - Perimeter / Interior	\$ 0.0191	square foot

Effective July 1, 2013

<u>Type</u>	<u>Monthly Rent</u>	<u>unit</u>
Commercial Land - Perimeter / Interior	\$ 0.0277	square foot

Effective July 1, 2014

<u>Type</u>	<u>Monthly Rent</u>	<u>unit</u>
Commercial Land - Perimeter / Interior	\$ 0.0346	square foot

The above commercial rents for land effective July 1, 2014 shall be increased annually by the Consumer Price Index (Western Urban Cities-May to April) effective July 1st of each year thereafter unless otherwise revised by the Board of Supervisors.

BE IT FURTHER RESOLVED, by the Board of Supervisors of the County of Sutter, that the following rents be charged at the Sutter County Airport for commercial tenants renting buildings only, superseding Resolution 09-004:

Effective July 1, 2010 (current rates)

<u>Type</u>		<u>Monthly Rent</u>	<u>unit</u>
Office	Building	\$0.3500	square foot
Maintenance Bay	Building	\$0.1200	square foot

The above commercial rents for buildings shall be increased annually by the Consumer Price Index (Western Urban Cities-May to April) effective July 1st of each year unless otherwise revised by the Board of Supervisors.

BE IT FURTHER RESOLVED, by the Board of Supervisors of the County of Sutter that the following deposits be remitted at the Sutter County Airport for new tenants renting Building Office or Storage Space as follows:

Building Office	one month rent
Storage Space Security Deposit	one month rent

PASSED AND ADOPTED by the Board of Supervisors of the County of Sutter, State of California, this ____ day of _____, 2010, by the following vote:

AYES:

NOES:

ABSENT

CHAIRMAN, BOARD OF SUPERVISORS

ATTEST:

COUNTY CLERK

SUTTER COUNTY ANIMAL CONTROL SHELTER

SUMMARY

The 2011-2012 Sutter County Grand Jury (SCGJ) conducted several visits to Sutter County Animal Shelter (SCAS) as a follow up to last year's Grand Jury report. During the visits, SCGJ members met with the Animal Control Supervisor and the Assistant Director of Community Services.

The SCGJ was also concerned that the SCAS had not implemented a policy addressing the boarding of seized animals outside of the animal control facility.

Recommendations from the SCGJ are to establish a policy to identify procedures that will allow the boarding of any animal that cannot be housed in the SCAS.

BACKGROUND

The 2010-2011 SCGJ received a letter from a citizen, a farm owner, who complained of unfair treatment by the SCAC. SCAC had seized a number of large animals from the farm and issued the owner a citation of animal cruelty. Ultimately the issues surrounding this complaint were adjudicated in court.

During its investigation, the 2010-2011 SCGJ identified a number of issues in their report on the SCAS, including a lack of current policies and procedures. In particular, there was no policy for housing large animals seized by the SCAS. In the case of the large animals seized during the alleged animal cruelty charge, all were boarded on property owned by the SCAS Supervisor. Boarding of these animals was done without a written agreement with Sutter County. Approval was granted verbally by the Sutter County Director of Community Services.

The SCAS is responsible to house all animals, large and small, seized as a result of an animal cruelty.

APPROACH

Interviews were conducted with the Director of Community Services, the Assistant Director of Community Services, the SCAS Supervisor and several SCAS personnel.

The SCGJ reviewed the policies and procedures manual that the SCAS is currently in the process of updating. The court's decision regarding the citizen complaint on the SCAS was reviewed.

DISCUSSION

The complainant had animals seized by SCAS that were initially taken to their facility. Unable to properly care for seized animals the SCAS Supervisor personally offered these services to Sutter County. The Community Services Director verbally agreed to this offer by the SCAS Supervisor and the animals were transported to the Supervisor's ranch. Prior to the judgment, the county reimbursed the SCAS individual involved in the transport of the animals and the SCAS Supervisor who boarded the animals, approximately \$16,000. Even though the county requested more than \$100,000.00 from the complainant for transportation and boarding of the seized animals, the court judgment was for \$13,000.00. The court deemed the extended period the animals were boarded at the SCAS Supervisor's ranch was unnecessary and reduced the amount accordingly. The difference between what the court allowed and what the county actually paid for the boarding of these animals was never recovered.

The lack of policy pertaining to the boarding of animals unable to be cared for at the SCAS created a false impression to those individuals in charge that it was acceptable to only have a verbal agreement with Sutter county employees.

The SCAS should be commended on the changes made to the facility since the 2010-2011 SCGJ report. However, the lack of policies and procedures should be noted. It is extremely important to implement these as a guide for employees. Implementing policies and procedures has been advocated by notable experts in shelter management, who have provided recent guidance to SCAS personnel.

FINDINGS

- F1.** The lack of policy concerning the boarding of animals outside the SCAS has created an area of concern and requires immediate attention. There has been a conflict of interest pertaining to SCAS employees seizing animals and then receiving reimbursement to transport and board them.

RECOMMENDATIONS

- R1.** A comprehensive policy pertaining to the boarding of animals outside of the SCAS should be established with the least possible delay. The policy should prohibit the boarding of animals on SCAS employee's property, to avoid a conflict of interest issue that could raise concern by the citizens of Sutter County.
- R2.** The continued review and update of SCAS policies and procedures should continue to avoid any misunderstandings of policy by staff.

RESPONDENTS

Randy Cagle, Assistant Community Services Director
Danelle Stylos, Community Services Director
Stephanie Larson, County Administrative Officer
Sutter County Board of Supervisors

Continuity Committee

SUTTER COUNTY ANIMAL CONTROL

Findings from the 2010-2011 Sutter County Grand Jury Final Report

The Grand Jury finds that the Sutter County Animal Shelter may be in violation of California Penal Code 597, California Veterinary Practice Law 4826, California Veterinary Practice Law 4840, California Veterinary Practice Law 4831, and California Civil Code 1834.

The Grand Jury finds the UC Davis Koret Shelter Medicine Program has the expertise to analyze all aspects of the Sutter County Animal Shelter and to provide recommendations for correction.

The Grand Jury finds that several documents provide excellent guidance for the management of animal Shelters. One such document is the "Guidelines for Standards of Care in Animal Shelters" published by the Association of Shelter Veterinarians 2010.

<http://www.sheltervet.org/associations/4853/files/Shelter%20Standards%20Dec2010.pdf>

The Grand Jury finds the Sutter County Animal Control Shelter does not have a Premises Permit allowing the legal practice of Veterinary Medicine at the facility. A Premises Permit allows the Animal Shelter to practice veterinary medicine while under the supervision of a licensed California Veterinarian. It is illegal to provide veterinary services without a Premises Permit. There is no exception for an Animal Shelter.

The Grand Jury finds the County Animal Shelter to be an unhealthy environment due to the severe rat infestation.

The Grand Jury finds the Policies and Procedure Manual is seriously outdated. Employees and inmate-trustees with only verbal instructions in the Shelter's policies and procedures are subjected to incomplete or inconsistent teaching, as well as manifest inconsistent performance of their duties.

The Grand Jury finds that all animal control vehicles have been equipped with radios except two. Although some of the trucks are now equipped with radios, the Animal Control Officers are not allowed to use them until training has been provided.

The Grand Jury finds that the inmate-trustees are male, non-violent offenders. They are on-site during public hours, thus presenting a poor image for the Division. They take an inordinate amount of Shelter staff time to train. During the workday there is little to no supervision of the inmate-trustees as they go about their daily Shelter duties. In the rare case where an inmate-trustee wants to learn and work, it is unlikely that person will be there for more than a few months. Both CITYGATE ASSOCIATES LLC and the UC Davis Koret Shelter Medicine report confirmed that it is difficult to come up with any redeeming modifier other than they are free labor. However, they are free only in a direct cost sense. The use of inmate-trustees

institutionalizes turnover, which is detrimental for any organization (much less a service organization), creates supervision problems, is bad for the morale of regular employees, and creates a poor public image. Use of inmate-trustee labor also makes disease control more problematic because inmate-trustees will not have time to acquire the knowledge of disease symptoms. Although limited training is provided to the inmate-trustees, they do not have the knowledge required to improve the disease prevention capabilities of the Shelter.

The Grand Jury finds the current budget for the Shelter is inadequate and does not include funds to fully staff all positions.

The Grand Jury finds the inmate-trustees have inadequate training to recognize illness or complete an evaluation of the temperament of the animal. This creates a serious risk.

The Grand Jury finds that developing plans for the new Shelter, forming a Joint Powers Authority, developing a budget and a plan to allow for a smooth transition of the animal Shelter from the County to the Joint Powers Authority is lacking at best.

Recommendations from the 2010-2011 Sutter County Grand Jury Final Report

The Grand Jury recommends Sheriff J. Paul Parker immediately begin an investigation to include the violations of California Penal Code 597, California Veterinary Practice Law 4826, California Veterinary Practice Law 4840, California Veterinary Practice Law 4831, and California Civil Code 1834. In the course of the Sheriff's investigation of these findings, individuals who are found to be culpable should be charged.

The Grand Jury strongly recommends Sutter County Board of Supervisors contracts with the UC Davis Koret Shelter Medicine Program for a complete analysis of the current Shelter so that deficiencies in the cleaning process, intake of animals, identification of deadly diseases, and the prevention of overcrowding in the dog and cat kennel areas are identified. Plans need to be developed and implemented before transitioning to the new Shelter.

The Grand Jury recommends that the Director of Community Services require that the "Guidelines for Standards of Care in Animal Shelters" be adopted for use as a template by the Shelter Supervisor to develop policies that will ensure humane treatment of all animals housed in the Shelter.

The Grand Jury recommends that the California State Laws that govern the practice of Veterinary Medicine be followed. The Grand Jury highly recommends the unlawful practice of Veterinary Medicine at the Shelter cease immediately. The Grand Jury recommends that Sutter County contract with a licensed California Veterinarian to provide proper medical care to the animals housed at the Shelter.

A new Shelter will not be ready for occupancy for 18 – 24 months. The Grand Jury recommends that an independent rodent service be hired to remove the rats by any means necessary.

The Grand Jury recommends the Policies and Procedure Manual, covering each aspect of the Shelter's operations, must be updated annually, and a copy be made available in both the administrative office and the kennel area. The Grand Jury recommends each employee be required to read the Manual and indicate in writing having done so. This documentation should then be placed in the employee's file.

The Grand Jury recommends that radios be installed in the two remaining vehicles not equipped with radios. The Grand Jury also recommends training on operation of the radios begin immediately so that all Animal Control Officers will have communications between local law enforcement and animal control.

The Grand Jury recommends that inmate-trustees be supervised at all times by a fully trained Animal Control Officer. The Grand Jury also recommends phasing out the use of inmate-trustee labor and institute an aggressive volunteer program.

The Grand Jury recommends a budget be developed that will allow the Shelter to fully fund all positions. Without a fully staffed Shelter, the continued use of inadequately trained and poorly supervised inmate-trustee labor will lead to more unnecessary deaths in the animal population at the Shelter.

The Grand Jury recommends that the inmate-trustees only be assigned duties such as cleaning of vehicles, laundry, dishes, non-animal housing areas, preparation of food dishes, and litter pans.

The Grand Jury recommends that the County work with the cities of Live Oak and Yuba City more closely to ensure that all questions raised by both city managers be addressed in a timely manner.

Response from the 2011-2012 Sutter County Grand Jury

The Grand Jury acknowledges the above recommendations have been completed except for the following:

A request was made directly to UC Davis Koret Shelter Medicine Program for additional guidance. However, the Program Manager was unwilling to work with the current management of the Sutter County Animal Control Shelter.

The county agrees that ideally a budget should be developed to allow the shelter to fully fund all positions, however, at this time is not feasible.

An attempt has been made to increase supervision of the trustees, however, at this time this requires additional attention.

Recent visits revealed that the trustees are not always supervised and are still cleaning the animal housing areas.

DEPARTMENT OF CHILD SUPPORT SERVICES

Findings from the 2010-2011 Sutter County Grand Jury Final Report

The Grand Jury finds that the morale in the CSS is extremely low.

Recommendations from the 2010-2011 Sutter County Grand Jury Final Report

The Grand Jury recommends the Director take the staff concerns more seriously and work with the employees to find solutions to improve morale.

Response from the 2011-2012 Sutter County Grand Jury

The Grand Jury acknowledges the above recommendations have been met.

**MISALLOCATION OF BRADLEY-BURNS
&
TRANSPORTATION TAX FUND DEPOSITS**

Findings from the 2010-2011 Sutter County Grand Jury Final Report

The Sutter County Grand Jury finds the county receives electronic funds transfers from the state for a variety of purposes. The County Auditor-Controller, Mr. Stark, is then responsible for determining the breakdown of those monies and transfers the funds into county accounts.

The Sutter County Grand Jury finds the Auditor-Controller's Office reversed the sales tax allocations for the Local Transportation Fund and the county General Fund. This error was the result of an unintentional reversal of the account numbers by an accountant clerk.

The Sutter County Grand Jury finds that Ms. Putman acted within the realm of her position as the Assistant Auditor-Controller to audit the differences in the dollar amounts in the accounts of the Local Transportation Fund and the General Fund.

The Sutter County Grand Jury finds the Auditor-Controller's Office and the County Administrator's Office each conducted their own investigation into the misallocation of tax funds.

The Sutter County Grand Jury finds the lapse of time between February 18 through April 19, 2010, to be excessive in regard to making the necessary corrections.

The Sutter County Grand Jury finds Mr. Stark acknowledged responsibility for the misallocation of funds.

The Sutter County Grand Jury finds Mr. Stark's policies of controls were deemed unnecessary for the general revenue budget unit by the County Administrator Officer because it is monitored and managed by the County Administrator's Office staff.

The Sutter County Grand Jury finds the Board of Supervisor's approved a budget amendment & directed the Auditor Controller to make all adjustments, and were finalized by October 6, 2010. (Minutes Approved on May 18, 2010, Book 3-J page 469).

Recommendations from the 2010-2011 Sutter County Grand Jury Final Report

The Sutter County Grand Jury recommends the Auditor-Controller's Office continue to scrutinize the deposits.

The Sutter County Grand Jury recommends the Auditor-Controller's Office be responsible for policy and procedures to prevent error in deposits from happening in the future.
The Sutter County Grand Jury recommends the departments be responsible for their own accounts by using the deposit permits from the Auditor-Controller's Office to verify their deposits.

The Sutter County Grand Jury recommends the line of communication between departments be open and approachable.

The Sutter County Grand Jury recommends corrections are made more promptly.

The Sutter County Grand Jury recommends Mr. Stark continue to audit his department for errors and commends Mr. Stark for accepting responsibility for the errors within his department.

The Sutter County Grand Jury recommends that each department be held responsible for the accuracy of the deposits for their accounts made by the Auditor-Controller's Office.

The Sutter County Grand Jury recommends the county departments work together, to be more proficient, with their interdepartmental communication skills, to minimize the amount of time for problem solving.

Response from the 2011-2012 Sutter County Grand Jury

The Grand Jury acknowledges the above recommendations have been reviewed by the Board of Supervisors and partially agree with these recommendations and are making efforts to improve.

OFFICE OF EMERGENCY MANAGEMENT

Findings from the 2010-2011 Sutter County Grand Jury Final Report

The Grand Jury finds there is no consolidated County Emergency Operations Plan.

The Grand Jury finds the emergency power supply only runs on one type of fuel.

The Grand Jury finds that cable is the only form of telecommunications.

The Grand Jury finds that no utility and sewer hook ups exists for mobile emergency service vehicles.

Recommendations from the 2010-2011 Sutter County Grand Jury Final Report

The Grand Jury recommends Mr. Debeaux make it a priority to complete a consolidated plan and provide a copy of the completed Sutter County Emergency Operations Plan to all city and county departments.

The Grand Jury recommends adding a second fuel capability to the Emergency power supply for the EOC.

The Grand Jury recommends installing a second source of telecommunications.

The Grand Jury recommends EOC provide utility and sewer hook ups for mobile emergency vehicles.

Response from the 2011-2012 Sutter County Grand Jury

The Grand Jury acknowledges the above recommendations and responses from the Board of Supervisors to be acceptable.

RELEASE OF PUBLIC INFORMATION

Findings from the 2010-2011 Sutter County Grand Jury Final Report

The Grand Jury finds when the County receives a CPRA request of this nature, the county is responsible to release a list of employee names, compensation and job title information, and may withhold such information and grant an "exclusion" to any information request in a very narrow circumstance where an employee has a legitimate safety or security reason based upon specific, verifiable safety and/or security concerns.

The Sutter County Grand Jury finds that the Auditor Controller, Mr. Stark, did not violate the CPRA law. At the time of release of personnel names, job titles and salary, a County Policy was not in place regarding CPRA. Mr. Stark received a request for the information from a private citizen and he responded to the request based on current law.

The CPRA law was enacted in 2007 and neither the CAO nor the Board of Supervisor's saw a need to establish a policy within the county to address a request of this nature.

The Grand Jury finds the potential for future harm continues to be high with no CPRA policies in place. As of December 27, 2010 a CPRA policy has not been approved by the Sutter County Board of Supervisors.

Recommendations from the 2010-2011 Sutter County Grand Jury Final Report

The Grand Jury recommends that Sutter County take steps to prevent the release of confidential employee information in the future by establishing a policy for release of CPRA requests.

The Sutter County Grand Jury recommends that the CAO establish a policy for the release of public information and the Board of Supervisors approve the policy as soon as possible to insure issues of this nature do not happen in the future.

The Grand Jury recommends any adverse actions against an employee or their family as a result of the breach of confidentiality be forwarded to the Sutter County Sheriff's Department.

Response from the 2011-2012 Sutter County Grand Jury

The Grand Jury acknowledges the above recommendations have been met.

SUTTER COUNTY JAIL NURSES PROGRAM CITIZENS COMPLAINT

Findings from the 2010-2011 Sutter County Grand Jury Final Report

Inadequate R.N. Coverage

The Nurse staffing at the Jail has been directed by a court order in Dempsey W. Haller vs Sutter County, et al. No. CIV-S-93-1256 DFL JFM (P). Failure to comply with this order can be found to be out-of-compliance and could be liable for additional action by the Court.

Lack of Training

Legal decree #CIV-S-93-1256 DLF JFM (P)

E19, Training: "Jail custody staff shall receive periodic update training in First Aid, CPR, intake screening, blood borne pathogens and suicide prevention..."

Sutter County Jail Medical Policies and Procedures #3 Section 6. "Oversees training of nurses and/or officers in areas where improvement is needed, as identified by QA audits, including regular and continued joint staff development activities. These will be documented as to date given, content, attendees and comments."

Training is necessary to maintain proficiency in on-site activities. The Nursing Program Manager has failed to offer his nursing staff any of the required training. When one of his SRN's put together an emergency response training class he refused to review the course outline before the class was held.

Out of Compliance Policies and Procedures

Title 15

Regulations 1206. Health Care Procedure Manual "The health authority shall in cooperation with the facility administrator, set forth in writing, policies and procedures in conformance with applicable State and Federal law, which are reviewed and updated at least annually..."

During the investigation, it was stated unanimously that the P&P's were significantly out-of-date. The County Medical Officer is responsible for making sure the P&P's are current by signing them annually. The Jail Nurse Program Manager has overall responsibility to see that the Nursing Program policies and procedures are operational and functioning in the scope as laid out in the Standard Nursing Procedures. The Jail Nurse Program Manager has not done this. When the Jail Nurse Program Manager was hired, the P&P's were not up-to-date. By not correcting these problems, his inaction has allowed this situation to deteriorate further. The Jail Nurse Program Manager indicated it would take over a year to complete. This should be made a priority.

During this investigation the Grand Jury finds the Jail Nursing Program is completely out of compliance with annual nurse training updates and standard nursing procedures. This exposes Sutter County to numerous potential issues in the future.

Recommendations

The Grand Jury recommends the Nursing Program Manager along with the Medical Officer, develop a training program to ensure adequate on-site training be made available to the nursing staff on a regular basis. The Assistant Director of Health and Human Services should provide oversight to ensure this training program is implemented.

The County Medical Officer and the jail Nurse Program Manager with oversight from the Assistant Director of Health and Human Services should ensure the Jail Nursing Program P&P's are reviewed, rewritten, and made current so they can be used and referred to by the jail staff. The Standard Nursing Procedures has been changed with pencil marks and needs to be corrected.

The Grand Jury recommends that these documents be completed by December 31, 2011. The Jail Nursing Program would also benefit from more active oversight by the Assistant Director of Health and Human Services to see that it is accomplished by the above date.

The Grand Jury recommends that the Assistant Director of Health and Human Services actively take measures to ensure that this program is in full compliance with the law. It is unacceptable that the program is out of compliance, lack of training for the nursing staff, not having the P&P's up-to-date, and the pencil corrections in the SNP. The Grand Jury recommends that the Jail Nursing Program be in full compliance by December 31, 2011.

Response from the 2010-2011 Sutter County Grand Jury

The Grand Jury acknowledges the above recommendation to hire an additional SRN has been completed. However, the Jail Nursing Manager has not taken a more active role in managing the Jail Nurses Program for which he was hired or actively filling in as an RN when needed.

The Board of Supervisors response states this recommendation will be implemented and will continually be provided as the Jail Nurse Program oversees training of nurses and/or officers in areas where needed. The Grand Jury found the JNM was unable to provide documentation that anything besides minimum mandatory training has been completed. Furthermore, there is no documentation to substantiate onsite training i.e. suicide prevention, safety training and no man down drills.

The Grand Jury acknowledges that the Policy and Procedures were to be completed by December 31, 2011. The rewrite of the Policy and Procedures has not been completed. However, they are being worked on and are approximately 50% complete.

SUTTER COUNTY JAIL

Findings from the 2010-2011 Sutter County Grand Jury Final Report

The Grand Jury finds the Minimum Security area needs to be up-graded to Medium Security and are currently waiting for the design phase of the facility to be completed.

The Grand Jury finds the GED preparation program is a necessary program that can help inmates take something positive away from their stay at the Sutter County Jail.

The Grand Jury finds even though the recent escape from Sutter County Jail is similar to a "walk-away" that can take place at any time by any minimum security inmate that is detailed out in the community. This risk could be reduced by the completion of the medium security upgrade that is now in the engineering stage

Recommendations from the 2010-2011 Sutter County Grand Jury Final Report

The Grand Jury recommends the completion of the design be expedited to help prevent any further escapes from the minimum-security area.

The Grand Jury recommends the Sutter County Jail hire a teacher to replace the one that resigned.

The Grand Jury continues to recommend the completion of the medium security upgrade. Part of this upgrade includes a much higher fence and 3 strands of razor wire verses the barbed wire now in place, cameras inside and outside of the building to allow staff to monitor the inmates. Even though this will not preclude an escape of this nature from ever happening again it will certainly reduce the risk.

Response from the 2011-2012 Sutter County Grand Jury

The Grand Jury understands that this area is under construction with a completion date of approximately July 2012.

The Grand Jury understands the request to hire a teacher is with the Board of Supervisors awaiting approval.

The Grand Jury understands that this security upgrade is in progress at this time.

TWIN CITIES ROD AND GUN CLUB

Findings from the 2010-2011 Sutter County Grand Jury Final Report

The Grand Jury finds the Twin Cities Rod and Gun Club leases the site from Sutter County on a recurring yearly contract.

Recommendations from the 2010-2011 Sutter County Grand Jury Final Report

The Grand Jury recommends that the Board of Supervisors negotiate a lease for a 5 year period. By providing a 5 year lease, the club will be able to set long range goals for the expansion of the club.

Response from the 2011-2012 Sutter County Grand Jury

The Grand Jury acknowledges the above recommendation has been met.

YUBA-SUTTER JUVENILE HALL CAMP SINGER YOUTH GUIDANCE CENTER

Findings from the 2010-2011 Sutter County Grand Jury Final Report

The Grand Jury finds the visitor's center is too small, with no separate booking area.

The Grand Jury finds the control room equipment is outdated.

The Grand Jury finds the cell doors are deeply engraved with graffiti.

The Grand Jury finds that cell windows need to be replaced.

Recommendations from the 2010-2011 Sutter County Grand Jury Final Report

The Grand Jury recommends updating/enlarging the visitor's center by separating the booking and receiving areas when funds become available.

The Grand Jury recommends modernizing the control room equipment when funds become available.

The Grand Jury recommends replacing the cell doors when funds become available.

The Grand Jury recommends replacing the cell windows when funds become available.

Response from the 2011-2012 Sutter County Grand Jury

The Grand Jury has found updating the visitor's center/receiving area, control room equipment, cell doors and windows in the Juvenile Hall along with other general refurbishing have not been completed due to lack of funding.