

Murray et al. v. County of Santa Barbara et al.

STIPULATED JUDGMENT AND REMEDIAL PLAN COMPLIANCE MATRIX

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II. Medical Care				
A. County Monitoring of Private Medical Contract (Pg. 3)	1. The County shall appoint a County employee or consultant with adequate expertise to provide ongoing monitoring and oversight of the private Jail health care provider contract.	Completed. The Health Services Lieutenant is responsible for monitoring and overseeing the jail health care provider contract. This requirement will be added to the Medical Care Policy contained within the Custody Operations Policies and Procedures.	Partial Compliance	The County is in the process of fully implementing this requirement. The County has edited the Custody Operations Health Care Policy (section 240) to reflect the role of the Health Services Lieutenant in monitoring the provider contract and Medical Advisory Committee/ Continuous Quality Improvement (hereinafter “MAC/CQI”) reports. This requirement has yet to be fully completed due to the pending policy and implementation of the ongoing monitoring. In the

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				next six months, the County intends to approve the Health Care Policy (section 240) and will begin reviewing the quality reports generated by the County’s contracted medical provider, California Forensic Medical Group, Inc. (commonly and hereinafter referred to as “Wellpath”) at the monthly MAC/CQI meetings.
(Pg. 4)	2. The County’s Department of Public Health and Behavioral Wellness shall actively monitor the Jail health care contract with any private health care services provider.	Completed. Compliance will be demonstrated through audits as documented in the Service Level Agreement between the County and California Forensic Medical Group, Inc. (commonly and hereinafter referred to as “Wellpath”), the County’s contracted medical provider.	Partial Compliance (Johnson and Venters)	The County is in the process of fully implementing this requirement. In the next six months, the County intends to approve the Health Care Policy (section 240) and will begin reviewing the quality reports generated by Wellpath at the monthly MAC/CQI

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				meetings. The County Department of Public Health and Behavioral Wellness currently completes audits quarterly. These audits are then provided to Wellpath. The County and Wellpath will be setting up meetings with the County Department of Public Health and Behavioral Wellness to discuss their monitoring obligations and create a documentation protocol as well as ensure future audits are provided to the County for review. These reviews will be utilized to guide ongoing monitoring and oversight. This requirement has yet to be completed due to the COVID-19 pandemic and a shortage of resources.

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				The County anticipates completing this requirement in the next eight months.
B. Policies and Procedures (Pg. 4)	1. The County will develop and implement policies and procedures related to the delivery of medical care specific to the County’s Jail system. The County will have ownership and control over the final policies that are created from this process.	Completed. The County has site specific policies developed by Wellpath regarding delivery of medical care. The Sheriff’s Office has input and final approval of site-specific policies developed by Wellpath that are implemented at Santa Barbara County Jail facilities. See Agreement with Wellpath, Section 11 and Exhibit A, Section 16.4. This applies to all Wellpath policies discussed throughout this compliance matrix.	Partial Compliance	The County is in the process of fully implementing this requirement. The County is working with Wellpath to edit policies and incorporate the needed changes from the remedial plan provisions. This requirement has yet to be completed due to the COVID-19 pandemic and a shortage of resources. The County has already initiated meetings with Wellpath to discuss these necessary changes and anticipates completing this requirement in the next eight months.

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C. Health Care Records (Pg. 4)	1. The County shall implement an integrated electronic health records system and provide ongoing IT support.	Completed. The County in conjunction with Wellpath implemented CorEMR, an integrated electronic health records system, on January 17, 2018, along with ongoing IT support.	Substantial Compliance	Completed. As indicated in our last report, this provision is complete and the Medical Care Expert found the County in substantial compliance.
	2. The County shall implement policies and procedures to ensure that health care staff adequately document health care contacts and treatment intervention information, including: a) Patient housing location, type of health care service, and setting where the services were delivered; b) Time of the health care encounter and time the note is generated in the system.	Completed. Wellpath Policy A-8, Health Records includes documentation of the information in subsection (a) with every encounter. Wellpath's CorEMR generates information required in subsection (b) automatically.	Substantial Compliance	Completed. As indicated in our last report this provision is complete and the Medical Care Expert found the County in substantial compliance.

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	3. The County shall implement policies and procedures to ensure that the electronic health record system is modified, maintained, and improved as needed on an ongoing basis.	Completed. Wellpath’s CorEMR system is updated quarterly to reflect changes to policies and procedures that are implemented. through Wellpath’s numerous healthcare sites.	Substantial Compliance	Completed. As indicated in our last report this provision is complete and the Medical Care Expert, found the County in substantial compliance.
	4. The County shall implement and utilize Jail health care forms that the County owns.	Completed. The County implemented, utilizes, and owns Jail healthcare forms.	Substantial Compliance (Venters) Partial Compliance (Johnson)	Completed. As indicated in our last report, this provision is complete and the Medical Care Expert found the County in substantial compliance. In accordance with the Service Level Agreement between the County and Wellpath, the County owns all Wellpath policies and forms. Additionally, per Custody Operations Health Care Policy (section 240), the County reviews and approves

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				all Wellpath policies. To address the Mental Health Expert's concerns regarding continuity of data collection, in the next six months, the County will revise Policy 240 to ensure that all forms (including those generated electronically through the electronic health records system) are approved by the Health Services Lieutenant prior to use by the contracted healthcare provider.
D. Space for Health Care Service Delivery (Pg. 4)	1. The County shall ensure sufficient and suitable clinical treatment and office space to support health care service delivery. Space for health care services shall provide a therapeutic	The County is in the process of fully implementing this requirement. The main jail has reassigned space in the main jail central area to medical and mental health treatment space. These spaces have solid doors with windows in the door that	Non-Compliant (Venters) Partial Compliance (Johnson)	The County is in the process of fully implementing this requirement. As stated in the County's last report, the Main Jail has reassigned space in the Main Jail central area to medical and mental health treatment space. These

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	setting with adequate patient privacy and confidentiality.	allow for the deputy to observe health and mental health encounters from outside of the physical space, which allow for patient confidentiality. These spaces will be enhanced through a proposed jail remodel project. Treatment rooms are currently available in the following modules for the delivery of medical and mental health treatment; Northwest, West, East, Central, South and the Inmate Reception Center (IRC). Treatment can be provided in these areas in a secure and private environment. The County intends to fully implement this provision upon completion of the proposed remodel project, as contemplated by paragraph 10 of the Stipulated Judgment.		spaces have solid doors with windows in the door that allow for the deputy to observe health and mental health encounters from outside of the physical space, which allow for patient confidentiality. These spaces will be enhanced through a proposed jail remodel project. Treatment rooms are currently available in the following modules for the delivery of medical and mental health treatment; Northwest, West, East, Central, South and the Inmate Reception Center (IRC). Treatment can be provided in these areas in a secure and private environment. The County has also opened the Northern Branch Jail which has sufficient space to meet

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				this requirement. The County has also allocated three additional offices for medical and mental health staff in the Inmates Services Building at the Main Jail. In the next six months the County will continue meeting with County stakeholders and Nacht & Lewis as part of the Main Jail Design Workshops to discuss the County’s renovation of the Main Jail. The County intends to fully implement this provision upon completion of the proposed remodel project, as contemplated by paragraph 10 of the Stipulated Judgment.
	2. The parties recognize that paragraph 1, above, will require a remodel, reconfiguration, or renovation of the Main Jail subject	The County is in the process of fully implementing this requirement. The main jail has reassigned space in the main	Non-Compliant (Venters)	The County is in the process of fully implementing this requirement. As stated in the County’s last report the Main

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	to the timeframe set forth in the Stipulated Judgment. The County and the Sheriff’s Office agree that, during the period of renovations at the Main Jail, they will, to the maximum extent possible given existing physical plant limitations, take reasonable steps to provide sufficient and suitable clinical treatment and office space to support health care service delivery with adequate privacy and confidentiality.	jail central area to medical and mental health treatment space. These spaces have solid doors with windows in the door that allow for the deputy to observe health and mental health encounters from outside of the physical space, which allow for patient confidentiality. These spaces will be enhanced through a proposed jail remodel project. The County intends to fully implement this provision upon completion of the proposed remodel project, as contemplated by paragraph 10 of the Stipulated Judgment.	Partial Compliance (Johnson)	Jail has reassigned space in the Main Jail central area to medical and mental health treatment space. These spaces have solid doors with windows in the door that allow for the deputy to observe health and mental health encounters from outside of the physical space, which allow for patient confidentiality. These spaces will be enhanced through the proposed jail remodel project. Treatment rooms are currently available in the following modules for the delivery of medical and mental health treatment; Northwest, West, East, Central, South and the Inmate Reception Center (IRC).

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				Treatment can be provided in these areas in a secure and private environment. The County has also opened the Northern Branch Jail which has sufficient space to meet this requirement. The County has also allocated three additional offices for medical and mental health staff in the Inmates Services Building at the Main Jail. In the next six months the County will continue meeting with County stakeholders and Nacht & Lewis as part of the Main Jail Design Workshops to discuss the County's renovation of the Main Jail. The County intends to fully implement this provision upon completion of the proposed remodel project,

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				as contemplated by paragraph 10 of the Stipulated Judgment.
E. Screening on Intake (Pg. 5)	1. The County shall develop and implement an Intake Screening Implementation Plan that specifies standards and timelines to ensure that arriving prisoners are promptly screened for urgent health care needs (within minutes of a prisoner’s arrival when possible, and in all cases within two hours of arrival), with adequate confidentiality, timely follow-up, and disability accommodations. The standards and timelines shall include medical clearance on arrival at the Jail to determine whether the prisoner must be excluded from the Jail or housed in a special placement based on	Completed. Inmates are seen by medical prior to entering the facility and complete a receiving screening questionnaire that addresses all provisions outlined in this requirement.	Partial Compliance	The County is in the process of fully implementing this requirement. The Medical Care Expert reports that the County lacks a workflow to identify and care for persons with intellectual and developmental disabilities. The expert also expressed concern with confidentiality for person in several physical locations of the intake workflow in the Main Jail. These issues are not present at the Northern Branch Jail. The Main Jail is in the process of acquiring a new building for Wellpath staff to

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	medical or mental health condition, initial health screening, and an initial health assessment within timeframes based on the individual's conditions and acuity.			conduct intake interview. Patient confidentiality will be worked into that floor design. In the next six months the County will develop and implement a policy on patient confidentiality. Wellpath also recently piloted an intake process to identify inmates with intellectual and developmental disabilities. Those identified at intake are referred to a psychologist for follow-up. In the next six months the County will be working toward identifying these individuals and providing them the necessary services. In the next six months, the County will also evaluate the efficacy of Wellpath's pilot program and

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				will implement those practices into its intake screening process delineated in Wellpath’s Receiving Screening Policy (E-2). This requirement has yet to be completed due to the COVID-19 pandemic and a shortage of resources. The County anticipates completing this requirement in the next eight to twelve months.
	<p>2. The Intake Screening Implementation Plan shall include the following:</p> <p>a) Standards and procedures to ensure Medication Continuity, either through outside verification or on-site</p>	Completed. All elements of this provision are built into Wellpath’s current intake screening process delineated in Wellpath’s E-2, Receiving Screening Policy.	<p>Partial Compliance (Venters)</p> <p>Partial Compliance (Johnson re subsections a,b,e,f,h)</p>	The County is in the process of implementing this provision. All elements of this provision are built into Wellpath’s current intake screening process delineated in Wellpath’s Receiving Screening Policy (E-2). In the next six months, the County

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	<p>physician medication order;</p> <p>b) Procedures to ensure adequate review of individual health care records maintained by the County or otherwise available as part of the intake process;</p> <p>c) Infectious disease screening and follow-up;</p> <p>d) Initial Health Assessment for all incoming prisoners with chronic illnesses;</p> <p>e) Psychological Evaluation for persons with signs of</p>			<p>will also evaluate the efficacy of Wellpath’s pilot program for identifying intellectual and developmental disabilities and will implement those practices into its intake screening process and Receiving Screening Policy. Consistent with the Mental Health Expert’s recommendation, the County will also audit treatment records to assure accurate reporting during the Receiving Screening. This provision has yet to be completed due to the COVID-19 pandemic and a shortage of resources. The County anticipates completing this requirement in the next eight to twelve months.</p>

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	<p>development disability;</p> <p>f) Psychological Evaluation for persons with signs and/or histories of mental illness;</p> <p>g) Clinical evaluation of persons in need of detoxification with clinical determinations for any use of sobering, safety or isolation cells;</p> <p>h) Use of a suicide risk assessment</p>			

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	tool, with Psychological Evaluation for those with positive findings on the suicide assessment.			
	3. Registered nurses shall perform the intake health screening and shall receive annual training on intake policies and procedures.	Completed. An RN completes intake assessments and annual training is conducted. Agreement with CFMG, Exhibit A, section 1.1.	Partial Compliance	Completed. As indicated in our last report, an RN completes intake assessments and annual training is conducted per the Agreement with CFMG, Exhibit A, section 1.1.
F. Access to Care (Pg. 6)	1. The County shall develop and implement a Health Care Implementation Plan to provide all necessary levels of care for prisoners with health care needs and to ensure that they receive timely treatment appropriate to the	The County is in the process of fully implementing this requirement. The County is developing a Health Care Implementation Plan. Currently, the County maintains RNs and LVNs to provide all necessary	Partial Compliance	The County is in the process of fully implementing this requirement. The County has updated Custody Operations Heath Care Policy (section 240) to reflect the necessary levels of care. The updated

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	acuity of their conditions, consistent with established standards of care and clear timelines for routine, urgent and emergent cases.	levels of care for prisoners with healthcare needs. Timelines for routine, urgent and emergent cases can be found in Wellpath's policy E-7, Nonemergency Health Care Requests and Services. This requirement has yet to be fully completed due to an unexpected shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next year.		policy is being reviewed and is anticipated to be complete in the next three months. Once reviewed and approved by all stakeholders, training will be developed and implemented. This requirement has yet to be completed due to the COVID-19 pandemic and a shortage of resources. The County anticipates completing this requirement in the next eight months.
	2. All non-emergent health care requests or referrals shall be reviewed by the triage RN within	Completed. An RN reviews and triages all health care requests or referrals within 12 hours of	Partial Compliance	The County is in the process of fully implementing this requirement. An RN reviews

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	12 hours of receipt and assigned a triage level for a Provider appointment of urgent or routine.	receipt, refer to Wellpath’s policy E-7, Nonemergency Health Care Requests and Services.		and triages all health care requests or referrals within 12 hours of receipt. The County has updated Custody Operations Heath Care Policy (section 240) to reflect the necessary levels of care and timing requirement of this provision. The updated policy is being reviewed and is anticipated to be complete in the next three months. Once reviewed and approved by all stakeholders, training will be developed and implemented. This requirement has yet to be completed due to the COVID-19 pandemic and a shortage of resources. The County anticipates completing

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				this requirement in the next eight months.
	<p>3. For all health care requests or referrals, the following timelines and procedures shall apply:</p> <ul style="list-style-type: none"> a) Patients with emergent medical conditions shall be treated or sent out for emergency treatment immediately. b) Patients with urgent medical conditions shall be seen by the Provider within 12 hours of review by the triage RN. For urgent referrals that occur on the weekend when a Provider is not on-site, medical staff shall complete a phone 	<p>The County has completed or begun implementation of the subsections of this requirement as follows:</p> <ul style="list-style-type: none"> a) Emergent medical conditions are treated or sent out for treatment immediately. b) Urgent medical conditions are treated within 12 hours as required by this provision. c) An RN currently sees inmates with routine medical concerns unless referral to a provider is necessary. d) All healthcare requests and referrals are seen by the RN or provider; the County does not merely provide a written 	Partial Compliance	<p>The County is in the process of fully implementing this requirement. The County has updated the Custody Operations Health Care Policy (section 240) to reflect the necessary levels of care. The updated policy is being reviewed and is anticipated to be complete in the next three months. Once reviewed and approved by all stakeholders, training will be developed and implemented. This requirement has yet to be completed due to the COVID-19 pandemic and a shortage of resources. The County anticipates completing this</p>

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	<p>consultation with the Provider within 12 hours of review by the triage RN, with any clinically indicated treatment or other follow-up provided. The Provider will conduct a face-to-face appointment with the patient on the next business day.</p> <p>c) Patients with routine medical concerns shall be seen by the Provider within five (5) days of review by the triage RN, or sooner if clinically indicated.</p> <p>d) All health care requests or referrals that are received</p>	<p>response without seeing patients.</p> <p>e) The County has edited the Inmate Orientation Handbook and sick call slips to reflect this requirement. The Handbook has been approved and sent out to print. The sick call slip form is pending approval.</p> <p>These requirements have yet to be fully completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next month.</p>		<p>requirement in the next eight months.</p>

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	<p>shall be seen by the RN or a Provider. The County affirms that it does not utilize a written response only process for medical care requests and referrals.</p> <p>e) The County shall inform patients of the above timelines for urgent and routine care by including that information in the inmate orientation manual and on the medical request forms.</p>			
	<p>4. The RN or Provider shall:</p> <p>a) conduct a brief face-to-face</p>	Completed. The RN or provider meets all provisions of this requirement during patient	Partial Compliance	Completed. As indicated in our last report, the RN or provider meets all provisions

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	<p>visit with the patient in a confidential, clinical setting;</p> <p>b) take a full set of vital signs, if appropriate;</p> <p>c) conduct a physical exam, if appropriate;</p> <p>d) assign a triage level for a Provider appointment of emergent, urgent, or routine;</p> <p>e) provide over-the-counter medications pursuant to protocols; and</p> <p>f) consult with Providers regarding patient care pursuant to</p>	visits, as delineated in Wellpath Policy A-7, Privacy of Care.		of this requirement during patient visits, as delineated in the Wellpath Privacy of Care Policy (A-7).

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	protocols, as appropriate.			
	5. The County shall ensure timely access to appropriate medical care based on the community standard, including with respect to medication practices, treatment, clinical and administrative treatment space, access to specialty care and hospitalization, emergency response, chronic care, infirmary or intermediate level of care, follow-up medical attention for prisoners discharged from the hospital, and supervision of medical staff.	Completed. Medications are started at intake. Patients with medical, mental health, or chronic care issues are seen within five days of intake and then routinely at intervals of 30, 60, and 90 days. Emergency response averages less than two minutes. Follow up for inmates returning from the hospital is scheduled for the next provider sick call day. The provisions of this requirement are delineated in Wellpath policies, including E-9-A, Medication Verification and E-9-B, Timely Initiation of Medication Upon Arrival.	Partial Compliance	Completed. Medications are started at intake. Patients with medical, mental health, or chronic care issues are seen within five days of intake and then routinely at intervals of 30, 60, and 90 days. Emergency response averages less than two minutes. Follow-up for inmates returning from the hospital is scheduled for the next provider sick-call day. The provisions of this requirement are delineated in Wellpath policies, including Medication Verification (E-9) and Timely Initiation of

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				Medication Upon Arrival (E-9-B). The Medical Care Expert expressed concern regarding the use of restrictive housing units for people with mental health problems and the impact to their access for health care. The County has taken considerable strides with respect to appropriately housing inmates in restrictive housing with the assistance of mental health staff, and also considerably reduced the restrictive housing population. Specifically, we have closed all restrictive housing cells in the South Module, West Module, and East Restrictive Housing cells 11-22. The County plans to repurpose Northwest Restrictive Housing

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				cells 11-25 to house inmate workers.
	<p>6. The County shall staff and schedule dental clinics to ensure timely access to clinically indicated dental care.</p> <ul style="list-style-type: none"> a) A qualified or appropriately trained clinician shall triage dental care requests to identify emergent or urgent dental issues that require treatment of infection or pain. b) Patients with emergent dental conditions shall be treated or sent out for emergency treatment immediately. 	<p>Completed. The County currently implements the subsections of this requirement as follows:</p> <ul style="list-style-type: none"> a) Completed. Wellpath staff are trained on dental priorities/emergencies annually. b) Completed. Patients with emergent dental conditions are sent to Cottage Emergency Department immediately. c) Completed. Patients are seen by nursing staff then scheduled for a dental appointment within one week or sooner. d) Completed. Patients are seen by the nursing staff then 	Partial Compliance	<p>The County is in the process of fully implementing this requirement. As noted in the Medical Care Expert's report, the elements of this category—namely the access to scheduled encounters for medical and dental care—appear generally compliant, but staff report some difficulty in obtaining medical escorts for patients for health encounters. In the next six months the County will make available the Medical Escort Team (MET) records to all experts for monitoring. The County will also continue to monitor staffing levels to</p>

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	<p>c) Patients with urgent dental conditions shall be seen by a dentist within one (1) week, or sooner if clinically indicated.</p> <p>d) Patients with routine dental concerns shall be seen by a dentist within two (2) weeks, or sooner if clinically indicated.</p>	<p>scheduled for a dental appointment within two weeks or sooner. The provisions of this requirement are delineated in Wellpath policies, including E-6, Oral Care.</p>		<p>make METs available to meet the requirements of this provision. This requirement is being met at the Northern Branch Jail as most visits are being completed in the treatment rooms attached to each housing unit. This requirement has yet to be completed due to the COVID-19 pandemic and a shortage of resources. The County anticipates completing this requirement in the next six to eight months.</p>
	<p>7. The County shall permit patients, including those who are illiterate, non-English speaking, or otherwise unable to submit written health care requests, to verbally request care. Such verbal requests shall immediately be documented</p>	<p>The County is in the process of fully implementing this requirement. The County has edited its policies and procedures to incorporate this requirement. The County also</p>	<p>Partial Compliance (Venters) Unratable (McDonald)</p>	<p>The County is in the process of fully implementing this requirement. The County has edited its policies and procedures to incorporate this requirement. In the next six</p>

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	by the staff member who receives the request on an appropriate form and transmitted to a qualified medical professional for response consistent with the above provisions.	intends to train staff to complete a sick call form for inmates unable to submit written health care requests. This requirement has yet to be fully completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight to twelve months.		months the County will work towards implementing this provision and providing proof of practice. The County will update Wellpath policies A-1 and E-1 along with Custody Operations Health Care (section 240) and the Orientation Handbook. The County will update its sick call slip to document when assistance is provided. The County also intends to train staff to complete a sick call form for inmates unable to submit written health care requests. This requirement has yet to be fully completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail. The County

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				anticipates completing this requirement in the next eight to twelve months.
	8. The County shall not prohibit patients from reporting or inquiring about multiple medical needs in the same appointment.	Completed. Wellpath addresses all needs at every appointment as per Wellpath’s policy E-7, Nonemergency Health Care Requests and Services.	Partial Compliance	Completed. As indicated in our last report, Wellpath addresses all needs at every appointment as per Wellpath’s Nonemergency Health Care Requests and Services Policy (E-7).
	9. The County shall designate and provide sufficient custody escorts to facilitate timely delivery of health care.	Completed. The County currently has two deputies assigned seven days a week that work twelve hour shifts as a medical escort team (MET).	Partial Compliance (Venters and McDonald)	The County is in the process of fully implementing this requirement. As noted in the Medical Care Expert’s report, staff report some difficulty in medical escorts of patients for health encounters. In the next six months the County will make available the MET records to all experts for monitoring. In the next six

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				months the County will also work on a MET Policy and will work with Wellpath to create a tracking mechanism to track medical appointments to include those that were completed, missed, and rescheduled. The County and Wellpath will work on the manner in which refusals are documented and reviewed by health care, update the Orientation Handbook to inform inmates that they are expected to attend clinical appointments. The County will also update all relevant policies procedures and forms. Once completed and approved the County will provide training prior to implementation. This

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				requirement is being met at the Northern Branch Jail as most visits are being completed in the treatment rooms attached to each housing unit. This requirement has yet to be completed due to the COVID-19 pandemic and a shortage of resources. The County anticipates completing this requirement in the next six to eight months.
G. Chronic Care (Pg. 8)	1. The County shall develop and implement a Chronic Disease Management Program for the management of chronic conditions, including but not limited to diabetes mellitus, asthma and other respiratory	Completed. This information is documented in Wellpath Policy F-1, Patients with Chronic Disease and other Special Needs.	Partial Compliance	The County is in the process of fully implementing this requirement. The Medical Care Expert's report indicates that the County will need to broaden their approach to chronic care to include making evidence-based

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	conditions, hypertension, HIV, and hepatitis C.			treatment available for people with substance use disorders. In the next three months, the County and Wellpath intend to coordinate with the Medical Care expert to discuss a plan to meet his recommendations. This requirement has yet to be completed due to the COVID-19 pandemic and a shortage of resources. Full completion of this requirement will depend on the expert's additions to the County's current Chronic Disease Management program.
	2. The Chronic Disease Management Program shall include provision of written individual treatment plans, case tracking, adherence to community standards, and	The County is in the process of fully implementing this requirement. The County presently provides individual treatment plans for patients with	Partial Compliance	The County is in the process of fully implementing this requirement. The Medical Care Expert's report states the County will need to

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	routine scheduled follow up with Qualified Health Professionals including specialists.	chronic disease and is developing a case tracking system to meet the provisions of this requirement. This requirement has yet to be fully completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight to twelve months.		implement individual treatment plans for people with substance use disorders. The County will explore additional options to expand on the treatment plans that it currently provides to meet the requirements of this provision. This requirement has yet to be completed due to the COVID-19 pandemic and a shortage of resources. In the next three months, the County and Wellpath intend to coordinate with the Medical Care Expert to begin to a plan to meet his recommendations. Full completion of this requirement will depend on the expert's recommendations.

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	<p>3. The Chronic Disease Management Program shall include, at a minimum, the following protocols, which will be regularly evaluated through quality management processes:</p> <p>a) A Comprehensive Asthma Protocol: The protocol shall ensure that patients with significant asthma histories are regularly evaluated by physicians. Medical staff shall use appropriate diagnostic tool(s) to assess a patient's ability to breathe. The County will allow patients to keep prescribed rescue inhalers on their person, consistent with</p>	<p>Completed. Wellpath's Continuous Quality Improvements process addresses the provisions of this requirement, as delineated in Wellpath's policies, including F-1, Patients with Chronic Disease and Other Special Needs; D-2, Medication Services; and the Custody Operations Healthcare Policy.</p>	<p>Partial Compliance</p>	<p>The County is in the process of fully implementing this requirement. This requirement has yet to be completed due to the COVID-19 pandemic and a shortage of resources. In the next three months, the County anticipates coordinating with the Medical Care Expert to understand what is needed to attain substantial compliance for this provision. Full completion of this requirement will depend on the expert's recommendations.</p>

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	<p>individualized clinical and security input.</p> <p>b) A Comprehensive Hypertension Management Protocol: The protocol shall ensure that patients with hypertension receive complete initial exams, including but not limited to lab tests and EKG's per clinical input, and medication at the appropriate times and intervals.</p> <p>c) A Comprehensive Diabetes Management Protocol: The protocol shall ensure regular testing of blood sugar and hemoglobin A1C levels for patients with diabetes, at clinically</p>			

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	appropriate intervals. Patients shall have access to the types of insulin and dosing frequency consistent with the treatment they were receiving prior to detention or most appropriate to their individual treatment goals and correctional setting, including multiple daily injection therapy using long-acting and rapid-acting insulins and insulin pump therapy, as clinically appropriate. The County will provide a diabetes-appropriate diet, compiled by a qualified registered			

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	dietician, to prisoners with diabetes.			
	4. The County shall develop policies and procedures to ensure that labs ordered by clinicians are drawn in a timely manner, that the results are reviewed by nurses and clinicians in a timely manner, that the results are communicated to patients in a timely manner, and that the results are placed in the patient's health care record in a timely manner.	The County is in the process of fully implementing this requirement. The County is developing policies and procedures to reflect the County's current practice, which meets the provisions of this requirement. Labs are currently drawn on a regular basis and reviewed by nurses and clinicians, all normal labs results are communicated to the inmate through a Wellpath form. Labs are immediately documented in patient charts. This policy has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and	Partial Compliance	The County is in the process of fully implementing this requirement. The County is developing policies and procedures to reflect the County's current practice, which meets the provisions of this requirement. Labs are currently drawn on a regular basis and reviewed by nurses and clinicians, all normal labs results are communicated to the inmate through a Wellpath form. Labs are immediately documented in patient charts. This provision has yet to be completed due to a shortage in resources. In the next six months, the County intends to develop policies and

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		the need to phase-in preliminary tasks at the outset of implementation related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next four months.		procedures to meet this requirement. The County anticipates completing this requirement in the next eight months.
H. Pharmacy Services (Pg. 9)	1. The County shall develop and implement policies to ensure continuity of medication at the time of Jail arrival and throughout the period of detention. Verified medications from the community shall be continued without interruption. Prisoners with unverified medications for serious conditions shall be evaluated	Completed. This requirement is documented in Wellpath’s policies, including E-9-A, Medication Continuation and D-1, Pharmaceutical Operations, which includes a list of high priority medications.	Partial Compliance (Venters, Johnson)	Completed. As previously reported, Wellpath’s policies—which are owned by the County—including the Medication Continuation Policy (E-9-A) and Pharmaceutical Operations Policy (D-1,) meet the requirements of this provision. In the next three months, the

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	promptly to ensure timely provision of necessary treatment.			County anticipates coordinating with the Medical Care and Mental Health Experts to understand what more is needed to attain substantial compliance for this provision.
	2. The County shall ensure that the Jail’s formulary policies and procedures are sufficient to provide adequate individualized care to patients, including through ongoing staff training on the process of requesting non-formulary medications.	Completed. Wellpath’s formulary (pharmacy manual) meets the provisions of this requirement. Wellpath staff have been trained on how to order non-formulary medications. This requirement is included in Wellpath’s policies, including D-2, Medication Services.	Partial Compliance (Venters) Non-Compliance (Johnson)	As previously reported, Wellpath’s formulary (pharmacy manual) and policies—which are owned by the County—including the Medication Services Policy (D-2) meet the requirements of this provision. The Medical Care Expert’s report documented concerns with access to medical care for those inmates in Restrictive Housing. The County has closed a number of its

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				restrictive housing units. In the next three months, the County anticipates coordinating with the Medical Care and Mental Health Experts to understand what more is needed to attain substantial compliance for this provision.
	3. The County shall revise its Keep on Person medication policies and procedures for common over-the-counter medications, including but not limited to rescue inhalers for asthma treatment.	Completed. Wellpath’s policies, including D-2, Medication Services meets this requirement.	Partial Compliance (Venters, McDonald) Not Rated (Johnson)	The County is in the process of fully implementing this requirement. The Medical Care Expert’s report documented concerns with the County’s limited keep on person program. In the next six months the County and Wellpath will expand medications within the KOP program and will revise its policies accordingly. The

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				County is also considering a policy or system to clarify how custody staff are notified that an inmate is in possession of an approved KOP medication. This provision has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or delays due to prioritizing the opening of the North Branch Jail. The County anticipates completing this provision in the next eight to twelve months.
	4. The County shall develop and implement policies and procedures to ensure that all medications are appropriately prescribed, stored, controlled, dispensed, and administered in	Completed. Wellpath’s pharmacy manual meets the provisions of this requirement. Any patient refusal of medication is documented on Wellpath’s refusal form and in	Partial Compliance (Venters) Substantial Compliance (Johnson)	Completed. As previously reported, Wellpath’s pharmacy manual and policies including the Medication Services Policy (D-2,) the Pharmaceutical

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	<p>accordance with applicable laws and through the following:</p> <ul style="list-style-type: none"> a) ensuring that initial doses of prescribed medications are delivered to patients within 48 hours of the prescription, unless it is clinically indicated to deliver the medication sooner; b) ensuring that medical staff who administer medications to patients document in the patient's Medical Administration Record (1) name and dosage of each dispensed medication, (2) each date and time medication is administered, (3) the date and time for any refusal of medication, and (4) in the event of patient refusal, 	<p>the patients EHR. This requirement is included in Wellpath's policies, including D-2, Medication Services, D-1, Pharmaceutical Operations, and E-9-A, Medication Continuation.</p>		<p>Operations Policy (D-1), and the Medication Continuation Policy (E-9-A) meet the requirements of this provision. The Mental Health Expert rated the County at substantial compliance. While the Medical Care Expert rated the County at partial compliance for the entirety of this Pharmacy Services section, he did not indicate any specific deficiencies related to this provision.</p>

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	documentation that the prisoner was made aware of and understands any adverse health consequences by medical staff.			
	5. The County shall develop and implement policies and procedures to ensure that patients are provided medications at therapeutically appropriate times, including when out to court, in transit to or from any outside appointment, or being transferred between facilities. If administration time occurs when a patient is in court, in transit or at an outside appointment, medication will be administered as close as possible to the regular administration time.	Completed. Wellpath’s Policy D-2, Medication Services meets the provisions of this requirement. Per policy, medications are distributed at 9 am and 9 pm. Wellpath has a scheduled medication time to accommodate inmates out on transports or at court.	Partial Compliance (Venters and Johnson)	Completed. As previously reported, Wellpath’s Medication Services Policy (D-2) meets the provisions of this requirement. Per policy, medications are distributed at 9 am and 9 pm. Wellpath does not administer medications off-site and has a scheduled medication time to accommodate inmates out on transports or at court.

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	6. The County shall provide sufficient nursing and custody staffing to ensure timely delivery and administration of medication.	Completed. The County maintains sufficient nursing and custody staff to deliver medications. Medications are currently delivered at 9 am and 9 pm. Wellpath’s Policy D-2, Medication Services meets the provisions of this requirement.	Partial Compliance (Venters) Substantial Compliance (McDonald)	The County is in the process of fully implementing this requirement. Medications are passed by one LVN with the assistance of a custody deputy that is assigned to the module. Following the opening of the Northern Branch Jail, staffing resources were distributed between the facilities. Since there have been some delays with medication pass at the Main Jail, the County and Wellpath are analyzing and assessing the circumstances. In the next six months the County will work with Wellpath to see if Electronic Health Record can be used to monitor medication delivery times. The County and Wellpath will work on a

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				tracking mechanism to identify if medications were delayed due to custody or clinical staffing shortages. This requirement has yet to be completed due to the COVID-19 pandemic and a shortage of resources. The County anticipates completing this requirement in the next eight months.
I. Transgender and Gender Nonconforming Health Care (Pg. 10)	1. The County shall treat transgender prisoners based upon an individualized assessment of the patient’s health care and related needs, consistent with relevant legal requirements.	Completed. Wellpath’s policy on gender dysphoria, Policy F-1-A, Gender Dysphoria meets this requirement.	Unrated (Venters and Johnson) Partial Compliance (McDonald)	Completed. As stated in the County’s last report, Wellpath’s Gender Dysphoria Policy (F-1-A), meets this requirement. The County individually assesses transgendered patients’ needs consistent with the requirements of this provision.

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J. Drug/Alcohol Withdrawal (Pg. 10)	1. The County shall develop and implement drug/alcohol withdrawal policies and procedures that include specific guidelines as to the frequency and documentation of patient assessment.	Completed. Wellpath’s Policy F-4, Medically Supervised Withdrawal and Treatment meets this requirement.	Partial Compliance (Venters) Not Rated (Johnson)	The County is in the process of fully implementing this requirement. The Medical Care Expert’s report expresses concern regarding the length of time a person may spend in a cell to receive complex care, as well as the confidentiality and adequacy of those spaces for delivery of that care. With the opening of the Northern Branch Jail the County has made significant improvements in confidentiality. In the next six months the County will continue to close restrictive housing cells and place those individuals into housing units where they have more out-of-cell time and increased access to care. This

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				requirement has yet to be completed due to the COVID-19 pandemic and a shortage of resources. The County anticipates completing this requirement in the next eight months.
K. Utilization Management (Pg. 10)	1. The County shall develop and implement a utilization management (UM) system that ensures that health decisions about patient care are made with sufficient input from Providers and meaningful consideration of patients’ health history and needs.	Completed. Wellpath’s Care Management Program, covered in A-1, Corporate Policy and Procedure, meets this requirement.	Unrated (Venters and Johnson)	Completed. As stated in the County’s last report, Wellpath’s Care Management Program, covered in the Corporate Policy and Procedure (A-1), meets this requirement.
	2. The UM process shall ensure that Providers and patients are promptly informed about decisions made through the UM process, including with	Completed. Wellpath’s Care Management Program, covered in A-1, Corporate Policy and Procedure, meets this requirement.	Unrated (Venters and Johnson)	Completed. As stated in the County’s last report, Wellpath’s Care Management Program, covered in the Corporate Policy and

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	respect to specialist referral requests.			Procedure (A-1), meets this requirement.
	3. The UM process shall include an appeal process to enable patients and Providers to appeal a decision denying a referral request.	Completed. Wellpath’s Care Management Program, covered in A-1, Corporate Policy and Procedure, meets this requirement.	Unrated (Venters and Johnson)	Completed. As stated in the County’s last report, Wellpath’s Care Management Program, covered in the Corporate Policy and Procedure (A-1), meets this requirement.
L. Review of Inmate Deaths (Pg. 11)	1. The County shall complete timely and adequate death reviews, within 30 days of any death, including a clinical mortality review in all cases and a psychological autopsy if death was by suicide or is otherwise indicated. The County shall also complete a multidisciplinary administrative review to assess	Completed. The County timely and adequately conducts death review within 30 days of death. This requirement is documented in the mortality log/attendance sheets and Wellpath’s policies, including A-9-A, Morbidity, along with Custody Policy 206; Significant	Unrated (Venters) Partial Compliance (Johnson)	The County is in the process of completing this requirement. As stated in the County’s last report, the County timely and adequately conducts death review within 30 days of death. This requirement is documented in the mortality log/attendance sheets and Wellpath’s policies, including the

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	custodial and emergency response actions.	Incident and In-Custody Deaths.		Morbidity Policy (A-9-A), along with Custody Operations Significant Incident and In-Custody Deaths Policy (section 206). The Medical Care Expert expressed some concern that deaths have not been adequately reviewed to assess whether the clinical standards of care have been met and whether the death was attributable to jail conditions. These concerns are addressed in the death reviews conducted by Wellpath. The Mental Health Expert recommended that the County and Wellpath work together to create a shared death review report inclusive of root cause analysis,

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				findings, and measurable corrective action plans. In the next six months, the County and Wellpath plan to coordinate and discuss their death review process to address the expert's concerns and recommendations. This requirement has yet to be completed because the County believed it was in substantial compliance prior to receipt of the Mental Health Expert's draft report this Spring.
	2. The death review process shall include a root cause analysis, as appropriate, and the development of corrective action plans to	Completed. Wellpath's Policy A-9, Procedure in the Event of a Patient Death meets this requirement.	Unrated (Venters and Johnson)	The County is in the process of completing this requirement. As stated in the County's last report, the County timely and adequately conducts death review within

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	identify and address systemic or individual issues.			30 days of death. This requirement is documented in the mortality log/attendance sheets and Wellpath’s policies, including the Morbidity Policy (A-9-A), along with Custody Operations Policy Significant Incident and In-Custody Deaths (section 206). The Medical Care Expert expressed some concern that deaths have not been adequately reviewed to assess whether the clinical standards of care have been met and whether the death was attributable to jail conditions. These concerns are addressed in the death reviews conducted by Wellpath. The Mental Health

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				Expert recommended that the County and Wellpath work together to create a shared death review report inclusive of root cause analysis, findings, and measurable corrective action plans. In the next six months, the County and Wellpath plan to coordinate and discuss their death review process to address the expert's concerns and recommendations. This requirement has yet to be completed because the County believed it was in substantial compliance prior to receipt of the Mental Health Expert's draft report this Spring.

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M. Discharge Planning (Pg. 11)	1. The County shall implement an in-custody discharge/reentry planning program, described in a written policy, with emphasis on prisoners who suffer from chronic mental health and medical conditions, including addiction.	The County is in the process of fully implementing this requirement. The County will be meeting with our programs unit to develop these plans. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next six months.	Non-Compliant (Venters) Partial Compliance (McDonald)	The County is in the process of fully implementing this requirement. In the next six months the County will develop the required policies and work with the new programs manager to develop a discharge/reentry planning program and work toward compliance in this area. The County is currently working on delineating the roles and responsibilities of the various entities involved in discharge planning, including but not limited to the programs manager, Wellpath, custody, probation, and other outside entities. The County has been delayed in the implementation of this provision due to a vacancy in the County's

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				programs manager position. Other contributing factors limiting the County meeting this requirement are a shortage in resources related to the COVID-19 pandemic and/or delays associated with prioritizing the opening of the North Branch Jail. The County anticipates completing this requirement in the next eight to twelve months.
	2. The reentry services program shall include the provision of assistance to chronic care patients, including outpatient referrals and appointments, public benefits, inpatient treatment, and other appropriate reentry services.	The County is in the process of fully implementing this requirement. The provisions of this requirement will be incorporated into the reentry plan. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or	Non-Compliant (Venters and Johnson)	The County is in the process of fully implementing this requirement. In the next six months the County will develop the required policies and work with the new programs manager to develop a discharge/reentry planning program and work toward

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		North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next six months.		compliance in this area. The County is currently working on delineating the roles and responsibilities of the various entities involved in discharge planning, including but not limited to the programs manager, Wellpath, custody, probation, and other outside entities. The County has been delayed in the implementation of this provision due to a vacancy in the County's programs manager position. Other contributing factors limiting the County meeting this requirement are a shortage in resources related to the COVID-19 pandemic and/or delays associated with prioritizing the opening of the North Branch Jail. The County

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				anticipates completing this requirement in the next six months.
N. Quality Management (Pg. 11)	1. The County shall develop a Quality Management program to regularly assess and take necessary measures to ensure quality and efficiency of care.	Completed. Wellpath’s Policy A-6, Continuous Quality Improvement Program meets this requirement.	Partial Compliance	Completed. The County is in the process of fully implementing this requirement. This requirement is currently part of the CQI meetings and is reported out at monthly meetings. Documentation to support this provision can be provided to the Medical Care Expert to demonstrate proof of practice.
	2. The County shall establish a Continuous Quality Improvement (CQI) Unit to develop tracking mechanisms and to monitor the timeliness and effectiveness of care, to be reviewed at least quarterly and	The County is in the process of fully implementing this requirement. The County has established a Continuous Quality Assurance (CQA) unit, comprised of one Sergeant, two Senior Custody Deputies and	Partial Compliance	The County is in the process of fully implementing this requirement. In the next six months the County will develop tracking mechanisms to document effectiveness of care to meet this requirement.

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	with corrective action plans employed where issues are identified.	two Administrative Office Professionals. This unit was established in April and is working towards compliance in this area. The unit will be developing tracking mechanisms to document effectiveness of care. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next six months.		This requirement has yet to be completed due to the COVID-19 pandemic and a shortage of resources. The County anticipates completing this requirement in the next eight to ten months.
	3. The County shall track and document all completed,	The County is in the process of fully implementing this	Partial Compliance (Venters and McDonald)	The County is in the process of fully implementing this

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	delayed, and canceled medical appointments, including reasons for delays and cancelations. Such documentation shall be reviewed as part of the quality management process.	requirement. The Health Services Administrator and Assistant Health Services Administrator are currently developing a process to track these medical appointments. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.		requirement. In the next six months the County will develop processes to track and document all completed, delayed, and canceled medical appointments, including reasons for delays and cancelations to meet this requirement. This requirement has yet to be completed due to the COVID-19 pandemic and a shortage of resources. The County anticipates completing this requirement in the next eight to ten months.
	4. The County shall track compliance with the Chronic Disease Management Program requirements for timely provision of	Completed. A Chronic Disease CQI is completed to meet this requirement, as delineated in Wellpath's policies, including F-	Partial Compliance	The County is in the process of fully implementing this requirement. In the next six months the County will

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	appointments, procedures, and medications.	I, Patients with Chronic Disease and Other Special Needs.		incorporate auditing Chronic Disease Management appointments, procedures, and medications as part of the CQI process. This requirement has yet to be completed due to the COVID-19 pandemic and a shortage of resources.
	5. The County shall incorporate a systematic review of prisoner grievances related to health care into its Quality Management program.	The County is in the process of fully implementing this requirement. The County conducts systematic review of prisoner healthcare grievances. The County has a grievance oversight coordinator who oversees and reports on all healthcare and mental health care grievances quarterly to the County Board of Supervisors. These oversight reports indicate	Partial Compliance (Venters) Non-Compliant (McDonald)	The County is in the process of fully implementing this requirement. In the next six months the County will work with Wellpath to review the grievance tracking system presently in place. This information will then be included in the MAC/CQI meetings for review. The County and Wellpath will also update Wellpath's policies A-

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		<p>the number and percentage of grievances that are substantiated and unfounded. The County anticipates incorporating a systematic review of all prisoner grievances into its Quality Management program. The County has yet to complete this due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next two months.</p>		<p>10 and A-4 to meet this requirement. This requirement has yet to be completed due to the COVID-19 pandemic and a shortage of resources. The County anticipates completing this requirement in the next eight months.</p>

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A. Policies and Procedures (Pg. 12)	1. The County shall develop its own county- and site-specific policies and procedures related to its jail mental health care system. Jail mental health policies and procedures shall be reviewed at least annually and updated as necessary.	Completed. Wellpath has site specific policies for Santa Barbara County, including Wellpath Policy F-3, Mental Health Services.	Partial Compliance	The County is in the process of fully implementing this requirement. Both the County and Wellpath have site specific policies related to mental health care. In the next six months the County and Wellpath will be updating these policies so they comply with all relevant sections of the Remedial Plan. This requirement has yet to be completed due to the COVID-19 pandemic and a shortage of resources. The County anticipates completing this requirement in the next eight months.
	2. The County shall develop policies and procedures regarding mental health care committees that	Completed. The County revised Custody Operations Policy 241,	Non-compliance (Johnson)	The County is in the process of fully implementing this requirement. The County has

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	clearly describe structure, membership, and minimum meeting frequencies.	Mental Health Care to meet this requirement.	Partial Compliance (McDonald)	edited the Custody Operations Mental Health Policy (section 241) to document multidisciplinary meetings that are occurring weekly. The target population of these multidisciplinary meetings will be revised as we continue to open and develop specialized mental health units. This requirement has yet to be completed due to the COVID-19 pandemic and a shortage of resources. The County anticipates completing this requirement in the next eight months.
	3. The County shall ensure that its policies and procedures are consistent with the provisions of	The County is in the process of fully implementing this requirement. A working group has been assigned to revise and	Partial Compliance (Johnson and McDonald)	The County is in the process of fully implementing this requirement. A working group has been assigned to revise

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	<p>this Remedial Plan and include the following:</p> <ul style="list-style-type: none">a) A written document reflecting the spectrum of mental health care programming and services provided to prisoners;b) Reasonable timeframes for completion of each type of mental health care-related task or service, consistent with community and professional standards;c) An intake and referral triage system to ensure timely and effective resolution of inmate requests and	<p>develop policies and procedures consistent with the provisions of this remedial plan. The County has begun implementation of the subsections of this requirement as follows:</p> <ul style="list-style-type: none">a) Mental health care programs to be added to Wellpath’s Health Services Handbook and the Custody Operations Orientation handbook.b) Completed and compliant with community standards.c) Completed at intake and in referral triage.d) Completed with restrictive housing rounds and suicide watch rounds.e) The County has a description related to		<p>and develop policies and procedures consistent with the provisions of this Remedial Plan. The County has begun implementation of the subsections of this requirement as follows:</p> <ul style="list-style-type: none">a) In process. Mental health care programs will be added to Wellpath’s Health Services Handbook and the Custody Operations Orientation Handbook.b) Completed. These timeframes are delineated in Wellpath Mental Health Screening and Evaluation Policy (E-5)

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	<p>staff referrals for mental health care;</p> <p>d) Clinical monitoring of inmates, including but not limited to those who are segregated or on suicide watch;</p> <p>e) Descriptions of specialized mental health programming that specifically identify admitting and discharge criteria and the staff positions who have the authority to place inmates in specialized mental health housing;</p> <p>f) Relevant mental health-related training for all staff members</p>	<p>admitting and discharging criteria and is working on specialized mental health housing.</p> <p>f) Completed, staff members receive CIT training and suicide prevention training.</p> <p>This requirement has yet to be fully completed due to the need for physical renovations to the Main Jail or completion of the Northern Branch Jail as contemplated by the Stipulated Judgment. The County anticipates completing these provisions in the next six to nine months.</p>		<p>and are compliant with community standards.</p> <p>c) Completed. The County maintains an intake and referral triage system (see Wellpath Receiving Screening Policy (E-2)) and timely and effectively resolves inmate requests and referrals at intake and in referral triage.</p> <p>d) Completed. Clinical monitoring occurs by way of restrictive housing rounds and suicide watch rounds.</p> <p>e) In process. The County has a description related to admitting and discharging criteria and is working on</p>

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	who are working with inmates with mental illness.			<p>specialized mental health housing.</p> <p>f) Completed. Staff members receive CIT training and suicide prevention training.</p> <p>The County has a multidisciplinary group that is meeting and developing specialized mental health units in the Norwest module of the Main Jail. The working group also identified J and K Units at the Northern Branch Jail as suitable locations for specialized mental health units. The group will continue to work towards developing these units into specialized mental health units. Wellpath has also partnered with the</p>

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				Department of State Hospitals to implement a specialized program for state hospital patients pending placement. This program would create a specialized housing unit for these individuals. Following planning and creation of these units, the County will update relevant policies and forms and perform necessary training. While full compliance with this requirement may require renovations to the Main Jail as contemplated by the Stipulated Judgment, in the interim, the County is working with the existing physical plant to develop mental health units in the Northwest module at the Main Jail and J and K Units at the

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				Northern Branch Jail. This requirement has yet to be completed based on the structural limitations, the time necessary to properly plan for these units, and staffing shortages due to the COVID-19 pandemic and otherwise. The County anticipates completing these provisions in the next twelve months.
	4. The County's health screening policy and procedure shall include criteria for the triage system for intake referrals and health service requests. Referrals shall be designated as emergent, urgent, or routine based on clinical judgment.	Completed. The County currently meets this requirement and Wellpath maintains formal documentation of emergent, urgent, or routine designation of referrals. The sick call slip has been edited to reflect emergent, urgent, and routine designation. Wellpath documents emergent as priority one, and those	Partial Compliance	The County is in the process of fully implementing this requirement. In the next month the updated sick call slip will be sent out for printing. Once printed the sick call slip will be put into circulation. Wellpath currently maintains documentation on emergent, urgent, or routine

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		patients are seen immediately. Urgent is priority two and patients are seen within 24 hours. Routine calls are priority two and are seen within 24 hours. Priority three are pre-scheduled, on-going programs with patients seen based on individualized treatment plans.		referrals. The County has also updated its Health Care Policy (section 240) to reflect the requirements of this provision. This requirement has yet to be completed due to the COVID-19 pandemic and a shortage of resources. The County anticipates completing this requirement in the next six months.
	5. The County shall ensure that there is a licensed mental health professional on-site at the Jail facilities who, working in collaboration with the health care services administrator, shall be responsible for supervising the clinical aspects of the following functions: a) Treatment programming that	Completed. Wellpath's mental health coordinator and additional mental health staff are on site daily. Outside mental health agencies (referenced in subsection (c)) are currently not in the facility, due to COVID-19, but will resume at the conclusion of the pandemic.	Partial Compliance	The County is in the process of fully implementing this requirement. Wellpath's mental health coordinator and additional mental health staff are on site daily. Outside mental health agencies (referenced in subsection (c)) are currently not in the facility, due to COVID-19, but will

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	<p>meets the needs of the inmate population and is consistent with individualized treatment plans.</p> <p>b) Supervision of mental health staff to ensure appropriate in-service training, development of treatment plans, and health care record documentation.</p> <p>c) Treatment programming provided by outside mental health agencies.</p>			<p>resume at the conclusion of the pandemic. The County has a multidisciplinary group that is meeting and developing specialized mental health units in the Norwest module. The objective of the group is to house inmates that need mental health programming and services. The County and Wellpath will continue to work on programming needs and resources for these units. While full compliance with this requirement may require renovations to the Main Jail as contemplated by the Stipulated Judgment, in the interim, the County is working with the existing physical plant to develop mental health</p>

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				units in the Northwest module of the Main Jail and J and K Units at the Northern Branch Jail. This requirement has yet to be completed based on the structural limitations, the time necessary to properly plan for these units, and staffing shortages due to the COVID - 19 pandemic and otherwise. The County anticipates completing these provisions in the next twelve months.
	6. The County shall develop policies and procedures to ensure that all clinical interactions (other than rounds) be conducted in a private and confidential manner, absent a specific, current risk that necessitates the presence of custody staff. Custody and mental	The County is in the process of fully implementing this requirement. The County is developing procedures to conduct sick call with the deputy standing outside of the treatment room, supervising the appointment, and observing	Non-Compliance	The County is in the process of fully implementing this requirement. The County is developing procedures to conduct sick call with the deputy standing outside of the treatment room, supervising the appointment, and

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	health staff shall be trained accordingly.	through a window in the door. The County is ordering equipment and rekeying treatment rooms along with developing the procedures and training prior to full implementation. Additionally, the County is limited by treatment space which is addressed in the proposed remodel of the main jail. This requirement has yet to be fully completed due to the pending remodel as contemplated by paragraph 10 of the Stipulated Judgment. The County anticipates fulfilling this requirement once the proposed remodel is complete.		observing through a window in the door. The County currently conducts these interactions in a private and confidential manner at the Northern Branch Jail. The County is ordering equipment and rekeying treatment rooms along with developing the procedures and training prior to full implementation. Additionally, the County is limited by treatment space which is addressed in the proposed remodel of the Main Jail. In the next six months, the County will update its policies to ensure interactions are conducted in a private and confidential manner and will continue to utilize the additional clinical areas that

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				the County created to work within the confines of the present physical plant of the Main Jail. As contemplated by paragraph 10 of the Stipulated Judgment, the County anticipates fulfilling this requirement once the proposed remodel is complete.
	7. The County shall develop policies and procedures on the use of de- escalation techniques and early involvement by Qualified Mental Health Professionals in situations involving an inmate with SMI.	The County is in the process of fully implementing this requirement. The County is developing policies and procedures to meet this requirement. A working group has been assigned to revise and develop policies and procedures consistent with the provisions of this remedial plan. This requirement has yet to be	Non-Compliance (Johnson and McDonald)	The County is in the process of fully implementing this requirement. In the next six months the County will update the Custody Mental Health Care Policy (section 241) and Cell Extractions Policy (section 320), and Wellpath's Mental Health Services Policy (F-3) to meet the requirement of this provision. Once

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		completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next six to nine months.		approved training will occur prior to implementation and tracking. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic. The County anticipates completing this requirement in the next six to nine months.
	8. When utilizing trainees, such as psychiatric interns, the County shall have a memorandum of agreement with the provider that addresses supervision and other appropriate requirements.	Completed. The County does not presently utilize trainees, such as psychiatric interns. A memorandum of agreement would be initiated in compliance with this requirement if the County utilizes such trainees in the future.	Non-Compliance	The County is in the process of fully implementing this requirement. In the next six months the County will complete a memorandum of agreement as required by this provision. As the County does not presently utilize trainees, such as psychiatric interns, this requirement has yet to be completed due to the need to

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				prioritize tasks through the implementation process.
B. Intake (Pg. 13)	<p>1. The County shall ensure implementation of a screening tool to identify individuals with mental illness, at risk of self-injury, or vulnerable to predation secondary to a mental illness. The screening tool shall:</p> <ul style="list-style-type: none"> a) Identify risk factors or medication that require a mental health referral. b) Recommend housing and referrals based on the individual's diagnosis, strengths, and weaknesses. c) Refer inmates to mental health staff for any positive finding of 	<p>Completed.</p> <ul style="list-style-type: none"> a) Completed at intake screening. b) Completed. The County's Segregation Housing Notification Form addresses this provision. c) Completed. The County currently uses priority one, two, and three (emergent, urgent, and routine). d) Completed. This is standard practice. 	Partial Compliance	<p>The County is in the process of fully implementing this requirement. The County has completed sections (a) through (c), but per the Mental Health Expert's draft report, the County and Wellpath will need to revisit section d. In the next six months the County and Wellpath will discuss and implement processes to comply with this provision in coordination with the Mental Health Expert. This requirement has yet to be completed due to a shortage in resources and due to the COVID-19 pandemic.</p>

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	<p>mental illness, and triage all referrals as urgent, emergent, or routine.</p> <p>d) Describe signs and symptoms of conditions which justify the assignment of a DSM¹ diagnosis.</p>			
	2. The County shall implement a follow-up review process for inmates who refuse the intake screening. Upon inmate refusal at intake, the intake nurse shall provide a detailed record of the inmate's presentation and an opinion regarding the inmate's condition, with appropriate	Completed. For inmates who refuse intake screening, an intake RN will follow-up four hours after refusal. If follow up is still needed, mental health staff will follow up the next day for a second attempt. This requirement is delineated in Wellpath policies, including	Partial Compliance	The County is in the process of fully implementing this requirement. As stated in the County's last report, for inmates who refuse intake screening, an intake RN will follow-up four hours after refusal. If follow up is still needed, mental health staff will follow up the next day for

¹ Diagnostic and Statistical Manual of Mental Disorders, Current Edition, American Psychiatric Association

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	referrals to psychiatry and mental health professionals.	Policy E-2, Receiving Screening.		a second attempt. This requirement is delineated in Wellpath policies, including Policy E-2, Receiving Screening. In the next six months the County will place this information into a custody policy and procedure. This requirement has yet to be completed due to a shortage in resources and due to the COVID-19 pandemic.
	3. Refusal to give consent at intake will not be considered an indication of refusal of any treatment and evaluation at a later time.	Completed. Follow up is completed by staff four hours after refusal and again on the next day if needed. This requirement is delineated in Wellpath policies, including Policy E-2, Receiving Screening.	Partial Compliance	The County is in the process of fully implementing this requirement. As stated in the County's last report, for inmates who refuse intake screening, an intake RN will follow-up four hours after refusal. If follow up is still needed, mental health staff

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				will follow up the next day for a second attempt. This requirement is delineated in Wellpath policies, including Policy E-2, Receiving Screening. In the next six months the County will place this information into a custody policy and procedure. This requirement has yet to be completed due to a shortage in resources and to the COVID-19 pandemic.
	4. Inmates entering the facility on verified medications shall receive a referral to psychiatry at the time of intake, which will be prioritized as clinically indicated.	Completed. This requirement is part of the intake process. The intake RN will schedule a psychiatry visit once medications are verified and bridged by the on-call psychiatrist. This requirement is delineated in Wellpath policies,	Partial Compliance	The County is in the process of fully implementing this requirement. This requirement is part of the intake process. The intake RN will schedule a psychiatry visit once medications are verified and bridged by the on-call

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		including E-9-B, Timely Initiation of Medication Upon Arrival.		psychiatrist. This requirement is delineated in Wellpath policies, including E-9-B, Timely Initiation of Medication Upon Arrival. In the next six months the County and Wellpath will audit this provision and include if medication was verified. This requirement has yet to be completed due to a shortage in resources and to the COVID-19 pandemic.
C. Patient Privacy and Confidentiality (Pg. 14)	1. The County shall provide sufficient private interviewing spaces for all clinical contacts for evaluation and/or treatment (other than rounds).	The County is in the process of fully implementing this requirement. Psychiatry appointments are conducted in a treatment room. The County is limited by treatment space which is addressed in the proposed remodel of the main	Non-Compliance	The County is in the process of fully implementing this requirement. Psychiatry appointments are conducted in a confidential treatment room. The County is limited by treatment space, which is addressed in the proposed

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		jail. This requirement has yet to be completed due to the pending remodel as contemplated by the Stipulated Judgment. The County anticipates completing this requirement once the proposed remodel is complete.		remodel of the Main Jail. The County currently conducts these interactions in a private and confidential manner at the Northern Branch Jail. The County will continue to utilize the additional clinical areas that the County created to work within the confines of the present physical plant of the Main Jail. As contemplated by paragraph 10 of the Stipulated Judgment, the County anticipates fulfilling this requirement once the proposed remodel is complete.
	2. It shall be the policy of the County that mental health clinicians shall not conduct their clinical contacts for evaluation	The County is in the process of fully implementing this requirement. Mental Health staff attempt to complete their clinical	Non-Compliance	The County is in the process of fully implementing this requirement. Psychiatry appointments are conducted

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	and/or treatment (other than rounds) at cell-front except pursuant to documented refusals or specific, documented security concerns.	contacts in private spaces, per Wellpath Policy A-7, Privacy of Care, but is limited by treatment space, which is addressed in the proposed main jail remodel. The County has developed policies and procedures to reflect this practice, which are pending final review. This requirement has yet to be completed due to the pending remodel as contemplated by the Stipulated Judgment. The County anticipates completing this requirement once the proposed remodel is complete.		in a confidential treatment room. The County is limited by treatment space which is addressed in the proposed remodel of the Main Jail. The County currently conducts these interactions in a private and confidential manner at the Northern Branch Jail. The County will continue to utilize the additional clinical areas that the County created to work within the confines of the present physical plant of the Main Jail. As contemplated by paragraph 10 of the Stipulated Judgment, the County anticipates fulfilling this requirement once the proposed remodel is complete.

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	<p>3. For each clinical contact for evaluation and/or treatment (other than rounds), mental health staff shall document whether the encounter was confidential, including whether it took place at cell-front. If a contact occurs at cell-front or is otherwise non-confidential (<i>i.e.</i>, due to patient refusal or specific, documented security concern), the reason(s) shall be clearly documented in the individual patient record and will be reviewed as part of the County's Continuous Quality Improvement review procedures.</p>	<p>The County is in the process of fully implementing this requirement.</p> <p>Restrictive housing interviews are conducted at cell front at this time due to a lack of confidential settings. Cell front interviews are documented as such. The County has developed policies and procedures for confidential interviews, pending final review. Upon implementation, the County will be adding this requirement to the Continuous Quality Improvement review procedures. The County is limited by treatment space, which is being remedied by the proposed main jail remodel. The County anticipates completing</p>	Partial Compliance	<p>The County is in the process of fully implementing this requirement. Mental Health staff have begun documenting whether the encounter was confidential, including whether it took place at cell-front. If a contact occurs at cell-front or is otherwise non-confidential, the reason(s) shall be clearly documented in the individual patient record. In the next six months the County will add this to the Continuous Quality Improvement review. The County anticipates completing this requirement in the next eight months.</p>

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		this requirement upon completion of the proposed main jail remodel as contemplated by the Stipulated Judgment.		
	4. The County shall implement a confidential mental health service request system that does not require patients to share confidential health information with custody or other non-health care staff.	Completed. Mental health staff and medical staff collect sick call requests. This requirement is delineated in Wellpath policies, including Policy A-1 Access to Care.	Partial Compliance	The County is in the process of fully implementing this requirement. The Health Services Handbook, which is provided to all inmates, describes how inmates access mental health and medical care through the use of a sick call slip. In the next six months the County and Wellpath will develop a process to show compliance with this provision. This requirement has yet to be completed due to a shortage in resources and to the

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				COVID-19 pandemic. The County anticipates completing this requirement in the next six months.
D. Mental Health Services, Housing, and Access to Care (Pg. 15)	<p>1. Mental health staff shall respond to mental health referrals and requests within the following timelines:</p> <ul style="list-style-type: none"> a) Four (4) hours for emergent cases, and sooner if clinically indicated, except that during the hours of 11:00 p.m. and 7:00 a.m., medical staff shall respond to emergent cases; b) Twenty-four (24) hours for urgent cases, and sooner if 	<p>Completed. Wellpath staff currently meets these timelines as follows:</p> <ul style="list-style-type: none"> a) Emergent cases are seen immediately. b) Urgent cases are seen within 24 hours. c) Routine cases are seen within one week, but generally sooner. <p>This requirement is delineated in Wellpath policies, including Policy F-3, Mental Health Services.</p>	<p>Non-Compliance (Johnson)</p> <p>Partial Compliance (McDonald)</p>	<p>The County is in the process of fully implementing this requirement. While the County is currently meeting this requirement in practice, in the next six months the County and Wellpath will work on developing a tracking mechanism to show compliance with this provision. This requirement has yet to be completed due to a shortage in resources and to the COVID-19 pandemic.</p>

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	<p>clinically indicated;</p> <p>c) One week for routine cases, and sooner if clinically indicated.</p>			
	<p>2. The County shall implement a policy to place and treat all prisoners on the mental health caseload in the least restrictive setting appropriate to their needs.</p>	<p>The County is in the process of fully implementing this requirement. The County is moving towards compliance. The County has revised and finalized Custody Operations 301, Inmate Classification and the Classification Plan to reflect the provisions of this requirement, but has yet to implement the policy. This requirement has yet to be fully completed due to facility limitations, COVID, and the opening of the Northern Branch Jail. This continues to be a</p>	<p>Non-Compliance (Johnson)</p> <p>Unratable (McDonald)</p>	<p>The County is in the process of fully implementing this requirement. The County has revised and finalized Custody Operations Inmate Classification Policy (301) and the Classification Plan to reflect the provisions of this requirement, but has yet to implement the policy. The County has a multidisciplinary group meeting to discuss least restrictive housing unit options. The County is working towards creating mental health step-down units</p>

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		priority and the County will make every effort to continue to progress towards substantial compliance. The County anticipates completing this requirement in the next four months.		in the Northwest modules at the Main Jail as well as J and K Units at the Northern Branch Jail. The multidisciplinary group is working through program needs, incentives, staffing needs, housing (classification) and construction needs. This requirement has yet to be completed due to the time needed to develop and implement this plan as well as a shortage in resources and the COVID-19 pandemic. The County anticipates completing this requirement in the next eight to twelve months.
	3. The County shall develop and designate specialized mental health units, with provision of the	The County is in the process of fully implementing this requirement. The County	Non-Compliance (Johnson and McDonald)	The County is in the process of fully implementing this requirement. The County has

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	<p>appropriate levels of programming and treatment for each mental health care service level.</p> <p>a) The County shall provide a sufficient number of beds at all necessary levels of clinical care and levels of security, to meet the needs of the Jail population of people with SMI.</p> <p>b) The County shall develop referral criteria and policies regarding management, treatment, and placement of inmates with SMI.</p>	<p>created specialized housing units in the Northwest to begin to meet this requirement but had to reclassify the units to accommodate intake quarantine. The inability to maintain these designated housing units for this program during the COVID-19 pandemic has limited the County's progress. The County anticipates completing this requirement at the conclusion of the pandemic.</p>		<p>a multidisciplinary group meeting to discuss least restrictive housing unit options. The County is working towards creating mental health stepdown units in the Northwest modules at the Main Jail as well as J and K units at the Northern Branch Jail. This requirement has yet to be completed due to the time needed to develop and implement this plan as well as a shortage in resources and the COVID-19 pandemic. The County anticipates completing this requirement in the next eight to twelve months.</p>

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	<p>c) Mental health staff shall recommend appropriate placement in and discharge from the specialized mental health units and programs for inmates with mental illness based on clinical judgment.</p> <p>d) The County shall develop policies and procedures to house and treat inmates with mental illness at the clinically appropriate level of care.</p>			
	4. Staff shall conduct regular multidisciplinary team meetings to discuss the treatment and management of each inmate with SMI who is incapable of functioning in a general	Completed. The County currently has weekly meetings to discuss these inmates. The team is currently made up of our mental health supervisor, Jail Based Competency Treatment	<p>Non-Compliance (Johnson)</p> <p>Partial Compliance (McDonald)</p>	The County is in the process of fully implementing this requirement. The County has a multidisciplinary group meeting (HARP) to discuss least restrictive housing unit

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	<p>population setting or who is housed in a specialized mental health unit, to coordinate individual health, mental health, classification and discharge needs.</p> <ul style="list-style-type: none"> a) The County shall include the line officer, whenever possible, in the multidisciplinary treatment team meeting. The line officer shall provide day-to-day observations on an inmate's functioning and receive input from the professional staff in management approaches. b) The multidisciplinary treatment team shall determine which privileges and 	(JBCT) staff, Classification unit, Continuous Quality Assurance (CQA), and management. The County plans to expand the team and the inmates discussed in these meetings.		<p>options. The County is working towards creating mental health stepdown units in the Northwest modules at the Main Jail as well as J and K Units at the Northern Branch Jail. These units will be used for housing and programming for SMI and mental health inmates. The County will revise and refine the HARP meeting to target this population of inmates and meet the requirements of this provision. The County is also working on a Restrictive Housing Policy which will incorporate the requirements of this provision. This requirement has yet to be completed due to a shortage in resources and the COVID-</p>

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	<p>property shall be available to inmates. The treating clinician shall provide input as to privileges and property for inmates on psychiatric observation or suicide watch.</p> <p>c) Treatment staff shall provide all inmates on specialty units an enhanced individualized treatment plan documented on a medical record treatment plan form and completed within the first seven days of placement on that unit. These treatment plans shall be regularly reviewed and updated</p>			19 pandemic. The County anticipates completing this requirement in the next eight months.

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	as needed by the multidisciplinary treatment team, with participation of the inmate.			
	5. The County shall provide a minimum of 6 hours per week, of Structured Out-of-Cell Time for therapeutic group and/or individual programming, and twelve (12) hours per week of Unstructured Out-of-Cell time (including dayroom, outdoor/recreation time, and other self-directed activities) for people with mental illness housed in specialized mental health units. The County will also provide in-cell structured programming – <i>i.e.</i> , electronic tablets – to people in these units equivalent to that provided in the general population (at least four (4) hours per day, on	The County is in the process of fully implementing this requirement. The County created specialized housing units in the Northwest to begin to meet this requirement by initially increasing out of cell time, but had to reclassify the units to accommodate intake quarantine due to the COVID-19 pandemic. The current facility lay out is impeding full implementation of this requirement, but that should be remedied with the proposed main jail remodel. The inability to designate a housing unit for	Non-Compliance (Johnson and McDonald)	The County is in the process of fully implementing this requirement. The County is working towards creating mental health stepdown units in the Northwest modules at the Main Jail as well as J and K units at the Northern Branch Jail. Once these units are open the County will be able to better provide unstructured out-of- cell time. The County and Wellpath are working on developing structured out-of-cell time and are working to identify staffing resources and specialized

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	<p>at least three (3) separate days per week).</p> <p>a) It is recognized that not all inmates can participate in and/or benefit from 6 hours per week of structured treatment programming. For those individuals with mental health treatment needs housed in the specialized mental health units and for whom fewer hours of treatment services is clinically indicated, the treating clinician will present the case and recommended treatment program to the multidisciplinary treatment team for approval. Such a Modified Individualized</p>	<p>this program during the COVID-19 pandemic has limited the County's progress. The County anticipates completing this requirement at the conclusion of the proposed main jail remodel as contemplated by the Stipulated Judgment.</p>		<p>programs to provide. The County has closed multiple restrictive housing cells in an effort to increase out-of-cell time. The County also implemented a tracking mechanism to better record out-of-cell time. Jail staff is working with the maintenance team to identify potential options for additional out-of-cell space for the restrictive housing units. In the upcoming months, the County is committed to increasing out-of-cell time significantly by reclassifying a portion of segregation cells and increasing the number of inmates in each yard or dayroom group. The County anticipates completing this</p>

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	<p>Treatment Plan will include a description of the diagnosis, problems, level of functioning, medication compliance, and rationale for scheduling fewer hours of treatment services.</p> <p>b) The Modified Individualized Treatment Plan will be reviewed by the multidisciplinary treatment team at least monthly, with consideration of an increase in treatment activities and referral to a higher level of care as clinically indicated.</p> <p>c) The County shall establish an additional, less intensive mental</p>			<p>requirement pending the proposed remodel of the Main Jail as contemplated by the Stipulated Judgment, but is focused on increasing out-of-cell time as much as possible in the interim given the present facility constraints at the Main Jail.</p>

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	health program for individuals with mental health treatment needs who are stable. Such a program shall provide a minimum of four (4) hours per week of Structured Out-of-Cell Time for therapeutic group and/or individual programming, subject to the Modified Individual Treatment Plan provisions described above.			
	6. The County shall not house inmates with SMI meeting criteria for placement in specialized mental health units in a segregation or isolation unit, except as outlined below.	The County is in the process of fully implementing this requirement. The County created specialized housing units in the Northwest to begin to meet this requirement by initially increasing out of cell time, but had to reclassify the	Non-Compliance (Johnson and McDonald)	The County is in the process of fully implementing this requirement. The County is working towards creating mental health stepdown units in the Northwest modules at the Main Jail as well as J and K Units at the Northern

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	<p>a) In rare cases where such an inmate presents an immediate danger or serious danger for which there is no reasonable alternative, such an inmate may be housed separately for the briefest period of time necessary to address the issue, and only with written justification for the placement that is approved by a jail commander or designee.</p> <p>b) The County shall continue to provide supervision, treatment, and out-of-cell time consistent with the inmate's Modified</p>	<p>units to accommodate intake quarantine due to the COVID-19 pandemic. The current facility lay out is impeding full implementation of this requirement, but that should be remedied with the proposed main jail remodel. The inability to designate a housing unit for this program during the COVID-19 pandemic has limited the County's progress. The County anticipates completing this requirement at the conclusion of the proposed main jail remodel as contemplated by the Stipulated Judgment.</p>		<p>Branch Jail. In the next six months the County will continue to reduce restrictive housing cells system wide, create a Restrictive Housing Policy, better document the behavior that places an inmate in restrictive housing, and provide training to classification staff on appropriate restrictive housing placements. At the recommendation of the Custody Operations Expert, the County will also look into the need to update additional policies including: Wellpath Mental Health Services Policy (F-3) and Segregated Inmate Policy (G-2) and Custody Operations Inmate Classification Policy (section</p>

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	Individualized Treatment Plan.			301) and Bed Assignment Policy (section 305), as well as the Objective Classification Plan and Housing Plans. This requirement has yet to be completed due to a shortage in resources and the COVID-19 pandemic. The County anticipates substantial compliance at the conclusion of the proposed main jail remodel as contemplated by the Stipulated Judgment but is committed to making actionable steps as delineated above in the interim.
	7. The County shall develop and provide comparable and separate services and treatment programs for male and female inmates	The County is in the process of fully implementing this requirement. Implementation is pending the development of	Non-Compliance (Johnson and McDonald)	The County is in the process of fully implementing this requirement. The County continues to work towards the

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	meeting criteria for placement in specialized mental health units.	specialized mental health housing units. The potential units identified are currently being used as intake quarantine units during the COVID-19 pandemic. The inability to designate a housing unit for this program during the pandemic has limited the County's progress. The County estimates completion of this requirement at the conclusion of the pandemic.		development and implementation of specialized mental health housing units. The inability to designate a housing unit for this program during the pandemic has limited the County's progress. The County and Wellpath will continue its multidisciplinary meetings in an effort to work towards opening of these units. The County estimates completion of this requirement at the conclusion of the pandemic.
	8. The County shall provide psychiatric appointments with inmates on the mental health caseload housing at least every 90 days, or more often if clinically indicated, and shall provide counseling services consistent with	Completed. Inmates see the psychiatrist at a 30-day interval, then 60-days, and again at 90 days, or sooner as clinically indicated. Counseling services are provided along with an	Partial Compliance	The County is in the process of fully implementing this requirement. Inmates see the psychiatrist at a 30-day interval, then 60-days, and again at 90-days, or sooner

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	individual need that is documented in an individualized treatment plan.	individualized treatment plan to inmates in the special needs program. This requirement is included in Wellpath’s policies, including Policy F-3, Mental Health Services.		as clinically indicated. Counseling services are provided along with an individualized treatment plan to inmates in the special needs program. This requirement is included in Wellpath’s policies, including Mental Health Services Policy (F-3). In the next six months the County and Wellpath will work towards developing and implementing more individualized treatment plans for inmates with mental illness. This requirement has yet to be completed due to a shortage in resources and the COVID-19 pandemic.
	9. Mental health staff shall provide a behavioral management plan and	Completed. This requirement is captured by the County’s	Partial Compliance	The County is in the process of fully implementing this

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	regularly scheduled counseling services to inmates with severe personality disorders and/or frequent episodes of suicidal ideation or self-harm.	special needs program and addressed in Wellpath’s policies, including Policy F-3, Mental Health Services.		requirement. The County provided the Mental Health Expert two examples of behavioral management plans that met this requirement. In the next six months the County and Wellpath will begin working to develop a process to expand these behavioral management plans to include inmates with severe personality disorders and those with frequent suicidal ideations or acts of self-harm. This requirement has yet to be completed due to a shortage in resources and the COVID-19 pandemic. The County anticipates completing this requirement in the next eight months.

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	10. The County shall ensure that clinical contact record entries indicate the inmate's housing location, the type of service, the location where mental health staff delivered the service, the date and time of the encounter, and the date and time the record is generated.	Completed. This requirement is currently captured in the County's records for these inmates in CorEMR.	Partial Compliance	The County is in the process of fully implementing this requirement. In the next six months Wellpath will conduct training and auditing clinical contact record entries to verify all aspects of required information is included in the mental health documentation. This requirement has yet to be completed due to a shortage in resources and the COVID-19 pandemic. The County anticipates completing this requirement in the next six months.
E. Psychiatric Medication Practices (Pg. 18)	1. The County shall, in consultation with the subject matter expert and Plaintiffs, ensure that the Jail's policies and procedures are sufficient to provide adequate	The County is in the process of fully implementing this requirement. Wellpath maintains site-specific policies that meet this requirement. The policies	Partial Compliance	The County is in the process of fully implementing this requirement. Wellpath maintains site-specific policies that meet this requirement.

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	individualized care to patients, including with respect to (a) non-formulary medication requests, (b) patient refusals, and (c) prescriptive practices.	are awaiting review by the subject matter experts and plaintiffs' counsel. The County anticipates completing this requirement in the next six to nine months.		The policies are awaiting review by the subject matter experts and plaintiffs' counsel. This requirement has yet to be completed due to a shortage in resources and the COVID-19 pandemic. The County anticipates completing this requirement in the next six months.
	2. Any inmate requesting psychiatric evaluation or treatment shall receive a timely comprehensive mental health assessment to determine clinical need for medication or other treatment.	Completed. Self-referrals are seen via a sick call slip within 24 hours of receipt by mental health, who in turn will refer to the psychiatrist as clinically appropriate. This requirement is included in Wellpath's policies, including Policy F-3, Mental Health Services.	Partial Compliance	The County is in the process of fully implementing this requirement. Wellpath maintains site-specific policies that meet this requirement. The policies are awaiting review by the subject matter experts and plaintiffs' counsel. The County will develop a tracking mechanism to demonstrate compliance with

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				this provision. This requirement has yet to be completed due to a shortage in resources and the COVID-19 pandemic. The County anticipates completing this requirement in the next six months.
	3. No verified or prescribed psychiatric medication will be terminated or significantly changed without in-person consultation with a psychiatrist, absent clinical justification that is documented. Mental health staff shall see patients who receive significant changes in prescriptions or initiation of new medications within 30 days, unless earlier requested by patient or clinically indicated, to assess	Completed. The psychiatrist conducts an in-person consult with an individual prior to discontinuing medications. Mental health staff see these inmates within 30 days. The psychiatrist follows-up within 30 days of initiation of new medication. This requirement is included in Wellpath’s policies, including Policy F-3, Mental Health Services.	Partial Compliance	The County is in the process of fully implementing this requirement. As previously reported, the psychiatrist conducts an in-person consult with an individual prior to discontinuing medications. Mental health staff see these inmates within 30 days and a psychiatrist follows-up within 30 days of initiation of new medication. Per the Mental Health Expert’s

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	efficacy, side effects, and other follow-up as appropriate.			recommendation, the County will self-audit this provision to ensure compliance. This requirement has yet to be completed due to a shortage in resources and the COVID-19 pandemic. The County anticipates completing this requirement in the next six months.
	4. The County shall implement policies and procedures to ensure that patients are provided medications at therapeutically appropriate times (e.g., sedating medications administered at bedtime).	Completed. This requirement is included in Wellpath’s policies, including Policy D-2, Medication Services.	Non-Compliance	The County is in the process of fully implementing this requirement. The County utilizes Wellpath’s site specific policy for this section including its Medication Services Policy (section D-2), which should meet this requirement. In the next six months, the County will coordinate with the Mental

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				Health Expert to ascertain what more is needed to reach compliance with this requirement. This requirement has yet to be completed as the County believed it was in compliance until receipt of the Mental Health Expert’s draft report this Spring. The County anticipates completing this requirement in the next six months.
F. Mental Health and Disability Input in the Jail Disciplinary Process (Pg. 18)	1. The County shall adopt policies and procedures that require meaningful consideration of the relationship of an inmate’s behavior to a mental health or intellectual disability, the appropriateness of disciplinary measures versus clinical or other interventions, and the impact of disciplinary measures	The County is in the process of fully implementing this requirement. The County currently implements this process informally during the review process of disciplinary reports. The reports for inmates that fall within this requirement are being sent to mental health	Non-Compliance (Johnson and McDonald)	The County is in the process of fully implementing this requirement. The County currently implements this process informally during the review process of disciplinary reports. For disciplinary reports that fall within this provision—including those

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	on the health and well-being of inmates with disabilities.	by the Operations Lieutenants for their input. The County is developing policies and procedures to meet this requirement. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next six months.		that may involve mental health or intellectual disabilities—the Operations Lieutenants coordinate with medical and mental health staff for their input and review. The County has developed policies and procedures to meet this requirement, which are pending approval. Once approved, training will be provided prior to implementation. The County and Wellpath will also update Custody Operations Mental Health Care Policy (section 241) and Inmate Discipline (section 363) along with Wellpath’s Mental Health Services Policy (F-3), Segregated Inmate Policy (G-2), and Medical Diets Policy

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				(D-5) to meet the requirements of this provision. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic. The County anticipates completing this requirement in the next six months.
	2. The County shall develop policies and procedures on the consideration of mental health input in the disciplinary process.	The County is in the process of fully implementing this requirement. The reports for inmates that fall within this requirement are being sent to mental health by the Operations Lieutenants for their input. The County is developing policies and procedures to meet this requirement. This requirement has yet to be completed due to a shortage in resources related	Non-Compliance	The County is in the process of fully implementing this requirement. The County currently implements this process informally during the review process of disciplinary reports. For disciplinary reports that fall within this provision, the Operations Lieutenants coordinate with mental health staff for their input and review. The County

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		to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next six months.		has developed policies and procedures to meet this requirement, which are pending approval. Once approved, training will be provided prior to implementation. The County has also created a Rules Violation Mental Health Review Form to allow mental health staff input in the disciplinary process. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic. The County anticipates completing this requirement in the next six months.
	3. In cases where an inmate with SMI, with an intellectual	The County is in the process of fully implementing this	Non-Compliance	The County is in the process of fully implementing this

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	<p>disability, or who is exhibiting unusual or bizarre behavior may face a disciplinary sanction, including denial of property or privileges, placement in restrictive housing, or lockdown for any period of time, a Qualified Mental Health Professional shall complete a Mental Health/Disciplinary Recommendation Form and provide written findings as to:</p> <ul style="list-style-type: none"> a) Whether or not the reported behavior was related to mental illness, adaptive functioning deficits, or other disability; b) Any other mitigating factors regarding the inmate's behavior, disability, and/or 	<p>requirement. The County does not presently have a formal disciplinary system for these individuals. The County is developing policies and procedures to meet this requirement. The County is modifying the previously developed Rules Violation Mental Health Review form to better meet the County's needs. Once modified, the County will train staff on the document prior to implementation. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates</p>		<p>requirement. The County has created a Rules Violation Mental Health Review Form (which is pending approval) to allow mental health staff input in the disciplinary process. The requirements of this provision have been added to this form. Once approved, training will be provided prior to implementation. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic. The County anticipates completing this requirement in the next six months.</p>

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	circumstances that should be considered, and whether certain sanctions should be avoided in light of the inmate’s mental health or intellectual disability, treatment plan, or adaptive support needs.	completing this requirement in the next six months.		
	4. Staff shall meaningfully consider the Qualified Mental Health Professional’s findings and any other available disability information when deciding what, if any, disciplinary action should be imposed.	The County is in the process of fully implementing this requirement. The County is modifying the previously developed Rules Violation Mental Health Review Form to better meet the County’s needs. Once modified, the County will train staff on the document prior to implementation. This requirement has yet to be completed due to a shortage in resources related to the COVID-	Non-Compliance	The County is in the process of fully implementing this requirement. The County is modifying the Rules Violation Mental Health Review Form to better meet the County’s needs. The County has revised its Inmate Discipline Policy (section 363) to comply with this provision. Once approved, training will be provided prior to implementation. This

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		19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next six months.		requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic. The County anticipates completing this requirement in the next six months.
	5. Staff shall meaningfully consider the Qualified Mental Health Professional's input on minimizing the deleterious effect of disciplinary measures on the prisoner in view of his or her mental health or adaptive support needs.	The County is in the process of fully implementing this requirement. The County is modifying the previously developed Rules Violation Mental Health Review form to better meet the County's needs. Once modified, the County will train staff on the document prior to implementation. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North	Non-Compliance	The County is in the process of fully implementing this requirement. The County has created a Rules Violation Mental Health Review Form to allow mental health staff input in the disciplinary process. The requirements of this provision have been added to this form. Once the Form is approved, training will be provided prior to implementation. This requirement has yet to be

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		Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next six months.		completed due to a shortage in resources related to the COVID-19 pandemic. The County anticipates completing this requirement in the next six months.
	6. If custody staff do not follow the mental health input regarding whether the behavior was related to symptoms of mental illness or intellectual disability, whether any mitigating factors should be considered, and whether certain sanctions should be avoided, staff shall explain in writing why it was not followed.	The County is in the process of fully implementing this requirement. The County is revising Custody Operations Policy 363, Inmate Discipline, to include this provision and will identify a process and location to document when staff deviates from mental health input. This requirement has yet to be fully completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at	Non-Compliance	The County is in the process of fully implementing this requirement. The County has created a Rules Violation Mental Health Review Form to allow mental health staff input in the disciplinary process. The back of the Review Form includes a section entitled “Lt. Override” for documenting when mental health input is not followed as well as the reason for such override. Once the Form is approved, training will be

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		the outset of implementation. The County anticipates completing this requirement in the next six months.		provided prior to implementation. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic. The County anticipates completing this requirement in the next six months.
	7. Inmates shall not be subjected to discipline in any manner that prevents the delivery of mental health treatment or adaptive support needs.	Completed. The County's discipline for rule violations, delineated in Custody Operations Policy 363, Inmate Discipline, specifically states that these items shall not be interrupted due to discipline.	Non-Compliance (Johnson) Partial Compliance (McDonald)	The County is in the process of fully implementing this requirement. This provision has been incorporated into the Inmate Discipline Policy (section 363), which is pending approval, prior to training and implementation. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic.

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				The County anticipates completing this requirement in the next six months.
	8. Inmates shall not be subject to discipline for refusing treatment or medications, or for engaging in self-injurious behavior or threats of self-injurious behavior.	Completed. The County does not discipline individuals in these situations. Custody Operations Policy 363, Inmate Discipline, specifically precludes discipline for these behaviors.	Non-Compliance (Johnson and McDonald)	The County is in the process of fully implementing this requirement. This provision has been incorporated into the Inmate Discipline Policy (section 363), which is pending approval, prior to training and implementation. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic. The County anticipates completing this requirement in the next six months.

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	9. The County shall provide reasonable accommodations during the disciplinary process for inmates with mental health or intellectual disabilities.	The County is in the process of fully implementing this requirement. The County is developing policies and procedures to meet this requirement. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next six to nine months.	Non-Compliance (Johnson and McDonald)	The County is in the process of fully implementing this requirement. This provision has been incorporated into the Inmate Discipline Policy (section 363), which is pending approval, prior to training and implementation. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic. The County anticipates completing this requirement in the next six months.
	10. The County shall take reasonable steps to ensure the provision of effective communication and necessary assistance to inmates with	The County is in the process of fully implementing this requirement. The County is presently reviewing a sample Effective Communication policy,	Non-Compliance	The County is in the process of fully implementing this requirement. This provision has been incorporated into the Inmate Discipline Policy

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	disabilities at all stages of the disciplinary process.	which was provided by the ADA expert. The County intends to adapt the policy to meet the needs of the facility and to meet this requirement. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next six to nine months.		(section 363), which is pending approval, prior to training and implementation. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic. The County anticipates completing this requirement in the next six months.
	11. The County shall designate a supervisory-level custody staff member who shall be responsible for ensuring consistency in disciplinary practices and procedures. The County shall track and monitor	The County is in the process of fully implementing this requirement. A Senior Custody Deputy is assigned to process disciplinary reports. A supervisory team is developing	Non-Compliance (Johnson) Partial Compliance (McDonald)	The County is in the process of fully implementing this requirement. This provision has been incorporated into the Inmate Discipline Policy (section 363), which is

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	this process, including the frequency that the recommendation of the Qualified Mental Health Professional was followed.	tracking and monitoring procedures to meet this requirement. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next six to nine months.		pending approval, prior to training and implementation. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic. The County anticipates completing this requirement in the next six months.
G. Seclusion and Restraint (Pg. 20)	1. The County affirms that it will not utilize clinical restraints or clinical seclusion at the Jail, except as consistent with involuntary medication court orders for people adjudicated to be Incompetent to Stand Trial who participate in any implemented in-	Completed. The County affirms that it does not and will not utilize clinical restraints; involuntary medication orders are only administered with court orders. This requirement is reflected in Custody Policy 334, which has been finalized.	Non-Compliance	The County is in the process of fully implementing this requirement. The County affirms that it does not and will not utilize clinical restraints; involuntary medication orders are only administered with court order.

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	jail restoration of competency treatment services program.			In the next six months the County will add this provision to Custody Operations Use of Restraints Policy (section 334). This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic. The County anticipates completing this requirement in the next six months.
H. Discharge and Reentry Services (Pg. 20)	1. Inmates on the mental health caseload shall receive discharge planning that is documented. Such planning will be enhanced, as defined by policy, for inmates with SMI and/or meeting criteria for placement in the specialized mental health units.	The County is in the process of fully implementing this requirement. The County is developing discharge planning that will be delivered by the programs staff that will work in collaboration with the public defender’s office, mental health staff, and the Medication Assisted Treatment program	Partial Compliance (Johnson and McDonald)	The County is in the process of fully implementing this requirement. The County is developing discharge planning that will be delivered by the programs staff that will work in collaboration with the public defender’s office, mental health staff, and the Medication Assisted

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		(MAT) coordinator. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next six to nine months.		Treatment program (MAT) coordinator. In the next six months the County will develop the required policies and work with the new programs manager to work toward compliance in this area. The County is currently working on delineating the roles and responsibilities of the various entities involved in discharge planning, including but not limited to the programs manager, Wellpath, custody, probation, and other outside entities. The County has been delayed in the implementation of this provision due to a vacancy in the County's programs manager position as well as delays with the Northern

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				Branch Jail construction process and COVID-19 impacts to the Main Jail. The County anticipates completing this requirement in the next nine to twelve months.
	2. Discharge plans shall include assistance with application for public benefits and social services, outpatient referrals and appointments, medical insurance, housing, substance abuse treatment, parenting and family services, inpatient treatment, and other reentry services.	The County is in the process of fully implementing this requirement. The County will incorporate this information into the discharge planning that the County is developing for these inmates. Mental health and the jail programs unit plan to develop a process for discharge plans. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary	Partial Compliance (Johnson and McDonald)	The County is in the process of fully implementing this requirement. The County is developing discharge planning that will be delivered by the programs staff that will work in collaboration with the public defender's office, mental health staff, and the Medication Assisted Treatment program (MAT) coordinator. In the next six months the County will develop the required policies and work with the new

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		tasks at the outset of implementation. The County anticipates completing this requirement in the next six to nine months.		programs manager to work toward compliance in this area. The County is currently working on delineating the roles and responsibilities of the various entities involved in discharge planning, including but not limited to the programs manager, Wellpath, custody, probation, and other outside entities. The County has been delayed in the implementation of this provision due to a vacancy in the County’s programs manager position as well as delays with the Northern Branch Jail construction process and COVID-19 impacts to the Main Jail. The County anticipates completing

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				this requirement in the next nine to twelve months.
	3. The County will ensure that inmates taking prescribed psychiatric medications have continuity of medications, and arranging follow-up appointments with providers.	The County is in the process of fully implementing this requirement. The County will incorporate this information into the discharge planning that the County is developing for these inmates. Mental health and the jail programs unit plan to develop a process for discharge plans. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this	Partial Compliance (Johnson and McDonald)	The County is in the process of fully implementing this requirement. The County is developing discharge planning that will be delivered by the programs staff that will work in collaboration with the public defender's office, mental health staff, and the Medication Assisted Treatment program (MAT) coordinator. In the next six months the County will develop the required policies and work with the new programs manager to work toward compliance in this area. The County is currently working on delineating the

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		requirement in the next six to nine months.		roles and responsibilities of the various entities involved in discharge planning, including but not limited to the programs manager, Wellpath, custody, probation, and other outside entities. The County has been delayed in the implementation of this provision due to a vacancy in the County's programs manager position as well as delays with the Northern Branch Jail construction process and COVID-19 impacts to the Main Jail. The County anticipates completing this requirement in the next nine to twelve months.

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	<p>4. The County shall track the elements of discharge planning for Continuous Quality Improvement purposes. Data shall include at least the following:</p> <ul style="list-style-type: none"> a) The total number of inmates with SMI and/or meeting criteria for placement in the specialized mental health units who are eligible for discharge planning per month. b) The number of those inmates with SMI and/or meeting criteria for placement in the specialized mental health units who have received referrals for outpatient appointments, 	<p>The County is in the process of fully implementing this requirement. The County will incorporate this information into the discharge planning that the County is developing for these inmates. Mental health and the jail programs unit plan to develop a process for discharge plans. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next six to nine months.</p>	<p>Non-Compliance (Johnson and McDonald)</p>	<p>The County is in the process of fully implementing this requirement. The County is developing discharge planning that will be delivered by the programs staff that will work in collaboration with the public defender's office, mental health staff, and the Medication Assisted Treatment program (MAT) coordinator. In the next six months the County will develop the required policies and work with the new programs manager to work toward compliance in this area. The County is currently working on delineating the roles and responsibilities of the various entities involved in discharge planning, including</p>

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	discharge medications, 5150 referrals, and other aspects of reentry services completed by the mental health care staff.			but not limited to the programs manager, Wellpath, custody, probation, and other outside entities. Once discharge planning is established, the County will work on the tracking delineated in this provision for Continuous Quality Improvement purposes. The County has been delayed in the implementation of this provision due to a vacancy in the County's programs manager position as well as delays with the Northern Branch Jail construction process and COVID-19 impacts to the Main Jail. The County anticipates completing

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				this requirement in the next nine to twelve months.
I. Cross-Agency Coordination of Mental Health Treatment and Service Need (Pg. 21)	1. The County has begun to conduct monthly Medical Administration Committee meetings, with a portion of such meetings dedicated to discussion of the treatment of Jail inmates with mental illness, to include other relevant county agencies (e.g. Behavioral Wellness). The County agrees to continue such meetings, with additional cross-agency coordination as needed to address individual and systemic issues related to inmates with mental health treatment and service needs.	Completed. This requirement is discussed monthly during the Medical Administration Committee (MAC) meetings.	Non-Compliance	Completed. This requirement is discussed monthly during the Medical Administration Committee (MAC) meetings.
	2. The County shall develop a process to ensure timely referrals to and placements in inpatient care and other higher-level	Completed. County's Behavioral Wellness Mobile Crisis is contacted for any individual whose level of needs exceeds	Non-Compliance	The County is in the process of fully implementing this requirement. The County's Behavioral Wellness Mobile

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	mental health care outside the facility.	the ability of jail mental health. If an inmate in a safety cell needs a higher level of care Mobile Crisis is contacted at 12 hours after placement in the safety cell and again at 24 hours. This requirement is included in Custody Operations Policy 304, Use of Safety Cells and Wellpath's Policy B-5 Suicide Prevention and Intervention.		Crisis is contacted for any individual whose level of needs exceeds the ability of jail mental health. Wellpath's mental health coordinator has reached out to Behavioral Wellness to discuss this provision and their involvement. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic. The County anticipates completing this requirement in the next six months.
	3. The County shall make best efforts to expedite court referrals to the State Hospital system or other treatment facilities.	Completed. Record requests received from the State Hospitals are completed and uploaded into their system	Non-Compliance	Completed. Record requests received from the State Hospitals are completed and uploaded into their system within 24 to 48 hours of the

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		within 24 to 48 hours of the request.		request. The County will provide the Mental Health Expert records to demonstrate proof of compliance with this provision.
	4. The County shall track and monitor the number of referrals to mental health services and facilities outside of the jail, shall track and monitor the amount of time to provide services pursuant to those referrals, and shall identify and remedy causes of delay or other identified issues.	The County is in the process of fully implementing this requirement. The County will incorporate this information into the discharge planning that the County is developing for these inmates. Mental health and the jail programs unit plan to develop a process for discharge plans. This requirement has yet to be completed due to a shortage in staffing, and resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need	Non-Compliance	The County is in the process of fully implementing this requirement. The County will incorporate this information into the discharge planning that the County is developing for these inmates. Mental health and the jail programs unit plan to develop a process for discharge plans. This requirement has yet to be completed due to a shortage in staffing and resources due to the COVID-19 pandemic and otherwise. The County

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		to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.		anticipates completing this requirement in the next eight months.
	5. The County shall implement a policy that ensures that inmates on the mental health caseload returning from outside facilities receive timely placement in appropriate housing, continuity of medication, and timely face-to-face clinical review to ensure continuity of care and reduce the risk of decompensation cycling.	Completed. The County's current Custody Operations Policy 241, Mental Health, ensures inmates on the mental health caseload are seen within 24 hours upon returning from Psychiatric Health Facility (PHF) or state hospital. Medications are also bridged for these inmates. Additionally, Wellpath's policies, including policy D-2, Medication Services meets the provisions of this requirement.	Non-Compliance	Completed. The County's current Custody Operations Mental Health Policy (section 241) ensures inmates on the mental health caseload are seen within 24 hours upon returning from Psychiatric Health Facility (PHF) or state hospital. Medications are also bridged for these inmates. Additionally, Wellpath's policies, including the Medication Services Policy (D-2) meets the provisions of this requirement.

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J. Continuous Quality Improvement (Pg. 21)	1. The County has implemented a Continuous Quality Improvement meetings, which are modeled after J-A-06 Continuous Quality Improvement Program Standard ² or a similar standard.	Completed. Audits are completed and are covered in the monthly MAC/CQI meetings modeled after J-A-06, which are attended by Wellpath management, Sheriff's Office management, Behavioral Wellness, and Public Health	Non-Compliance	Completed. Audits are completed and are covered in the monthly MAC/CQI meetings modeled after J-A-06, which are attended by Wellpath management, Sheriff's Office management, Behavioral Wellness, and Public Health.
	2. The County shall develop quality indicators for purposes of monitoring a private mental health care contract. The County shall implement a detailed tracking system that parallels the scope of contractor work requirements to ensure that the contractor is meeting the requirements of the contract. For example, the County requires Service Level Agreements with clear mental	The County is in the process of fully implementing this requirement. The County is developing the indicators and tracking to meet this requirement. Public Health and Behavioral Wellness complete these audits quarterly and provide an annual report as part of the Service Level Agreement between Wellpath and the Sheriff's Office. This	Non-Compliance	The County is in the process of fully implementing this requirement. The County is developing the indicators and tracking to meet this requirement. Public Health and Behavioral Wellness complete these audits quarterly and provide an annual report as part of the Service Level Agreement between Wellpath and the

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	health service-related performance indicators of the contracted health care provider, to be updated and reviewed annually or more often if warranted.	requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next six to nine months		Sheriff's Office. The County has been unable to make progress on this provision since the County's last report due to a shortage in resources related to the COVID-19 pandemic and prioritization of other provisions. The County anticipates completing this requirement in the next six to nine months.
	3. The Quality Improvement process studies shall include (a) a clearly articulate hypothesis and methodology to determine if standards have been met; (b) data collection; (c) analysis of data to identify trends and patterns; (d) analysis to identify the underlying causes of problems; (e) development of	Completed. This requirement is completed monthly and reported on monthly at MAC/CQI meetings.	Non-Compliance	Completed. This requirement is completed monthly and reported on monthly at MAC/CQI meetings.

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	remedies to address problems that are identified; (f) a written plan that identifies responsible staff and establishes a specific timeline for implementation of the remedy; (g) follow-up data collection; and (h) analysis to determine if the remedies were effective.			
	4. The County shall conduct periodic quality improvement reviews of the intake process to ensure that staff are accurately recording intake information and making appropriate referrals.	Completed. Public Health and Behavioral Wellness complete these audits quarterly and provide an annual report as part of the Service Level Agreement between Wellpath and the Sheriff's Office.	Non-Compliance	Completed. Public Health and Behavioral Wellness complete these audits quarterly and provide an annual report as part of the Service Level Agreement between Wellpath and the Sheriff's Office. This is also part of Wellpath's monthly CQI meetings.
	5. The County shall maintain lists of all inmates referred to a higher level of mental health care with sufficient information	Completed. Wellpath's mental health supervisors maintain these lists.	Non-Compliance	Completed. Wellpath's mental health supervisors maintain these lists.

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	to complete periodic quality reviews.			
	6. The County shall track the number of inmates on the mental health caseload, the number of inmates with SMI, the number of inmates awaiting court-ordered psychiatric facility placement, the number of inmates referred and found appropriate for inpatient (acute) and enhanced (sub-acute/residential) mental health treatment, and the number of inmates with SMI in restrictive housing units.	The County is in the process of fully implementing this requirement. The County maintains statistics on the number of inmates with SMI and the number of inmates awaiting court ordered psychiatric placement. The County is developing tracking to meet this requirement. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this	Non-Compliance	The County is in the process of fully implementing this requirement. The County maintains statistics on the number of inmates with SMI and the number of inmates awaiting court ordered psychiatric placement. The County is developing tracking to meet this requirement. The County and Wellpath are working to better define the County's SMI population, and intends to coordinate with the Mental Health Expert on this definition. This requirement has yet to be completed due to a shortage in resources. The County anticipates

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		requirement in the next six to nine months.		completing this requirement in the next six to nine months.
	7. The County shall develop a system to log inmate requests, including a log of inmates referred for placement on the mental health caseload from booking. These logs shall be available for auditors to complete randomized studies of the referral process via the CQI Committee or the assignment of a subject matter expert under a legal agreement.	The County is in the process of fully implementing this requirement. Wellpath maintains statistics of inmates referred to mental health from intake. The County is developing a system to meet this requirement. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next six to nine months.	Non-Compliance	The County is in the process of fully implementing this requirement. Wellpath maintains statistics of inmates referred to mental health from intake. The County is developing a system to meet this requirement. Wellpath currently has the ability to pull this information for auditing purposes. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic. The County anticipates completing this requirement in the next six to nine months.

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	<p>8. The County shall conduct periodic quality reviews to assess whether:</p> <ul style="list-style-type: none">a) Health service requests are retrieved in a timely manner;b) Health service requests are triaged within the established timeframe;c) A proper level of triage is assigned, based on the nature of the request;d) Mental health staff appropriately resolved the request; and	<p>Completed. Health service requests are retrieved twice a day by an LVN and triaged and assigned to a proper level by an RN. Mental Health receives health requests within a timely fashion and appropriately resolves the request.</p>	<p>Non-Compliance</p>	<p>Completed. As previously reported, health service requests are retrieved twice a day by an LVN and triaged and assigned to a proper level by an RN. Mental Health receives health requests within a timely fashion and appropriately resolves the request. The County will provide the Mental Health Expert with documentation demonstrating compliance.</p>

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	e) Mental health staff resolved the request in a timely fashion.			
	9. The County shall monitor the frequency of psychiatric follow-up appointments as a quality measure to ensure that inmates have adequate access to the prescriber.	The County is in the process of fully implementing this requirement. The County is developing a monitoring process to meet this requirement. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next six to nine months.	Non-Compliance	The County is in the process of fully implementing this requirement. The County is developing a monitoring process to meet this requirement. The County has been unable to progress on this provision since the County's last report due to a shortage in resources related to the COVID-19 pandemic prioritization of other provisions. The County anticipates completing this requirement in the next six to nine months.
	10. Continuous Quality Improvement studies, data, and	The County is in the process of fully implementing this	Non-Compliance	The County is in the process of fully implementing this

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	related materials will be made available to Plaintiffs and the subject matter expert during the period of implementation and monitoring.	requirement. The County has responded to various Remedial Plan expert and class counsel requests for information and will continue to do so as requests arise.		requirement. The County has responded to various Remedial Plan Experts and Class Counsel requests for information and will continue to do so as requests arise.

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A. Overview (Pg. 23)	1. The County shall develop and implement its own Suicide Prevention Policy, which shall set forth clear procedures consistent with the provisions set forth below.	The County is in the process of fully implementing this requirement. The County has edited policy 242. Suicide Prevention to meet this requirement. The policy will be sent to class counsel for review. This requirement has yet to be fully completed due to staffing and resource shortages due to the COVID-19 pandemic. The County anticipates completing this requirement in the next three months.	Partial Compliance	The County is in the process of fully implementing this requirement. The County edited Custody Operations Suicide Prevention Policy (section 242) prior to submitting our last report and will provide the policy to class counsel for review in the next month. In the next six months the County will develop and deliver training to staff on the policy changes. Proof of training will be provided to the experts for review. This requirement has yet to be completed due to a shortage of resources as a result of the COVID-19 pandemic and otherwise. The County anticipates completing this

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				requirement in the next three months.
B. Screening for Suicide Risk (Pg. 23)	1. The County shall ensure that its intake assessment procedures timely identify acute and high-risk mental health conditions, including: <ul style="list-style-type: none">a) Review of suicide risk notifications in relevant medical, mental health, and custody records, including as to prior suicide attempts, self-harm, and/or mental health needs;b) Any prior suicidal ideation or attempts, self-harm, mental health treatment, or hospitalization;	Completed. The County’s intake process entails a suicide risk assessment identifying acute and high-risk individuals based on the criteria in all the subsections of this stipulation. The transporting officer has access to a Mental Health Evaluation Request form where they can document their impressions about risk. This is included in Wellpath’s Policy E-2, Receiving Screening.	Partial Compliance	The County is in the process of fully implementing this requirement. Per the Mental Health Expert’s recommendation, the County and Wellpath will revise and edit the suicide risk assessment questions to determine if there has been any recent significant loss or court appearances. The County and Wellpath will also edit relevant policies to document procedures. This requirement has yet to be completed due to the COVID-19 pandemic and a shortage of resources. The County anticipates completing this

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	<p>c) Current suicidal ideation, threat, or plan, or feelings of helplessness and/or hopelessness;</p> <p>d) Other relevant suicide risk factors, such as:</p> <p>(1) Recent significant loss (job, relationship, death of family member/close friend);</p> <p>(2) History of suicidal behavior by family member/close friend;</p> <p>(3) Upcoming court appearances;</p> <p>e) Transporting officer's impressions about risk.</p>			requirement in the next eight months.

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	2. Regardless of the prisoner's behavior or answers given during intake screening, a mental health referral shall always be initiated if there is a history related to suicide or self-harm.	Completed. Flags are built into the CorEMR system alerting intake about past suicide history or self-harm. This is included in Wellpath's Policy E-2, Receiving Screening.	Partial Compliance	The County is in the process of fully implementing this requirement. Wellpath's Receiving Screening Policy (E-2) covers this provision. The County and Wellpath will coordinate to discuss a way to capture this information in the medical records to show proof of practice. This requirement has yet to be completed due to the COVID-19 pandemic and a shortage of resources. The County anticipates completing this requirement in the next six months.
	3. When a prisoner refuses to respond to assessment questions, staff shall complete the intake screening, including the mental health and suicide risk assessments, to the maximum	Completed. Referrals are automatically made when individuals refuse to answer questions, and history is reviewed to support the referral	Partial Compliance	The County is in the process of fully implementing this requirement. The requirements of this provision are included in Wellpath's

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	extent possible. For example, staff will still complete the records/history review, if applicable, as well as the assessment of the individual's presentation and behaviors, and shall make appropriate mental health referrals when indicated.	process. This is included in Wellpath's Policy E-2, Receiving Screening.		Receiving Screening Policy (E-2). In the next six months the County will create a process to track compliance with this provision. This requirement has yet to be completed due to the COVID-19 pandemic and a shortage of resources. The County anticipates completing this requirement in the next eight months.
	4. Any prisoner expressing current suicidal ideation and/or current suicidal/self-injurious behavior shall be designated as an emergent referral, immediately referred to mental health staff, and placed in a safe setting pending the mental health contact.	Completed. Any indication of active suicidal ideation is an immediate referral to mental health, with emergent status. This is included in Wellpath's Policy E-2, Receiving Screening.	Substantial Compliance	Completed. As indicated in our last report, this provision is complete and the Mental Health Expert found the County in substantial compliance.

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	5. Mental health clinicians shall complete and document a suicide risk assessment, with the use of suicide risk assessment tool, as close to placement on suicide watch as possible and upon discharge to a lower level of observation.	Completed. Mental health uses the Columbia Suicide Severity Scale, along with Wellpath forms, which assess risk and protective factors upon safety cell placement as well as discharge.	Partial Compliance	The County is in the process of fully implementing this requirement. In the next six months Wellpath will train Mental Health staff to utilize the suicide risk assessment tool in its entirety or document in the medical records if they are unable to do so (e.g. if the patient refused to answer). This requirement has yet to be completed due to the COVID-19 pandemic and a shortage of resources. The County anticipates completing this requirement in the next eight months.
C. Housing of Prisoners on Suicide Precautions	1. The County’s policy and procedures shall ensure that prisoners, including those identified as being at risk for	The County is in the process of fully implementing this requirement. This is the County’s current practice and	Partial Compliance (Johnson and McDonald)	The County is in the process of fully implementing this requirement. The County has updated the Custody

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(Pg. 24)	suicide, are housed and treated in the least restrictive setting appropriate to their individual clinical and safety needs.	has been incorporated into a draft of the Classification plan, which is pending approval. This requirement has yet to be fully completed due to staffing and resource shortages due to the COVID-19 pandemic. The County anticipates completing this requirement in the next three months.		Operations Suicide Prevention Policy (section 242) to reflect the changes needed for this provision. With the information provided by the Custody Operations Expert's last report the County will continue to edit Policy 242 to incorporate more options for housing and treating in the least restrictive settings. The County will identify additional housing locations to provide more options for effectuating this provision and will edit relevant policies to allow for mental health input as to inmate placement into restrictive housing units. This requirement has yet to be completed due to the COVID-19 pandemic and a shortage

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				of resources. The County anticipates completing this requirement in the next eight months.
	2. Prisoners on psychiatric observation for suicide risk shall be housed and monitored in a setting appropriate for their clinical needs.	Completed. This is the County's current practice and is documented in Custody Operations Policy 304, Use of Safety Cells.	Partial Compliance (Johnson) Unratable (McDonald)	The County is in the process of fully implementing this requirement. The County currently has a safety cell de-escalation plan built into Custody Operations Use of Safety Cells Policy (section 304) that meets this requirement. In the next six months the County will identify, additional step-down cells to be incorporated into the safety cell de-escalation plan. Once identified and all suicide risks in the cell are addressed, policy will be edited, training will occur, and

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				these cells will go on-line. The County has completed a Structural Suicide Hazard Review of all restrictive housing units and is currently working with the General Services to address the risks identified. This requirement has yet to be completed due to the COVID-19 pandemic and a shortage of resources. The County anticipates completing this requirement in the next twelve months.
	3. No prisoner shall be housed in a safety cell for more than twenty-four (24) hours, unless there are exceptional circumstances documented by clinical and custody staff. Within twelve (12) hours of safety cell placement, the County shall refer the patient	Completed. This is the County's general practice. The County edited its Custody Operations Policy 304, Use of Safety Cell, to reflect a 24-hour limitation on safety cell placement and a 12-	Non-Compliance (Johnson and McDonald)	The County is in the process of fully implementing this requirement. The County currently notifies Behavioral Wellness at the 12-hour mark, but will transition to making a referral at this time. Wellpath's

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	to behavioral health for inpatient placement evaluation.	hour referral to the Behavior Wellness Department.		Mental Health Coordinator has reached out to Behavioral Wellness to begin meeting to discuss the referral process. In the next six months the County will develop a process for custody staff to document exceptional circumstances where inmates remain in a safety cell for 24 hours. Once this process is developed Custody Operations Suicide Prevention Policy (section 242) will be edited to incorporate these procedural changes, and training will occur prior to the implementation of these changes. This requirement has yet to be completed due to the COVID-19 pandemic and a shortage of resources.

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				The County anticipates completing this requirement in the next eight months.
	4. The County shall ensure that prisoners who require psychiatric inpatient care as clinically indicated are placed in an acute care unit as soon as possible. A patient showing no improvement or continuing deterioration after 12 hours shall be transferred to an inpatient mental health facility or hospital for evaluation and treatment. In all other cases, after 24 hours of being housed in a safety cell, the patient shall be transferred to an appropriate inpatient mental health setting or hospital, absent exceptional circumstances documented by clinical and custody staff.	The County is in the process of fully implementing this requirement. The County is developing policies and procedures to meet this requirement. The County's current practice is to ensure that such prisoners are placed in an acute care unit as soon as possible, but the County intends to revise its policies to reflect the timelines set forth in this provision. This requirement has yet to be fully completed due to staffing and resource shortages due to the COVID-19 pandemic. The County anticipates	Non-Compliance (Johnson and McDonald)	The County is in the process of fully implementing this requirement. The County is developing policies and procedures to meet this requirement. The County's current practice is to ensure that such prisoners are placed in an acute care unit as soon as possible, but the County intends to revise its policies to reflect the timelines set forth in this provision. Wellpath's Mental Health Coordinator has reached out to Behavioral Wellness to begin meeting to discuss the referral process. The County and Wellpath will

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		completing this requirement in the next nine to twelve months.		be meeting with Behavioral Wellness to develop a process to meet this provision. The County is also developing mental health specific housing units and programs, which may also assist in meeting this provision. Housing locations and needs are likewise currently being discussed. This requirement has yet to be fully completed due to staffing and resource shortages due to the COVID-19 pandemic. The County anticipates completing this requirement in the next nine to twelve months.
D. Treatment and Conditions for Individual	1. The County shall provide at least one daily mental health professional contact, or more as	The County is in the process of fully implementing this requirement. Inmates identified as a current suicide risk are	Partial Compliance	The County is in the process of fully implementing this requirement. Inmates identified as a current suicide

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Prisoners on Suicide Precautions (Pg. 25)	clinically indicated, for any prisoner who is identified as a current suicide risk. The clinical contact shall be conducted in a space with sound privacy unless there are current, specific safety concerns that are documented, with supervisory-level review and approval.	seen three times a day. Due to the current layout of the facility, clinical contact is conducted at observation and safety cells, thus the County is presently unable to ensure that all clinical contacts are conducted privately. The proposed main jail remodel should remedy the current layout issues impeding implementation of this requirement. The County has made reasonable steps to add additional clinic space to conduct visits privately and will look to continue this to ensure that as many clinical appointments as possible are conducted in private locations. The County anticipates completing this requirement at the conclusion of the proposed main jail remodel as		risk are seen three times a day. Due to the current layout of the facility, for those inmates in observation and safety cells, clinical contact is conducted at the cell, thus the County is presently unable to ensure that all clinical contacts are conducted privately for prisoners identified as a suicide risk. The County will create procedures where supervisor review and approval is required when inmates are not removed to a confidential setting for interviews. The proposed Main Jail remodel should remedy the current layout issues impeding full implementation of this requirement. However, in the interim, the County has made reasonable steps to add

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		contemplated in the Stipulated Judgment.		clinical space to conduct visits privately and will continue this to ensure that as many clinical appointments as possible are conducted in private locations. The County anticipates completing this requirement at the conclusion of the proposed main jail remodel as contemplated in the Stipulated Judgment.
	2. The Jail's qualified mental health professionals shall provide input with respect to the provision of property and privileges for prisoners on suicide precautions. Custody staff may remove property/privileges, if necessary, prior to the mental health staff evaluation of a prisoner identified as at risk. Once the mental health evaluation occurs, the qualified mental health professional and	The County is in the process of fully implementing this requirement. The County has edited policy 242. Suicide Prevention to meet this requirement. The policy will be sent to class counsel for review. This requirement has yet to be fully completed due to staffing and resource shortages due to the COVID-19 pandemic. The	Partial Compliance	The County is in the process of fully implementing this requirement. The County has edited Custody Operations Suicide Prevention Policy (section 242), but will continue its revisions to include mental health input on privileges and property that inmates may have on suicide watch, in accordance with this

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	custody staff shall determine, based on clinical judgment and on a case-by-case basis, the removal and/or return of property (e.g., clothing, books, footwear, eyeglasses) and privileges. The removal of property/privileges shall be documented with clinical justification in the health record, and shall be reviewed on a regular basis to ensure restoration of property/privileges as soon as appropriate.	County anticipates completing this requirement in the next six months.		requirement. This requirement has yet to be fully completed due to staffing and resource shortages due to the COVID-19 pandemic. The County anticipates completing this requirement in the next six months.
	3. Safety cells shall be sanitized after every use and the sewer grate inspected to ensure cleanliness and appropriate conditions.	Completed. The County meets this requirement and has edited policy 304. Use of Safety Cells to meet this requirement.	Partial Compliance (Johnson) Non-Compliance (McDonald)	The County is in the process of fully implementing this requirement. The County has edited its safety cell report to document the cleaning/sanitizing of the safety cells after every use. The County will be editing the ECM's job duties to ensure

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				safety cell sanitation after every use and sewer grate inspection in accordance with this requirement. Additionally, the jails have a safety cell cleaning protocol that includes cleaning the safety cell grates. This requirement has yet to be completed due to the COVID-19 pandemic and a shortage of resources. The County anticipates completing this requirement in the next eight months.
	4. The County shall provide clinically-indicated therapeutic services, including psychiatric services, to prisoners on suicide precautions or otherwise identified as at elevated risk of suicide. The County shall provide prisoners on suicide precautions or otherwise	The County is in the process of fully implementing this requirement. As clinically determined by mental health staff, individuals are referred to psychiatry or ongoing mental health services. The County has	Partial Compliance	The County is in the process of fully implementing this requirement. As clinically determined by mental health staff, individuals are referred to psychiatry or ongoing mental health services. The

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	identified as at elevated risk of suicide with appropriate individual counseling and medication review in a confidential setting.	made reasonable steps to add additional clinic space to conduct visits privately and will look to continue this to ensure that as many clinical appointments as possible are conducted in private locations. The County anticipates completing this requirement with the opening of the Northern Branch Jail.		County has made reasonable steps to add additional clinical space to conduct visits privately and will continue this to ensure that as many clinical appointments as possible are conducted in private locations. In the next six months the County will develop procedures for confidential visits, edit policies, and provide training prior to implementation. The County anticipates completing this requirement with the implementation of counseling and medication review being done in a confidential setting. This requirement has yet to be completed due to the COVID-19 pandemic and a shortage of resources. The County

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				anticipates completing this requirement in the next six months.
E. Supervision/Monitoring of Suicidal Prisoners (Pg. 26)	<p>1. The County shall revise its policies regarding the monitoring of prisoners on suicide precautions to provide for at least the following two levels of observation:</p> <p>a) Close observation shall be used for prisoners who are not actively suicidal but require enhanced observation to ensure safety. Staff shall observe the prisoner at staggered intervals not less than every 15 minutes and shall document the</p>	Completed. The County has edited policy 242. Suicide Prevention to meet this requirement. The policy will be sent to class counsel for review.	Partial Compliance (Johnson and McDonald)	The County is in the process of fully implementing this requirement. The County has edited Custody Operations Suicide Prevention Policy (section 242) to meet this requirement, which will be sent to Class Counsel and the Remedial Plan Experts for review. While constant observation has only been used at the Southern Branch Jail on a few occasions, the County will adopt the recommendations of the Custodial Operations Expert to incorporate notation of such observation into our forms. In

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	<p>observation as it occurs.</p> <p>b) Constant observation shall be used for prisoners who are actively suicidal, either threatening or engaging in self-injury, and considered a high risk for suicide. An assigned staff member shall observe the prisoner on a continuous, uninterrupted basis. The observation should be documented at 15-minute intervals. Staff should be physically stationed outside of the prisoner's cell to permit continuous, uninterrupted observation.</p>			<p>the next six months the County will update its safety cell report template to include monitoring for close and constant observation, including forms for our observation cells. Wellpath will be including review of close and constant observation data to its monthly MAC/CQI meetings. This requirement has yet to be completed due to the COVID-19 pandemic and a shortage of resources. The County anticipates completing this requirement in the next eight months.</p>

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	2. For any prisoner requiring suicide precautions, a qualified mental health professional shall assess, determine, and document the clinically appropriate level of monitoring based on the prisoner's individual circumstances. Placement in a safety cell shall not serve as a substitute for the clinically-determined level of monitoring.	Completed. County mental health professionals use risk assessments to determine the appropriate level of monitoring, which is documented in the medical record. Safety cells are not used as a substitute for the appropriate level of care.	Substantial Compliance	Completed. As indicated in our last report, this provision is complete and the Mental Health Expert found the County in substantial compliance.
	3. Video monitoring of prisoners on suicide precaution shall not serve as a substitute for the clinically indicated level of observation.	Completed. This requirement is documented in Custody Operations Policy and Procedure 304, Use of Safety Cell.	Non-Compliance	The County is in the process of fully implementing this requirement. The County has edited the Custody Operations Use of Safety Cell Policy (section 304) to meet this provision. In the next six months the County will approve the revised policy,

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				complete training, and implement this provision. This requirement has yet to be completed due to the COVID-19 pandemic and a shortage of resources. The County anticipates completing this requirement in the next six months.
F. Discharge from Suicide Precautions and Follow-Up (Pg. 26)	1. A qualified mental health professional shall complete and document a suicide risk assessment prior to discharging a prisoner from suicide precautions. Such assessment shall be conducted in a space with sound privacy unless there are current, specific safety concerns that are documented.	The County is in the process of fully implementing this requirement. A risk assessment is completed at discharge in accordance with Wellpath’s site specific policies, including B-5 Suicide Prevention and Intervention Program. The County has made reasonable steps to add additional clinic space to conduct visits privately and will look to continue this to	Partial Compliance	The County is in the process of fully implementing this requirement. Qualified mental health professionals are completing the suicide risk assessments required in this provision. In the next six months the County will create procedures to complete these assessments in a space with sound privacy and document when this requirement is not

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		ensure that as many clinical appointments as possible are conducted in private locations. The County anticipates completing this requirement with the opening of the Northern Branch Jail.		being met due to safety concerns. This requirement has yet to be completed due to the COVID-19 pandemic and a shortage of resources. The County anticipates completing this requirement in the next eight months.
	2. Qualified mental health professionals shall provide, and update as clinically appropriate, individualized treatment plans for all prisoners discharged from suicide precautions. The treatment plan shall describe signs, symptoms, and circumstances in which the risk of suicide is likely to recur, how recurrence of suicidal thoughts can be avoided, appropriate individualized treatment interventions, and	Completed. Individualized collaborative safety plans, which cover all of the listed information in this section are completed for each patient. This is included in Wellpath's site specific policies, including B-5, Suicide Prevention.	Non-Compliance	The County is in the process of fully implementing this requirement. The County, in collaboration with Wellpath, creates an individualized safety plan that includes mental health check-ins at intervals of 24 hours, 3-days and 7-days for inmates cleared from safety cells. The documentation to support this practice can be provided to the Mental Health Expert at

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	actions the patient or staff can take if suicidal thoughts do occur.			his next visit for review. This requirement has yet to be completed due to the COVID-19 pandemic and a shortage of resources. The County anticipates completing this requirement in the next six months.
	3. Qualified mental health professionals shall provide clinical input regarding appropriate housing placement (e.g., whether isolation is contraindicated for the prisoner) upon discharge from suicide precautions. Custody and classification staff shall consider such clinical input in determining post-discharge placement and conditions of confinement, and document the reasons when clinical input is not followed. Once clinically discharged from suicide	The County is in the process of fully implementing this requirement. The County's working group has developed a Segregation Housing Notification Form that is currently used at intake and for 30-day evaluations, which will also be used to meet this requirement. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic	Non-Compliance	The County is in the process of fully implementing this requirement. The County has developed a Segregation Housing Notification Form that is currently used at intake and for 30-day evaluations, which will also be used to meet this requirement. The County is still developing the procedures for completing this requirement and will then implement such procedures

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	precautions, the prisoner shall be promptly transferred to appropriate housing.	and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next three months.		into a relevant policy. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next three months.
	4. Prisoners discharged from suicide precautions shall remain on the mental health caseload and receive regularly scheduled clinical assessments and contacts. A qualified mental health professional shall provide, at a minimum, clinical follow-up assessment and contacts within 24 hours of discharge, and	Completed. Presently safety cell follow-ups occur at 24 hours, 3-day, and 7-day intervals. These prisoners remain on the mental health caseload during the above timelines and beyond if there is a clinical indication or if they are prescribed medications. Such prisoners	Partial Compliance	The County is in the process of fully implementing this requirement. As stated in the County's prior response, Wellpath presently has clinical follow up assessments at 24 hours, 3-day, and 7-day intervals. These prisoners remain on the mental health

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	again within one week of discharge, and more often as clinically indicated.	are seen regularly by psychiatry. This is included in Wellpath’s site specific policies, including B-5, Suicide Prevention and Intervention Program.		caseload during the above timelines and beyond if there is a clinical indication or if they are prescribed medications. Such prisoners are seen regularly by psychiatry. This is included in Wellpath’s site specific policies, including B-5, Suicide Prevention and Intervention Program. Wellpath will work on pulling this data for the Mental Health Expert’s review. This requirement has yet to be completed due to the COVID-19 pandemic and a shortage of resources. The County anticipates completing this requirement in the next six months.

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G. Emergency Response (Pg. 27)	1. The County shall keep an emergency response bag that includes appropriate equipment, including a first aid kit, CPR mask or Ambu bag, and emergency rescue tool in close proximity to all housing units. All custody and medical staff shall be trained on the location of this emergency response bag and shall receive regular training on emergency response procedures, including how to use appropriate equipment.	Completed. The County currently maintains emergency response bags, located at intake, in all treatment rooms, and in the medical office area.	Partial Compliance (Johnson and McDonald)	The County is in the process of fully implementing this requirement. Wellpath currently maintains emergency response bags and are responsible for auditing the bag and training on emergency response procedures. Wellpath has completed pertinent training for their staff and is in the process of providing training for custody staff. In the next six months the County will incorporate the requirements of the provision into a relevant custody policy. This requirement has yet to be completed due to the COVID-19 pandemic and a shortage of resources. The County anticipates completing this

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				requirement in the next six to eight months.
	2. The County shall ensure that all emergency response equipment at the jail is inspected monthly and after each use and is repaired and replaced as needed. The County shall ensure that the jail maintains a service log for all emergency response equipment.	Completed. The emergency response equipment is currently inspected monthly and documented on the requisite service log.	Non-Compliance (Johnson) Unratable (McDonald)	The County is in the process of fully implementing this requirement. Wellpath currently inspects the emergency response equipment monthly and documents their inspection on the requisite service log. Wellpath has completed pertinent training for their staff and is in the process of providing training for custody staff. In the next six months the County will incorporate the requirements of the provision will be incorporated into a relevant custody policy. This requirement has yet to be completed due to the COVID-

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				19 pandemic and a shortage of resources. The County anticipates completing this requirement in the next six to eight months.
	3. It shall be the policy of the County that any staff who discovers a prisoner attempting suicide shall immediately respond and alert other staff to call for medical personnel. Trained staff shall immediately begin to administer standard first aid and/or CPR, as appropriate.	The County is in the process of fully implementing this requirement. The County has edited policy 242. Suicide Prevention to meet this requirement. The policy will be sent to class counsel for review. This requirement has yet to be fully completed due to staffing and resource shortages due to the COVID-19 pandemic. The County anticipates completing this requirement in the next three months.	Partial Compliance (Johnson and McDonald)	The County is in the process of fully implementing this requirement. The County has edited the Custody Operations Suicide Prevention Policy (section 242), to meet this requirement. The policy will be sent to Class Counsel and the Remedial Plan Experts for review. This requirement has yet to be fully completed due to staffing and resource shortages due to the COVID-19 pandemic. The County anticipates completing this

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				requirement in the next six months.
H. Continuous Quality Improvement (Pg. 28)	1. The County shall track all critical incidents which include prisoner suicides, attempted suicides, and incidents involving serious self-harm. The County shall review critical incidents and related data through its quality assurance and improvement processes.	Completed. All critical incidents are documented and tracked through monthly statistics and reviewed at the monthly Medical Advisory Committee meeting.	Non-Compliance	Completed. All critical incidents are documented and tracked through monthly statistics and reviewed at the monthly Medical Advisory Committee meeting. This information will be provided to the Mental Health Expert.
	2. For each serious suicide attempt (e.g., requiring hospital admission), the County shall conduct a multidisciplinary (mental health, medical, and custody) review of: 1) the circumstances surrounding the incident; 2) the procedures relevant to the incident; 3) relevant training received by involved staff; 4) pertinent medical and mental health services/reports involving the	Completed. The County has implemented a Collaborative Serious Suicide Attempt Review meeting to comply with this requirement. The collaborative group is made up of Custody Administration, Classification, Custody Operations, Wellpath Medical and Mental Health staff, Training Bureau staff, Maintenance Sergeant, and	Non-Compliance	The County is in the process of fully implementing this requirement. The County has held an initial Serious Suicide Attempt Review, but due to the COVID-19 pandemic and a shortage of resources the County has not continued with these meeting. In the next six months the County will reestablish these meeting and

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	victim; and 5) possible precipitating factors that may have caused the victim to commit suicide or make a serious suicide attempt. The review team shall generate written recommendations (as appropriate) for changes in policy, training, physical plant, medical or mental health services, and operational procedures.	involved Custody Deputies. The multidisciplinary committee reviews critical incidents in compliance with this requirement.		provide documentation. The County anticipates completing this requirement in the next eight months.
	3. The County shall implement a continuous quality assurance/quality improvement plan to periodically audit suicide prevention procedures that include, but are not limited to: intake screening (to include audits to ensure that staff ask and record all suicide screening questions), mental health and suicide risk assessments, crisis response,	Completed. Four times a year a CQI internal audit of mental health suicide prevention policy adherence is completed. This audit includes all the criteria listed in this section.	Non-Compliance	Completed. A CQI internal audit of mental health suicide prevention policy adherence is completed four times a year. This audit includes all the criteria listed in this section. Wellpath can provide this information to the Mental Health Expert for review.

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IV. SUICIDE PREVENTION				
	treatment plans/behavior management plans, and post- suicide watch clinical follow-up assessment and contacts.			

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V. DISABILITY ACCOMMODATIONS AND ACCESS, AMERICANS WITH DISABILITIES ACT (ADA)				
A. Policy (Pg. 28)	1. It is the County’s policy to provide access to its programs and services to incarcerated people with disabilities, with or without reasonable accommodations, consistent with legitimate penological interests. No person with a disability, as defined in 42 U.S.C. § 12102, shall, because of that disability, be excluded from participation in or denied the benefits of services, programs, or activities or be subjected to discrimination. It is the County’s policy to provide reasonable accommodations or modifications, consistent with 28 C.F.R. §§ 35.150 & 35.152, and other applicable law.	The County is in the process of implementing this requirement. The CQA is in the process of creating work positions, descriptions, and physical limitations for disabled inmates. Programs are now offered to all inmates regardless of housing. The Sheriff’s Treatment Program is being offered to all Qualified Protective Custody and General Population Inmates. The County is in the process of editing an ADA Policy that was provided by our ADA expert. This requirement has yet to be fully completed due to staffing shortages and the need for physical renovations to the Main Jail. The County anticipates completing the	Non-Compliant	The County is in the process of implementing this requirement. Programs are now offered to all inmates regardless of housing. The Sheriff’s Treatment Program is being offered to all Qualified Protective Custody and General Population inmates. The County is in the process of editing an ADA Policy that was provided by the ADA Expert. The County currently offers work opportunities to all inmates regardless of disability. Additionally, the CQA is in the process of creating work positions, descriptions, and physical limitations for disabled inmates. This requirement has yet to be

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		requirement pending remodel of the main jail.		fully completed due to staffing shortages. The County anticipates completing this provision in the next three months.
B. ADA Coordinator (Pg. 29)	1. The County shall have a designated Americans with Disabilities Act (ADA) Coordinator whose position is dedicated to coordinating efforts to comply with and carry out ADA-related requirements and policies. The ADA Coordinator shall have sufficient authority to carry out such duties, and shall work with the executive management team regarding ADA compliance, training, and program needs.	Completed. CDII Gray and CDII Falfal are assigned as the ADA Coordinators and are responsible for coordinating efforts to comply with and carry out ADA-related requirements and policies. With the addition of two Administrative Office Professionals scheduling duties have also been removed from the ADA coordinators to meet the expert's concerns.	Partial Compliance	Completed. CDII Gray (South County) and CDII Falfal (North County) are assigned as the ADA Coordinators and are responsible for coordinating efforts to comply with and carry out ADA- related requirements and policies. With the addition of two Administrative Office Professionals scheduling duties have also been removed from the ADA coordinators to meet the ADA Expert's concerns.

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	2. The County intends for the ADA Coordinator to be based at the Main Jail. Any County jail facility that does not have the ADA Coordinator on site shall have a designated staff member on site at that facility who will have responsibility to monitor day-to-day ADA compliance and will report to the ADA Coordinator.	Completed. The County has two ADA Coordinators who are currently both assigned to the Main Jail. Upon opening of the Northern Branch Jail one of the ADA Coordinators will be assigned to the Northern Branch Jail.	Substantial Compliance	Completed. As indicated in our last report, this provision is complete and the ADA Expert found the County in substantial compliance.
	3. The County shall clearly enumerate the job duties and training requirements for the ADA Coordinator position.	The County is the process of fully implementing this requirement. The CQA unit is in the process of completing the job description and duties for the ADA coordinator position. The CQA unit has copies from other agencies' job duties that will be edited to fit the County's needs. This requirement has yet to be fully completed due to staffing	Non-Compliance	The County is the process of fully implementing this requirement. The County has completed a draft version of the ADA Coordinator Job duties and training requirements. This requirement has yet to be completed due to staffing shortages and the COVID-19 pandemic. The County anticipates completing this

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		shortages, and the COVID-19 pandemic.		requirement in the next two weeks.
	4. The County will ensure that the name of and the method for people to contact the ADA Coordinator (or facility designee) are clearly posted in the intake area and in every jail housing unit. The County will also ensure that the name and contact information (address, phone, email) of the ADA Coordinator (or facility designee) are available to the public, including posting in each jail's main lobby and online.	The County is the process of fully implementing this requirement. The ADA coordinator's name and contact information is currently posted in the booking holding cells at the Main Jail. The County added this information to the Inmate Orientation Handbook and needs to add signage to the Main Jail lobby and online information. This requirement has yet to be fully completed due to staffing shortages.	Non-Compliance	The County is in the process of fully implementing this requirement. The County has posted the required information to the Santa Barbara Sheriff's Office's website and will be posting this information to every housing unit. This requirement has yet to be completed due to staffing shortages and the COVID-19 pandemic. The County anticipates completing this requirement in the next two months.
C. ADA Notice to Prisoners	1. The County shall ensure that people with disabilities held at the Jail are adequately informed of	The County is the process of fully implementing this requirement. The Inmate	Non-Compliance	The County is the process of fully implementing this requirement. The Inmate

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(Pg. 29)	<p>their rights, including but not limited to:</p> <ul style="list-style-type: none"> a) The right to receive reasonable accommodations; b) The process for requesting a reasonable accommodation; c) The role of the ADA Coordinator (and designee) and method to contact them; d) The grievance process, location of relevant forms, and process for getting assistance in completing request and grievance forms; e) Instructions on how to request and access health care services, 	<p>Orientation Handbook has been edited to include the information contained in this section. The County is in the process of developing procedures where the handbook will be distributed to inmates upon intake. This requirement has yet to be fully completed due to staffing shortages. The County anticipates completing this requirement in the next three months.</p>		<p>Orientation Handbook has been edited to include the information contained in this section, but has not been printed because the County is editing the Handbook to meet other provisions of the Remedial Plan. Once fully revised and reviewed by the Remedial Plan Experts and Class Counsel, the County will print and distribute the Handbook. The County is in the process of developing a process to distribute the Handbook to inmates upon intake. This requirement has yet to be fully completed due to the need to phase-in tasks throughout the implementation process and outstanding deputy training.</p>

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	including the provision of Effective Communication and other accommodations in accessing those services.			The County anticipates completing this requirement in the next six months.
	2. Within 6 hours of processing and classification, the County will provide all incarcerated people a Custody Operations Orientation Handbook in an accessible format, containing a designated section with ADA-related policies, procedures, and other information. The Orientation Handbook shall be made available in large print (at least 18-point font) in English and Spanish to accommodate people with visual impairments.	The County is in the process of fully implementing this requirement. The County provides all incarcerated people a Custody Operations Orientation Handbook within the timelines set forth in this requirement. The Handbook is available in 18-point font in English; the County will be editing the Spanish version to meet this requirement in the upcoming months. The County will also be creating a system to document proof of practice. This requirement has yet to be fully completed due to staffing	Non-Compliance	The County is in the process of fully implementing this requirement. The County is developing ADA policies that will be incorporated into the handbook. The County is also developing a form for inmates to sign upon receipt of the Handbook. The County is still in the process of creating a Spanish and large print version. This requirement has yet to be completed due to staffing shortages and Covid-19. The County anticipates completing this requirement

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		shortages. The County anticipates completing this requirement in the next three months.		in the next six to eight months.
	3. The County will provide an accessible video that presents the contents of the Orientation Handbook, including the ADA-related policies, procedures and information. The County will, as appropriate, provide an SLI to interpret the contents of the Orientation Handbook to persons who are deaf or hard of hearing who use American Sign Language as their primary means of communication.	The County is in the process of fully implementing this requirement. The County has had discussions regarding the need to create and provide this video, but has not been able to work towards implementation as of yet. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing	Non-Compliance; Un-ratable	The County is in the process of fully implementing this requirement. The County has discussed the need to create and provide this video, but has not been able to work towards implementation as of yet. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next twelve months.

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		this requirement in the next twelve months.		
D. Staff Training (Pg. 30)	<p>1. The County shall ensure all custody, health care, facility maintenance, and other Jail staff receive ADA training appropriate to their position. The County shall provide training to all staff during the academy and at least bi-annually thereafter on:</p> <ul style="list-style-type: none"> a) Disability awareness, including the use and purpose of accommodations and modifications in accordance with the ADA; b) Use of force when interacting with people with disabilities. 	<p>The County is in the process of fully implementing this requirement. The County has completed ADA training in the academy for Custody Deputies but still needs to develop training for health care staff, facility maintenance, and civilian staff at the jail, as well as bi-annual training. This requirement has yet to be fully implement due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this</p>	Non-Compliance; Un-ratable	<p>The County is in the process of fully implementing this requirement. The County has completed ADA training in the academy for Custody Deputies but still needs to develop training for health care staff, facility maintenance, and civilian staff at the jail, as well as bi-annual training. This requirement has yet to be fully implement due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation.</p>

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		requirement in the next twelve months.		The County anticipates completing this requirement in the next twelve months. However, in the next six months, the County will be researching lesson plans and meeting with the training bureau to develop components of this training.
	2. Staff ADA training shall include formalized lesson plans and in-classroom or virtual training for all staff provided by qualified ADA instructors.	The County is in the process of fully implementing this requirement. The CQA unit and CIT team members are working on a lesson plan to provide the required training. The County is exploring training via Zoom and or the Corrections One website. This requirement is yet to be fully completed due to a shortage in staffing resources. The county	Un-ratable	The County is in the process of fully implementing this requirement. The CQA unit and CIT team members are working on a lesson plan to provide the required training. The County is exploring training via Zoom and or the Corrections One website. This requirement is yet to be fully completed due to a shortage in staffing

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		anticipates completing this requirement in the next six to nine months.		resources. The county anticipates completing this requirement in the next six to nine months.
E. ADA Tracking System (Pg. 30)	1. The County shall, in consultation with Plaintiffs' counsel, develop and implement a comprehensive, standardized electronic system ("ADA Tracking System") to track people with disabilities and their accommodation and Effective Communication needs.	The County is in the process of fully implementing this requirement. The County's ADA tracking system is complete and has incorporated tabs for Transgender and Effective Communication needs to address the expert's concerns. Additions have been made to capture those individuals with Intellectual Disabilities, and Effective Communication. Formal training on the ADA Tracking System will occur during the requisite ADA training and at all future Custody Academies.	Partial Compliance	The County is in the process of fully implementing this requirement. The County's ADA tracking system is in place; however, the County still needs to train deputies and staff on proper use of the system. The County has incorporated tabs for transgender and effective communication needs to address the ADA Expert's concerns. Additions have been made to capture those individuals with Intellectual Disabilities and to ensure effective communication. In

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		Training will be specific to the individual job class. The requirement is yet to be fully completed due to staffing resources. The County anticipates completing this requirement in the next twelve months.		the next six months, the County will coordinate with the ADA Expert to discuss the necessary components of the ADA Tracking System. Formal training on the ADA Tracking System will occur during the requisite ADA training and at all future Custody Academies. Training will be specific to the individual job class. The requirement is yet to be fully completed due to staffing resources. The County anticipates completing this requirement in the next twelve months.
	2. The ADA Tracking System shall identify for each prisoner, as appropriate:	The County is in the process of fully implementing this requirement. The County is	Partial Compliance	The County is in the process of fully implementing this requirement. The County has

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	<p>a) Any disabilities and related health conditions;</p> <p>b) Disabilities that may pose a barrier to communication, including but not limited to learning, intellectual, or developmental disabilities, and hearing, speech, or vision impairments;</p> <p>c) Accommodation needs, including as to housing, classification, transportation, Effective Communication, adaptive supports, and health care appliances, assistive devices, and/or durable medical equipment (HCA/AD/DME);</p>	<p>working with Wellpath to find a way for medical staff to better identify and advise Custody Staff of ADA inmates' needs. The County has also established connections with local Treatment Centers (Tri Counties) and is now receiving notification from Parole about possible <i>Armstrong</i> clients in Custody. Wellpath is currently working on forms and policy to assist in identifying possible ADA inmates during the receiving process. This requirement has yet to be fully completed due to resource and staffing shortages. The County anticipates completing this requirement in the next six months.</p>		<p>added alert tabs to the ADA tracking system for dementia, intellectual disabilities, Armstrong Notifications, pain, can't walk long distances, crutches, developmental disabilities, effective communication, mental health IDR review, and severe mental illness. The accommodation required due to a specified disability will be included in the alert. The ADA active alerts list is also accessible to staff and posted in module offices. Wellpath has implemented an Adaptive Support Needs Assessment Form to identify possible ADA inmates during receiving, as well as a "learning disability" check</p>

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	d) Class membership in <i>Armstrong v. Newsom</i> (N.D. Cal. No. 94-cv-02307) (i.e., people held in the Jail related to a parole revocation proceeding or term), with their applicable disability classification(s) and accommodation need(s).			box on the Medical Treatment Order (MTO). Wellpath is working on placing an “intellectual disability” check box on the MTO as well. The County anticipates completing this requirement in the next six to eight months.
	3. The ADA Tracking System’s prisoner disability information will be readily available to custody, medical, mental health, and other staff at the Jail to ensure appropriate accommodations and adequate program access for people with disabilities. Health care staff, the ADA Coordinator, and any ADA Coordinator-designee shall have the ability to input information	The County is in the process of fully implementing this requirement. The County is working with Wellpath to find a way for medical staff to better identify and advise Custody Staff of ADA inmates’ needs. The County has also established connections with local Treatment Centers (Tri Counties) and is now receiving notification from Parole about	Partial Compliance; Substantial Compliance as to the ability to input information into the ADA Tracking System in real time.	The County is in the process of fully implementing this requirement. As indicated by the ADA Expert in the last report, Health care staff, the ADA Coordinator, and ADA Coordinator-designees have the ability to input information into the ADA Tracking System in real time. Currently, only select deputies and medical staff

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	into the ADA Tracking System in real time.	possible Armstrong clients in Custody. Wellpath is currently working on forms and policy to assist in identifying possible ADA inmates during the receiving process. This requirement has yet to be fully completed due to resource and staffing shortages. The County anticipates completing this requirement in the next six months.		have access to the ADA Tracking system. The County is in the process of granting access to all required staff under the Remedial Plan. This requirement has yet to be fully completed due to resource and staffing shortages. The County anticipates completing this requirement in the next six to eight months.
	4. The County will print a prisoner's disability accommodation need(s) on the person's wristband.	The County is in the process of fully implementing this requirement. The County has established a process for identifying accommodations. Identification stamps are being ordered to stamp an identifying mark on the wristband that will alert staff of a disability. This	Non-Compliance	The County is in the process of fully implementing this requirement. At the upcoming monitoring tour, the County will be consulting with the ADA Expert to confirm the appropriate identification stamps. Thereafter, the County will

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		requirement has yet to be fully completed due to staffing resources. The County anticipates completing this requirement in the next six months.		perform the necessary training and implementation of this provision. The County anticipates completing this requirement in the next four to six months.
	<p>5. Staff shall check the ADA Tracking System for each prisoner, and document that check, immediately prior to:</p> <ul style="list-style-type: none"> a) Intake screening; b) Classification interview; c) Assignment of housing; d) Assignment of programs; e) Medical and mental health encounters; f) All due process proceedings, including but not limited to, resolving 	The County is in the process of fully implementing this requirement. The County has developed an ADA tracking system. Policies and training need to be developed prior to implementation. This requirement has yet to be fully completed due to staffing resources. The County anticipates completing this requirement in the next twelve months.	Non-Compliance	The County is in the process of fully implementing this requirement. The County has developed an ADA tracking system that allows staff to document that the tracker was checked at the required intervals per this provision. The County is working on completing the ADA Policy to require staff to check the ADA tracking system in accordance with this provision. The County anticipates finalizing the ADA

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	<p>grievances and disciplinary infractions;</p> <p>g) All trips to court or outside health care appointments.</p>			<p>Policy in the next six months. Thereafter, the County will incorporate such policy into the lesson plan before deputies and staff can receive the necessary training. This requirement has yet to be fully completed due to staffing resources. The County anticipates completing this requirement in the next twelve months.</p>
<p>F. Screening for Disability and Disability-Related Needs</p> <p>(Pg. 31)</p>	<p>1. The County shall take steps to identify and verify each person's disability and disability-related needs, including by screening them for disabilities during medical intake and classification. The County shall ensure that all private health care and other service providers implement any policies and</p>	<p>The County is in the process of fully implementing this requirement. The County and Wellpath have developed forms to capture this information. A classification input form has been developed as well as an Adaptive Support Need Assessment Form</p>	<p>Partial Compliance</p>	<p>The County is in the process of fully implementing this requirement. Per the ADA Expert's recommendation, an adaptive support need assessment has been implemented at medical intake. The results of the assessment are documented</p>

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	procedures needed to facilitate full implementation of these provisions.	developed by Wellpath to capture learning and inmates with intellectual disabilities. The process needs to be developed prior to implementation. This requirement has yet to be fully completed due to a shortage in staffing resources within custody and Wellpath. The County anticipates completing this requirement in the next twelve months.		on the Adaptive Support Need Assessment Form, which captures all disability and disability related needs, including learning and intellectual disabilities. The results of the assessment are promptly provided to medical staff, Classification, and ADA Coordinators for housing, deputy notification, and providing accommodations. The County is in the process of implementing the Classification Input Form which will be provided to Classification and CQA deputies so that they are aware of inmates' effective communication needs or accommodations The County anticipates completing this

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				requirement in the next six to eight months.
	<p>2. The County, in consultation with subject matter experts and Plaintiffs' counsel, shall revise its ADA screening process to ensure consideration of:</p> <ul style="list-style-type: none"> a) The individual's self-identification or claim to have a disability; b) Documentation of a disability in the individual's health, custody, and any other available records; c) Staff observation that the individual may have a disability that affects placement, program 	Completed. The County's current screening process includes the <i>Murray v. Santa Barbara County</i> Remedial Plan screening process requirements.	Substantial Compliance	Completed. As indicated in our last report, this provision is complete and the ADA Expert found the County in substantial compliance.

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	access, or Effective Communication; and d) The request of a third party (such as a family member) for an evaluation of the individual for a possible disability.			
	3. The County shall ensure that ADA screening results are promptly entered in the ADA Tracking System.	Completed. The County has a process in place that once a disability is verified and the accommodations are approved, a Medical Treatment Order (“MTO”) is generated. The MTO is routed to the Wellpath medical record’s office and medical records staff enter the information into the ADA Tracking System.	Substantial Compliance	Completed. As indicated in our last report, this provision is complete and the ADA Expert found the County in substantial compliance.
G. Disability-Related Requests and Grievances	1. The County shall revise its ADA Request Form to contain an	Completed. The County has updated the request form and put it into circulation in the	Partial Compliance	Completed. As indicated in the last report, the County has updated the request form

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(Pg. 32)	explanation of how to appeal a denial of accommodations.	facility. The County has also updated the inmate Orientation Handbook to include information on how to appeal the denial of accommodations.		and put it into circulation in the facility. The County has also updated the inmate Orientation Handbook to include information on how to appeal the denial of accommodations.
	2. The County shall provide a grievance procedure for people with disabilities to appeal any denial of an accommodation, and to report any disability-based discrimination or violation of the ADA, this Remedial Plan, or Jail ADA-related policy.	Completed. The County has implemented the edited grievance from that includes an ADA check box for inmates to specify if a grievance is ADA related. Information on appealing the denial of accommodations can be found on page six of the Custody Operations Orientation Handbook.	Non-Compliance	Completed. As indicated in the last report, the County has implemented the edited grievance from that includes an ADA check box for inmates to specify if a grievance is ADA related. The County has also updated the inmate Orientation Handbook to include information to meet this provision.
	3. The County shall ensure that people who are Deaf or hard of	The County is in the process of fully implementing this	Non-Compliance	Completed. The County has obtained a VRS account with

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	hearing are interviewed and provided a qualified SLI as part of the grievance/appeal process.	requirement. The County currently contracts with an interim provider to meet this requirement and is working to secure a contract to provide SLI with Purple Communications to more efficiently meet this requirement. Policies will also be edited to meet this requirement. This requirement has yet to be fully completed due to a shortage in staffing resources. The County anticipates completing this requirement in the next six to eight months.		Purple Communications, so that deaf and hard of hearing inmates have access to contact outside parties. The County is working on a VRI contract with Purple Communications to further ensure that deaf/ hard of hearing inmate are provided effective communication as part of the grievance/appeal process. Additionally, an on-call SLI can be utilized for effective communication for deaf or hard of hearing inmates in the interim.
	4. To ensure that ADA accommodations requests and ADA grievances are promptly addressed, the County shall:	The County is in the process of fully implementing this requirement. ADA Grievance forms are currently in place to	Un-ratable	Completed. The County has added log number, date and time on the ADA Request Form for tracking and to

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	<p>a) Respond to an individual's Request for Accommodations within 72 hours of receipt;</p> <p>b) Respond to an ADA-related grievance within 72 hours of receipt;</p> <p>c) Establish an expedited process for urgent ADA requests and grievances (e.g., situations in which a person's safety or physical well-being is at risk); and</p> <p>d) Allow each person to retain accommodation(s) they possess at the time of arrival at the Jail, or that they have been previously provided by the Jail, pending review of a grievance/appeal regarding the denial or removal of</p>	<p>accommodate the 72-hour timeline. Urgent ADA requests can be made through the ADA hotline. ADA coordinator emails will be placed on the SBSO webpage and lobby for external ADA requests. This requirement has yet to be fully completed due to staffing resources. The County anticipates completing this requirement in the next six to eight months.</p>		<p>ensure that accommodations are made within the time requirements of this provision. ADA Grievance forms are currently in place to accommodate the 72-hour timeline. Absent security concerns, the County allows inmates to retain accommodations they possess upon arrival at the jail in accordance with this provision. The County has also added a tag to JMS to log ADA related grievances, which allows a method for auditing compliance with this requirement internally and by the ADA Expert.</p>

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	such accommodation(s), absent an individualized security concern that is documented.			
	5. The County shall ensure that grievance forms contain an “ADA” box to indicate that a particular grievance relates to a disability-related issue. The County will ensure that disability-related grievances are so identified by the reviewing supervisor, even if the individual who submitted the grievance does not check the “ADA” box.	Completed. The County has implemented the grievance form containing the ADA box to meet this requirement.	Partial Compliance/ Un-ratable	Completed. The County has implemented a grievance form containing the ADA box to meet this requirement. A reviewing supervisor checks grievance to ensure that they are identified as disability related, even if the box is not checked. The County is in the process of placing this provision into policy and will provide deputy training in the next six to eight months.
	6. The County will ensure that grievance forms are readily available and accessible to all prisoners at all times. Grievance forms shall be made available in	The County is in the process of fully implementing this requirement. The County has implemented the grievance form in 18-point font. 18-point	Partial Compliance	The County is in the process of fully implementing this requirement. The County has implemented the grievance form in 18-point font, which

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	large print (minimum 18-point font) to accommodate people with vision impairments.	font grievances are available in the main jail. The County piloted a project to make forms available in each housing unit. This project is being expanded to all housing units. This requirement has yet to be fully completed due to staffing resources. The County anticipates completing this requirement in the next three months.		are readily available at the Main Jail. The County piloted a project to maintain forms in each housing unit. This project is being expanded to all housing units. Currently all housing units at the North Branch Jail have grievance forms readily available to them at all times. This requirement has yet to be fully completed for the Main jail due to staffing resources. The County anticipates completing this requirement in the next three months.
	7. The County shall provide to the person with a disability a written grievance response, including the resolution, the basis for a denial (if	Completed. The ADA Coordinators currently respond to all ADA related grievance.	Un-ratable	Completed. As indicated in the last report, the ADA Coordinators currently respond to all ADA related grievances in writing,

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	applicable), and the process for appeal.			including the resolution, basis for denial (if applicable) and process for appeal.
	8. The County shall take steps to ensure all prisoners are aware of the disability grievance procedures, including the availability of accommodations and staff assistance to submit a grievance and/or appeal.	The County is in the process of fully implementing this requirement. The County has documented this requirement in the Custody Operations Orientation Handbook and the grievance section of the ADA policy and procedure. The County will conduct staff training prior to full implementation. Additionally, the County piloted a project to make grievance forms available in each housing unit. This project is being expanded to all housing units. This requirement has yet to be completed due to a shortage in	Non-Compliance	The County is in the process of fully implementing this requirement. The County has documented this requirement in the Custody Operations Orientation Handbook and the grievance section of the ADA Policy. In the next six months, the County will conduct staff training regarding ADA related grievances. Additionally, the County piloted a project to make grievance forms available in each housing unit. This project is being expanded to all housing units in the next three months.

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		resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.		This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next six to eight months.
	9. The County shall implement a specific tracking system regarding the submission, processing, and responses for disability-related grievances and complaints, and regularly review such information for quality assurance purposes.	The County's ADA Coordinators can track ADA related grievance in our JMS system. At this point the County has not received any ADA related grievance to review for quality assurance purposes. When the County receives ADA related	Partial Compliance; Non-Compliance re review for quality assurance.	The County is in the process of fully implementing this requirement. The County's ADA Coordinators track ADA related grievance in the JMS system. At this point the County has not received any ADA related grievance to review for quality assurance

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		grievances, the County will regularly review such information for quality assurance purposes.		purposes. When the County receives ADA related grievances, the County regularly reviews such information for quality assurance purposes. The County will incorporate this requirement into appropriate policies and procedures in the next six months. The County is in the process of updating flagging ADA grievances per the ADA Expert's recommendation. This requirement has yet to be completed due to staffing shortages and lack of technical assistance from the jail management system, ATIMS. The County anticipates completing this

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				requirement in the next eight months.
H. Housing Placements (Pg. 33)	<p>1. The County shall implement a housing assignment system that includes an individualized assessment to be completed by health care staff, the results of which shall be documented in the ADA Tracking System, of each person's functional limitations and restrictions, including but not limited to:</p> <ul style="list-style-type: none"> a) The need for a lower bunk; b) The need for grab bars in the cell and/or shower; c) The need for accessible toilets; d) The need for no stairs in the path of travel; and 	<p>The County is in the process of fully implementing this requirement. Custody Operations Policy and Procedure 209 is in place and Classification will receive the Classification Input Form prior to housing an inmate to determine their ADA needs. This information is also captured on Wellpath's MTO. The County intends to revise the MTO and Policy 209 to capture accommodations for the need for no stairs and travel on level terrain. This requirement has yet to be fully completed due to a shortage in resources. The County</p>	Partial Compliance	<p>The County is in the process of fully implementing this requirement. The County is working on implementation of the Classification Input Form which includes an individualized assessment from health care staff related to an inmate's functional limitation and restrictions as required by this provision. The County is coordinating with Wellpath to formulate a plan to address subsections (d) and (e) as required by this provision. Once implemented, the County will be in compliance with this requirement. This</p>

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	e) The need for level terrain.	anticipates completing this requirement in the next six months.		requirement has yet to be completed due to staffing shortages. The County anticipates completing this requirement in the next six to eight months.
	2. People with disabilities shall be housed in the Jail consistent with their individual security classification. Classification staff shall not place prisoners with disabilities in: (a) inappropriate security classifications because no ADA-accessible cells or beds are available; (b) designated medical areas unless the prisoner is currently receiving medical care	The County is in the process of fully implementing this requirement. The County is housing individuals with disabilities at the MSF, which allows for individuals with minimum classification scores to be housed appropriately. This requirement has yet to be fully completed due to staffing shortages, and COVID-19	Partial Compliance (a) Non-Compliance (b) Substantial Compliance (c) Non-Compliance	The County is in the process of fully implementing this requirement. The County presently houses people with disabilities consistent with their security classification at the Northern Branch Jail. The County does so at Main Jail, subject to the structural constraints of that facility. Given the current Main Jail

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	requiring such placement; or (c) any location that does not offer the same or equivalent programs, services, or activities as facilities where they would be housed absent a disability.	quarantine. The County anticipates completing this requirement in the next six to eight months.		population, the County presently houses inmates consistent with their security classification regardless of disability, except in exigent circumstances such as when quarantining inmates during COVID-19 outbreaks. During COVID-19 outbreaks, the County ensures that inmates with disabilities are housed in areas where they have access to ADA showers, even if the quarantine cells are not ADA compliant. If the Main Jail population requires additional ADA housing, the County will work within the confines of the structural barriers of the facility to provide accommodations to those with disabilities that

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				cannot be ADA cells. Additionally, all locations within the Main Jail offer the same or equivalent programs, services, or activities as facilities where they would be housed absent a disability. This requirement has yet to be completed due to structural building issues and the need to quarantine inmates during the COVID-19 pandemic. The County anticipates fulfilling this requirement once the proposed Main Jail remodel is complete.
I. Visitation (Pg. 34)	1. The County shall ensure that family/personal and professional visitation areas are accessible for people with disabilities and visitors.	Completed. The County's family/personal and professional visit areas are	Partial Compliance	The County is in the process of fully implementing this requirement. The County will be in compliance with this

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		accessible for people with disabilities and visitors.		requirement when the visitation booth stools are removed for ADA access in IRC. This requirement has yet to be completed due to staffing shortages. The County anticipates completing this requirement in the next month.
	2. The County shall perform an individualized assessment as needed and shall ensure that people with disabilities have full access to visitation at the Jail.	The County is in the process of fully implementing this requirement. The individualized assessment is initiated with the Medical Treatment Order, which is provided to custody staff to ensure accommodations are provided. The County is working on ensuring effective communication is addressed to meet this requirement. This	Partial Compliance	Completed. The County, in coordination with Wellpath, adapted the Adaptive Needs Assessment Form to incorporate effective communication. The individualized assessment is initiated with the Medical Treatment Order, which is provided to custody staff to ensure accommodations are provided.

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		requirement has yet to be fully implemented due to staffing resources. The County anticipates completing this requirement in the next eight months.		
J. Access to Programs, Services, and Activities (Pg. 34)	1. The County shall ensure people with disabilities, including those housed in specialty health care units, have equal access to programs, services, and activities available to similarly situated people without disabilities, consistent with their health and security needs. The County shall ensure that staff provide appropriate assistance to people with disabilities as needed to ensure equal access to programs, services, and activities provided at the Jail. Such programs, services,	The County is in the process of fully implementing this requirement. The County offers the Sheriff's Treatment Program, a partnership with Santa Barbara City College, and EDVO tablets. These programs are available to all individuals regardless of ADA status. The County has also ordered outdoor exercise equipment and obtained braille reading materials and audio books to meet this requirement. The County also	Partial Compliance	Completed. The County offers inmates the Sheriff's Treatment Program, a partnership with Santa Barbara City College, and EDVO tablets. These programs are available to all individuals regardless of ADA status. The County also has outdoor exercise equipment and audio books and magnifiers to meet this requirement. The County currently provide auxiliary aids, large print, and easy

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	<p>and activities include, but are not limited to:</p> <ul style="list-style-type: none">a) Educational, vocational, reentry and substance abuse programsb) Work Assignmentsc) Dayroom and other out-of-cell timed) Outdoor recreation (including accessible exercise equipment)e) Structured programming (including in-cell activities)f) Showersg) Telephones and/or videophonesh) Reading materials (including easy reading,	<p>intends to provide auxiliary aids, large print, easy reading and magnifiers during programs for individuals needing those accommodations. The only requirement outstanding is subsection (b) Work Assignments; which the County intends to accomplish in the upcoming months. This requirement has yet to be fully completed due to staffing shortages and the COVID-19 pandemic. The County anticipates completing this requirement in the next six to eight months.</p>		<p>reading material during programs for individuals needing those accommodations. The County also offers work assignments to ADA inmates.</p>

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	<p>large print books and other materials accessible to people with a vision-related disability)</p> <p>i) Religious services</p> <p>j) Family/personal and professional visits</p> <p>k) Medical, mental health, and dental services and treatment</p>			
	<p>2. The County's policy shall include the provision of assistance in reading or scribing legal documents, sick call requests, grievances, documents related to disciplinary procedures, and documents related to health care encounters.</p>	<p>The County is in the process of fully implementing this requirement. The County is currently assisting inmates if they request scribing. Custody Operations Policy 209. Americans with Disabilities Act policy revisions need to be placed into existing policy. This requirement has been incorporated into the Custody</p>	<p>Partial Compliance</p>	<p>The County is in the process of fully implementing this requirement. The County is currently assisting inmates if they request scribing and reading assistance. In the next six months, the County will update the ADA Policy to meet the provisions of this requirement. This requirement has been</p>

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		Operations Orientation Handbook. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.		incorporated into the Custody Operations Orientation Handbook. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.
	3. The County shall ensure equitable work opportunities for people with disabilities, including by ensuring: (a) clear job duty statements, with essential functions and specific criteria, for each worker position; and (b) that health	The County is in the process of fully implementing this requirement. The County is presently developing job duties and physical requirements for all positions within the jail. Wellpath is outlining a process	Non-Compliance (a) Non-Compliance (b) Partial Compliance	The County is in the process of fully implementing this requirement. ADA inmates are presently offered work opportunities and currently, all ADA inmates who have expressed interest in a job

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	care and other relevant staff conduct an individualized assessment to identify work duty restrictions and/or physical limitations to facilitate appropriate work/industry assignments, to ensure reasonable accommodations, and to prevent improper exclusions from work opportunities.	for identifying specific disabilities that will affect job duties. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.		have been placed in a work position. In the next three to five months, the County hopes to finalize clear job duty statements with essential functions and limitations to complete this requirement. Wellpath has begun outlining a process for identifying specific disabilities that will affect job duties and anticipates completing that process within the next four to six months. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation.

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				The County anticipates completing this requirement in the next six months.
K. Health Care Appliances, Assistive Devices, Durable Medical Equipment (Pg. 35)	1. The County shall establish a written policy to ensure the timely provision of safe and operational HCA/AD/DME to people with a disability based on an individualized assessment by medical staff, with a process for timely repair and replacement of such devices as needed.	Completed. Wellpath Policy HCD-110 F-10 Durable Medical Equipment Medical Supply meets this requirement. This policy includes the specific directives for the provision of HCA/AD/DME to people with disability. The policy also includes an individualized assessment by medical staff and includes guidelines for directives for the maintenance and repair of Durable Medical Equipment.	Substantial Compliance	Completed. As indicated in our last report, this provision is complete and the ADA Expert found the County in substantial compliance.
	2. A person's request for a particular device or other accommodation shall be given	The County is in the process of fully implementing this requirement. The ADA	Non-Compliance	The County is in the process of fully implementing this requirement. As previously

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	primary consideration and shall be granted unless the request is unreasonable for specific, articulated reasons allowable under the ADA, or unless other effective accommodations are available.	Coordinators currently respond to requests consistent with this requirement. The mechanisms in place are the ADA Hotline, time stamped ADA Request for Accommodations Forms, and Classification Input forms. The County has also created an outside email address for friends and family to submit requests. The ADA Coordinators are in regular communication with qualified inmates. The County will place this requirement into Policy section 209. American with Disabilities Act. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and		reported, ADA Coordinators currently respond to requests consistent with this requirement. The ADA Coordinators are in regular communication with qualified inmates. In the next six months, the County will update its ADA Policy consistent with this requirement. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation.

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		the need to phase-in preliminary tasks at the outset of implementation.		
	<p>3. The County shall allow people to retain personal HCAs/Ads/DME (including mobility devices, glasses, and hearing aids), unless there is an individualized determination that doing so would create an articulated safety or security risk.</p> <p>a) Where Jail staff determine it is necessary to remove personal HCA/AD/DME for security reasons, the County shall provide an equivalent Jail-issued device unless custody staff, with ADA Coordinator approval, determine and document,</p>	<p>The County is in the process of fully implementing this requirement. The ADA Coordinators currently respond to requests consistent with this requirement. The mechanisms in place are the ADA Hotline, time stamped ADA Request for Accommodations Forms, and Classification Input forms. The County has also created an outside email address for friends and family to submit request. The ADA Coordinators are in regular communication with qualified inmates. The County will place this requirement into Policy</p>	Non-Compliance/Un-ratable	<p>The County is in the process of fully implementing this requirement. The County presently allows inmates to retain HCAs/Ads/DME absent a security risk identified following an individualized assessment consistent with this provision. In the next six months, the County will update its ADA Policy to include the requirements of this provision. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North</p>

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	<p>based on an individualized assessment, that the device constitutes a risk of bodily harm or threatens the security of the facility.</p> <p>b) If such a determination is made, the ADA Coordinator shall document the decision and reasons for it and shall consult with medical staff to determine an appropriate alternative accommodation.</p>	<p>section 209. American with Disabilities Act. Individualized assessments are occurring which have resulted in the issuance of canes to those qualified inmates. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.</p>		<p>Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation</p>
	<p>4. The County shall implement a written policy governing the release of people who need assistive devices.</p>	<p>The County is in the process of fully implementing this requirement. County Policy 209. American with Disabilities</p>	<p>Non-Compliance/Un-ratable</p>	<p>The County is in the process of fully implementing this requirement. The County is incorporating these</p>

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	<p>a) The County will ensure that any personal mobility device belonging to a person is returned prior to release.</p> <p>b) If a person does not have a personal mobility device, but is ambulatory with the assistance of a cane, crutch, or walker, the prisoner will be permitted to retain such device that was used while in custody upon release, or will be provided a comparable device, upon release.</p> <p>c) If a person who is due for release requires a wheelchair, but does not have a personal wheelchair, Jail staff shall</p>	<p>Act is currently being written, which will incorporate this requirement. Once the policy is approved training will occur prior to implementation. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation and outstanding training. The County anticipates completing this requirement in the next eight months.</p>		<p>provisions within its ADA Policy. Once the policy is approved, training will occur prior to implementation. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and outstanding training. The County anticipates completing this requirement in the next six months.</p>

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	coordinate with the prisoner, family or friends, and other County agencies as needed to secure a wheelchair or take other steps to address the individual's needs upon release. The County shall document this process in the ADA Tracking System for purposes of individual tracking and quality assurance.			
L. Transportation (Pg. 36)	1. The County shall provide reasonable accommodations for people with disabilities when they are in transit, including during transport between facilities, to and from court, or to and from outside health care services.	Completed. The County uses ADA transportation vehicles and implemented an ADA tracking log in April 2021. Completed logs are scanned and placed into the ADA transportation file and notated in ADA tracking system under ADA-transportation.	Substantial Compliance	Completed. As indicated in our last report, this provision is complete and the ADA Expert found the County in substantial compliance.
	2. Prescribed HCAs/ADs/DME for people with disabilities, shall be available to them at all times during	The County is in the process of fully implementing this requirement. The County has	Partial Compliance	The County is in the process of fully implementing this requirement. The County has

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	the transport process, including in temporary holding cells.	existing documentation to show availability of HCA's/Ads/DME to inmates during the transport process. These procedures need to be incorporated into Policy 209. Americans with Disabilities Act. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next six months.		existing documentation to demonstrate availability of HCA's/Ads/DME to inmates during the transport process. The County is incorporating these provisions within its ADA Policy. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays. The County anticipates completing this requirement in the next six months.
	3. The County shall maintain a sufficient number of accessible vehicles to ensure timely transport	Completed. The County currently has two ADA compliant vans for	Substantial Compliance	Completed. As indicated in our last report, this provision is complete and the ADA

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	of people with disabilities that require special transportation. The County intends for all transport vehicles to be accessible.	transportation of inmates with disabilities.		Expert found the County in substantial compliance.
	4. Staff will provide assistance to people with mobility or other disabilities where necessary to ensure safe access on and off of transport vehicles.	The County is in the process of fully implementing this requirement. The County currently provides assistance with mobility or other disabilities. These procedures need to be incorporated into Policy 209. Americans with Disabilities Act. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this	Partial Compliance	The County is in the process of fully implementing this requirement. The County currently provides assistance to people with mobility or other disabilities. In the next six months, the County will be incorporating these provisions to its ADA Policy. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays.

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		requirement in the next six months.		
M. Effective Communication (Pg. 37)	1. The County shall develop and implement a Custody Operations policy to ensure that people with disabilities receive accommodations and services necessary to provide Effective Communication, consistent with the provisions set forth herein.	The County is in the process of fully implementing this requirement. Policy 209. Americans with Disabilities Act is currently being edited to incorporate Effective Communication. Once this policy is approved it will be implemented after staff training occurs. Additionally, contract provisions for Purple Communications for Effective Communication are currently being finalized. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and	Non-Compliance	The County is in the process of fully implementing this requirement. The County is updating its ADA Policy to incorporate effective communication. Once this policy is approved it will be implemented after staff training occurs. The County now utilizes Purple Communications VRS for effective communication. Additionally, a contract for Purple Communications VRI for effective communication is currently being finalized. Wellpath has incorporated an Adaptive Needs Assessment screening at intake to identify

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		the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next six months.		possible effective communication issues as well. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays. The County anticipates completing this requirement in the next six months.
	2. The County shall assess all people detained at the Jail for any period of time for Effective Communication needs and take steps to provide Effective Communication based on individual need. The County shall ensure that Jail custody and health care policies and procedures contain	The County is in the process of fully implementing this requirement. Policy 209. Americans with Disabilities Act is currently being edited to incorporate Effective Communication. Once this policy is approved it will be implemented after staff training occurs. Additionally, contract	Partial Compliance	The County is in the process of fully implementing this requirement. The County presently assesses inmates for effective communication needs through the Adaptive Needs Assessment Screening and takes steps to provide effective communication based on that

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	sufficient guidance on the provision of Effective Communication.	provisions for Purple Communications for effective communication are currently being finalized. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next six months.		need by communication using simple language, SLI, Purple Communications VRS, written communication etc. In the next six months, the County will be incorporating these provisions to its ADA Policy. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays.
	3. The County shall ensure that appropriate staff assess individual Effective Communication needs at the beginning of the medical intake screening and at the beginning of the classification screening, to	The County is in the process of fully implementing this requirement. The County is presently reviewing a sample Effective Communication policy, which was provided by	Non-Compliance	The County is in the process of fully implementing this requirement. Per the ADA Expert's recommendation, an Adaptive Supports Needs Assessment has been

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	facilitate Effective Communication throughout those and all subsequent processes.	the expert. The County intends to adapt the policy to meet the needs of the facility and to meet this requirement. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next six months.		implemented at medical intake. The results of the assessment are documented on the Adaptive Support Needs Assessment Form, which captures all disability and disability related needs, including learning and intellectual disabilities. The results of the assessment are promptly provided to medical staff, Classification, and ADA Coordinators for housing, deputy notification, and providing accommodations. Additionally, Wellpath completes an MTO for any accommodations, which are added to the ADA tracking system so that Classification is informed prior to classification screening. The

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				County, in conjunction with Wellpath, has created a Classification Input Form to meet the provisions of this requirement, which is pending final approval. Following approval and training, the Classification Input Form will be implemented and provided to Classification and CQA deputies. Additionally, the County is presently reviewing a sample Effective Communication Policy, which was provided by the ADA Expert. The County intends to adapt the policy to meet the needs of the facility and to meet this requirement. This requirement has yet to be completed due to a

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				shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays. The County anticipates completing this requirement in the next six months.
	<p>4. Enhanced procedures for the provision of Effective Communication, as described in the paragraph below, shall apply in the following situations:</p> <ul style="list-style-type: none"> a) Due Process Events, including the following: <ul style="list-style-type: none"> i. Classification processes ii. Disciplinary hearing and related processes 	The County is in the process of fully implementing this requirement. The County is presently reviewing a sample Effective Communication policy, which was provided by the expert. The County intends to adapt the policy to meet the needs of the facility and to meet this requirement. The County will also capture this Information in the current ADA tracking system. This requirement has yet to be	Un-ratable/Non-Compliance	The County is in the process of fully implementing this requirement. The County is presently reviewing a sample Effective Communication Policy, which was provided by the ADA Expert. The County intends to adapt the policy to meet the needs of the facility and to meet this requirement. Thereafter, the County will conduct training to ensure effective communication is used and

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	<ul style="list-style-type: none"> iii. Service of notice (to appear and/or for new charges) iv. Release processes v. Probation encounters/meetings in custody <p>b) Clinical Encounters, including the following:</p> <ul style="list-style-type: none"> i. Determination of medical history or description of ailment or injury ii. Diagnosis or prognosis iii. Medical care and medical evaluations iv. Provision of mental health evaluations, rounds, group and 	<p>completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next six months.</p>		<p>documented in all situations as required by this provision. The County will also capture this Information in the current ADA tracking system. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing the policy revisions in the next six months, and the training in the next eight months.</p>

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	<p>individual therapy, counseling and other therapeutic activities</p> <p>v. Provision of the patient's rights, informed consent, or permission for treatment</p> <p>vi. Explanation of medications, procedures, treatment, treatment options, or surgery</p> <p>vii. Discharge instructions</p>			
	<p>5. In the situations described in the previous paragraph, Jail staff shall:</p> <p>a) Identify each person's disability where there may be a barrier to comprehension or</p>	<p>The County is in the process of fully implementing this requirement. The County is presently reviewing a sample Effective Communication policy, which was provided by</p>	Non-Compliance	<p>The County is in the process of fully implementing this requirement. The County is presently reviewing a sample Effective Communication Policy, which was provided</p>

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	<p>communication requiring reasonable accommodation(s);</p> <p>b) Provide effective reasonable accommodation(s) to overcome the communication barrier; and</p> <p>c) Document the method used to achieve Effective Communication and how the staff person determined that the person understood the encounter, process, and/or proceeding.</p>	<p>the expert. The County intends to adapt the policy to meet the needs of the facility and to meet this requirement. The County will also capture this Information in the current ADA tracking system. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next six months.</p>		<p>by the ADA Expert. The County intends to adapt the policy to meet the needs of the facility and to meet this requirement. The County ADA Coordinators currently capture this information in the current ADA tracking system. In the next eight months, the County intends to train staff on this this requirement. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic. The County anticipates completing the policy revisions in the next four months, and the training in the next eight months.</p>

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	6. In determining what auxiliary aid or service to provide, the County shall give primary consideration to the request of the person with Effective Communication needs. Such aids may include bilingual aides, SLIs, readers, sound amplification devices, captioned television/video text displays, Videophones and telecommunication services for deaf persons, audiotaped texts, Braille materials, large print materials, writing materials, and signage.	The County is in the process of fully implementing this requirement. The County presently documents an inmate's request on the classification input form and provides SLI, bilingual aids, TTY/TDD and video phones. The County currently contracts with an interim provider to meet this requirement and is working to secure a contract to provide SLI with Purple Communications to provide VRI and VRS to deaf and hard of hearing inmates. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in	Non-Compliance	The County is in the process of fully implementing this requirement. The County presently documents an inmate's request on the Classification Input Form and provides SLI, bilingual aids, TTY/TDD and video phones and Purple Communications VRS. The County currently contracts with an interim provider to meet this requirement and is working to secure a contract to provide SLI with Purple Communications to provide VRI to deaf and hard of hearing inmates. At the recommendation of the ADA Expert, the County is looking into purchasing sound amplification devices. The

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		preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months		County currently has VRS though Purple Communications. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays. The County anticipates completing this requirement in the next six months
	7. The County shall ensure that all outside education, program, and service providers at the Jail provide Effective Communication for people participating in such programs.	The County is in the process of fully implementing this requirement. The County is presently reviewing a sample Effective Communication policy, which was provided by the expert. The County intends to adapt the policy to meet the needs of the facility and to meet this requirement. This	Un-ratable	The County is in the process of fully implementing this requirement. The County is presently reviewing a sample Effective Communication Policy, which was provided by the ADA Expert. The County intends to adapt the policy to meet the needs of the facility and to meet this

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		requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next six months.		requirement. As part of that policy, the County intends to include the process for notifying and ensuring that outside providers are informed of those inmates that require effective communication. The County is currently providing the Programs Unit with the ADA Active Alerts list so they can provide the required accommodations to the inmate. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates

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				completing this requirement in the next six months.
N. Access for Individuals with Hearing Impairments (Pg. 39)	1. The County shall develop and implement a policy for newly arrived and newly identified people with hearing disabilities to determine each person's preferred method of communication.	The County is in the process of fully implementing this requirement. The County is working with Wellpath on implementing the procedure for identifying each persons preferred method of communication. The County has created a section on the Classification Input Form listing the inmate's preferred method of communication during the intake process. Additionally, a section in the ADA Tracking System has been created to document the preferred method of communication. This requirement has yet to be	Partial Compliance	The County is in the process of fully implementing this requirement. The County has created a section on the Classification Input Form listing the inmate's preferred method of communication during the intake process. Additionally, a section in the ADA Tracking System has been created to document the preferred method of communication. The County, in conjunction with Wellpath, is working on creating a procedure for identifying each person's preferred method of communication and incorporating such

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		completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.		method into Medical Treatment Orders. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays. The County anticipates completing this requirement in the next six to eight months.
	2. Qualified Sign Language Interpreters (SLIs), on-site or through a VRI service, will be provided during intake and for due process functions, health care encounters, and Jail programming, when sign language is the person's primary means of Effective Communication, unless the person waives the assistance of an	The County is in the process of fully implementing this requirement. These services are currently provided while in the facility, including during health care encounters and jail programming. The County intends to expand the service to accommodate intake and due process encounters. The	Un-ratable	Completed. The County provides the required services with the on call SLI and with Purple Communications VRS. The County is in the process of contracting with Purple Communications for VRI.

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	interpreter and/or delay would pose an urgent safety or security risk.	County currently contracts with an interim provider to meet this requirement and is working to secure a contract to provide SLI with Purple Communications to provide VRI and VRS to deaf and hard of hearing inmates. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.		
	3. The County will maintain a log of (a) when, for whom, and for what	The County is in the process of fully implementing this	Un-ratable	The County is in the process of fully implementing this

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	purpose an SLI was used; and (b) when, for whom, and why an SLI was not used for a person with an identified need for SLI services (e.g., waived or delay would have posed urgent safety or security risk).	requirement. The County has developed a documentation section (ADA-SLI) in the ADA tracking system to log all required documentation. The County is in the process of developing a training class to teach staff how to properly log required documentation in the ADA Tracking System. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next twelve months.		requirement. The County has developed a documentation section (ADA-SLI) in the ADA tracking system to log all required documentation. In the next six months, the County will be incorporating this provision into the ADA Policy. The County is also in the process of developing a training class to teach staff how to properly log required documentation in the ADA Tracking System. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation.

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				The County anticipates completing this requirement in the next ten to twelve months.
	4. When a prisoner waives an SLI, the log must document (a) the method of communication of the waiver, and (b) the method staff used to determine that the waiver was knowing and freely given.	The County is in the process of fully implementing this requirement. The County has developed a documentation section (ADA-refusal of accommodations) in the ADA tracking system to log all required documentation. The County is in the process of developing a training class to teach custody and Wellpath staff how to properly log required documentation in the ADA Tracking System. This requirement has yet to be completed due to a shortage in resources related to the	(a) Partial Compliance (b) Non-Compliance	The County is in the process of fully implementing this requirement. The County has developed a documentation section (ADA-refusal of accommodations) in the ADA tracking system to log all required documentation. The County is in the process of developing a training class to teach custody and Wellpath staff how to properly log required documentation in the ADA Tracking System. This requirement has yet to be completed due to a shortage in resources related

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		COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next twelve months.		to the COVID-19 pandemic and/or North Branch Jail delays The County anticipates completing this requirement in the next eight to ten months.
	5. The County shall maintain a contract or service agreement with interpreter services, including a VRI service, in order to provide such services for deaf or hard of hearing prisoners. The County will ensure that appropriate Jail staff have sufficient guidance regarding use of such services.	The County is in the process of fully implementing this requirement. The County currently contracts with an interim provider to meet this requirement and is working to secure a contract with Purple Communications for VRI and VRS, as well as utilizing GTL for their technical assistance. The County is in the process of developing policies to address this requirement. This	Substantial Compliance; Partial Compliance re jail staff guidance on VRI services.	The County is in the process of fully implementing this requirement. The County presently has Purple Communications VRS and is in the process of contracting with Purple Communications for VRI services. The County currently contracts with an interim provider to meet this requirement. This requirement has yet to be completed due to a shortage

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		requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.		in resources related to the COVID-19 pandemic. The County anticipates completing this requirement in the next four months.
	6. Lip reading will not be the sole method of Effective Communication used by staff, unless the person indicates that is their preferred method of communication.	The County is in the process of fully implementing this requirement. The County is presently reviewing a sample Effective Communication policy, which was provided by the expert. The County intends to adapt the policy to meet the needs of the facility and to meet this requirement. This	Un-ratable	The County is in the process of fully implementing this requirement. The County is presently reviewing a sample Effective Communication Policy, which was provided by the ADA Expert. The County intends to adapt the policy to meet the needs of the facility and to meet this

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		requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next six months.		requirement. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays. The County anticipates completing this requirement in the next six months.
	7. In cases where the use of an SLI is not practicable, or is waived by the prisoner, Jail staff shall employ the most effective form of communication available.	The County is in the process of fully implementing this requirement. The County is presently reviewing a sample Effective Communication policy, which was provided by the expert. The County intends to adapt the policy to meet the needs of the facility and to meet this requirement The	Un-ratable	The County is in the process of fully implementing this requirement. The County is presently reviewing a sample Effective Communication Policy, which was provided by the ADA Expert. The County intends to adapt the policy to meet the needs of the facility and to meet this

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		County also intends to document any waiver in the ADA tracking system under ADA-accommodation refusal. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next six months.		requirement The County also intends to document any waiver in the ADA tracking system under ADA-accommodation refusal. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays. The County anticipates completing this requirement in the next six months.
	8. The County shall make videophones available for deaf and hard of hearing people. The videophones shall provide for calls that utilize Video Relay Services (VRS) at no cost to deaf and hard	The County is in the process of fully implementing this requirement. The County is in the process of contracting with Purple Communications for VRI and VRS, as well as	Partial Compliance re making videophones available; Non-Compliance re the remainder.	The County is in the process of fully implementing this requirement. The County presently utilizes Purple Communications VRS and is in the process of

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	of hearing prisoners, or for calls directly to another videophone.	utilizing GTL for their technical assistance. The County has placed a request for purchase of three tablets for use with Purple Communications for video phone, TDD/TTY, VRS and VRI usage. The County is developing policies and procedures to meet this requirement and intends to document this in the ADA tracking system under ADA-VRS and video phone. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this		contracting with Purple Communications for VRI, as well as utilizing GTL for their technical assistance. The County has acquired one tablet and two video phones for use with Purple Communications for video phone, TDD/TTY, VRS and VRI usage. The County is developing policies and procedures to meet this requirement and intends to document this in the ADA tracking system under ADA-VRS and video phone. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays. The County anticipates

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		requirement in the next eight months.		completing this requirement in the next six months.
	9. The County shall provide deaf/hard of hearing people with twice as much time for calls using telecommunication relay services, such as a videophone or TDD/TTY, to account for the fact that such conversations take longer than spoken conversations. The County shall document the time that each prisoner uses and has access to such equipment.	The County is in the process of fully implementing this requirement. The County has created a section is the ADA Tracking System that documents this requirement (ADA-VRS Video phone). The County will implement staff training and policy to reflect the provision of allowing twice as much time for calls using telecommunication relay services. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the	Non-Compliance; Partial Compliance re documenting prisoner access time.	The County is in the process of fully implementing this requirement. The County currently provides the requisite time and has created a section is the ADA Tracking System that documents this requirement (ADA-VRS Video phone). The County will implement staff training and policy to reflect the provision of allowing twice as much time for calls using telecommunication relay services. This requirement has yet to be completed due to a shortage in resources related to the COVID-19

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		outset of implementation. The County anticipates completing this requirement in the next eight months.		pandemic and/or North Branch Jail delays. The County anticipates completing this requirement in the next six months.
	10. People who require an SLI as their primary method of communication shall be provided an SLI for education, vocational, and religious programs.	The County is in the process of fully implementing this requirement. The County has created a section is the ADA Tracking System that documents this requirement (ADA-SLI). The County is finalizing a contract with Purple Communications. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset	Un-ratable	The County is in the process of fully implementing this requirement. The County has created a section is the ADA Tracking System that documents this requirement (ADA-SLI). The County maintains an interim provider to provide SLI as required by this provision and is finalizing a contract with Purple Communications. The County provided proof of practice to the ADA Expert.

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		of implementation. The County anticipates completing this requirement in the next eight months.		
	11. In housing units where an individual with a hearing-related disability resides, public announcements shall be communicated as consistent with individual Effective Communication needs. This includes announcements regarding visiting, meals, recreation release and recall, count, lock-up, and unlock. Verbal announcements may be effectively communicated via written messages on a chalkboard or dry erase board, or by personal notification, as consistent with individual need. These procedures shall be communicated to people during	The County is in the process of fully implementing this requirement. The County has developed a documentation section (ADA-Effective Communication) in the ADA tracking system to log all required documentation. As well as an Effective Communication Alert in the ADA Tracking system so custody staff will know in what method to properly communicate. The County is in the process of developing a training class to teach custody staff how to properly log	Partial Compliance; Non-Compliance re communicating procedures during orientation process and incorporating them into policies.	The County is in the process of fully implementing this requirement. The County has developed a documentation section (ADA-Effective Communication) in the ADA tracking system to log all required documentation, as well as an Effective Communication Alert in the ADA Tracking system so custody staff will know in what method to properly communicate. The County is in the process of developing a training class to teach custody staff how to properly

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	the orientation process and shall be incorporated into relevant policies and post orders.	required documentation in the ADA Tracking System. Procedures for public announcements will be added into to policy and the Custody Operations Orientation Handbook. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.		log required documentation in the ADA Tracking System. Procedures for public announcements will be added into to policy and the Custody Operations Orientation Handbook. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays. The County anticipates completing this requirement in the next twelve months.
O. Prisoners with Intellectual/ Developmental Disabilities	1. The County shall develop and implement a comprehensive written policy and procedure regarding people with Intellectual and/or	The County is in the process of fully implementing this requirement. The County is working with Wellpath on the	Partial Compliance Non-Compliance re (a)-(c).	The County is in the process of fully implementing this requirement. Wellpath performs an Adaptive

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(Pg. 40)	<p>Developmental Disabilities, including:</p> <ul style="list-style-type: none"> a) Screening; b) Identification of their adaptive support needs and adaptive functioning deficits; and c) Monitoring, management, and accommodations for people with Intellectual or Developmental Disabilities. 	<p>procedure to screen inmates and identify their adaptive support needs, as well as monitoring, management and accommodations for people with ID or DD. A Classification input form has been developed to relay any ADA needs identified by medical staff at intake to the Classification and CQA unit. The County intends to incorporate this requirement to Custody Operations Policy 209 Americans with Disabilities Act. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset</p>		<p>Support Needs Assessment at intake for monitoring, management and accommodations for people with Intellectual and/or Developmental Disabilities. Per the ADA Expert's recommendation, an Adaptive Supports Needs Assessment has been implemented at medical intake. The results of the assessment are documented on the Adaptive Support Needs Assessment Form, which captures all disability and disability related needs, including Intellectual and/or Developmental Disabilities (ID/DD). The results of the assessment are promptly provided to medical staff for</p>

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		of implementation. The County anticipates completing this requirement in the next eight months.		psychologist follow-up, Classification, and ADA Coordinators for housing, deputy notification, and providing accommodations. Additionally, Wellpath completes an MTO for any accommodations, which are added to the ADA tracking system so that Classification is informed prior to classification screening. The County, in conjunction with Wellpath, has created a Classification Input Form to meet the provisions of this requirement, which is pending final approval. Following approval and training, the Classification Input Form will be implemented and provided to

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				Classification and CQA deputies. The County intends to incorporate this requirement into its ADA Policy. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays. The County anticipates completing this requirement in the next months.
	2. If a person is known to have or suspected of having an Intellectual or Developmental Disability, the County shall contact the appropriate Regional Center within the next business day of the person's arrival at the Jail. The County shall request the prisoner's current IPP	The County is in the process of fully implementing this requirement. The County has a log to capture this information and identify these inmates. Wellpath's mental health supervisor frequently communicates with Tri-	Non-Compliance	The County is in the process of fully implementing this requirement. The County has a log to capture this information, identify these inmates, and document the results from the Adaptive Support Needs Assessment

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	<p>(Individualized Program Plan), with the individual's authorization. Once received, medical and custody staff shall review the IPP to ensure that all communications and services being provided are appropriate. If the person is not a Regional Center client, the County shall request that the Regional Center (or other appropriate agency) perform an evaluation. Whenever possible, Jail staff will work with the Regional Center and any relevant County agencies to move a person with an identified Intellectual or Developmental Disability out of custody and into a setting with appropriate supports to meet the person's individual needs.</p>	<p>Counties Regional Center staff regarding the identified inmates and appropriate treatment plans. The County documents this information on the ADA Tracking System for quick reference to accommodations needed. Policies and procedures will be developed to capture the information related to this requirement. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates</p>		<p>with psychologist follow up notes for accommodations. Those accommodations are provided to the ADA Coordinators who input the information in the ADA Tracking System. Wellpath's mental health supervisor frequently communicates with Tri-Counties Regional Center staff regarding the identified inmates and appropriate treatment plans. The County will be developing policies and procedures to capture the information related to this requirement. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or</p>

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		completing this requirement in the next eight months.		North Branch Jail delays. The County anticipates completing this requirement in the next six to eight months.
	3. People identified as having an Intellectual or Developmental Disability will be provided with accommodations tailored to their needs, which may include but are not limited to communications at the appropriate comprehension level, more time to complete directions, and specific behavioral supports.	The County is in the process of fully implementing this requirement. The County has worked with Wellpath to create the Adaptive Support Needs Assessment form to identify DD/ID arrestees at intake. Training needs to occur prior to implementation of the Assessment form. Discussions are occurring on how to identify individuals that are DD/ID and what accommodations they may need. This requirement has yet to be completed due to a	Non-Compliance	Completed. The County and Wellpath are utilizing the Adaptive Support Needs Assessment Form to identify DD/ID arrestees at intake and provide accommodations tailored to their needs.

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		shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.		
	4. A multidisciplinary team that includes appropriate health care staff will monitor and ensure appropriate care for people with an Intellectual or Developmental Disability. The multidisciplinary team will develop an individualized plan for each person with an Intellectual or Developmental Disability, which addresses: (1) safety, vulnerability, and victimization concerns, (2) adaptive	The County is in the process of fully implementing this requirement. The County currently has a multidisciplinary team that meets every Monday (HARP meeting) to discuss items 1-3. ID/DD individuals are listed on the HARP roster, and an individualized plan for those individuals are developed by mental health staff. The	Non-Compliance	The County is in the process of fully implementing this requirement. The County currently has a multidisciplinary team that meets every Monday (HARP meeting) to discuss items 1-3. Individuals with Intellectual or Developmental Disability are listed on the HARP roster, and an individualized plan for those individuals are

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	support needs, and (3) programming, housing, and accommodation needs. The multidisciplinary team's plan will be regularly reviewed and updated as needed.	County will incorporate this requirement to Custody Operations Policy 209 Americans with Disabilities Act. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.		developed by mental health staff. The County will incorporate this requirement into its ADA Policy. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays. The County anticipates completing this requirement in the next eight months.
P. Physical Accessibility Requirements (Pg. 41)	1. The County shall implement an ADA transition plan to remedy Main Jail physical plant features that could result in access barriers for people with disabilities.	The County is in the process of fully implementing this requirement and has begun the ADA transition plan, including proposed remodel plans and the County's	Partial Compliance	The County is in the process of fully implementing this requirement and has begun the ADA transition plan, including proposed remodel plans and the County's

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		request for participation. The county commissioned Vanir Construction to identify ADA deficiencies in 2018. Vanir developed an ADA transition plan for the main jail with identified timelines. The County recently released a Request for Qualifications (RFQ) on March 10, 2021 for a contractor to design and remodel the main jail to bring it into compliance with ADA requirements. On November 9, 2021, a contract was awarded to Nacht and Lewis for redesign of the main jail campus. The County anticipates completing this requirement in the next 18 to		request for participation. The county commissioned Vanir Construction to identify ADA deficiencies in 2018. Vanir developed an ADA transition plan for the main jail with identified timelines. On November 9, 2021, a contract was awarded to Nacht and Lewis for redesign of the main jail campus to bring it in compliance with ADA requirements. The County anticipates completing this requirement upon conclusion of the Main Jail remodel as contemplated by the Stipulated Judgment.

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		24 months as contemplated by the Stipulated Judgment.		
	2. The above ADA transition plan will be implemented in the timeframe set forth in the Stipulated Judgment. The County and the Sheriff’s Office agree that, during the period of implementation of the ADA transition plan at the Main Jail, they will take all reasonable steps to promote and ensure accessibility for people with disabilities to the maximum extent possible. This includes the use of interim measures to address existing access barriers in order to ensure safety and program access for people with disabilities.	The County is in the process of fully implementing this requirement. The County is developing a policy to document the reasonable steps that that the County will take during implementation of the ADA transition plan. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.	Un-ratable re implementation; Partial Compliance for the remainder.	The County is in the process of fully implementing this requirement. The County is developing a policy to document the reasonable steps that that the County will take during implementation of the ADA transition plan. Such reasonable steps include ensuring inmates have access to classrooms, programs, work assignments, and showers despite the existence of structural barriers. The County will utilize the ADA tracking system to document such accommodations. This requirement has yet to be

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				completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays. The County anticipates completing this requirement in the next six to eight months.
	3. The County shall ensure that the North Branch Jail provides adequate accessibility for people with disabilities, consistent with accessibility requirements under federal and state law.	The County is in the process of fully implementing this requirement. The Northern Branch jail was built in compliance with current ADA standards and has been approved by the Board of State and Community Corrections (BSCC). Sabot Consulting toured the Northern Branch Jail in May. The County is currently working on remedies for identified issues.	Un-ratable	The County is in the process of fully implementing this requirement. The Northern Branch jail was built in compliance with current ADA standards and has been approved by the Board of State and Community Corrections (BSCC). Sabot Consulting toured the Northern Branch Jail in May. The County is currently working on remedies for

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		This requirement has yet to be completed due to construction delays in the Northern Branch Jail. The County anticipates completing this requirement in the next three months.		identified issues and has fixed many of the issued addressed. This requirement The County anticipates completing this requirement in the next three months.
Q. Alarms/Emergencies (Pg. 41)	1. The County shall implement written policies regarding the expectations of staff as to persons with disabilities during emergencies and alarms, including as to disabilities that may affect their ability to comply with orders or otherwise respond to emergencies and alarms. For example, the policies shall ensure appropriate handling of people with mobility-related disabilities who are unable to prone out or take a seated position on the ground during an alarm or emergency. Such policies shall be	The County is in the process of fully implementing this requirement. The County is presently reviewing a sample Effective Communication policy, which was provided by the expert. The County intends to adapt the policy to meet the needs of the facility and to meet this requirement. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and	Non-Compliance; Un-ratable re communicating policies to staff and people with disabilities.	The County is in the process of fully implementing this requirement. The County is presently reviewing a sample Effective Communication Policy, which was provided by the ADA Expert. The County intends to adapt the policy to meet the needs of the facility and to meet this requirement. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or

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	communicated to staff, incorporated into the relevant policies, and communicated to people with disabilities using Effective Communication.	the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next six months.		North Branch Jail delays. The County anticipates completing this requirement in the next six months.
	2. In order to facilitate appropriate accommodations during alarms or emergencies, the County shall offer, but shall not require, individuals who have disabilities visible markers to identify their disability needs (e.g., wristbands). The County shall maintain a list, posted in such a way to be readily available to Jail staff in each unit, of people with disabilities that may require accommodations during an alarm or emergency.	The County is in the process of fully implementing this requirement. The County has developed an ADA Alert List that is posted in every module which lists all ADA inmates and any accommodations or assistance that inmate would need to be provided with in an emergency. Additionally, the inmate's names and accommodations are highlighted for easy recognition in case of an emergency situation. The	Non-Compliance; Substantial Compliance re list of people with disabilities that require accommodations during emergency.	The County is in the process of fully implementing this requirement. As previously reported and acknowledged by the ADA Expert, the County has completed this requirement with respect to the ADA Active Alerts List. The ADA Alert List is posted in every module and lists all ADA inmates and any accommodations or assistance that inmate would need to be provided with in an emergency. Additionally,

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		County is currently developing policies and procedures and training curriculum for staff training. The County will incorporate this requirement into Custody Operations Policy 209 Americans with Disabilities Act. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.		the inmate's names and accommodations are highlighted for easy recognition in case of an emergency situation. The list has been updated to include inmates with Intellectual or Developmental Disabilities ID/DD and inmates with Learning Disabilities are identified during the Adaptive Needs Assessment. In the next six months, the County will revise its ADA Policy to incorporate this requirement. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays.

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	3. The County shall install visual alarms appropriate for people who are deaf or hard of hearing.	The County is in the process of fully implementing this requirement. The County is working with General Services to add visual alarms to the Northwest housing unit, that are in compliance with NFPA 72. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.	Partial Compliance	The County is in the process of fully implementing this requirement. The County is still working with General Services to add visual alarms to the Northwest housing unit, that are in compliance with NFPA 72. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays. The County anticipates completing this requirement in the next six to eight months.
	4. All housing units shall post notices for emergency and fire exit routes.	The County is in the process of fully implementing this requirement. The County is	Non-Compliance	The County is in the process of fully implementing this requirement. The County is

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		developing fire exit routes to meet this requirement. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next three months.		developing the notices and fire exit routes to meet this requirement. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays. The County anticipates completing this requirement in the next three months.
R. Quality Assurance (Pg. 42)	1. The County shall develop and implement written policies and procedures regarding monitoring compliance with ADA requirements and Jail ADA policies, including (but not limited to) the following: a) Requests for ADA accommodations;	The County is in the process of fully implementing this requirement. The County has developed and implemented the ADA request for accommodations and ADA-related grievances forms. The County will develop and	Non-Compliance	The County is in the process of fully implementing this requirement. The County has developed and implemented the ADA request for accommodations and ADA-related grievances forms. The County will develop and

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	b) ADA-related grievances; c) ADA-related training; d) Use of the ADA Tracking System.	implement policies to meet this requirement. Staff training on the use of the ADA Tracking system must be established prior to implementation. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.		implement policies to meet this requirement. Staff training on the use of the ADA Tracking system must be established prior to implementation. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need for training. The County anticipates completing this requirement in the next six to eight months.
	2. The County shall develop an ADA accountability plan that will ensure quality assurance, track violations of the ADA and the Jail's ADA policies, and establish staff	The County is in the process of fully implementing this requirement. The County is developing an ADA accountability plan to meet this	Non-Compliance	The County is in the process of fully implementing this requirement. The County is developing an ADA accountability plan to meet

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	accountability for egregious, serious, or repeated violations of the ADA and Jail ADA-related policies and procedures.	requirement. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.		this requirement. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays. The County anticipates completing this requirement in the next six to eight months.

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A. Environmental Health and Safety Monitor (Pg. 43)	<p>1. The County shall designate an environmental health and safety monitor (“Environment of Care Monitor”) responsible for ensuring compliance with this Remedial Plan and other environmental health and safety policies and procedures. The duties of the Environment of Care Monitor will be established in writing consistent with this remedial plan. The Environment of Care Monitor will have sufficient authority to carry out such duties.</p>	<p>1) Completed. The County has established the Environment of Care Monitor (“ECM”) position and assigned Sheriff’s Service Technician Zandona as the ECM.</p> <p>2) The County is in the process of fully implementing this requirement. The ECM Duty Statement has been created but has not been incorporated into the policy and procedures. This requirement has yet to be fully completed due to the need to phase in tasks. The County anticipates completing this requirement in the next three months.</p>	<p>1. Partial Compliance</p> <p>2. Non-Compliance</p> <p>3. Non-Compliance</p> <p>4. Substantial Compliance</p>	<p>1. Completed. Sheriff’s Service Technician James Zandona was appointed as the Environment of Care Monitor (hereinafter “ECM”) on 7/7/21. This appointment order has been loaded in the BOX files.</p> <p>2. The County is in the process of fully implementing this requirement. The ECM Duty Statement has been created but has not been incorporated into the policy and procedures. A draft of the ECM Duty Statement has been provided for review by the Environmental Health and Safety Expert.</p>

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		<p>3) Completed: The County has created the ECM job description/duty statement.</p> <p>4) Completed. The County has delegated ECM authority from the Compliance Unit Sergeant to carry out the duties of the remedial plan.</p>		<p>3. The County is in the process of fully implementing this requirement. The ECM Duty Statement has been created, but has not been incorporated into the policy and procedures.</p> <p>4. Completed. As indicated in our last report, the County has delegated ECM authority from the Compliance Unit Sergeant to carry out the duties of the remedial plan. The Environmental Health and Safety Expert found the County in substantial compliance with respect to this portion of the provision.</p> <p>The outstanding portions of this provision have yet to be completed due to the need to</p>

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				phase-in tasks throughout the implementation process. The County intends to update its policies and procedures once the Environmental Health and Safety Expert approves the ECM duty statement.
B. Cleanliness and Sanitation of Jail Facilities (Pg. 43)	<p>1. The County shall establish a sanitation plan to ensure that all Jail facilities maintain appropriate cleanliness. The plan shall provide for any cleaning issues requiring an established cleaning schedule and written documentation of such cleaning, including, at a minimum:</p> <p style="padding-left: 40px;">a) Daily access to supplies and equipment for prisoners to conduct cleaning and disinfection of housing units, including floors, toilets, sinks, and</p>	<p>1.(1). The County is in the process of fully implementing this requirement. The County is still in the process of completing a draft Sanitation Plan which will address all sections outlined in the provisions of the remedial plan. This requirement has yet to be fully completed due to a shortage of resources related to the COVID-19 Pandemic and the need to phase-in preliminary tasks at the outset of the implementation as well as</p>	<p>1.(1) Non-Compliance 1.(2) Un-ratable</p> <p>a) Un-ratable b) Un-ratable c) Un-ratable d) Un-ratable e) Un-ratable f) Un-ratable g) Un-ratable</p>	<p>1.(1). The County is in the process of fully implementing this requirement. A rough draft has been provided to the Environmental Health and Safety Expert. This document is a draft of sanitation and maintenance for the facility.</p> <p>1.(2). Completed. Logs have been provided to the Environmental Health and Safety Expert.</p> <p>a) Completed. As previously reported, the County currently</p>

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	<p>showers, with a cleaning chemical that sufficiently eliminates pathogens found in living and common areas;</p> <p>b) Weekly inspections of housing units, including floors, toilets, sinks, and showers by jail staff, with prompt steps to address identified cleaning and disinfection needs.</p> <p>c) Daily cleaning of intake, health care clinics, kitchen, laundry, and other common areas, such as hallways and the tunnel.</p> <p>d) Weekly cleaning of visitation rooms and</p>	<p>outstanding training. The County anticipates completing this section of the remedial plan within the next six to eight months.</p> <p>1.(2). Staff have initiated documentation of what has been cleaned, when, and by whom. This documentation is stored in the module recap, maintenance recap and property officer's recap.</p> <p>a) Completed. The County currently ensures inmates are given cleaning supplies by their module deputy every morning that consist of mops, brooms, dust pans, foxtail sweepers, sponges, bottles of Oxivir Five cleaning solution for cleaning tables, bunks, sinks, showers,</p>		<p>ensures inmates are given cleaning supplies by their module deputy every morning that consist of mops, brooms, dust pans, foxtail sweepers, sponges, bottles of Oxivir Five cleaning solution for cleaning tables, bunks, sinks, showers, and jugs of Virex II for mopping the floors. Every evening prisoners are given bottles of Oxivir Five cleaning solution by property officers for additional cleaning in the evenings. This is documented on the module deputy and property officers' daily recap.</p> <p>b) The County is in the process of fully implementing this requirement. As previously reported, Module</p>

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	<p>classrooms, and more frequently as needed;</p> <p>e) Biweekly (i.e., every other week) power washing of shower areas;</p> <p>f) Weekly cleaning of cell bars, windows, and lights;</p> <p>g) Quarterly cleaning of fans and air vents, and more frequently as necessary to ensure that they are clean and free of mold, mildew, and/or accumulation of dirt and dust.</p>	<p>and jugs of Virex II for mopping the floors. Every evening prisoners are given bottles of Oxivir Five cleaning solution by property officers for additional cleaning in the evenings. This is documented on the module deputy and property officers' daily recap.</p> <p>b) The County is in the process of fully implementing this requirement. Module deputies currently issue cleaning supplies daily to the housing units. Upon identifying areas of concern regarding cleanliness and or sanitation, module deputies should address the issue with the inmates and provide them with additional cleaning supplies and or direction to clean that will</p>		<p>Deputies issue cleaning supplies daily to the housing units and address cleanliness or sanitary issue with the inmates and provide them with additional cleaning supplies and or direction to clean that will help resolve cleaning and disinfection issues. In the next six months, the County intends to develop documentation to reflect weekly inspection and to address any concerns. The County also intends to revise policies and procedures regarding linen crews, lobby crews, and cleaning of classrooms, common areas, safety cells, and mattresses to reflect the requirements of this provision. These</p>

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		<p>help resolve cleaning and disinfection issues. The County intends to develop documentation to reflect weekly inspection and to address any concerns.</p> <p>c) Completed. The county has the lobby crew cleaning intake daily and health care clinics when unoccupied. The kitchen is cleaned twice a day; the kitchen crew submits a weekly cleaning document to the ECM documenting such cleaning. Big Green is contracted to clean the health care clinics in the evening hours once per week. The laundry department conducts cleaning at the end of each day that includes wiping down counter tops and washing</p>		<p>outstanding items have yet to be completed due staffing shortages due the COVID-19 pandemic and otherwise.</p> <p>c) Completed. The County's lobby crew cleans intake daily and health care clinics when unoccupied. The kitchen is cleaned twice a day; the kitchen crew submits a weekly cleaning document to the ECM documenting such cleaning. Big Green is contracted to clean the health care clinics weekly in the evening hours. The laundry department conducts cleaning at the end of each day, which includes wiping down counter tops and washing machines, sweeping, mopping floors, and</p>

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		<p>machines, sweeping, and mopping of the floors, and vacuuming out dryer lint traps. This cleaning is documented on a Laundry Department Daily Cleaning Checklist and turned in to the Environment of Care Monitor.</p> <p>d) Completed. The county has their lobby crew cleaning the visitation rooms and classrooms at least once per week and as needed.</p> <p>e) Completed. The county has a maintenance Utility worker supervise the power washing of the module shower areas by inmate workers during the modules scheduled yard time. This is documented in the</p>		<p>vacuuming dryer lint traps. This cleaning is documented on a Laundry Department Daily Cleaning Checklist and turned in to the Environment of Care Monitor. These documents were provided to the Environmental Health and Safety Expert for review.</p> <p>d) Completed. The County's lobby crew cleans the visitation rooms and classrooms at least once per week and as needed. Documents reflecting this cleaning schedule were provided to the Environmental Health and Safety Expert for review.</p> <p>e) Completed. A County maintenance utility worker</p>

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		<p>biweekly shower power washing log.</p> <p>f) Completed. The county has a maintenance Utility worker supervises the cleaning of cell bars, windows, and lights by inmate workers during the modules scheduled yard time. This is documented in the weekly cleaning log for cell bars, windows, and lights.</p> <p>g) Completed. The county has a maintenance Utility worker supervises the cleaning of fans and air vents by inmate workers during the modules scheduled yard time. This is documented in the quarterly cleaning log for air vents and fans.</p>		<p>supervises inmate workers who power wash the module shower areas during the modules scheduled yard time. This is documented in the biweekly shower power washing log. These documents were provided to the Environmental Health and Safety Expert for review.</p> <p>f) Completed. A County maintenance utility worker supervises inmate workers who clean cell bars, windows, and lights during the modules scheduled yard time. This is documented in the weekly cleaning log for cell bars, windows, and lights. These documents were provided to</p>

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				<p>the Environmental Health and Safety Expert for review.</p> <p>g) Completed. A County maintenance utility worker supervise inmate workers who clean fans and air vents during the modules scheduled yard time. This is documented in the quarterly cleaning log for air vents and fans. These documents were provided to the Environmental Health and Safety Expert for review.</p>
	2. Upon intake, the County shall provide prisoners an orientation regarding the Jail's expectations and procedures for cleanliness, elimination of clutter, and proper use of personal property containers.	The County is issuing every new intake Custody Operations Orientation Handbook upon dress in. Section 308 of the Custody Operations Orientation Handbook covers procedures for cleanliness, elimination of	Partial Compliance	The County is in the process of fully implementing this requirement. In March 2022, the County has revised the Inmate Orientation Handbook. This document has been provided to the Environmental

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		clutter, and proper use of personal property containers. The Environment of Care Monitor provides reports addressing cleanliness and elimination of clutter. The reports are sent to the operations Lieutenants for implementation and corrections. Further training is needed to help the module deputies conduct proper daily inspections of housing units as well as assist them in being more proactive in rule enforcement.		Health and Safety Expert for review. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and otherwise. The County estimates this provision will be in substantial compliance within three months.
	3. The County shall establish a procedure to maintain cleanliness in housing areas where a prisoner is unable or unwilling to adequately clean. Where prisoners are expected to participate in cleaning,	The County is in the process of fully implementing this requirement. This requirement is addressed in the County's draft Sanitation Plan which is being developed to encompass these	3.(1) Non-Compliance 3.(2) Un-ratable	3.(1) and (2) The County is in the process of fully implementing these requirements. This provision has yet to be completed due to a need to phase-in

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	staff shall ensure appropriate assistance to people with mental illness, intellectual and developmental disabilities, or other special needs.	sections of the remedial plan. The County is developing policies and procedures to meet this requirement. The Sheriff's Office has been attempting to try and encourage inmates out of their housing units by communicating with inmates who are suffering from mental health issues and refuse to clean their cells. If a custody deputy cannot gain compliance, a CIT deputy is requested to assist. If compliance is not gained at that point, assistance from mental health staff is requested. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary		preliminary tasks is still required at the outset of implementation. The County is currently creating a viable tracking system to monitor inmates that are unable or unwilling to maintain sanitary living conditions, or where staff has provided assistance. Proof of practice in restrictive housing logs and ADA tracking systems have been provided to the Environmental Health and Safety Expert for review. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and otherwise. The County anticipates completing the components of this

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		tasks at the outset of implementation. The County anticipates completing this requirement in the next three months.		requirement within six to nine months.
	4. The County shall develop and implement a policy and procedure for effective cleaning, disinfection, distribution, and repair of mattresses. The policy shall provide a process for inspection and replacement of all frayed and cracked mattresses that cannot be disinfected sufficiently to eliminate harmful bacteria.	Completed. The County has developed cleaning procedures for mattresses, property boxes, and the cleaning of empty cells. The ECM has developed training for staff to implement and document these procedures. Training material was sent to all squads for training of all staff, with instruction to document attendance. The County is also incorporating these procedures into the Sanitation Plan as well as memorializing them in its policies and procedures.	Non-Compliance	The County is in the process of fully implementing these requirements. The County has developed cleaning procedures for mattresses, property boxes, and the cleaning of empty cells. The ECM has developed training for staff to implement and document these procedures. Training material was sent to all squads for training of all staff, with instruction to document attendance. This information will be provided to the Environmental Health and

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				Safety Expert for review. The County is also in the process of incorporating these procedures into the Sanitation Plan as well as memorializing them in its policies and procedures. These procedures were covered in the PowerPoint training on this topic; staff attendance was documented on training logs. Additionally, records of mattress cleaning are maintained in the daily property recaps, and the training video has been provided to the Environmental Health and Safety Expert. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or

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				North Branch Jail delays. The County anticipates completing this requirement in the next three months.
	5. The County shall ensure that newly arrived prisoners receive a clean and serviceable mattress. Mattresses shall be cleaned and disinfected anytime they are assigned to a different prisoner or when there is a biohazardous or bloodborne incident involving the mattress.	Completed. The County has developed cleaning procedures for mattresses, property boxes, and the cleaning of empty cells. The ECM has developed training for staff to implement and document these procedures.	Non-Compliance	The County is in the process of fully implementing these requirements. The County has developed cleaning procedures for mattresses, property boxes, and the cleaning of empty cells. The County currently ensures that newly arrived prisoners receive a clean and serviceable mattress and staff has been trained on this provision. The ECM has developed training for staff to implement and document these procedures. Training material was sent to all

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				squads for training of all staff, with instruction to document attendance. This information will be provided to the Environmental Health and Safety Expert for review. The County is also in the process of incorporating these procedures into the Sanitation Plan as well as memorializing them in its policies and procedures. These procedures were covered in the PowerPoint training on this topic; staff attendance was documented on training logs. Additionally, records of mattress cleaning are maintained in the daily property recaps, and the training video has been provided to the Environmental

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				Health and Safety Expert. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays. The County anticipates completing this requirement in the next three months.
	6. The County shall establish procedures so that a cell is cleaned prior to a prisoner's placement in that cell.	The County is in the process of fully implementing this requirement. The County has developed cleaning procedures for mattresses, property boxes, and the cleaning of empty cells. The ECM has developed training for staff to implement and document these procedures. Training was sent out to staff. The County is incorporating these procedures	Non-Compliance	The County is in the process of fully implementing this requirement. The County has established procedures to ensure a cell is cleaned prior to a prisoner's placement in that cell, however, the County still needs to properly train staff regarding this requirement. Completing this provision was delayed by the COVID-19 pandemic and

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		into its Sanitation Plan as well as memorializing the procedures in its policies and procedures. This requirement has yet to be fully completed due to the need to phase-in tasks throughout the implementation process as well as outstanding training for staff. The County anticipates completing this requirement within the next three months.		unexpected shortages of staffing. The County anticipates completing this requirement within the next six months.
	7. The County has committed to ensuring that each prisoner is assigned and provided a bed, as set forth in the Custody Operations/Segregation Remedial Plan. Until such remedial provision is fully implemented, where the County uses plastic beds, or “boats,” the County shall ensure	The County is in the process of fully implementing this requirement. As the county stated in the last report, we believe we are completed in this section or at the very least Partially Compliant. As we only house to the rated capacity, we therefore no longer use	Un-ratable	The County is in the process of fully implementing this requirement. The County has committed to discontinuing the use of “boats”, and boats have not been utilized since the onset of the COVID-19 pandemic. The County is currently drafting a policy on

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	that they are cleaned and disinfected anytime they are assigned to a different prisoner or when there is a biohazardous or bloodborne incident involving the mattress or boat.	emergency plastic beds or “boats.” The County still maintains a stock of these boats for emergency situations such as a housing unit needing to be evacuated and suitable beds not being immediately available. The County will be incorporating the expert’s recommendation by adding cleaning and sanitation for these beds in the Sanitation Plan. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic. The County anticipates completing this requirement in next three months.		the use of boats (if this should be required due to unforeseen exigency or circumstance). This draft policy was provided to the Environmental Health and Safety Expert for review. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and otherwise. The County anticipates completing this requirement within the next six months.
C. Laundry (Pg. 44)	1. Clothing and linen exchange shall occur for all prisoners at least weekly, and more frequently when	Completed. The county has a process where inmates may make a reasonable request for	Partial Compliance	Completed. As previously reported, inmates may make a reasonable request for

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	<p>circumstances warrant. Kitchen workers shall be provided a clean kitchen uniform daily. Whenever a prisoner presents to jail staff clothing or linen that are soiled and/or reasonably requests a clothing/linen exchange, jail staff will ensure a prompt exchange, in all cases by the end of the shift.</p>	<p>replacement linens at any time through their housing module deputies. Inmate workers assigned to the kitchen are provided a clean kitchen uniform daily before leaving their housing module. If an inmate worker's uniform should become substantially soiled during their duty, a clean uniform is requested from laundry or property staff. This is then noted on the kitchen recap. The County instructs and continually reinforces with the inmate workers to remove any damaged or unusable laundry prior to washing. Consistent with the expert's recommendations, the County has started to pre-soak all laundry whites in Oxi-clean and lowered the laundry</p>		<p>replacement linens at any time through their housing module deputies. Inmate workers assigned to the kitchen are provided a clean kitchen uniform daily before leaving their housing module. If an inmate worker's uniform should become substantially soiled during their duty, a clean uniform is requested from laundry or property staff. This is then noted on the kitchen recap. The County continually instructs inmate workers to remove any damaged or unusable laundry prior to washing. Consistent with the expert's recommendations, the County has started to pre-soak all laundry whites in Oxi-clean</p>

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		weight per machine from 70 pounds to 60 pounds. As for our laundry chemicals, we have a contract with ChemDry which has mixing machines for our washers to mix the proper amount of cleaning detergent per machine cycle.		and lowered the laundry weight per machine from 70 pounds to 60 pounds. We have a contract with ChemDry for our laundry chemicals; which mixes the proper amount of cleaning detergent per machine cycle. Additionally, the County has updated Custody Operations Inmate Clothing Policy (section 362) to reflect these provisions and provided the policy to the Environmental Health and Safety Expert for review.
	2. The County shall provide, document and maintain records of training provided to prisoner-workers and staff assigned laundry duties on chemical safety,	The County is in the process of fully implementing this requirement. Both Laundry Coordinators have completed an OSHA certified online course	Non-Compliance	The County is in the process of fully implementing this requirement. As previously reported, both Laundry Coordinators have completed

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	biohazardous and bloodborne contaminated clothing and linens, use of personal protective equipment, and Material Safety Data Sheets.	through the American Red Cross on biohazardous and bloodborne contaminates. This course also covers the proper use of personal protective equipment. All inmate workers assigned to work within the laundry department are instructed by the Laundry Coordinator on how to recognize and handle possible biohazardous and bloodborne contaminated laundry. They are also instructed to know the difference between red bags (possible biohazardous and bloodborne contaminated linen) and yellow bags (non-biohazardous or bloodborne contaminated linen). All inmate workers assigned to work within the laundry department are		an OSHA certified online course through the American Red Cross on biohazardous and bloodborne contaminates. These certificates have been provided to the Environmental Health and Safety Expert for review. This course also covers the proper use of personal protective equipment. All inmate workers assigned to work within the laundry department are provided personal protective equipment and instructed by the Laundry Coordinator on how to recognize and handle possible biohazardous and bloodborne contaminated laundry and the proper use of personal protective equipment. As previously

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		supervised and instructed on the proper use of personal protective equipment and are always provided this equipment. Material Safety Data Sheets covering all chemicals used within the laundry department have been made available to all inmate workers and anyone assigned to work within the laundry department. An OSHA approved 2' x 3' chemical safety poster containing instructions on how to read chemical safety labels and Material Safety Data Sheets has been posted within the laundry department. An eyewash station has been installed within the laundry department; all inmate workers and anyone assigned to work within the laundry department		reported, all inmate workers are provided with the Laundry Department Inmate Worker Orientation document, and have access to: Material Safety Data Sheets covering all chemicals used within the laundry department, an OSHA approved 2' x 3' chemical safety poster, and an eyewash station. Signed copies acknowledging understanding of the Laundry Department Inmate Worker Orientation document have been provided to the Environmental Health and Safety Expert for review. All that remains for full compliance is to formalize the training given to inmates so it can be uniformly presented to each new and future inmate

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		have been provided instruction on how to use it. All new inmate workers assigned to work within the laundry department are given an orientation. During this orientation they are provided with the Laundry Department Inmate Worker Orientation document. This document outlines rules and safety, the use of personal protective equipment, chemical safety, the use, and location of MSDS sheets, the eyewash station, and a basic understanding of biohazardous and bloodborne contaminants as it pertains to red bagged linen verses yellow bagged linen. At the end of this orientation, the inmate worker is asked to sign the orientation document signaling that they		worker. This requirement has yet to be fully completed due to the need to phase-in tasks throughout the implementation process as well as outstanding training. The County anticipates completing this requirement in the next three months.

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		fully understand and agree with its contents. This signed document is then kept on file within the laundry department office. The County intends to formalize the training given to inmates so it can be presented consistent with each new and future inmate worker. This requirement has yet to be fully completed due to the need to phase-in tasks throughout the implementation process as well as outstanding training. The County anticipates completing this requirement in the next three months.		
	3. Staff shall make reasonable efforts to ensure that all prisoners have clean linens at all times. Staff will make a health care referral for	Linen exchange is conducted weekly for every housing module. An inmate may make a reasonable request for clean	Partial Compliance	The County is in the process of fully implementing this requirement. Linen exchange is conducted weekly for every

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	any prisoner refusing to exchange linens if there is reason to believe such refusal relates to the person’s mental health condition. Mental health staff shall assist in resolving the situation, as appropriate.	linen at any time through their housing module deputy. A copy of Classification’s referral form has been adjusted to allow for all staff to make a healthcare referral to Wellpath. The form has been forwarded to Wellpath administration for review. This referral form, if approved by Wellpath administration, will allow for property officers to make a referral during the course of weekly linen exchange in the event that an inmate refuses clean linen and it appears there may be an underlying mental health issue. Following approval of the referral form, staff training will be completed prior to implementation. This requirement has yet to be fully		housing module. An inmate may make a reasonable request for clean linen at any time with their housing module deputy. A copy of Classification’s Referral Form has been adjusted to allow all staff to make a healthcare referral to Wellpath. The Form has been forwarded to Wellpath administration for review. If approved, this Referral Form will allow property officers to make a referral in the event that an inmate refuses clean linen and it appears there may be an underlying mental health issue. Following approval of the referral form, staff training will be completed prior to implementation. This

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		completed due to cross- training of our property staff and approval by Wellpath of the referral form.		requirement has yet to be fully completed due to cross- training of our property staff and approval by Wellpath of the referral form. The County anticipates completing this requirement in the next six months.
D. Food Service and Kitchen Operations (Pg. 45)	1. Prisoners assigned to kitchen duties shall be provided with clean outer clothing daily. If during a prisoner’s work shift the clothing becomes soiled, it should be replaced promptly.	Completed. The county has started using a darker uniform which does not stain as easily while doing kitchen work as the white uniforms. Inmate workers assigned to kitchen duty are provided a clean uniform daily before leaving their module and being sent to the kitchen. If an inmate worker’s uniform should become substantially soiled during their duties, a clean uniform is retrieved from	1.1 Partial Compliance 1.2 Un-ratable	Completed. The County has a process where inmates may make a reasonable request for replacement linens at any time through their housing module deputies. Inmate workers assigned to the kitchen are provided a clean kitchen uniform daily before leaving their housing module. If an inmate worker’s uniform should become substantially soiled during their duty, a

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		property or the laundry facility for the inmate worker to change into. This is then noted on the kitchens daily recap.		clean uniform is requested from laundry or property staff. This is then noted on the kitchen recap. The County instructs inmate workers to remove any damaged or unusable laundry prior to washing. Consisted with the expert's recommendations, the County has started to pre-soak all laundry whites in Oxi-clean and lowered the laundry weight per machine from 70 pounds to 60 pounds. We have a contract with ChemDry for our laundry chemicals; which mixes the proper amount of cleaning detergent per machine cycle. Additionally, the County has updated Custody Operations Inmate Clothing Policy

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				(section 362) with these provisions, and provided the policy to the Environmental Health and Safety Expert for review.
	2. The County shall perform a weekly inspection of kitchen operations, with a report submitted to the Environment of Care Monitor, and shall ensure actions are taken to correct any identified issues.	Completed. The County has implemented weekly inspections per the remedial plan. At the time of the expert's facility tour, the weekly inspections of the kitchen were not being submitted to the ECM. Since then, the inspections have taken place. Proof of practice documentation will be submitted to the expert for rating and proof of compliance.	Non-Compliance	Completed. The County has implemented weekly inspections per the remedial plan. At the time of the Environmental Health and Safety Expert's facility tour, weekly kitchen inspections were not being submitted to the ECM. Since then, the inspections have taken place and documentation submitted to the ECM. Proof of practice documentation has been provided to the Environmental Health and Safety Expert for

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				rating and proof of compliance.
	3. The County shall develop and implement policies and procedures for food service and kitchen operation as required in Section 1246 of California Code of Regulations Title 15. The policy shall include provisions for tool control, roles and responsibilities of Jail staff and the food service Contractor, employee and prisoner-worker training in food safety, and temperature monitoring. The policy shall provide that prisoner-workers are medically screened prior to being assigned to work in the kitchen.	The County is in the process of fully implementing this requirement. The County has developed policy and procedures to meet this requirement. The policy is currently pending approval, prior to implementation. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next three months.	Non-Compliance	The County is in the process of fully implementing this requirement. Currently the County offers “ServSafe” to prisoners assigned to work crews. The first group of inmate workers have recently completed the ServSafe examination process and are awaiting results. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing

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				this requirement in the six months.
	4. The County shall provide prisoner-workers with training and education regarding kitchen operations.	The County is in the process of fully implementing this requirement. The County is currently offering ServSafe Food Safety training. Three trainings were offered in November, with three additional trainings scheduled for December. The County is in the process of formalizing training specific to working in the kitchen. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic. The County anticipates completing this requirement in the next six months.	Non-Compliance	The County is in the process of fully implementing this requirement. Currently the County offers “ServSafe” to prisoners assigned to work crews. The first group of inmate workers have recently completed the ServSafe examination process and are awaiting results. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing

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				this requirement in the six months.
	5. The County shall conduct periodic temperature monitoring of food and take steps to ensure that food prepared as hot is served hot to the greatest extent practicable.	Completed. The County completes temperature monitoring on food prior to serving on both A.M. and P.M. shifts and logs are kept by kitchen cooks. An adjustment has been made to the time the food is served and loaded onto the food carts and then sent up for distribution. This adjustment was made to lessen the time the food was in the carts, thus increasing the temperature of the food at the time of serving.	Partial Compliance	Completed. The County completes temperature monitoring on food prior to serving on both A.M. and P.M. shifts and logs are kept by kitchen cooks. Checks are now being digitally recorded and stored by kitchen staff.
E. Work Order System and Preventative Maintenance (Pg. 45)	1. The County shall train staff on the process of submitting work orders.	Completed. The County trains staff on submitting work orders during the Custody Training Officer program. Utility workers and Sheriff Service Technicians	Partial Compliance	Completed. The County trains staff on submitting work orders during the Custody Training Officer program. Utility workers and Sheriff

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		are trained in submitting work orders during their training as property officers.		Service Technicians are trained in submitting work orders during their training as property officers. The training was presented to all Custody Deputies during Spring 2021 training has been provided to the experts (see: BOX > All Files > Experts Common Folder > DRC Training.)
	2. The County shall utilize the work order reporting system to schedule preventative maintenance and repairs. The system shall provide for any cleaning or maintenance requiring an established schedule, including, at a minimum: a) Regular maintenance of plumbing.	The County is in the process of fully implementing this requirement. The County has completed the following: 2)(a) Completed. The County utilizes its work order system to address plumbing issues. 2)(b) Completed. A maintenance utility worker supervises the cleaning of fans and air vents by inmate workers	Non-Compliance	2 a) – e) Completed. The County trains staff on submitting work orders during the Custody Training Officer program. Utility workers and Sheriff Service Technicians are trained in submitting work orders during their training as property officers. Supporting documentation pertaining to this provision was provided to

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	<ul style="list-style-type: none"> b) Quarterly cleaning of fans and ventilation grills. c) Quarterly replacement of ventilation filters. d) Regular external contractor monitoring of negative pressure cells and gauges. e) Monthly fire extinguisher inspections; and f) Monthly fire and life safety inspections. 	<p>during the housing module's scheduled yard time. In addition, a P.M. (preventative maintenance) work order is automatically generated quarterly.</p> <p>2)(c) Completed. General Services oversees the quarterly replacement of ventilation filters.</p> <p>2)(d) Completed. General Services contracts with Palt and Associates for monitoring of negative pressure cells and gauges. Palt and Associates' last testing date was 3/23/21.</p> <p>2)(e) Completed. The county has fire extinguishers within each housing module checked daily by module deputies and noted on their daily recap. Additionally, monthly fire</p>		<p>the Environmental Health and Safety Expert.</p> <p>2)(f) The County is in the process of fully implementing this requirement. County Fire inspectors conduct an annual inspection. The last inspection was completed on 7/8/2021. The County intends to implement monthly fire and life safety inspections to meet this requirement in the next six months. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation.</p>

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		<p>extinguisher inspections are conducted by the E.C.M. Once a year, Joy Fire Company escorted by a county employee, conducts fire extinguisher inspections and service.</p> <p>2)(f) The County is in the process of fully implementing this requirement. County Fire inspectors conduct an annual inspection. The last inspection was completed on 7/8/2021. The County intends to implement monthly fire and life safety inspections to meet this requirement.</p>		
	3. The County shall develop and implement an environmental inspection policy with procedures that include an assessment of maintenance issues for every	The County is in the process of fully implementing this requirement. The County has completed the following: Environmental Control Monitor	Non-Compliance	The County is in the process of fully implementing this requirement. As previously reported, the ECM conducts a bi-monthly inspection and

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	housing unit, including for plumbing, electrical, ventilation, painting, cleanliness, lighting, and storage of personal belongings.	conducts a bi-monthly inspection that includes an assessment of maintenance issues for every housing unit, including plumbing, electrical, ventilation, painting, cleanliness, lighting, and storage of personal belongings. The first of these reports was completed on August 31, 2021. The next report was completed on October 31, 2021. The County is developing policies and procedures to comply with this requirement and the recommendations of the expert. This requirement has yet to be completed due to Covid-19 delays and the need to phase-in tasks throughout the implementation process. The County intends to complete the		assessment of maintenance issues for every housing unit on all issues required by this provision. The County is developing policies and procedures to comply with this requirement and the recommendations of the Expert. This requirement has yet to be completed due to COVID-19 delays and the need to phase-in tasks throughout the implementation process. The County intends to complete the policy and procedure within the next three months.

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		policy and procedure portion of this requirement. The County anticipates completing this requirement within three months.		
F. Chemical Control and Biohazardous Materials (Pg. 46)	1. The County shall develop and implement chemical control policies and procedures for safe storage, dilution, and distribution of chemicals used at the Jail.	The County is in the process of fully implementing this requirement. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next six to nine months.	Non-Compliance	The County is in the process of fully implementing this requirement. The County is coordinating with General Services regarding a chemical control policy that meets the requirements of this provision. Training will follow thereafter. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The

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				County anticipates completing this requirement in the next six to nine months.
	2. The County shall develop and implement a chemical safety training for all staff and prisoners assigned the responsibility of cleaning. The County or County's contract provider shall maintain documentation that demonstrates evidence of training for all staff and prisoner-workers involved in cleanup.	The County is in the process of fully implementing this requirement. The County has placed 2'x3' OSHA compliant chemical safety training posters where chemicals are stored within the jail. The County is looking for an OSHA certified chemical safety training course for staff to attend. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates	Non-Compliance	The County is in the process of fully implementing this requirement. Material Safety Data Sheets (commonly referred to as "MSDS" or "MSD") books and posters are in place wherever chemicals are mixed. The County is currently preparing to have OSHA training initiated for effected staff and inmates. Documentation and photos have been provided to the Environmental Health and Safety Expert for review. This requirement has yet to be completed due to a shortage in resources related to the

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		completing this requirement in the next six to nine months.		COVID-19 pandemic and/or North Branch Jail delays. In the next six months the County anticipates completing this requirement.
	3. The County shall revise and ensure implementation of its Communicable Disease policy, including to ensure appropriate use and concentration of pyrethrum spray.	The County is in the process of fully implementing this requirement. at the outset of implementation. The County anticipates completing this requirement in the next three months.	Partial Compliance	The County is in the process of fully implementing this requirement. Currently, the County has purchased Pyrethrum spray, but in the next three months, the County intends to update the Custody Operations Communicable Disease Policy (section 244) to ensure appropriate use and concentration of pyrethrum spray. Thereafter the County will provide training on this provision. This requirement has yet to be completed due to a shortage in resources

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				related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this provision in the next six months.
	4. The County shall develop and implement policies and procedures for cleaning, handling, storing, and disposing of biohazardous materials, including waste. The County shall ensure that Material Safety Data Sheets (“MSDS”) are accessible anywhere chemicals are stored, mixed, or diluted.	4.1) The County is in the process of fully implementing this requirement. The County has an orientation for inmates to cover handling, storing, and disposing of biohazardous materials. Staff also received information regarding the difference between yellow bags and red bags. The County will develop and implement policies	4.1 Non-Compliance 4.2 Partial Compliance	4.1) The County is in the process of fully implementing this requirement. The County has an orientation for inmates to cover handling, storing, and disposing of biohazardous materials. Staff also received information regarding the difference between yellow bags and red bags. In the next three months, the County will develop and implement

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		and procedures in compliance with this requirement. 4.2) 12 Material Safety Data Sheet (“MSDS”) books have been placed where chemicals are stored, mixed, or diluted. Every module cleaning cart has two MSDS sheets affixed to them for the two corresponding cleaning chemicals stored on the carts. This requirement needs to be added to Policy 244. Communicable Diseases, followed by staff training prior to implementation. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at		policies and procedures in compliance with this requirement. 4.2) 12 Material Safety Data Sheet (“MSDS”) books have been placed where chemicals are stored, mixed, or diluted. Every module cleaning cart has two MSDS sheets affixed to them for the two corresponding cleaning chemicals stored on the carts. In the next three months, the County will incorporate this requirement into the Custody Operations Communicable Diseases Policy (section 244), followed by staff training prior to implementation. This requirement has yet to be completed due to a shortage

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		the outset of implementation. The County anticipates completing this requirement in the next six to eight months.		in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next five to seven months.
	5. The County shall ensure that staff and prisoner-workers responsible for cleaning biohazardous materials or areas suspected of being contaminated by pests (e.g. lice or scabies) are outfitted with protective equipment and receive appropriate supervision.	The County is in the process of fully implementing this requirement. The County jail staff ensures inmate workers are outfitted with protective equipment and receive appropriate supervision when cleaning areas suspected of being contaminated. Currently both Laundry Coordinators and one Utility Worker tasked with the supervision of cleaning	Partial Compliance	The County is in the process of fully implementing this requirement. Due to staffing shortages and the need to phase-in preliminary tasks, the County has not been able to focus on this provision and will do so in the next three months. Currently, the County jail staff ensures inmate workers are outfitted with protective equipment and

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		biohazardous materials or areas suspected of being contaminated by pests (e.g., lice or scabies) have completed an OSHA certified online course. The County intends to develop a method to document when staff and inmates clean biohazardous incidents, to include, location, date, PPE, and cleaning solutions utilized. The County intends to include the expert's recommendations with respect to the contents of the report in that document. Delay in implementation has been caused by staffing shortages and the need to phase-in tasks throughout the implementation process. The County anticipates		receive appropriate supervision when cleaning areas suspected of being contaminated. Currently both Laundry Coordinators and one Utility Worker tasked with the supervision of cleaning biohazardous materials or areas suspected of being contaminated by pests (e.g., lice or scabies) have completed an OSHA certified online course. The County intends to develop a method to document when staff and inmates clean biohazardous incidents, to include, location, date, PPE, and cleaning solutions utilized. The County intends to include the expert's recommendations with respect to the contents of the report in

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		completing this requirement within three months.		that document. Delay in implementation has been caused by staffing shortages and the need to phase-in tasks throughout the implementation process. The County anticipates completing this requirement within three months.
G. Negative Pressure Monitoring and Recording (Pg. 47)	1. The magnehelic gauges located outside the housing area to any negative airflow cell shall be checked once per shift to ensure the cells remain in a negative airflow state. When non-conformities are identified, the cell shall not be used for people with circumstances requiring a negative airflow cell, and a work order shall be submitted for prompt repair.	1.(1) Completed. The County has signs above the magnehelic gauges explaining how it should look like when working properly. The County has also completed training with staff to complete a work order when the gauges do not appear to be working. The County currently records gauge readings twice per day, once per shift.	Partial Compliance	Completed. The County has signs above the magnehelic gauges explaining how it should look like when working properly. The County has also completed training with staff to complete a work order when the gauges do not appear to be working. The County currently records gauge readings twice per day, once per shift, these gauges

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				reading are documented in the Daily Housing Unit Recaps. The County initially trained all staff prior to the first expert tours and evaluations. The training documents have been provided to the experts (see BOX > All Files > Experts Common Folder > DRC Training). Additionally, all module deputies receive training on the proper reading of magnehelic gauges during initial custody operations training.
	2. The County shall provide and document training regarding acceptable gauge readings and the steps to take if the readings are outside the acceptable range for all	Compliant.	Partial Compliance	Completed. The County initially trained all staff prior to the first expert tours and evaluations. The training documents have been provided to the experts (see

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	staff assigned to housing areas with negative airflow cells.			BOX > All Files > Experts Common Folder > DRC Training). Additionally, all module deputies receive training on the proper reading of magnehelic gauges during initial custody operations training.
	3. Negative pressure cells and gauges shall be tested by an external contractor on a regular schedule as part of the Jail's preventive maintenance schedule.	Completed. The County contracts with Palt and Associates to complete gauge testing.	Non-Compliance	Completed. The County contracts with Palt and Associates to complete gauge testing. Documentation regarding Palt inspections have been provided to the Environmental Health and Safety Expert.
H. Emergency Response and Fire/Life Safety (Pg. 47)	1. The County shall inspect fire extinguishers monthly and hold drills to ensure all jail staff are trained consistent with NCCHC standards on emergency response.	The County is in the process of fully implementing this requirement. The County completes fire extinguisher checks within each housing	Non-Compliance	The County is in the process of fully implementing this requirement. Currently, the ECM inspects and logs fire extinguishers on a monthly

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	Drill documentation shall include start and stop times, the number and location of any prisoners moved as part of the drill, any noted deficiencies, and any corrective actions taken.	module daily by module deputies and such check is noted on their daily recap. Monthly fire extinguisher inspections are conducted by the E.C.M. and annually by Joy Fire Company escorted by a County employee. This requirement has yet to be fully completed as the County needs submit the daily module recaps as proof of practice for fire extinguisher checks as well as the annual inspection reports. The County intends to schedule and complete drills twice a year and intends to document the following: start and stop times, how many inmates where mock evacuated during the drill, any issues and deficiencies, all corrective actions to fix issues.		basis. These files have been provided to the Environmental Health and Safety expert. Yearly inspections are conducted by the Joy Fire Company. The County intends to schedule and complete drills twice a year and intends to document the requisite components of this provision. The County has implemented fire drills, but has not scheduled inspection at this time. The County intends to update its policy and procedure manuals to provide information on how to conduct the drills and document and corrective actions. This requirement has yet to be completed due to a shortage in resources related to the

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		The County intends to update its policy and procedure manuals to provide information on how to conduct the drills and document and corrective actions. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays, the need to phase-in preliminary tasks at the outset of implementation, and outstanding training. The County anticipates completing this requirement in six to eight months.		COVID-19 pandemic and/or North Branch Jail delays, the need to phase-in preliminary tasks at the outset of implementation, and outstanding training. The County anticipates completing this requirement in six to eight months.
I. Environment of Care Monitor Inspections, Corrective Action, and Process for Prisoners to Raise Concerns	1. The Environment of Care Monitor shall conduct bimonthly (i.e., every other month) Environmental Health and Safety inspections in every housing unit. The inspections shall	Completed. The County has instituted an Environmental Control Monitor who conducts a bi-monthly inspection that includes an assessment of	Non-Compliance	Completed. The County has instituted an Environmental Control Monitor who conducts a bi-monthly inspection that includes an assessment of

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(Pg. 47)	<p>include a documented assessment of and (as needed) corrective action plans for:</p> <ul style="list-style-type: none"> a) Cleanliness of floors, walls, ceilings, bed and bedding, toilet and lavatory, cells and dayrooms surfaces. b) Cleanliness and disinfection of common areas and furnishings, including showers, shower chairs, plastic chairs, wheelchairs, stretchers, beds/bunks and personal property containers. c) Cleanliness of fans, exhaust and return ventilation grills, and the need for any maintenance repairs such as painting, 	<p>maintenance issues for every housing unit, including for plumbing, electrical, ventilation, painting, cleanliness, lighting, and storage of personal belongings. When deficiencies are noted, corrective action is taken in the form of a work order. The County intends to produce the bimonthly inspections to the expert to show proof of practice.</p>		<p>maintenance issues for every housing unit for the areas required by this provision. When deficiencies are noted, corrective action is taken in the form of a work order. The County has produced the bimonthly inspections to the expert to show proof of practice. Inspections can be found at BOX > All Files > SABOT > Environment of Care Monitor > Bimonthly Inspection Reports.</p>

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	broken tiles, blocked lighting, and plumbing.			
	2. The County shall provide a system through which class members are able to raise sanitation matters of concern. The grievances shall be reviewed by the housing unit supervisors before each shift change. Where a maintenance issue is identified, a work order shall be submitted before the end of the following shift.	Completed.	2.1 Partial Compliance 2.2 Partial Compliance 2.3 Non-Compliance	Completed. The County updated the Custody Operations Grievance Procedures Policy (section 361) in May 2022 to specifically reference grievances and concerns related to sanitation and maintenance in compliance with this provision. This revised policy has been provided to the Environmental Health and Safety Expert for review. Grievances have been provided to the experts.

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A. General Principles (Pg. 48)	1. Prisoners shall be housed in the least restrictive setting necessary to ensure their own safety, as well as the safety of staff and other prisoners.	The County is in the process of fully implementing this requirement. The Classification Plan ensures that prisoners are housed in the least restrictive setting necessary to ensure safety of the prisoner and others. The County has also closed multiple restrictive housing cells, along with offering out of cell time for restrictive housing inmates with mental health concerns. The County and Wellpath have yet to develop mental health programming for these units. This requirement has yet to be fully completed due to COVID quarantine and the availability of mental health staff to offer programming. This continues to be a priority and the County will	Unratable	The County is in the process of fully implementing this requirement. As previously reported, the County has submitted an application with the National Institute of Corrections (NIC) for the review of our objective classification system. As part of that review, the County will request input regarding reclassification practices for those inmates outside of restrictive housing. The County has significantly decreased its use of restrictive housing and is developing specialized mental health units at both facilities. The County has incorporated policy language specific to this requirement in its

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		make every effort to continue to progress towards substantial compliance. The County anticipates completing this requirement in the next three months.		Classification Policy (section 301) and the Classification Plan. The County has closed several restrictive housing units and intends to implement mental health step-down housing units in both facilities within the next couple of months. The County was delayed in implementing this provision due to Northern Branch Jail construction delays and the COVID-19 outbreaks at the Main Jail. The County anticipates completing this requirement within the next three months.
	2. The County shall not place prisoners in more restrictive settings, including Segregation, based on a mental illness or any	The County is in the process of fully implementing this requirement. The County is moving towards compliance.	Non-Compliance	The County is in the process of fully implementing this requirement. Inmates are not housed in more restrictive

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	other disability. Prisoners will be housed in the most integrated setting appropriate to their individual needs.	The County has revised Custody Operations 301, Inmate Classification and the Classification Plan to reflect the provisions of this requirement. The County is not placing inmates in more restrictive settings, including Segregation, based on a mental illness or any other disabilities. The County is working towards housing inmates in the most integrated setting appropriate to their individual needs. This requirement has yet to be fully completed due to facility limitations, COVID, and the opening of the Northern Branch Jail. This continues to be a priority and the County will make every effort to continue to progress towards substantial		housing based on mental illness or other disabilities, but are housed based on behavior. The County anticipates opening a mental health programming unit in each facility within the next couple of months. Housing individuals within the most integrated setting requires these mental health units to be open and operational. The County is continuing to maintain a restrictive housing log which documents those inmates in restrictive housing. This log is reviewed regularly by the Classification Sergeant and inmates are reviewed and rehoused if appropriate. The County was delayed in creating these housing units

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		compliance. Given the above-mentioned constraints, the County anticipates completing this requirement in the next nine to twelve months.		due to delays with the Northern Branch Jail and COVID-19 outbreaks at the Main Jail. The County anticipates completing this provision within the next three months.
	3. The County shall not place a prisoner in Segregation units without first determining that such confinement is necessary for security reasons and/or the safety of the staff or other prisoners. The County shall maintain a system by which it documents in writing the specific reason(s) for a prisoner's placement and retention in Segregation housing. The reason(s) shall be supported by clear, objective evidence.	The County is in the process of fully implementing this requirement. The County provides the following documents to support compliance in this area: the Restrictive Housing Notification Form, Classification Narrative, and the Restrictive Housing Daily Tracker. The County is currently working with Wellpath on how to obtain consistent input from mental health staff prior to housing a person in	Partial Compliance	The County is in the process of fully implementing this requirement. The County has updated the Classification Plan, Classification Policy (section 301) and is working on a Restrictive Housing Policy (section 306) to incorporate these requirements. The County issues each inmate placed in restrictive housing a Restrictive Housing Notification Form which

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		segregation. The County has yet to complete this requirement due to a shortage in resources related to the COVID-19 pandemic, the pending opening of the Northern Branch Jail, and the proposed remodel of the main jail. The County anticipates completing this requirement in the next six to nine months.		explains why they were placed in restrictive housing. The County is working with Wellpath to create a process for mental health input prior to placement in restrictive housing cells and for the 30-day restrictive housing review process. The County is continuing to maintain a restrictive housing log which documents those inmates in restrictive housing. This log is reviewed regularly by the Classification Sergeant and inmates are reviewed and rehoused if appropriate. The County is working to complete a restrictive housing policy, HARP policy, and associated documents and training. The County will also refine the

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				weekly restrictive housing tracker and continue to provide initial placement documents and 30-day restrictive housing notification. The County is working on tracking and monitoring systems for all restrictive housing units. The County was delayed in creating these housing units due to delays with the Northern Branch Jail and COVID-19 outbreaks at the Main Jail. The County anticipates completing this requirement in six to eight months.
	4. Prisoners will remain in Segregation housing for no longer than necessary to address the reason(s) for such placement.	The County is in the process of fully implementing this requirement. This requirement is accomplished through restrictive	Partial Compliance	The County is in the process of fully implementing this requirement. The County has updated the Classification

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		housing reviews. This information has been added to the Classification Plan. Inmates are also provided with the Restrictive Housing Notification Forms upon housing in restrictive housing with an opportunity to appeal the decision. Inmates are evaluated every 30 days or sooner to determine whether they should remain in Segregation housing. This procedure is documented in the Classification Plan (revised August 2021). The County is also in the process of writing policies and procedures to reflect High Alert Risk Persons (“HARP”) meeting requirements. The County		Plan, Classification Policy (section 301) and is working on a Restrictive Housing Policy (section 306) to incorporate these requirements. The County provides Restrictive Housing Notification Forms to inmates at the time of initial housing in segregation or rehousing into segregation, which explains the reason for their placement. Inmates are evaluated at least every 30 days to determine whether they should remain in segregation housing. These reviews are documented in the Jail Management System and provided to the inmates on the Restrictive Housing Notification Form. The County is establishing plans to create

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		anticipates completing this requirement in six months.		mental health step-down units, training associated with placement of inmates to step-down units, 30-day restrictive housing review, and monitoring and tracking of placement in restrictive housing. The County's goal is to move toward less restrictive housing once the step-down units are implemented. The County is working with Wellpath to ensure mental health involvement in restrictive housing placements and placement in step-down units. The County was delayed in creating these housing units due to delays with the Northern Branch Jail and COVID-19 outbreaks at the Main Jail. The County

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				anticipates completing this requirement in six to eight months.
B. Classification Procedures (Pg. 48)	1. The County shall implement a validated Classification System consistent with the provisions of this remedial plan.	The County is in the process of fully implementing this requirement. The County has submitted an application with the National Institute of Corrections (NIC) for the review of our objective classification system to determine its validity. The County has yet to complete this requirement due to the need to phase-in preliminary tasks at the outset of implementation, delays related to the COVID-19 pandemic, the pending opening of the Northern Branch Jail, and the proposed remodel of the main jail. The County anticipates completing this	Non-Compliance	The County is in the process of fully implementing this requirement. The County has received approval for technical assistance from the National Institute of Corrections (NIC) and are awaiting an expert to be commissioned by NIC to begin this process. The selection and appointment of an expert through NIC was delayed due to COVID-19 travel restrictions. We expect to complete this provision within the next six months to a year.

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		requirement pending review and findings from NIC of the classification system.		
	2. The Classification System shall be based on clear criteria and procedures for placing prisoners in and removing prisoners from Segregation units. Placement in and removal from Segregation units shall be documented for all prisoners.	The County is in the process of fully implementing this requirement. The County has created clear criteria and procedures for placing prisoners in and removing prisoners from Segregation units. The County is working on creating appropriate documentation to meet this requirement. The County has yet to complete this requirement due to a shortage in resources and delays related to the COVID-19 pandemic and the pending opening of the Northern Branch Jail. The County anticipates completing	Partial Compliance	Completed. The County has updated the Classification Plan, Classification Policy (section 301) and Restrictive Housing Policy (section 306) with this requirement. The County is documenting the specific criteria for which inmates are being housed in segregation on the Restrictive Housing Notification Form and delivering this Form to the inmate which explains the reasoning for their placement.

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		this requirement in the six eight months.		
	<p>3. The Classification System shall facilitate the following:</p> <p>a) Housing placements based on the behavior and clinical needs of prisoners who are identified as having Serious Mental Illness. Mental health staff shall provide input regarding the classification and placement of people with Serious Mental Illness.</p> <p>b) Screening to determine whether a prisoner should be separated from other prisoners for safety purposes. Where a prisoner is found to</p>	<p>The County is in the process of fully implementing this requirement. The County has increased out of cell time and anticipates continuing to increase out of cell time. The delayed opening of the Northern Branch Jail has decreased the ability to offer out of cell time to inmates. The County is also in discussions with Wellpath on the definition of “Serious Mental Illness.” The County anticipates moving towards substantial compliance with the opening of the Northern Branch Jail and Main Jail renovation. The County anticipates completing</p>	Partial Compliance	<p>The County is in the process of fully implementing this requirement. The County has worked closely with its contracted mental health care provider to ensure that inmates with SMI are evaluated promptly and that mental health staff provide input on Classification and placement of people with SMI. The County and Wellpath are working on the definition of SMI to ensure the appropriate inmates are included. The County intends to open specialized mental health units in each facility within the next couple of months and provide more options and treatment for those who suffer</p>

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	require separation from other prisoners for safety, placement will be in the least restrictive setting appropriate, and will allow for out-of-cell and recreation time consistent with the provisions herein.	this requirement in the next eight months.		from mental illness. The County is working with Wellpath to ensure mental health involvement in restrictive housing placements and placement in step-down units. The County will incorporate the step-down units into the pertinent custody and healthcare policies including the Classification Policy (section 301) and HARP policies. The County is working on creating a plan for dayroom and recreation time for these individuals consistent with the requirements of this provision, The County was delayed in implementing this provision due to delays in the Northern Branch Jail construction process and outbreaks of COVID-19 at the Main Jail.

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				The County anticipates completing this requirement within the next six months.
	<p>4. The Classification System shall include a Classification Review Process.</p> <p>a) The Classification Review Process shall include clear, written criteria by which prisoners in a Segregation Unit can secure placement in a less restrictive setting as well as restoration of property or privileges. This review will include a private, out-of-cell interview (unless individual security issues prevent such an interview and are documented). The</p>	<p>Completed. This is documented in the County's Objective Jail Classification Plan. This document is issued to the inmate at time of placement and the County conducts a Classification Review every 30 days (or sooner if warranted). Out of cell interviews—for all inmates other than those who pose a safety and security risk— are completed in private, empty holding cells, treatment rooms, booking holding cells, and interview rooms. Inmates are provided clear written criteria for attaining less restrictive housing per subsection (a), and are provided</p>	Substantial Compliance	<p>Completed. As indicated in our last report, this provision is complete and the Custody Operations Expert found the County in substantial compliance. The 30-day restrictive housing review is back in place after a brief lapse due to the COVID-19 outbreaks at the Main Jail. The Restrictive Housing Form has been updated to document the name of the deputy that delivers the Form to the inmate. Additional changes to restrictive housing notification are pending.</p>

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	<p>review shall occur at least every 30 days or sooner if circumstances warrant.</p> <p>b) If a prisoner is retained in a Segregation unit following the Classification Review, the reasons for retention and the</p> <p>specific steps to be taken to achieve restoration of property/privileges and transfer to a less restrictive setting will be documented.</p> <p>c) Prisoners in Segregation units will be provided an oral and written statement of the reasons for the outcome of each review, including what steps are necessary to gain</p>	<p>the reasons for retention per subsection (b), and the outcome of each review per subsection (c) via the Restrictive Housing Notification form, and/or additional written statements.</p>		

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	restoration of property/privileges and to be moved to a less restrictive setting.			
	5. The County shall perform Prison Rape Elimination Act (PREA) screenings in a private location.	Completed. PREA screening is conducted in the IRC treatment room and IRC interview room, both private locations.	Substantial Compliance	Completed. As indicated in our last report, this provision is complete and the Custody Operations Expert found the County in substantial compliance.
C. Elimination of Dangerous or Improper Physical Plant Features (Pg. 49)	1. The County shall conduct an assessment of all Segregation cells and develop a plan to address structural suicide hazards, such as tie-off points within the cells, to the maximum extent feasible.	The County is in the process of fully implementing this requirement. The County has completed a review of all segregation cells to identify suicide hazards. The Suicide Risk Assessment Review document, which identifies those cells with suicide hazards, is currently being reviewed; corrections will be implemented	Non-Compliance	Completed. The County completed a structural suicide hazard review of the Main Jail segregation cells on 2/17/22. The County has held several meetings with facilities maintenance staff to develop a plan to address the structural suicide hazards present in segregation cells. The County has eliminated

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		thereafter. The County has yet to complete this requirement due to a shortage in resources and delays related to the COVID-19 pandemic. The County anticipates completing this requirement in the next six to nine months.		numerous segregation cells including South RH 1-21, East RH 11-22, West RH 18-29, C-7 and C-8 which had significant suicide hazards and is no longer utilizing those cells pending a remodel.
	2. The County shall ensure that prisoners with serious mental illness or otherwise at elevated risk of suicide will not be housed in a cell that contains attachment points or other structural suicide hazards, as follows. a) The County shall maintain a list of Segregation cells containing structural suicide hazards. b) The County shall not place any person in a	The County is in the process of fully implementing this requirement. The County has completed a review of all segregation cells to identify suicide hazards. The Suicide Risk Assessment Review document, which identifies those cells with suicide hazards, is currently being reviewed; corrections will be implemented thereafter. The County is working with Wellpath to have a	Non-Compliance	The County is in the process of fully implementing this requirement. The County has completed the risk assessment review of suicide hazards in segregation housing and developed a plan to remedy noted deficiencies. The County is working with our Jail Management System vendor to provide an override function in which inmates with suicide history flags cannot be

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	<p>Segregation cell containing structural suicide hazards if the person has a diagnosed Serious Mental Illness.</p> <p>c) The County shall assess all cells used to hold prisoners awaiting intake screening or post-intake housing placement, including as intake “overflow,” and shall ensure that they are suicide-resistant and do not contain structural blind spots, to the maximum extent feasible.</p>	<p>common definition for “Serious Mental Illness,” which will help identify SMI inmates. The County has yet to complete this requirement due to a shortage in resources and delays related to the COVID-19 pandemic, construction requirements, and opening of the Northern Branch Jail. The County anticipates completing this requirement in the next six to nine months.</p>		<p>housed in cells that contain suicide risks absent an articulated override by our Classification Unit. The County is working on updating the Suicide Prevention Policy (section 242) and Bed Assignment Policy (section 305) as well as the Suicide Prevention Lesson Plan. The County was delayed in implementing this provision due to utilizing some of the segregation cells within the Main Jail for COVID-19 housing as well as delays in Northern Branch Jail construction. We anticipate completing this provision within the next three months.</p>

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	3. No later than January 1, 2021, the County shall discontinue its use of the Main Jail's "double door" or other extreme isolation cells, including Central 7 and Central 8.	The County is in the process of fully implementing this requirement. The County has taken these cells offline as housing cells. The County has yet to implement this requirement due to the pending COVID-19 pandemic. The County anticipates completing this requirement following the opening of the Northern Branch Jail.	Non-Compliance	Completed. The County fully implemented this provision on March 25, 2022 when it permanently closed Central 7, Central 8 and South Restrictive Housing 21. The County was delayed in implementing this provision due to delays in the Northern Branch Jail construction process.
	4. No later than January 1, 2021, the County shall discontinue its use of Segregation housing units that lack access to a dayroom, including South 1-16, West 18-29, and East 11-22. The County may retrofit such units to ensure that they provide access to a dayroom and outdoor recreation areas and that	The County is in the process of fully implementing this requirement. The County discontinued using South 1-16 and East 11-22 on August 26, 2021. This requirement has yet to be fully completed due to COVID-19, and the opening of the Northern Branch Jail. The	Non-Compliance	Completed. The County fully implemented this provision on April 19, 2022 when it closed the remaining South Restrictive Housing cells. The County has closed South RH 1-21, East RH 11-22, West RH 18-29, C-7 & C-8. The cells identified have all been

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	they comply with contemporary correctional standards.	County anticipates discontinuing the use of all of these cells when the Northern Branch Jail is open and operational.		chained in the closed position and will not be utilized, absent an emergency situation. The County was delayed in implementing this provision due to delays in the Northern Branch Jail construction process.
D. Minimum Out-of-Cell Time (Pg. 50)	1. Absent exigent circumstances or exigent security concerns that are documented, the County shall offer each prisoner not subject to discipline (except in the Northwest unit), at a minimum, 18 hours out of their cell each week, and other structured programming, as follows: a) At least six (6) hours per week outdoors for exercise/recreation	The County is in the process of fully implementing this requirement. The County has significantly reduced restrictive housing cells by rehousing inmates into additional housing units in the facility. This requirement has yet to be fully completed due to COVID-19, the delays in opening of the Northern Branch Jail, and the pending remodel of the main jail. The County anticipates	Non-Compliance	The County is in the process of fully implementing this requirement. The County has begun tracking out-of-cell time utilizing excel workbooks for many of the housing units in order to quantify what is presently provided and assess how to improve. At the recommendation of the Custody Operations Expert, the County will be documenting exceptional

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	<p>b) At least twelve (12) hours per week in a dayroom or other common area</p> <p>c) At least four (4) hours per day, on at least three (3) separate days per week, of in-cell structured programming – i.e., programming on electronic tablets.</p>	completing this requirement in the next twelve months.		circumstances where programming is cancelled as well as the County’s efforts to return to normal operations, where possible. The County has also developed master schedules for yard and dayroom time and is in the process of developing master schedules for in-cell and structured activities. The County is working on an overarching tracking system and the master yard/dayroom schedules have yet to be fully operational. Jail staff is working with the maintenance team to identify potential options for additional out-of-cell space for the restrictive housing units. In the upcoming months, the County is

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				committed to increasing out-of-cell time significantly by reclassifying a portion of segregation cells and increasing the number of inmates in each yard or dayroom group. The County anticipates completing this requirement pending the proposed remodel of the Main Jail as contemplated by the Stipulated Judgment, but is focused on increasing out-of-cell time as much as possible in the interim given the present facility constraints at the Main Jail.
	2. For those prisoners housed in the Northwest unit, absent exigent circumstances or exigent security concerns that are documented, the	The County is in the process of fully implementing this requirement. The County has increased out of cell time and	Non-Compliance	The County is in the process of fully implementing this requirement. The County has begun tracking out-of-cell time

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	<p>County shall offer each prisoner not subject to discipline at a minimum, 15 hours out of their cell each week, and other structured programming, as follows:</p> <ul style="list-style-type: none"> a) At least six (6) hours per week outdoors for exercise/recreation b) At least nine (9) hours per week in a dayroom or other common area c) At least four (4) hours every other day (i.e., 3 or 4 times per week, on an alternating basis), of in-cell structured programming – i.e., programming on electronic tablets. 	<p>has a method for tracking out of cell time. This requirement has yet to be fully completed due to COVID-19, delays in the opening of the Northern Branch Jail, and the pending remodel of the main jail. The County anticipates completing this requirement in the next twelve months.</p>		<p>utilizing excel workbooks for many of the housing units in order to quantify what is presently provided and assess how to improve. At the recommendation of the Custody Operations Expert, the County will be documenting exceptional circumstances where programming is cancelled as well as the County's efforts to return to normal operations, where possible. The County has also developed master schedules for yard and dayroom time and is in the process of developing master schedules for in-cell and structured activities. The County is working on an overarching tracking system</p>

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				and the master yard/dayroom schedules have yet to be fully operational. Jail staff is working with the maintenance team to identify potential options for additional out-of-cell space for the restrictive housing units. In the upcoming months, the County is committed to increasing out-of-cell time significantly by reclassifying a portion of segregation cells and increasing the number of inmates in each yard or dayroom group. The County anticipates completing this requirement pending the proposed remodel of the Main Jail as contemplated by the Stipulated Judgment, but is focused on increasing out-of-

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				cell time as much as possible in the interim given the present facility constraints at the Main Jail.
	3. The County shall provide prisoners out-of-cell time daily, at appropriate times of the day – i.e., not during normal sleeping hours.	Completed. The County completes its programming during normal waking hours.	Substantial Compliance	Completed. As indicated in our last report, this provision is complete and the Custody Operations Expert found the County in substantial compliance.
	4. The County shall implement a system of documenting the amount of out-of-cell time each prisoner is offered for each of the above categories.	The County is in the process of fully implementing this requirement. The County initially implemented a pilot project in the South Module. With the closing of the South Module, the tracking system has been implanted in the West module to collect more data prior to implementation in the facility. This requirement has yet to be	Non-Compliance	The County is in the process of fully implementing this requirement. The County has begun tracking out-of-cell time utilizing excel workbooks for many of the housing units. The County was delayed in this provision primarily due to prioritization of other provisions. The County anticipates completing this

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		fully completed due to the COVID-19 pandemic. The County anticipates completing this requirement in the next three to six months.		requirement within the next three months.
	5. The County shall conduct monthly audits to ensure that required out-of-cell time with respect to each of the above categories is made available to the jail population. Supervisory staff shall regularly review this data for quality assurance, and take steps to address any deficiencies.	The County is in the process of fully implementing this requirement. The County has developed an out of cell tracking system that was implemented as a pilot project. Once this tracking system is operational, the County will establish procedures for supervisory review. This requirement has yet to be fully completed due to COVID, the need to develop a tracking system, and a review process. The County anticipates completing this requirement in the next three to six months.	Non-Compliance	The County is in the process of fully implementing this requirement. The County has developed out-of-cell time tracking workbooks for many of the housing units. The out-of-cell trackers are currently audited by management staff, but we are working on a system for supervisory staff to regularly check these logs and to audit the out-of-cell time monthly or more frequently. The County was delayed in implementing this requirement due primarily to prioritizing

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				other provisions ahead of this We anticipate completing this requirement in the next six months.
	6. In cases where a prisoner refuses out-of-cell time repeatedly and the reason for such refusals may be related to their mental health condition, Jail staff shall make a mental health referral for assessment and appropriate clinical follow-up.	The County is in the process of fully implementing this requirement. The County has developed a mental health referral form for staff to make referrals to mental health. The form is currently in use, but policy development and training need to occur. This requirement has yet to be fully completed due to staffing resources. The County anticipates completing this requirement in the next six to nine months.	Unratable (McDonald) Not Rated (Johnson)	The County is in the process of fully implementing this requirement. The County is working on a Restrictive Housing Policy (section 306), which will help guide the County's compliance with this requirement. This policy will include the process for inmate refusal of out-of-cell time and the process for documenting and submitting mental health referrals. The County intends to provide training to staff regarding this newly created policy. The County delayed implementation of this

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				requirement due to the prioritization of other provisions. The County anticipates completing this requirement within the next six months.
E. Disciplinary Procedures (Pg. 51)	1. A prisoner may be housed in Segregation for disciplinary purposes only after the prisoner has received notice of the charges against him/her, a supervisor has conducted a disciplinary hearing at which the prisoner is given an opportunity to rebut the charges, and the prisoner is adjudicated guilty of the alleged violation(s). Where there is a serious and immediate safety risk and no other housing unit is sufficient to protect the inmate from harm, staff may place a prisoner in Segregation for	Completed. The County currently does not use Segregation for disciplinary purposes and does not have a disciplinary Segregation housing unit due to space limitations stemming from the COVID-19 pandemic and the need for an intake unit. If Segregation for disciplinary purposes is later implemented, the County will follow this requirement. The County has updated Custody Policy Section 363 – Inmate Discipline (revision August	Unratable	Completed. The County does not utilize segregation for discipline purposes. The County has removed the use of segregation for discipline from its Custody Operations Policy Section 363 – Inmate Discipline (revision February 2022) as well as working on a Restrictive Housing Policy (section 306) and the Classification Plan. The County has updated the Inmate Handbooks issued to

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	the shortest period of time necessary. In such cases, supervisory custody staff will promptly review the case and must approve in writing continued retention in Segregation.	2021) to reflect the prohibition of restrictive housing as a disciplinary sanction.		inmates at both facilities to reflect this change.
	2. Prisoners serving a disciplinary term in Segregation may be subject to a reduction in out-of-cell time, including in-cell confinement not to exceed twenty-two (22) hours per day.	Completed. The County currently does not use Segregation for disciplinary purposes and does not have a disciplinary Segregation housing unit due to space limitations stemming from the COVID-19 pandemic and the need for an intake unit. If Segregation for disciplinary purposes is later implemented, the County will follow this requirement. The County has updated Custody Policy Section 363 – Inmate Discipline (revision August	Unratable	Completed. The County does not utilize segregation for discipline purposes. The County has removed the use of segregation for discipline from its Custody Operations Inmate Discipline Policy (section 363; revised February 2022) and is including this in the Restrictive Housing Policy (section 306) and the Classification Plan. The County has updated the Inmate Handbooks to reflect this change.

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		2021) to reflect the prohibition of restrictive housing as a disciplinary sanction.		
	3. The County shall implement a 30-day maximum term in Segregation for any single or set of disciplinary violations stemming from the same incident.	Completed. The County currently does not use Segregation for disciplinary purposes and does not have a disciplinary Segregation housing unit due to space limitations stemming from the COVID-19 pandemic and the need for an intake unit. If Segregation for disciplinary purposes is later implemented, the County will follow this requirement. The County has updated Custody Policy Section 363 – Inmate Discipline (revision August 2021) to reflect the prohibition of restrictive housing as a disciplinary sanction.	Unratable	Completed. The County does not utilize segregation for discipline purposes. The County has removed the use of segregation for discipline from its Custody Operations Inmate Discipline Policy (section 363; revision February 2022), and is including this in the Restrictive Housing Policy (section 306) and the Classification Plan. The County has updated the Inmate Handbooks at both facilities to reflect this change.

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	4. The County shall not use safety cells for punishment.	Completed. Based on the expert's review of safety cell records the County does not use safety cells for punishment. The expert will continue to monitor documentation.	Substantial Compliance	Completed. As indicated in our last report, this provision is complete and the Custody Operations Expert found the County in substantial compliance.
	5. The County shall not use the denial or modification of food as punishment. The County shall not use the "prison loaf" as a disciplinary diet.	Completed. On January 14, 2021, the County discontinued use of a disciplinary diet and removed use of a disciplinary diet from its Custody Operations Policy 363, Inmate Discipline. The County has updated Custody Operations Policy 363 – Inmate Discipline (revised August 2021) to prohibit denial or modification of food as punishment. Wellpath has also updated policy G-2 Segregated Inmates to eliminate the use of disciplinary diets.	Partial Compliance	Completed. As indicated in our prior report, Custody Operations Inmate Discipline Policy (section 363) and Religion Policy (section 373) were updated to reflect our practices, which meets this requirement. The County has also updated the Inmate Handbooks for both facilities to mandate that food not be denied or modified as part of punishment.

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F. Safeguards for Prisoners Placed in Segregation (Pg. 52)	1. Prior to Segregation placement of any person with Serious Mental Illness, with an intellectual disability, or who is exhibiting unusual or bizarre behavior, the County shall ensure completion of the mental health review process detailed in Section VII of the Mental Health Remedial Plan.	The County is in the process of fully implementing this requirement. The County intends to develop a process with Wellpath to address this requirement and will thereafter develop policies and procedures to reflect such process. This requirement has yet to be fully completed due to staffing shortages and the COVID-19 pandemic. The County anticipates completing this requirement in the next twelve months.	Non-Compliance (McDonald and Johnson)	The County is in the process of fully implementing this requirement. The County is working on implementing new procedures relative to housing anyone in restrictive housing, including the requirement that they are reviewed by Mental Health staff prior to placement in segregation. The County will be consulting the Mental Health and Custody Operations Experts regarding these procedures. The County was delayed in the implementation of this provision due to delays in the Northern Branch Jail construction as well as the need for quarantine housing within the Main Jail due to COVID-19 outbreaks. The

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				County anticipates completing this requirement within the next six months.
	2. The County shall conduct visual cell checks (to ensure that prisoners are safe and breathing) for all prisoners in Segregation at least every 30 minutes, at staggered intervals. Completion of safety checks shall be timely documented and audited regularly by supervisory staff for quality assurance purposes.	Completed. The County implemented this requirement in July 2021. The updated policy will be sent to class counsel and experts for review.	Partial Compliance	Completed. The County has significantly decreased the number of segregation cells at the Main Jail. The County has ensured that all staff conducting security checks received a refresher video training on conducting cell checks. The County has supervisors routinely monitor all security checks for timeliness with video review if necessary and audits these checks by management staff.
	3. Health care staff shall conduct check-ins three times per week to assess and document the health status of all prisoners in	The County is in the process of fully implementing this requirement. Wellpath completes daily check-ins of	Partial Compliance	Completed. The County has fully implemented this requirement and policy. Health Care rounds are documented

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	Segregation, and shall make medical and mental health referrals as necessary.	inmates in restrictive housing, while mental health completes check-ins three times a week. The County intends to create a system to monitor compliance. This requirement has yet to be fully completed due to staffing shortages, COVID-19, and delays in opening the Northern Branch Jail. The County anticipates completing this requirement in the next three months.		by Wellpath and available for review. The County has added this provision to the Inmate Handbook, which is pending review.
	4. A Qualified Mental Health Professional shall conduct check-ins at least three times per week to assess and document the mental health status of all prisoners in Segregation and shall make referrals as necessary. The check-in shall include the following:	Completed. Wellpath is currently meeting this requirement and has updated policy G-02 Segregated Inmates to reflect the check-ins that Wellpath is completing three times a week. This requirement has yet.	Partial Compliance (McDonald) Substantial Compliance (Johnson)	Completed. The County has fully implemented this requirement and policy. Mental Health rounds are documented by Wellpath and available for review.

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	<p>a) Conversation with each prisoner;</p> <p>b) Visual observation of the prisoner's cell, including the cleanliness of the prisoner's clothing and bed linens; and</p> <p>c) Inquiry into whether the prisoner would like to request a confidential meeting with a mental health or medical provider.</p>			
	5. If a prisoner in Segregation requests a confidential health care contact or staff identify a mental health or medical need warranting follow-up, staff shall arrange for evaluation and treatment of the prisoner in an appropriate confidential setting.	The County is in the process of fully implementing this requirement. Wellpath's current practice is to complete confidential health care assessments in a confidential setting. The County intends to develop a mechanism to track and audit compliance with this	Partial Compliance	Completed. The County currently utilizes confidential treatment rooms for privacy purposes when visiting with a clinician. The County has updated its Inmate Handbooks which provide instruction for the inmates to request a confidential space to meet

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		provision. This requirement has yet to be fully completed due to staffing shortages and the COVID-19 pandemic. The County anticipates completing this requirement in eight months.		with healthcare staff. If a private space is requested, staff will ensure that the inmate is moved to a confidential location to conduct the contact. The County will ensure this provision is included in the QA process and will reflect the same in the Restrictive Housing Policy.
	6. If health care staff observe a prisoner's medical or mental health condition deteriorate in Segregation, they shall promptly confer with supervisory level custody staff to discuss the need for higher level of care or alternative placement to address the prisoner's condition. This	The County is in the process of fully implementing this requirement. The County intends to work with Wellpath to develop a tracking mechanism to address this process. This requirement has yet to be fully completed due to staffing shortages and the COVID-19 pandemic. The County	Non-Compliance	The County is in the process of fully implementing this requirement. The County and its contracted healthcare provider (Wellpath) are working to update policies, procedures and training relative to this provision. This provision was delayed due to the need to create specialized

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	<p>conference will be documented in the prisoner's record.</p> <p>a) The County shall not place the following prisoners in Segregation unless necessary to address current, specific safety concerns that are documented, with supervisory-level review and approval, and in such cases only for the minimum time necessary to identify an alternative appropriate placement: Prisoners with acute medical or mental health needs that require an inpatient level of care and/or daily nursing care;</p>	<p>anticipates completing this requirement in eight months.</p>		<p>mental health step-down housing units as well as delays with the Northern Branch Jail construction project and impacts related to COVID-19. The County anticipates completing this requirement within the next three to six months.</p>

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	b) Prisoners who are pregnant, post-partum, who recently had a miscarriage, or who recently had a terminated pregnancy.			
	7. The County shall avoid the release of prisoners from custody directly from Segregation to the maximum extent possible.	The County is in the process of fully implementing this requirement. The County has developed a specialized mental health housing unit to remove inmates from segregation. The County is attempting to downgrade all inmates from restrictive housing, regardless of their remaining time in jail. The County is developing a tracking system for the inmates housed in segregation units. This requirement has yet to be fully	Non-Compliance	The County is in the process of fully implementing this requirement. The County has significantly decreased its use of restrictive housing and is in the process of developing specialized mental health housing with additional programming options to these housing units. The County is working to program restrictive housing inmates together in order to decrease the use of restricted housing even

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		completed due to staffing shortages and the COVID-19 pandemic. The County anticipates completing this requirement in eight months		further. The County is also implementing a tracking mechanism to better identify the release date for those inmates in restrictive housing to aid in meeting this requirement. Implementation of this provision has been delayed due to delays with the Northern Branch Jail construction process and COVID-19 impacts to the Main Jail. The County expects to complete this requirement within the next six to nine months.
	8. If a prisoner has an expected release date in less than 60 days, the County shall take and document steps to move the prisoner to a less restrictive setting,	The County is in the process of fully implementing this requirement. The County has assembled a multidisciplinary team made up of custody staff,	Non-Compliance	The County is in the process of fully implementing this requirement. The County has significantly decreased its use of restrictive housing and is in

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	consistent with safety and security needs. Should Segregation become necessary during this time period, the County shall provide individualized discharge planning to prepare the prisoner for release to the community, including in light of the prisoner’s Jail housing placement and status.	probation, medical, and discharge planners/programs staff. The team is meeting to create a process to complete this requirement. This requirement has yet to be fully completed due to staffing shortages and the COVID-19 pandemic. The County anticipates completing this requirement in the next twelve months.		the process of developing specialized mental health housing with additional programming options to these housing units. The County is working to program restrictive housing inmates together in order to decrease the use of restricted housing even further. The County is also implementing a tracking mechanism to better identify the release date for those inmates in restrictive housing to aid in meeting this requirement. In the next six months the County will develop the required policies and work with the new programs manager to develop a discharge/reentry planning program and work toward

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				compliance in this area. The County is currently working on delineating the roles and responsibilities of the various entities involved in discharge planning, including but not limited to the programs manager, Wellpath, custody, probation, and other outside entities. The County has been delayed in the implementation of this provision due to a vacancy in the County's programs manager position as well as delays with the Northern Branch Jail construction process and COVID-19 impacts to the Main Jail. The County expects to complete this requirement within nine to twelve months.

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G. Grievances, Inmate Request Forms, Property/Privileges in Segregation (Pg. 53)	1. The County shall provide grievance forms and inmate request forms in each housing unit for prisoners to readily access and use.	The County is in the process of fully implementing this requirement. The County has piloted a project in one housing unit to supply a location to store these forms in the housing units. Presuming success of the pilot program, this will be expanded to all housing units. This requirement has yet to be fully completed due to staffing shortages and the COVID-19 pandemic. The County anticipates completing this requirement in three months.	Partial Compliance	The County is in the process of fully implementing this requirement. The County has completed its pilot project to store these forms in the housing units and is moving forward with the installation of file holders in all population housing units. The County was delayed in implementing this provision due to prioritization of other provisions of the remedial plan. The County anticipates completing this requirement within the next three months.
	2. Prisoners housed in Segregation units shall have equal access to grievance and inmate request forms and procedures as compared to general population prisoners.	The County is in the process of fully implementing this requirement. The County is working on locations to place request forms and grievance	Partial Compliance	Completed. The County has installed wall mounted file holders to store forms that are most utilized by the inmate population in the restrictive

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		forms in common areas for restrictive housing inmates to have access. This requirement has yet to be fully completed due to staffing shortages and the COVID-19 pandemic. The County anticipates completing this requirement in three months.		housing tiers, including the grievance and inmate request forms, so that deputies can more promptly provide these forms to inmates upon request or they can retrieve them during their dayroom program.
	3. The County shall allow reasonable access to the following for all prisoners, including those in Segregation, absent a specific safety or security issue that is documented: a) Personal phone calls on a daily basis during normal business hours. b) Education, rehabilitation, and other materials (e.g., books, magazines, radios,	Completed. The County allows reasonable access to all prisoners in compliance with this requirement. The County has updated Custody Policy 383 – Inmate Telephones to reflect the requested changes from the expert’s report.	Partial Compliance	The County is in the process of fully completing this requirement. The County allows all inmates in all housing areas to utilize the telephone during normal business hours. The County also distributes newspapers, tablets and other items for in-cell activities to all inmates but is improving its tracking mechanisms to ensure

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	writing implements, art supplies, tablets) for in-cell activities.			completion and monitoring of this requirement. The County is working on creating a viable strategy for additional in cell activities. The County has been delayed in implementing this provision due to a lack of volunteer or staffing resources as a result of the COVID-19 pandemic. The County anticipates completing this requirement in the next six months.
H. Other Custody Operations (Pg. 54)	1. Capacity of Jail Facilities a) No later than January 1, 2021, the number of prisoners placed in a particular housing unit shall be limited to no more than the rated capacity.	The County is in the process of fully implementing this requirement. The County has completed subsections (a) through (c); subsection (d) will be fully implemented when the Northern Branch Jail is open and operational. This	Partial Compliance	Completed. The County completed this requirement on 5/23/22 when the County discontinued housing in non-rated beds. The County was delayed in implementing this requirement primarily due to delays with the Northern

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	<p>b) No later than January 1, 2021, the County shall assign a bed to all prisoners.</p> <p>c) The County shall establish procedures to ensure that no prisoner is placed in any cell or housing unit without a mattress and appropriate bedding, unless there are individualized clinical or security concerns that are documented.</p> <p>d) Female prisoners shall be separated by sight and sound from male prisoners.</p>	<p>requirement has yet to be fully completed due to delays in the opening of the Northern Branch Jail. The County anticipates completing this requirement in three months.</p>		<p>Branch Jail construction process as well as the opening of intake at the Northern Branch Jail and the need for additional COVID-19 quarantine space and capacity at the Main Jail. The County only assigns inmates to housing units with beds and does not utilize temporary beds. All inmates are housed with appropriate bedding and mattresses, unless individualized clinical or security concerns that are documented warrant otherwise. Female inmates are only housed in B/C-1, B/C-4, IRC-400 at the Main Jail and housed in F and G Units in the Northern Branch Jail, which are separate and</p>

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				distinct from male housing units.

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VIII. STAFFING FOR HEALTH CARE SERVICES				
(Pg. 54)	1. The County shall establish and maintain appropriate Qualified Health Professional staffing levels and sufficient custodial staff to provide timely escorts for inmates to health care appointments.	Completed. The County has established appropriate staffing levels of Health Professional staff and custody deputies. The County currently maintains these levels and provides timely health care appointments.	Not Rated (Johnson)	The County is in the process of fully implementing this requirement. The County has established appropriate staffing levels for health professional staff and custody deputies. The County currently maintains these levels and provides timely health care appointments to inmates. The County has also adjusted the custody staffing level to support care appointment needs. In the next six months, the County will continue to monitor staffing levels to make MET's available to meet the requirements of this provision. The County will create a MET policy and procedure and will coordinate with Wellpath to

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				create an agreed upon mechanism to track MET data. The County will also update the Orientation Handbook to reflect the expectation that inmates are to attend appointments or sign a Health Care Refusal Form. A process will then be established for the review of these refusals. This requirement is being met at the Northern Branch Jail as most visits are being completed in the treatment rooms attached to each housing unit. This requirement has yet to be completed due to the COVID-19 pandemic and a shortage of resources. The County anticipates

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				completing this requirement in the next six months.
	<p>2. The County shall perform the following analyses:</p> <p>a) Comprehensive staffing analysis based on a needs assessment, to include medical and mental health care providers and clinical staff, office and technological support, Quality Assurance staff, supervisorial staff, and custody staff for escorts and transportation;</p> <p>b) Determination of the number of positions required in each discipline for health care needs at</p>	<p>The County is in the process of fully implementing this requirement. The County's implementation team has begun discussing performance of this provision. Progress towards compliance in this requirement has yet to be completed because the staffing analysis is in part dependent on the proposed main jail remodel. The County anticipates completing this requirement in the next eight to twelve months.</p>	<p>Non-Compliance (Johnson)</p>	<p>The County is in the process of fully implementing this requirement. The County's implementation team has begun discussing performance of this provision. In the next six months the County will be reaching out to Health Management Associates to assist with a staffing analysis. Progress towards compliance in this requirement has yet to be completed because the staffing analysis was in part dependent on the opening of the Northern Branch Jail, the proposed Main Jail remodel and Wellpath's contract</p>

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	each facility, based on current populations; c) Timeline for implementation of the staffing analysis (including authorization, funding, and hiring).			renewal. The County anticipates completing this requirement in the next eight to twelve months.
	3. The County shall regularly monitor and adjust, as needed, staffing in order to ensure timely access to care.	Completed. The County currently monitors staffing and will continue to do so to ensure timely access to care.	Non-Compliance (Johnson)	Completed. The County currently monitors and adjusts staffing at the Main Jail and will continue to do so to ensure timely access to care. The design and staffing levels of the Northern Branch Jail are in compliance with this provision. Continued compliance of this provision will be dependent on the findings of the staffing analysis.

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IX. TRAINING RELATED TO TREATMENT OF PRISONERS WITH SPECIAL NEEDS				
(Pg. 56)	1. The County shall develop and implement training, through various mediums including memorandums, briefings, online presentations, and/or classroom presentations, for Jail custody staff on the provisions described in this remedial plan, as well as general correctional health care issues, including crisis intervention techniques, recognizing different types of medical and mental health conditions and appropriate responses, developmental/intellectual disability, de-escalation and crisis intervention, suicide/self-harm prevention, cultural diversity, health care referral practices, and confidentiality standards	The County is in the process of fully implementing this requirement. The County provided eight hours of staff training on the implementation plan, with extended information on suicide prevention. Training spanned from 3/22/21 through 4/21/21. The County is revising its crisis intervention training curriculum for future training. The County developed and deployed its first training to staff regarding this remedial plan. The training involved the cleaning of mattresses, property boxes, and the cleaning of empty cells. The training was developed by the Environment of Care Monitor and was built into a PowerPoint. That PowerPoint was distributed to	Non-Compliance (Johnson)	Completed. The County delivered eight hours of staff training on implementation of this remedial plan and the relevant provisions in March/April 2021. The County also delivered trainings through briefings and memorandums regarding specific provisions of this remedial plan and any procedural changes associated with changes. As mentioned in our previous update, the County is revising its Crisis Intervention Training Program and intends to deliver that program with an additional 24-40 hours to some custody staff within the next six months, in excess of

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		squad supervisors to provide training to all staff working in the facility. Training is currently occurring among all of the squads in the Main Jail, and training rosters will be submitted as proof of completion. The County has been unable to create additional training due to limited resources but anticipates developing and implementing additional trainings related to these topics in the next six to nine months.		the required training within this provision.
	2. Jail custody staff training on implementation of remedial plan provisions shall be completed within 90 days of the effective date of this remedial plan. Jail custody staff shall receive at least eight (8) hours of training on all other topics	The County is in the process of fully implementing this requirement. The County completed training within 90 days of the effective date of this remedial plan. Additional training has not yet been	Non-Compliance (Johnson)	The County is in the process of fully implementing this requirement. The County has provided initial training to all custody staff (provided March/April 2021) and has documented course rosters.

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	described above on a bi-annual basis. The County shall keep records documenting all such trainings and training participants.	developed. This requirement has yet to be fully completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays. The County anticipates completing this requirement in the next three to six months.		Bi-Annual training is being developed for calendar year 2023 to cover these topics, however we are providing additional training through briefings, memorandums and other mediums this calendar year in addition to the required training outlined in this provision. This requirement has yet to be fully completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays. The County anticipates developing the Bi-Annual training in the next three to six months.
	3. Jail custody staff assigned to specialized units that house people with serious mental illness shall	The County is in the process of fully implementing this requirement. The County was	Non-Compliance (Johnson)	The County is in the process of fully implementing this requirement. The County is

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	receive four (4) additional hours of pre-service training, and on a bi-annual basis thereafter, on working with people with mental health needs, special medico-legal considerations, de-escalation and specialized management techniques, and the Jail’s mental health treatment programs.	able to create specialized mental health housing units where individuals were housed together and given additional privileges and out of cell time. Mental Health programming is still in the development stage. The County had to repurpose these specialized housing units due to the COVID-19 pandemic as multiple housing units were used as intake quarantine units, where new arrestees were quarantined prior to being moved into general population. The County is continuing to develop specialized mental health programming in anticipation of the reopening of these specialized housing units. This requirement has yet to be fully completed due to a		working on creating specialized mental health units and providing training to staff working within these specialized mental health units in compliance with this section. The space projected for these units was previously occupied by intake quarantine cells during the height of COVID-19 outbreaks in the community and within the jail. With the opening of intake at the Northern Branch Jail in early April 2022, intake quarantine needs at the Main Jail have decreased allowing for the re-purposing of these cells. The County intends to complete this provision within the next six months.

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		shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays. The County anticipates completing this requirement at the conclusion of the pandemic along with the opening of the Northern Branch Jail.		
	4. The County shall ensure that the health care services provider develops and implements training for health care staff to ensure timely implementation of and ongoing adherence to the provisions described in this remedial plan. The County shall keep records documenting all such trainings and training participants.	Completed. This training was delivered to Wellpath staff on 4/17/21. In addition, Wellpath currently receives at least two hours of annual suicide prevention training.	Non-Compliance (Johnson)	Completed. The County in conjunction with Wellpath provided health care staff with training on the remedial plan provisions on 4/17/21 and has documentation of such training and attendance.
	5. The County shall review and revise (as necessary) suicide prevention training for custody,	Completed. The County expanded the suicide prevention curriculum to cover three hours	Non-Compliance (Johnson)	Completed. The County delivered a suicide prevention curriculum in 2021 that

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	health care, and other relevant staff, and ensure that it adequately covers the following topics: a) avoiding obstacles (negative attitudes) to suicide prevention; b) why facility environments are conducive to suicidal behavior; c) identifying suicide risk; d) predisposing factors to suicide; e) high-risk suicide periods; f) suicide risk warning signs and symptoms; g) components of the County's jail suicide prevention program;	of the training. Subsections a) through i) are covered in such training.		addressed all relevant aspects of this provision.

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	h) liability issues associated with prisoner suicide; and i) crisis intervention.			
	6. The County shall provide all custody staff with at least eight hours of initial training and at least two to four hours of annual training, through various mediums including memorandums, briefings, online presentations, and/or classroom presentations, regarding suicide prevention and the identification and approach to prisoners with mental illness.	Completed. Custody deputies receive eight hours of suicide prevention training in the CORE Academy. The County will provide annual training as required by this provision.	Non-Compliance (Johnson)	Completed. The County provides at least eight hours of initial training to all custody staff at the CORE academy which includes training blocks on stigma and bias, trauma, interventions and resources, suicide prevention, foundation and definitions: signs and symptoms (of behavioral health), safety (behavioral health related) and emotional survival, which exceed eight hours in length. Course rosters and completion certificates are available for review. The County delivered a block of two to four hours of

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				training specific to this provision in March and April 2021 and we are currently working on developing a block of instruction for 2022 for custody staff.
	7. All health care staff shall receive at least two hours of training annually on suicide prevention and related mental health treatment and management issues. Annual training shall include a review of the current Jail suicide prevention policy and program.	Completed. Wellpath currently receives at least two hours of annual suicide prevention. This training is delivered online, during staff meetings, and through the Wellpath Academy.	Non-Compliance (Johnson)	Completed. All health care staff receive at least two hours of training annually on suicide prevention/mental health treatment which is documented and maintained by Wellpath.
	8. All custody and medical staff shall be trained in first aid and CPR.	Completed. Initial first aid and CPR training for custody staff is completed at the CORE Academy, and then completed through the training bureau in compliance with the Board of State and Community	Non-Compliance (Johnson)	Completed. All custody staff receive first aid and CPR training in the CORE Academy with refresher training provided on a scheduled basis as recommended by the Peace

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		Corrections (BSCC) standards. Wellpath CPR training is required for new employees, and is completed every other year by WellPath.		Officer Standards and Training (POST) and/or the BSCC. Wellpath requires all new employees to provide training of CPR training and refresher training is completed every other year by Wellpath.