CFMG
California Forensic Medical Group
INCORPORATED

BBB 10/31/13

September 26, 2013

The Honorable Brian J. Back
Presiding Judge
Ventura County Superior Court
800 S. Victoria Avenue
Ventura, CA 93009

Re: Report of the 2012-2013 Grand Jury "In Custody Death"

Dear Honorable Brian J. Back:

I.
INTRODUCTION

The purpose of this letter is to respond to the June 27, 2013 final report issued by the Ventura County Grand Jury regarding the death of inmate Eydie Stepelton on August 4, 2012 at the Ventura County Jail. Dr. Jon Smith, the Chief Medical Examiner, concluded Ms. Stepelton died of natural causes related to complications of sepsis and pancreatitis which were due to the patient's chronic alcoholism. (Please see Exhibit A.)

The Grand Jury Report criticizes the medical treatment received from California Forensic Medical Group, hereinafter referred to as CFMG, and recommends that, "The Board of Supervisors (BOS) authorize the VCSD to embark on a competitive bidding process that should include an in-depth search to select the best medical care provider for all inmates in Ventura County."

Unfortunately, the Grand Jury never interviewed any of the actual healthcare providers who were involved with Ms. Stepelton's treatment and care. The report fails to detail the actual treatment and evaluations the patient received during her incarceration. The report is not supported by a declaration from a qualified medical expert.

CFMG has been providing quality medical and mental health care to inmates in County Jails throughout California since1984. They have consulted with experts in correctional healthcare over the years and developed policies and procedures which are designed to provide inmates with medical and mental health care that either meets or exceeds the requirements set forth in Title 15 of the California Administrative Code for adult detention facilities.

CFMG's program at the Ventura County Jail meets the standards of Title 15 and the Institute of Medical Quality. These standards demonstrate that the facilities' health services are constitutionally adequate and in compliance with Title 15 Standards for Adult Detention Facilities.

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CFMG believes it is important for this Court to have an accurate and complete chronology regarding the medical treatment and care Ms. Stepelton received while incarcerated at the Ventura County Jail in August 2012. CFMG has retained Dr. Lanyard Dial to critically evaluate this medical treatment, and determine whether it complied with applicable standards of care, and/or contributed to Ms. Stepelton's death. Dr. Dial is a well-respected primary care physician in Ventura County and former Director of the Family Practice Residency Program at Ventura County Medical Center. Dr. Dial disagrees with the findings of the Grand Jury and believes the treatment Ms. Stepelton received at the Ventura County Jail was appropriate and not a contributing factor in her death. (Please see Exhibit B.)

II.
SUMMARY OF MS. STEPELTON'S MEDICAL TREATMENT AND CARE

Eydie Stepelton underwent an Intake Health Screening on August 3, 2012, at 2136. She was alert and oriented to time, place and person. She did not appear to be under the influence of drugs or alcohol, although she admitted to an alcohol habit which could potentially cause withdrawal problems. (Please see Exhibit C.)

Suzanne Carrillo, R.N. performed an Intake Triage Assessment and Nursing Assessment of Psychiatric & Suicidal Inmate at the time of Ms. Stepelton's booking. (Please see Exhibits D and E.) Ms. Carrillo is a well-trained and competent registered nurse who has been employed with CFMG since June 2010.

Ms. Stepelton reported a history of high blood pressure, degenerative disc disease, hypothyroid, stomach pain, muscle spasms and chronic back, hip and leg pain. Her primary care physician was Dr. Marissa Sportelli in Simi Valley. Her medications included Prilosec, Isosorb, Lisinopril, Valium, Norco, Oxycodone and Levothyroxine.

Ms. Stepelton was cooperative, alert and oriented to person, time and place. Her blood pressure was 120/80, pulse 116, temperature 98 and respirations 18. Her gait was steady and speech clear. Her skin was warm and dry. She did not complain of any chest pain, shortness of breath, headache, vertigo, blurred vision, or recent head injury.

Ms. Stepelton reported a history of alcohol abuse which included consuming 1 ½ pints of vodka a day. The last time she had consumed 1 ½ pints of vodka was on August 3, 2012.

Ms. Stepelton maintained good eye contact with Ms. Carrillo during the evaluation and her thought process was organized. She was not angry, hostile, labile or manic. She did not complain of auditory hallucinations, visual hallucinations, grandiose delusions or paranoid delusions. However, she was tearful and had a flat affect. She reported she had been diagnosed with depression and prescribed 30 mg of Celexa daily.

Ms. Stepelton denied any past suicidal ideation, gestures, or attempts. However, she informed Ms. Carrillo she currently had suicidal ideation, but no plan to carry out her suicide.

Ms. Carrillo contacted Dr. Marvin Jung to discuss her concerns about Ms. Stepelton's suicidal ideation. Dr. Jung is a Board Certified Psychiatrist for CFMG and he recommended the patient be placed on Level II suicide precautions. (Please see Exhibits E and F.) The suicide precautions require that the patient be placed in the Special Housing Medical Unit and monitored by custody every 30 minutes.

Ms. Stepelton was placed in Special Housing after she completed the booking process. (Please see Exhibit F.) She was assigned to a lower bunk because she had a history of degenerative disc disease, muscle spasms and back pain. She was placed on Level II safety precautions because she thought of committing suicide. She was initiated on an Alcohol Withdrawal Protocol because she was at increased risk for experiencing withdrawal symptoms. (Please see Exhibit G.) She was then evaluated by custody every 30 minutes pursuant to CFMG's Suicide Prevention Policy and Procedure. (Please see Ventura County Sheriff's Department Inmate Monitoring Log attached hereto as Exhibit H.)

8/3/12 at 2325:	The patient was placed in Special Housing Cell 14. She was awake, alert, calm and breathing.
8/3/12 at 2330:	Ms. Stepelton was evaluated by Armando Gomez, R.N. Her blood pressure was 130/90, respirations 18, pulse 118 and temperature 97.6. She was alert and oriented to person, time and place. She had good eye contact and answered questions appropriately. Her pupils were equal and reactive to light and accommodation. Her lungs were clear to auscultation and she had a regular heart rate and rhythm. Her abdomen was soft and tender, but she did not complain of nausea, vomiting or diarrhea. She had capillary refill of less than two seconds. Her gait was steady and she was able to move all extremities. (Please see Exhibit I.)
8/3/12 at 2357:	The patient was sleeping, breathing and given a blanket.
8/4/12 at 0031:	The patient was sleeping, breathing and visible movement was noted in her feet.
8/4/12 at 0102:	The patient was sleeping and breathing.
8/4/12 at 0132:	The patient was sleeping and breathing.
8/4/12 at 0202:	The patient was awake, alert, calm and breathing.

8/4/12 at 0230: The patient was sleeping and breathing.

8/4/12 at 0258: The patient was awake, alert, calm and breathing.

8/4/12 at 0330: The patient was awake, calm and breathing.

8/4/12 at 0403. The patient was awake and breathing.

8/4/12 at 0430: The patient was sleeping and breathing.

8/4/12 at 0445: The patient was evaluated again by Armando Gomez, R.N. Her blood pressure was 138/94, respirations 18, pulse 120, and temperature 99.0. Mr. Gomez been informed by Custody the patient had complained of vomiting and diarrhea. Her AWS score had increased from zero to four, so she was given Valium with 480 ccs of Gatorade in accordance with the AWS-I protocol, a copy of which is attached hereto as Exhibit J.

Patients going through alcohol withdrawal routinely complaint of vomiting and diarrhea. As such, these patients are prescribed Phenergan for nausea and vomiting and Pepto Bismol for diarrhea pursuant to CFMG's Alcohol Withdrawal Protocol. (Please see Exhibit G.) These medications were prescribed and given to Ms. Stepelton while she was in Special Housing.

The evaluation performed by Mr. Gomez at 4:45 is recorded in the Progress Note which is timed at 5:30. These Progress Notes are not always made contemporaneously when the evaluation is being performed. However, they accurately reflect what occurred during the evaluation.

8/4/12 at 0502: The patient was awake, alert, calm and breathing. She asked if it was hot in here.

8/4/12 at 0530: The patient was sleeping, calm and breathing.

8/4/12 at 0600: The patient was sitting up, awake, breathing and eating.

8/4/12 at 0615: Suzanne Castillo, R.N. had a phone conversation with Dr. Paul Adler regarding the patient. He prescribed Prilosec, Motrin, Lisinopril and Levothyroxine. In addition, he noted he wanted the patient's vital signs checked four times a day for three days, and the chart reviewed by a physician. The patient was scheduled to see Dr. Adler at 8:00 that morning and the following week on August 10, 2012. (Please see Exhibit K.)

8/4/12 at 0630: The patient was awake and breathing.

8/4/12 at 0700: The patient was awake and breathing.

Pill call at the Ventura County Jail is performed between 6:00 and 7:30 a.m. Ms. Stepelton was given her medications during this time frame, which included Prilosec, Lisinopril, Levothyroxine, Motrin, Tylenol, Maalox, Pepto Bismol, folic acid, multivitamins, Phenergan and Vitamin B1. The administration of these medications is documented in the CFMG Medication Administration Record, a copy of which is attached hereto as Exhibit L.

8/4/12 at 0730: The patient was sleeping and breathing.

8/4/12 at 0800: The patient was evaluated by Dr. Paul Adler. Her blood pressure was 130/90, respirations 18, pulse 118, and temperature 97.6. Dr. Adler's evaluation revealed the patient's skin had no major rashes. Her head, ears, eyes, nose and throat were within normal limits, except her eyes were bloodshot. Her respiratory system was within normal limits and her lungs were clear to auscultation and percussion. She had a normal heart rate and rhythm without murmur. Her abdomen was soft with normal bowel signs and the patient did not report any rebound pain or tenderness. Her endocrine and nervous systems were intact except she had a mild tremor in her hands which was to be expected because she was undergoing alcohol withdrawal. She was able to move all of her extremities without any complaints.

Dr. Adler diagnosed the patient with an alcohol withdrawal syndrome and polysubstance user. He continued her on the AWS protocol. There was nothing about Dr. Adler's examination which indicated the patient needed a higher level of care or to be transferred to the local hospital. In addition, there was nothing about her examination or history which indicated she had any signs or symptoms of acute pancreatitis or sepsis. (Please see Exhibit M.)

8/4/12 at 0830: The patient was lying on her back, sleeping and breathing.

8/4/12 at 0900: The patient was lying on her back, sleeping and breathing.

8/4/12 at 0930: The patient was lying on her back, sleeping and breathing.

A Psychiatric Intake Evaluation is completed. (Please see Exhibit N.) Ms. Stepelton was not seeking to be treated for any mental health problems, but she felt sick and thought she needed an IV at the hospital. The patient was not transferred to the hospital because she was withdrawing from alcohol and had been taking multiple prescription medications, including Oxycodone, Norco and Valium, which explained why she was not feeling well. The patient did not complain of any signs or symptoms which indicated she had acute pancreatitis or sepsis.

8/4/12 at 1000: The patient was lying on her back, awake and breathing.

8/4/12 at 1030: The patient was awake, sitting up and breathing.

Her blood pressure was 140/100, respirations 18, pulse 111, and temperature 99.8. She was not sweating, exhibiting tremors, agitated, anxious, or experiencing any hallucinations. She did not voice any medical complaints to the nurse and had no signs or symptoms of acute pancreatitis or sepsis. (Please see Exhibit O.) *According to Exhibit O this evaluation occurred at 11:30. This entry is inaccurate. The evaluation actually occurred at approximately 1030.*

8/4/12 at 10:45 Lunch is provided to the patient.

8/4/12 at 1100: The patient was lying on her left side, sleeping and breathing.

8/4/12 at 1130: The patient was lying on her right side, sleeping and breathing.

8/4/12 at 1200: The patient was awake, standing and walking. She was given her dose of Valium pursuant to the AWS-I protocol. (Please see Exhibit L.)

8/4/12 at 1230: The patient was lying on her back, awake, calm and breathing.

8/4/12 at 1300: The patient was sleeping on her right side and breathing.

8/4/12 at 1330: The patient was lying on her back, awake and breathing.

8/4/12 at 1400: The patient was sleeping on her left side and breathing.

8/4/12 at 1430: The patient was sleeping on her right side and breathing.

8/4/12 at 1500: The patient was sleeping on her back and breathing.

8/4/12 at 1530:	The patient was sleeping on her back and breathing.
8/4/12 at 1600:	The patient was sleeping on her right side and breathing.
8/4/12 at 1630:	The patient was sleeping and breathing.
8/4/12 at 1656:	Dinner is provided to the patient.
8/4/12 at 1700:	The patient was awake, standing and eating her jello and spaghetti.
8/4/12 at 1730:	The patient was awake, standing and breathing.
8/4/12 at 1804:	The patient was sitting up, awake, calm and breathing.
8/4/12 at 1812:	The patient was awake and breathing.
8/4/12 at 1830:	The patient was awake, sitting up, calm and talking.
8/4/12 at 1903:	The patient was awake, lying on her back, calm and breathing.
8/4/12 at 1930:	The patient was lying on her back, sleeping and breathing.
8/4/12 at 2000:	Ms. Stepelton's blood pressure was 140/100, respirations 16, pulse 120, and temperature 97.6. Her oxygen saturation was 98 percent on room air and she was in no distress. (Please see Exhibit P.) She was not sweating, agitated, experiencing anxiety or hallucinations. She had a mild tremor in her hands and was maintained on the AWS-I protocol. She did not have any signs or symptoms of acute pancreatitis or sepsis. (Please see Exhibit O.)
8/4/12 at 2003:	The patient was awake, lying on her back, calm and breathing.
8/4/12 at 2030:	The patient was awake, sitting, moving her arms and breathing.
8/4/12 at 2103:	The patient was sleeping on her back and breathing.
8/4/12 at 2130:	The patient was sleeping on her back, calm and breathing. She was wakened and given her medications which included Prilosec, Lisinopril, Motrin, Tylenol, Maalox, Pepto Bismol, Valium and Phenergan. The patient did not complain of any physical problems at that time and went back to sleep after being given her medications. She did not have any signs or symptoms of acute pancreatitis or sepsis. (Please see Exhibit L.)

8/4/12 at 2203: The patient was sleeping on her back and breathing.

8/4/12 at 2221: Custody noted the patient was not breathing. Medical personnel were contacted and CPR was initiated, but unsuccessful. EMS was called. The patient was subsequently pronounced dead at 2243. (Please see Exhibits H and Q.)

III.
CFMG'S RESPONSE TO THE GRAND JURY'S FINDINGS

The Grand Jury has requested that CFMG respond to Findings 01, 02, 03, 05, 06, 07 and 08. Pursuant to Penal Code §933.05, CFMG responds to each of these findings as follows:

A. FI-01 states: "The request by the inmate/decedent to be transferred to the hospital was written in the psychiatric evaluation conducted at 9:30 a.m. on August 4 and repeated in the nurse's progress notes at 5:00 p.m."

CFMG does not dispute Ms. Stepelton informed the psychiatric nurse at 9:30 a.m. that she felt sick and thought she needed an IV at the hospital. However, there was nothing about the patient's condition at any time during her incarceration which indicated she required hospitalization or any higher level of care than what she was receiving by CFMG. The patient was undergoing alcohol withdrawal after having admitted to consuming a pint-and-a-half of vodka before her incarceration. Her complaints of vomiting and diarrhea were to be expected and she was prescribed and given medications to control these conditions. Her physical examinations and complaints did not indicate she had any underlying conditions such as acute pancreatitis or sepsis which required transfer to the hospital. In fact, her vital signs were essentially stable given the fact she was undergoing alcohol withdrawal. She was properly treated for alcohol withdrawal syndrome, including receiving appropriate hydration, medications, vitamins and supplements.

B. FI-02 states: "The sheriff's inmate monitoring log, the psychiatric evaluation and the nurse's progress notes do not match. The psychiatric evaluation and the nurse's progress notes each record the inmate's/decedent's request to transfer to the hospital. The sheriff's log did not contain this request. There were discrepancies in the nurse's progress notes and the psychiatric evaluation. The main discrepancy showed time differences, hours apart, documenting the request for hospital transfer."

The Sheriff's Inmate Monitoring Log is not designed to record any medical or mental health conditions regarding the patient. Those notations are specifically reserved for the patient's confidential medical records. In fact, it is inappropriate for custody to document the contents of

any discussions or partial discussions between medical and/or psychiatric staff and the inmates on the Sheriff's Inmate Monitoring Log.

CFMG would not expect the Sheriff to include the patient's request to be transferred to the hospital on the Sheriff's Inmate Monitoring Log. These requests are clearly documented in the patient's medical chart and it is a medical judgment regarding whether or not the patient should be transferred to the hospital. CFMG staff does review the Sheriff's Inmate Monitoring Log when they evaluate the patient.

The CFMG nurse's progress note at 5:00 p.m. and the psychiatric evaluation which is recorded at 9:30 a.m. does not contain any discrepancies. These notes record what was transpiring with the patient at the time of the respective evaluations. The patient did not request to be transferred to the hospital when she was evaluated by the nurse at 5:00 p.m. Instead, the nurse was simply reflecting her review of the earlier notation in the psychiatric evaluation at 9:30 a.m., which indicated the patient thought she needed to be transferred to the hospital.

C. FI-03 states: "Neither the sheriff's monitoring log nor the nurse's progress notes record the psychiatric evaluation that occurred at 9:30 a.m. on August 4, 2012."

The Sheriff's Monitoring Log is not designed to include information regarding a patient's psychiatric evaluation. This would be a violation of HIPAA and the patient's right to confidentiality of medical information. The nurse's progress notes do not record the psychiatric evaluation that occurred at 9:30 a.m. because that psychiatric evaluation is fully reflected in the patient's medical chart and there is no need to record it in the nurse's progress notes because the psychiatric evaluation is fully reflected in the patient's *mental health portion* of the medical record..

D. FI-05 states: "The inmate/decedent was determined, during the intake process, to be okay to book and be placed in the medical/special housing unit."

CFMG agrees with this finding. The patient underwent a thorough intake screening which indicated she did not have any underlying medical condition which required that she be transferred to the hospital or a higher level of care. In fact, Ms. Stepelton was cooperative, alert, and oriented to person, time and place. She did not complain of any chest pain, shortness of breath, headache, vertigo, blurred vision, or recent head injury. She maintained good eye contact with the nurse and her thought process was organized. She was not angry, hostile, labile or manic. She did not complain of auditory hallucinations, visual hallucinations, grandiose delusions or paranoid delusions.

Ms. Stepelton did report that she had a history of alcohol abuse and had consumed 1 ½ pints of vodka on August 3, 2012. She was appropriately placed on an alcohol withdrawal syndrome protocol based on this history and treated in compliance with the protocol.

E. FI-06 states: "At the time she died, on August 4, 2012, a contributing factor in the inmate/decedent's death was a lack of timely medical attention while in custody."

CFMG wholly disagrees with this finding. The autopsy report indicates the patient had a natural cause of death. The cause of death is specifically listed as probable bacterial sepsis due to complications of acute suppurative pancreatitis with pancreatic abscess due to complications of chronic pancreatitis due to complications of chronic ethanolism.

During her incarceration, CFMG staff recognized the patient was undergoing alcohol withdrawal and she was properly placed on and treated pursuant to a standardized alcohol withdrawal syndrome protocol. She was appropriately hydrated and given standard medications, vitamins and supplements to treat her alcohol withdrawal. The patient never complained of any signs or symptoms which indicated she had an underlying acute pancreatitis and/or sepsis. She was able to drink fluids and eat the meals which were served to her. In addition, at no time did she complain of any abdominal or gastrointestinal symptoms which would be indicative she had an underlying pancreatitis or septic condition. In fact, when Dr. Adler performed his abdominal examination of the patient, she did not complain of any rebound tenderness or pain. In addition, when she was evaluated by Armando Gomez, R.N., she specifically reported she did not have any complaints of nausea, vomiting or diarrhea. Unfortunately, Ms. Stepelton died of natural causes which were directly related to her chronic alcohol abuse. Her death had nothing to do with the alleged lack of treatment and care she received by CFMG.
CFMG has had this file reviewed by Dr. Lanyard Dial. He has personally reviewed the relevant medical records in this case and believes CFMG's treatment of the patient had at all times complied with standards of care and did not contribute to her death.

Dr. Lanyard Dial comments on the Grand Jury's Finding FI-06 as follows:

> *This finding is stated as, "At the time she died, on August 4, 2012, a contributing factor in the inmate's/decedent's death was a lack of timely medical care while in custody." This finding references the FACTS as FA-02, 05-07, and 11. These FACTS note the inmate's request to go to the hospital, her alcohol withdrawal monitoring, the lack of monitoring logs not mentioning alcohol withdrawal symptoms, not mentioning illness, and no record of requests for assistance made by the inmate and others.*
>
> *It is my opinion that none of these show the lack of timely medical attention while in custody occurred, and that such attention was a*

> *contributing factor in her death. It is my opinion that her medical care was appropriate given her signs and symptoms. Her condition was not diagnosable prior to her death given the facts I was given to review. I do not agree with the conclusion of the Grand Jury's interpretation of the medical facts.* (Please see Exhibit B.)

The Grand Jury Report does not include the declaration of any expert which supports their unfounded conclusion that: "A contributing factor in the inmate's/decedent's death was a lack of timely medical attention while in custody." This is an unsubstantiated conclusion without any expert support and reflects a significant lack of understanding regarding the medical treatment and care the patient actually received.

F. FI-07 states: "Lack of documentation and its discrepancies led to the inability of staff to adequately assess her condition. The inmate/decedent's medical chart was incomplete."

CFMG wholly disagrees with this finding and fails to understand how the Grand Jury comes to this unfounded and unsubstantiated conclusion. The report fails to identify what is specifically lacking in the documentation which was performed by the CFMG physician and nurses. The report fails to identify what is "incomplete" about the patient's medical chart. In addition, there are no "discrepancies" in the patient's medical chart nor was there an inability of staff to adequately assess Ms. Stepelton's condition. There was clear communication between the nurses and physicians in this case which led to the provision of appropriate medical care and treatment for the patient's condition. Dr. Jung and Dr. Adler issued appropriate orders and they were all carried out in a timely and appropriate fashion by the CFMG nursing staff.

The nursing staff performed proper evaluations of Ms. Stepelton, including obtaining her vital signs on each occasion they saw her. The nurses had the opportunity to personally interact with Ms. Stepelton and determine whether she had any physical or medical complaints which required further evaluation and treatment. The nursing staff properly documented changes in the patient's condition which required that she be placed on the Level I alcohol withdrawal syndrome protocol. There is nothing the CFMG healthcare providers did, or failed to do, which fell beneath standards of practice and, according to Dr. Lanyard Dial, the patient's death was not caused by any deviations in the standard of care by CFMG personnel.

G. FI-08 states: "There was a debriefing by the VCSD after the death, but no formal document was written or recorded into the inmate's/decedent's record."

CFMG does not include the report of any death investigations or reviews in a patient's medical chart.

CFMG responds to the recommendations of the Grand Jury Report as follows:

CFMG'S RESPONSE TO THE GRAND JURY'S RECOMMENDATIONS.

A. R-01 states: "The Board of Supervisors (BOS) authorized the VCSD to embark on a competitive bidding process that should include an in-depth search to select the best medical care provider for all inmates in Ventura County."

CFMG does not believe this recommendation is warranted. They have provided quality medical and mental healthcare treatment to inmates at Ventura County Correctional Facilities since 1987. They were initially awarded the contract to provide medical services in an open and competitive Request for Proposal bidding process that begin in 1985. The County solicited additional Request for Proposals in 2001 and 2006. CFMG was awarded the contract after each bidding process. CFMG's program meets or exceeds Title 15 and IMQ standards.

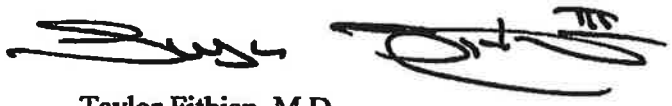
CFMG has both internal and external peer-reviewed programs to monitor the quality of medical and mental health care provided to all inmates. Dr. Lenard Dial is the external peer review consultant. CFMG also has Quarterly Quality Assurance and Peer Reviews to review the medical and mental health care provided to those inmates in the Ventura County Jail. Members of that committee include representatives from Ventura County Public Health, Ventura County Behavioral Health, the Department of Emergency Medicine of the Ventura County Medical Center, as well as representatives from the Ventura County Sheriff and Probation Departments. This committee reviewed the in-custody death of Eydie Stepelton, as required by the California Board of Corrections, Title 15, and by the policy and procedures developed by CFMG and approved by the Ventura County Sheriff's Department. The review done by this committee felt the care provided to Eydie Steplelton met community standards. CFMG's medical program, policies and procedures and pattern of practice are reviewed by the Ventura County Public Health Department on an annual basis as well as by the California Department of Corrections every two years. CFMG's pattern of practice meets all state and Federal mandates regarding the care and treatment of inmates in the Ventura County Jail System.

B. R-02 states: "In the interim, the CFMG should review and revise their policies and procedures in conformance with this Grand Jury Report."

It is unclear what policies and procedures need to be revised. CFMG has detailed policies and procedures regarding screening of inmates, suicide prevention, treatment of inmates who are undergoing alcohol withdrawal syndrome, transfer of inmates with acute illnesses, and pre-detention medical evaluations/receiving health screenings. CFMG reviews their policies and procedures annually with experts in the field of correctional healthcare and makes any changes which are deemed necessary in order to comply with Title 15 of the California Board of

Regulation. In addition, CFMG's policies and procedures are reviewed on an annual basis by the Ventura County Public Health Department.

Respectfully submitted,



Taylor Fithian, M.D.
Medical Director for CFMG