

**Terri McDonald Consulting LLC
Sacramento, CA
Remedial Plan First Status Report
August 20, 2021**

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**Re: First Expert Report on the Remedial Plan
Murray, et al. v. County of Santa Barbara, et al.;
Case No. 2:17-cv-08805;**

Dear Counsel,

The attached represents the first report on the status of compliance with the Remedial Plan (the "Plan") associated with the Stipulated Judgement pursuant to *Murray, et al. v. County of Santa Barbara, et al.* This monitor has been tasked with reviewing a variety of "crossover" provisions, encompassing clinical and custody requirements; all provisions of Section VII, Custody Operations/Segregation; and associated training relative to those provisions.

This report separates monitored provisions into individual and clustered subcategories. It is likely the subcategories will change in future reports as the County continues to implement reform.

This report will use four categories of compliance:

- **Substantial Compliance** – Represents the County has implemented policy and training reforms and presented sufficient proof of practice to demonstrate compliance. It should be noted that an isolated incident of apparent non-compliance may not prohibit this rating. Additionally, a rating of Substantial Compliance in the first report will not result in the discontinuation of monitoring during the next review period.
- **Partial Compliance** – Represents the County initiated reform but has not yet fully systematized processes and/or proof of practice is insufficient to demonstrate substantial compliance.
- **Non-Compliance** – Represents the County has not yet demonstrated in a significant, systemic or measurable manner, that the County has begun implementation of the provision.
- **Unratable** – Represents the County reports or there appears to be a level of compliance with the provision but proof of practice, policies and/or training are unavailable or insufficient to support a compliance rating. This rating will not be utilized in future reports.

The attached report will document provisions of the Remedial Plan followed by a summation of the County's status report from the June 2, 2021, Remedial Plan Status Report, followed by associated policies and training. Following defining the provision, a compliance rating will be assessed, and relevant comments and recommendations will follow.

This first monitoring report is based on a significant amount of document and data review, on-site tours, interviews with staff and inmates and discussion with counsel. Prior to conducting the first tour, policies and various documents were requested and reviewed.¹ Following the initial document review, tours were conducted of the Main Jail and Northern Branch facilities on April 17-19, 2021, and the Main Jail was toured again on August 2-3, 2021. Tours included walking through all areas of the jail, interviewing staff and inmates and assessing aspects of the provision through on-site assessment and document review.

Since April 2021, nearly weekly discussions and documentation sharing has occurred with the County and while a variety of documents were not received or were incomplete, the County demonstrated a significant commitment to transparency as the majority of documents requested have been provided. Additionally, the medical and mental health provider, Wellpath, permitted access to the inmates' electronic unit health records for review.

In general, the County and Wellpath employees have been open, candid and willing to discuss both challenges and plans for improvement. During the tours, the monitor was provided full access to the facility, information requested on site and access to interview any inmate and any employee. Document requests have been facilitated but going forward there is a significant amount of data collection and refinement of information sharing necessary. Systems may not be in place in many areas to assist with self and external monitoring and the County must continue to work with the monitors to develop those systems during the next rating period.

¹ It should be noted not all documents or data were available or provided and in certain areas documentation reproduction was incomplete.

It cannot be overstated how challenging it has been for correctional systems across the nation to address the COVID-19 pandemic and those challenges most certainly hampered implementation of the Plan. Staff vacancies due to sickness and difficulty recruiting during the pandemic has been a national challenge and has also been reported by the County. The need to depopulate the facility and utilize housing units for quarantine and medical isolation has hampered the County's ability to begin to cluster mentally ill inmates. The resources the County had to utilize to address the COVID crisis certainly defocused staff efforts in the implementation of the Remedial plan, noting that progress has been impacted in many areas.

It is recognized that despite the challenges, the County has demonstrated continuous improvement even before the completion of the Stipulated Judgement and development of the Remedial Plan as evidenced by the provisions in the agreement where the County has reached Substantial Compliance or has shown significant improvement, even since the April tour. Examples include, but are not limited to:

- The County has trained staff on the Remedial Plan requirements and all staff interviewed stated they had been trained on the plan.
- Restricted Housing documentation practices have improved with inmates being advised of reason for placement and improving the system to evaluate and document an inmate's retention in restricted housing.
- The County has established a complex case committee in an attempt to house complex inmates in the least restrictive setting.
- Since the April 2021 tour, it appears the number of inmates housed in restricted housing has decreased.
- Many of the restricted housing units and several dorms have been freshly painted, improved lighting and subjected to deep cleaning.
- The County has addressed access to phones and grievances in all housing units in a systemic manner with limited grievances or voiced complaints about access. The County has also piloted a system to improve access to grievances in one unit with the goal to expand implementation if successful.
- The jail appears to have addressed crowding conditions in response to depopulation strategies to address COVID 19. While the Main Jail design, access to services and configuration is troubling, no units have been noted to exceed the rated capacity as established by the Board of State and Community Corrections (BSCC).
- The County recently implemented 30-minute checks in the restricted housing and quarantine units and the initial compliance ratings show good progress.
- The County has established new positions to assist with escorts to medical appointments as well as overseeing the cleaning of the Main Jail.
- The County has openly shared requested documentation and has shared Custody policies during development. That process continues as all experts should provide feedback, where appropriate, on updated policies.

However, there are areas in the Plan that have where reform implementation has been limited or stalled and the County is implored to focus on these areas during the next rating period. Examples include, but are not limited to:

- Project Management – The County is attempting to comply, but it appears that insufficient resources and attention have been provided to develop a comprehensive, multidisciplinary implementation plan to comply with the Remedial Plan. Recommend that the County improve the project management strategies during this next rating period.
- The treatment and housing strategies for complex populations requires substantial focus. There are insufficient resources to provide meaningful programming and appropriate housing for disabled, medically complex and seriously mentally ill inmates and there is an overreliance of restricted housing to address behaviors associated with mental health needs that would not warrant restricted housing if alternate treatment programming was available. There is also insufficient inpatient capacity for high-risk suicidal inmates. The report will provide a variety of recommendations and the opening of the Northern Branch jail and County's commitment towards diversion provide significant opportunity to address these challenges.
- The physical plant and overall living and working conditions in the Main Jail does not comport with modern correctional practices. The linear design facility with limited access to appropriate clinical, recreation and programming opportunities, coupled with lack of lighting and fresh air is troubling. If the jail is going to be continued to be utilized, a physical plant modification to comply with the Americans with Disability Act (ADA) as well as improving access to health care, programming and services should be redesigned and constructed. It is recognized the County is moving forward with a redesign plan and continuing to focus on improving the overall the living and working conditions in the jail must be a priority.
- The County has been unable to comply with the out of cell recreation and treatment provisions of the Remedial Plan and this is due, in part, to the physical plant of the Main Jail. However, the lack of a strategic plan to incrementally increase out of cell should be remedied immediately.
- The County committed to significant discharge planning and clinical engagement in the inmate disciplinary processes for mentally ill inmates yet is unclear how the County intends to begin to comply with those aspects of the Remedial Plan. This lack of clarity in implementation is likely associated with insufficient project management, resource challenges and a current lack of agreement on the role the Wellpath provider will play in compliance with the overall agreement.
- The on-going use of problematic Main Jail cells and delay in reviewing existing cells for physical plant risks for suicidal inmates needs to be addressed. The County has experienced serious suicide incidents and attempts in the last year and implementation of the suicide prevention policies should continue to be a targeted priority.
- While the COVID pandemic has certainly necessarily inhibited full implementation, unless there is another critical outbreak in the jail, COVID cannot become a barrier to delay implementation. Creating mental health units, continuing to improve classification and population management strategies and increasing out of cell opportunity in restricted housing are examples where the pandemic likely inhibited reform, but the system appears

stable enough at this point to move forward with a focused and strategic effort in all areas of the Reform Plan.

The necessary reforms are complex and comprehensive and will take time, effort and resources to achieve as well as maintain sustained compliance. I believe the County is committed but there is much work to be done and strategic implementation and urgency is critical. The monitor will continue with data, document and incident reviews; continue on-going engagement with the County on policies, procedures and training; and conduct quarterly on-site reviews during the next monitoring period and will consistently provide feedback to the County on status of implementation and prior to the issuance of the next monitoring report.

In presenting the attached report, I want to thank the Sheriff, County employees, Wellpath employees, Counsel and the inmate population, each group appearing willing to earnestly and openly share information and with the mutual desire to see improvements in the jails.

Respectfully Submitted,



Terri McDonald

Enclosure

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**Terri McDonald Consulting LLC
Sacramento, CA
Remedial Plan First Status Report
September 13, 2021**

The following are excerpts from the Remedial Plan provisions (the “Plan”) assigned to Terri McDonald for monitoring. The specific provision language is followed by the expert’s summary of the County’s status as reflected in the County’s June 2, 2021, status report as well as the Monitor’s findings and recommendations.

II. MEDICAL CARE

F. Access to Care

7. The County shall permit patients, including those who are illiterate, non-English speaking, or otherwise unable to submit written healthcare requests, to verbally request care. Such verbal requests shall immediately be documented 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.

County Response

In process. The County has edited policies and procedures to comply and intends to provide training. The County anticipates completing this requirement in the next eight to twelve months.

Expert Review

Unratable

Policy - Wellpath A-01 – Access to Care
Wellpath E-01 - Information on Health Services

Training - Disability Rights Remedial Plan Implementation

Wellpath has two policies that address access to care and the use of the sick call system to seek services. The County anticipates those policies will be updated and implemented during the next

review period. During both tours, inmates in the General Population and Restricted Housing units advised that they could tell a sick call nurse that they needed to fill out a sick call slip and the nurses would do that for them if they did not have a writing utensil or were otherwise limited. These comments represent that some staff may be doing this despite no formal policy requirement and the lack of a tracking system to verify. Monitoring will begin, in partnership with clinical experts, next review period.

II. F. Medical Care

9. The County shall designate and provide sufficient custody escorts to facilitate timely delivery of health care.

County Response

Completed. The County has two deputies assigned 12 hours a day for seven days a week to assist with escorts.

Expert Review

Partial Compliance

Policy - Wellpath D-06 – Patient Escorts

Training - Disability Rights Remedial Plan Implementation

The County has established a medical escort team (MET) to assist with medical appointments and has provided information relative to missed outside medical appointments for the periods of April-June 2021. The County also tracks, in high level terms, the number of escorts the MET deputies complete, including refusals. A review of the County's response to tracking missed internal appointments as agreed under Section II.N.3 reflects that County is developing a tracking mechanism anticipated to be completed in eight (8) months. Until that tracking system is implemented, it is unknown if the established Medical Escort Team (MET) is sufficient.

A review of the MET team information for July 2021 reflects with the exception of two (2) days¹, more than one deputy was assigned to the MET and it was routinely noted that three or four deputies might be assigned on any given day. The tracking mechanism, while a solid start in documenting refusals and out to court information, lacks sufficient actionable detail to engage in a quality improvement process. There are numerous days where at least one deputy reports over

¹ July 18 and July 26, 2021.

50% of the inmates are refusing medical care² but no names are listed to determine if a medical refusal form was completed and there was no documentation on the reason for refusal.

The County reports only two missed outside medical appointments during this period and neither was due to lack of escort personnel. The documentation for outside appointments provided more information than internal appointments and assists in evaluating whether inmates are attending scheduled external clinical appointments.

It is positive that the County established the MET teams and has begun tracking actual escorts. A refinement in the tracking system is necessary to address what appears to be a high refusal rate and there was no tracking area for lack of clinicians, lockdowns/emergencies, etc.

Recommend refinement of the process, improved data collection and data review inclusion in the Quality Improvement process. Recommend clarity in Wellpath and Custody policies and MET team duty statements to clarify expectations regarding documentation of completed or missed appointments and how to address inmate refusals. This section will be monitored, in partnership with clinical experts, during next review period.

II.H. Pharmacy Services

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.

County Response

Completed. Wellpath's polices, including D-2, meets this requirement.

Expert Review

Partial Compliance

Policy - Wellpath D-02 - Medication Services
Wellpath Policies KOP 2.0, 2.1, 5.1, 6.0, 7.0

Training - Disability Rights Remedial Plan Implementation

² July 2, 4, 5, 7, 9, 10, 22, 24, 25 and 27, 2021.

A review of the Wellpath policy D-02 mentions Keep on Person medications but did not provide measurable guidance in the policy. However, Wellpath has provided a series of temporary policies regarding KOP medicines in response to the Covid pandemic. These temporary policies provide greater detail concerning the KOP program. The County also provided a list of all inmates who had been prescribed and were issued Keep on Person (KOP) medications for review and that information is available to the monitors through the electronic unit health record system.

During the tour in August 2021, seven inmates on the KOP list were interviewed and all stated they had their KOP medications but two raised concerns about other medication issues and stated they had medical appointments to discuss their concerns with a physician. Two inmates on the KOP list provided were housed in a restricted housing unit and both were issued Albuterol.³

Recommend updating the Wellpath policy to address the mechanism utilized by health care to authorize an inmate to retain KOP medications so that custody staff are aware the medications are authorized. Will continue to monitor, in partnership with clinical experts, during next review period.

II.H. Pharmacy Services

6. The County shall provide sufficient nursing and custody staffing to ensure timely delivery and administration of medication.

County Response

Completed. The county maintains sufficient nursing and custody staff to deliver medication. (Wellpath D-2)

Expert Review

Substantial Compliance

Policy - Wellpath D-02 - Medication Services

Training - Disability Rights Remedial Plan Implementation

The County has a policy outlining medication delivery and deliver timelines. During both tours, inmates in various housing units were interviewed about access to medication. With minor exception, all inmates in the units reported receiving their medication consistently and at routine

³ Inmates R.G and K. Z. – August 1, 2021 list

times. There was no indication during the tours or during reviews of grievances that there are systemic issues of medications not being delivered during medication delivery periods. A review of the electronic health record did reflect intermittent delays in delivery of medication, reportedly due to occasional staff shortages, but in no incidents in the random review did it appear medications were not distributed due to the lack of staff.

Interviews of inmates and staff during tours, monitoring of grievances and random review of the eUHR to determine if medications were passed pursuant to policy timelines. Will continue in next review period to confirm whether Substantial Compliance is maintained. Additionally, will closely monitor potential delays that may occur due to the pending opening of the Northern Branch jail to determine if that activation impacts compliance.

II.I Transgender and Gender Nonconforming Health Care

- 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.

County Response

Completed. Wellpath's policy F-1-A meets this requirement.

Expert Review

Partial Compliance

Policy - Custody Operations Policy 301 – Classification
Custody Objective Classification Plan
Custody Housing Plans
Wellpath F-01A – Gender Dysphoria

Training - Disability Rights Remedial Plan Implementation

While the clinical assessment of health care treatment is more appropriately addressed by the health care experts, the initial review of Classification Policy 301; the Custody Objective Classification Plan; and the Main Jail and Northern Branch Housing Plans previously made it mandatory to place transgender inmates in restricted housing. However, the Housing Plan for the Northern Branch Jail did not reflect mandatory placement of transgender into restricted housing.

The associated policies have subsequently been updated to require the placement of transgender and gender non-conforming inmates in the least restrictive environment based on case-by-case

evaluations, but this practice has not yet been evaluated and there were limited number of transgender and gender non-conforming inmates in the jail during the two tours.

The County recently provided a list of all identified transgender and gender non-conforming inmates along with their housing locations. During the April tour, two transgender inmates were identified by counsel and were interviewed. During the August tour, only one inmate was identified on the list provided by the County - an inmate who was previously interviewed on the first tour but would not respond when attempts were made for an interview on the second tour.⁴ During the April tour, both inmates appeared in need of mental health services and were residing in either restricted housing or quarantine. Neither inmate voiced significant complaint about their housing or treatment specifically related to gender identify but additional rapport building will be needed with this population during future tours. Additionally, collaboration with the clinical experts in assessing compliance will be critical in future monitoring.

Will continue to work with clinical experts, County staff and plaintiffs' counsel to refine monitoring of this provision in next review period. The County should also seek opportunities to collaborate with local community-based organizations experienced in providing services to LGBTQ citizens to assist with policy development and practices for this population. The County should strive to implement emerging best practices for this population. Examples of those emerging practices include California Senate Bill 132 and guidance available through the PREA National Resource Center. Additionally, there are local and state jurisdictions in the process of altering the manner in which this population is treated, programmed and housed based on their gender identify, rather than their gender assigned at birth.

II.M. Discharge Planning

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.

County Response

In process. The County anticipates completing this requirement in the next six months.

Expert Review

Partial Compliance

Policy - Custody Operations 341 – Release Criteria
Wellpath Policy E-10 – Discharge Planning

⁴ Inmate S.H. – August 1, 2021 list

Wellpath F-03 – Mental Health Services

Training - Disability Rights Remedial Plan Implementation

The County reports they are not yet prepared to implement this section of the Plan. The County does have existing Custody and Wellpath policies regarding discharge planning and re-entry services, but both require update. While limited, discharge planning for medical and mental health inmates with complex and inpatient needs is occurring. The County will need to collaborate closely between custody, medical, mental health, the County Department of Behavioral Wellness (Be Well) and likely the courts and probation in the development of the discharge release policies and practices.

The County will require sufficient and well-trained staff to create an effective discharge planning system and will likely need to continue to expand re-entry support systems for aftercare services. The County also requires tracking mechanisms to quantify which inmates received discharge planning and reentry support. Experts will work with the County to establish compliance monitoring process for next review period.⁵

II.M. Discharge Planning

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.

County Response

In process. The County anticipates completing this requirement in the next six months.

Expert Review⁶

Non-Compliance

Policy - Custody Operations 341 – Release Criteria
Wellpath Policy E-10 – Discharge Planning
Wellpath F-03 – Mental Health Services

⁵ Refer to recommendation in Section VII.F.8 as related provision

⁶ Refer to recommendation in Section VII.F.8 as related provision.

Training - Disability Rights Remedial Plan Implementation

The County anticipates implementation of this provision by the end of 2021. Refer to responses in Sections II.M.1 (p.6) and VII.F.8 (p.67) for recommendations. Monitoring to begin next review period in partnership with clinical experts.

II.N. Quality Management

3. The County shall track and document all completed, delayed, and canceled medical appointments, including reasons for delays and cancellations. Such documentation shall be reviewed as part of the equality management process.

County Response

In process. The County anticipates completing this requirement in the next eight months.

Expert Review

Partial Compliance

Policy - Wellpath A-04 – Administrative Meetings and Reports.

Training - Disability Rights Remedial Plan Implementation

Refer to response in section II.F.9 (p. 2-3).

II.N. Quality Management

5. The County shall incorporate a systematic review of prisoner grievances related to health care into its Quality Management program.

County Response

In process. The County anticipates completing this requirement in the next two months.

Expert Review

Non-Compliance

Policy - Wellpath A-10 – Grievance Process for Health Care Complaints
Wellpath A-04 – Administrative Meetings and Reports

Training - Disability Rights Remedial Plan Implementation

The County does have an inmate grievance system and health care related grievances are responded to by health care personnel. The County has provided a list of grievances filed during April-May 2021 and health care related grievances are listed. As the County reports, they are in process of creating a system in their Quality Management program to conduct systemic reviews. A review of that process will be included in subsequent reports in collaboration with clinical experts.⁷

III.MENTAL HEALTH CARE

A. Policies and Procedures

2. The County shall develop policies and procedures regarding mental health care committees that clearly describe structure, membership, and minimum meeting frequencies.

County Response

Completed. The County revised Custody Operations Policy 241, Mental Health Care to meet this provision.

Expert Review

Partial Compliance

Policy - Custody Operations Policy 241 – Mental Health Care
Wellpath A-04 – Administrative Meetings and Reports

⁷ Refer to Section VII.G (p. 68-72) for additional information on inmate grievances.

Training - Disability Rights Remedial Plan Implementation

The County has a variety of Wellpath and Custody policies relative to the provision of mental health care. The County is also in the process of updating Custody Operations Policy 241 to incorporate this provision and that policy will be reviewed by the experts during the next review period. A review of Wellpath's policy A-04, Administrative Meetings and Reports, reflects the following language, which does not appear to meet the requirements of the Plan:

6.2.3 – The Mental Health Coordinator/Director may elect to hold department staff meetings. Minutes from these meetings are kept and copies provided to the RHA/HSA.

Recommend Wellpath policy be updated to describe structure, membership and minimum meeting frequencies to comply with provision. Will work with the County and experts to refine Custody Operations Policy 241 and will seek meeting minutes and attendance as proof of practice for compliance. Monitoring for this provision will begin next review period in collaboration with the mental health expert.

III.A. Mental Health Policies and Procedures

3. The County shall ensure that its policies and procedures are consistent with the provisions of this Remedial Plan and include the following:
 - a. A written document reflecting the spectrum of mental healthcare 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 staff referrals for mental health care;
 - d. Clinical monitoring of inmates, including but not limited to those who are segregated or on suicide watch;
 - 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;
 - f. Relevant mental health-related training for all staff members who are working with inmates with mental illness.

County Response

In process. The County anticipates completing this requirement in the next two months.

Expert Review

Partial Compliance

- Policy - Custody Operations Policy 241 – Mental Health Care
Wellpath Policy E04- Initial Health Assessment
Wellpath Policy E-05 – Mental Health Screening and Evaluation
Wellpath Policy F-02 – Infirmary Level Care
Wellpath Policy F-03 – Mental Health Services
Wellpath Policy G-02 – Segregated Inmates
Wellpath Policy G-02A – Safety Cell Placement

- Training - Disability Rights Remedial Plan Implementation

The County has a variety of policies and procedures related to mental health care and reflects in the First Status report that policies are being updated to comply with the provisions. The updated policies will be reviewed when received, with a focus on the custody aspects of the policies, rather than clinical aspects of the plan. The clinical experts are best suited to review the clinical aspects of those plans.

Custody updated Operational Plan 241 Mental Health Services will also need to be updated to incorporate custody aspects necessary to support this provision. The lesson plans and training for mental health will be reviewed in coordination with updated policies and procedures. Monitoring for this provision will continue next review period in collaboration with the mental health expert.

III.A. Mental Health Policies and Procedures

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.

County Response

In process. The County anticipates completing this requirement in the next two months.

Expert Review

Non-Compliance

Policy - Custody Operations Policy 241 – Mental Health Care
Custody Operations Policy 320 – Cell Extractions
Wellpath Policy F-03 – Mental Health Services

Training - Disability Rights Remedial Plan Implementation

The County reflects they will complete this requirement by the fall of 2021. Currently the existing policies do not support this requirement and there is no existing formal practice where mental health professionals is summoned to de-escalate a seriously mentally ill inmate. However, both custody and mental health staff report this occurs frequently informally but it is not tracked. Review of the policies, procedures and associated training will be conducted during the next review period and monitoring will occur in conjunction with the mental health expert.

III. D. Mental Health Services, Housing, and Access to Care

1. Mental health staff shall respond to mental health referrals and requests within the following timelines:
 - a) Four (4) hours for emergent cases, and sooner if clinically indicated, except that during the hours of 11:00 p.m. and 7:00a.m., medical staff shall respond to emergent cases;
 - b) Twenty-four (24) hours for urgent cases, and sooner if clinically indicated;
 - c) One week for routine cases, and sooner if clinically indicated.

County Response

Completed. This requirement is delineated in Wellpath policies, including F-3, Mental Health Services.

Expert Review

Partial Compliance

Policy - Custody Operations Policy 241 – Mental Health Care
Wellpath A-04 – Administrative Meetings and Reports
Wellpath F03 – Mental Health Services

Training - Disability Rights Remedial Plan Implementation

Wellpath policy F-03, Mental Health Services outlines these timelines in section 6.3.2 of the policy. However, Custody Policy 241 does not provide direction to custody personnel should they encounter an issue where a mental health evaluation does not occur within the prescribed timeframes. Additionally, it does not appear that a tracking mechanism to measure compliance has been established or included in the quality management process.

Recommend Custody Policy 241 be updated to provide guidance to staff on what steps to take to elevate the issue for support if a mental health referral does not occur according to provision timelines. Tracking and analysis of compliance data should be included in Wellpath's QA/CQI process. Additionally, recommend working with clinical expert to establish proof of practice for review in mental health leadership meetings.

III. D. Mental Health Services, Housing, and Access to Care

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.

County Response

In process. The County anticipates completing this requirement in the next four to six months.

Expert Review

Unratable

Policy - Custody Operations Policy 301 – Classification
Custody Objective Classification Plan
Custody Housing Plans
Training - Disability Rights Remedial Plan Implementation

Please refer to responses and recommendations in sections VII.A.1-4 (p. 37-43) and VII.B.2 (p. 44-46).

III. D. Mental Health Services, Housing, and Access to Care

3. The County shall develop and designate specialized mental health units, with provision of the appropriate levels of programming and treatment for each mental health care service level.
 - 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.
 - b. The County shall develop referral criteria and policies regarding management, treatment, and placement of inmates with SMI.
 - 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.
 - d. The County shall develop policies and procedures to house and treat inmates with mental illness at the clinically appropriate level of care.

County Response

In process. The County anticipates completing this requirement at the conclusion of the pandemic.

Expert Review

Non-Compliance

Policy - Custody Operations Policy 301 – Classification
Custody Operations Policy 302 – Inmate Movement
Custody Operations Policy 305 – Bed Assignment
Custody Objective Classification Plan
Custody Housing Plans
Wellpath F-03 – Mental Health Services

Training - Disability Rights Remedial Plan Implementation

The County has verbally articulated a strategy and potential locations to create specialized mental health programs but has not been able to cluster inmates into specialized living units for behavioral health treatment with the exception of the jail-based competency restoration program. The County contracts with the State of California Department of State Hospitals to provide a Jail-Based Competency (JBCT) program which is an excellent model to emulate. The lack of creating sufficient specialized mental health units is due in part to the need to quarantine inmates during intake and create social distance spacing, which requires the use of several of the more amenable units for quarantine purposes. County leadership has verbally shared plans to cluster behavioral

health inmates when opening the Northern Complex jail but has concerns that strategy may also be impacted by COVID controls. However, those plans are not articulated in the Northern Branch Jail Classification Housing Plan or articulated in a written plan for review.

Recommend the county begin to identify inmates who would benefit from a specialized program and implement a strategy to immediately convert another Main Jail unit to operate similar to the JBCT program. Additionally, the County should prepare to open behavioral health treatment units when the Northern Branch Jail is opened in the fall. Reviewing inmates in restricted housing for placement in specialized and stepdown programs should be a priority.

Classification and Housing Plan policies should be updated, and a mental health classification system should be developed to assist custody in making housing decisions as the clinical needs of the mental health population can vary from day treatment level of care to acute level of care. Custody investing in developing the classification and population management expertise in the Classification Unit is recommended.⁸ Monitoring will continue in next review period in collaboration with the mental health expert.

III. D. Mental Health Services, Housing, and Access to Care

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 population setting or who is housed in a specialized mental health unit, to coordinate individual health, mental health, classification and discharge needs.
 - 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 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.
 - 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 as needed by the multidisciplinary treatment team, with participation of the inmate.

County Response

Completed. The County currently has weekly meetings to discuss.

⁸ Refer to response to provision VII.A.1 (p. 37-38) for further reference.

Expert Review

Partial Compliance

- Policy - Custody Operations Policy 241 – Mental Health
Wellpath Policy A-04 – Administrative Meetings and Reports
Wellpath F-03 – Mental Health Services
Wellpath G-02 – Segregated Housing
- Training - Disability Rights Remedial Plan Implementation

The County has implemented a multidisciplinary team meeting, the High Alert Risk Person (HARP), to discuss complex cases. While exceedingly positive, the committee is not yet described in any policies reviewed. Regardless, the County has provided proof of practice on the meetings, which began on July 12, 2021. Since that date, weekly HARP documentation reflects the committee met and that program compliance and step-down options are discussed for selected inmates. The committee membership is comprised of mental health staff, custody supervisors, classification and custody housing unit staff. The County has not yet involved the inmate in the HARP review or other committee actions as required by the Plan.

By the end of July 2021, eleven (11) inmates were presented in the HARP meeting. From the reviews, it appears at least six (6) inmates were downgraded to general population or non-segregated protective custody units and an additional three (3) were being evaluated for stepdown. It appears only one inmate released from restricted housing status was returned due to inability to stabilize in communal housing. It does not appear the housing unit officer or the involved inmate was involved in any of the committee reviews.

Recommend continuing to refine practices and expectations in both Custody and Wellpath policies to include clarity on how inmates are referred to the HARP committee, the make-up of the committee, inmate involvement in the committee and documentation of committee action. Documentation of HARP committee actions should include any property or privilege enhancements or restrictions as well as ability to double cell or engage in group recreation if housed in a restricted housing unit. The Committee notes should continue to include the names and titles of committee members to show attendance and whether the committee was able to include the assigned living unit officer to the team or if the inmate was permitted to attend.

Monitoring will continue during next review period with the deferral of the review of the treatment plans to clinical experts.

III. D. Mental Health Services, Housing, and Access to Care

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.e.*, electronic tablets – to people in these units equivalent to that provided in the general population (at least four (4) hours per day, on at least three (3) separate days per week).
 - 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 Treatment Plan will include a description of the diagnosis, problems, level of functioning, medication compliance, and rationale for scheduling fewer hours of treatment services.
 - 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.
 - c. The County shall establish an additional, less intensive mental 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.

County Response

In process. The County anticipates completing this requirement at the conclusion of the proposed main jail remodel as contemplated by the Stipulated Judgment.

Expert Review

Non-Compliance

Policy - Custody Operations Policy 241 – Mental Health Care
Custody Operations Policy 367 – Inmate Recreation
Custody Objective Classification Plan
Custody Housing Plans
Wellpath F-03 – Mental Health Services

Training - Disability Rights Remedial Plan Implementation

The County's reported timeline for compliance with this section of the Plan is problematic. While it is recognized the pandemic has inhibited flexibility in housing to ensure adequate quarantine and social distancing, the opening of the Northern Complex facility will provide significant opportunity to enhance out of cell time for both recreation and treatment. The Main Jail remodel, while promising, will not occur as quickly as the opening of the Northern Complex and it is unclear how the Main Jail remodel will facilitate the out of cell recreation and treatment opportunities similar to the potential created by the opening of the Northern Complex. It is also unclear why a Modified Individual Treatment Plan policy and implementation cannot be facilitated sooner, recognizing there may be limitations to the amount of out of cell opportunities.

It is recommended that all associated policies be updated to reflect this provision of the Plan. Tracking mechanisms should be developed and implemented for all aspects of this provision. The multidisciplinary treatment team process should be implemented and documented in the Modified Individualized Treatment plan. Refer to Sections VII.D.1-4 for additional recommendations (p 51-54).

III. D. Mental Health Services, Housing, and Access to Care

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.
 - 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.
 - b) The County shall continue to provide supervision, treatment, and out-of-cell time consistent with the inmate's Modified Individualized Treatment Plan.

County Response

In process. The County anticipates completing this requirement at the conclusion of the pandemic.

Expert Review

Non-Compliance

Policy - Custody Operations Policy 301 – Inmate Classification
Custody Operations Policy 305 – Bed Assignment
Custody Objective Classification Plan

Custody Housing Plan
Wellpath F03 – Mental Health Services
Wellpath G02 – Segregated Inmates

Training - Disability Rights Remedial Plan Implementation

It is believed that this provision can be accomplished with the opening of the Northern Branch Jail and a renewed population management strategy. The identification of all of the mentally ill inmates in restricted housing units in the Main Jail with a target to cluster a group into a specialized behavioral health unit to begin a stepdown program would likely be achievable even during the pandemic.

Refer to responses and recommendations in the following sections: III.D.3 (p 14-15), VII.A.1-4 (p. 37-43), VII.B.2 (p 44-46). VII.F.I (p 59-60).

III. D. Mental Health Services, Housing, and Access to Care

7. The County shall develop and provide comparable and separate services and treatment programs for male and female inmates meeting criteria for placement in specialized mental health units.

County Response

In process. The County anticipates completing this requirement at the conclusion of the pandemic.

Expert Review

Non-Compliance

Policy - Wellpath F-03 – Mental Health Services

Training - Disability Rights Remedial Plan Implementation

The County reflects they will complete this requirement at the conclusion of the pandemic. As previously stated, delay in implementation does not have to wait for the conclusion of the pandemic and strategies should be implemented to move forward. As new strategies are

developed and implemented, female inmates should receive similar services and compliance will be monitored in the next review period.⁹

III.F. Mental Health and Disability Input in the Jail Disciplinary Process

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 on the health and well-being of inmates with Disability.
The County shall develop policies and procedures on the consideration of mental health input in the disciplinary process.
2. In cases where an inmate with SMI, with an intellectual 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:
 - 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 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.
3. 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.
4. 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.
5. 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.

County Response

In process. The county anticipates implementation in the next four months.

⁹ Refer to response for provision III.D.4 (p 15-16) for additional recommendations.

Expert Review

Non-Compliance

Policy - Custody Operations Policy 241 – Mental Health Care
Custody Operations Policy 363 – Inmate Discipline
Wellpath F-03 – Mental Health Services

Training - Disability Rights Remedial Plan Implementation

The County has a policy on inmate discipline, standardized forms, and the ability to generate summary reports from the offender management system. However, the County has not been able to update policies, practices, forms and training to implement these sections of the Plan. The County reports this will occur by the fall of 2021 and it is anticipated that this provision will likely create significant workload to both custody and mental health staff, requiring a workload review to determine if sufficient resources exist to implement. Monitoring for this section will begin during the next review period and experts will work with the County as they develop policies, forms and training to comply.

III.F. Mental Health and Disability Input in the Jail Disciplinary Process

6. Inmates shall not be subjected to discipline in any manner that prevents the delivery of mental health treatment or adaptive support needs.

County Response

Complete. The County does not discipline individuals in these situations. Custody Operations Policy 363, Inmate Discipline, specifically states these items shall not be interrupted due to discipline.

Expert Review

Partial Compliance

Policy - Custody Operations Policy 363 – Inmate Discipline

Training - Disability Rights Remedial Plan Implementation

A review of Custody Operations Policy 363 does not reflect this requirement is specifically delineated in policy. A review of the “Forms of Discipline” and “Limitations of Disciplinary Action”

sections of Policy 363 do not specifically prohibit the prevention of the delivery of mental health treatment or adaptive support needs as a result of a disciplinary sanction.

However, a rather limited review of the disciplinary logs and sanctions for Inmate Disciplinary Reports (IDR) for the period of June 1-15 reflect zero inmates in 62 adjudications received a loss of property and/or placement in disciplinary isolation as a result of an IDR finding. The overwhelming majority of adjudicated IDRs, when the inmate was found guilty of the allegation, resulted in a loss of visiting and commissary. A review of the inmate grievance logs for January 2021 through June 2021 reflects nine grievances related to IDRs but none appear to be an allegation the IDR resulted in preventing the inmate's access to mental health care or adaptive support services.

Recommend updating Custody Operations Policy 363 and associated training to reflect agreement. Monitoring for this section will continue during next review period, focusing on completed IDRs and grievances related to this area. It is anticipated the County can reach Substantial Compliance in this area in the next review period.

III.F. Mental Health and Disability Input in the Jail Disciplinary Process

7. 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.

County Response

Complete. The County does not discipline individuals in these situations. Custody Operations Policy 363, Inmate Discipline, specifically precludes discipline for these behaviors.

Expert Review

Partial Compliance

Policy - Custody Operations Policy 363 – Inmate Discipline

Training - Disability Rights Remedial Plan Implementation

A review of Custody Operations Policy 363 does not reflect this requirement is specifically delineated in policy. A review of the "Limitations of Disciplinary Action" section of Policy 363 does not specify that inmates cannot be disciplined for refusing treatment or medications or engaging in self-injurious behavior. However, a review of the disciplinary logs and sanctions for Inmate Disciplinary Reports (IDR) for the period of June 1-15 does not reflect any inmate received an IDR for these behaviors. A review of the inmate grievance logs for January 2021 through June 2021 does not show any grievances related to being issued an IDR for these behaviors.

Recommend updating Custody Operations Policy 363 and associated training to reflect agreement. Monitoring for this section will continue during next review period, focusing on completed IDRs and grievances and grievance responses related to this area. It is anticipated with an update to the policy and training that the County will reach Substantial Compliance in next review period.

III.F. Mental Health and Disability Input in the Jail Disciplinary Process

8. The County shall provide reasonable accommodations during the disciplinary process for inmates with mental health or intellectual Disability.
9. The County shall take reasonable steps to ensure the provision of effective communication and necessary assistance to inmates with Disability at all stages of the disciplinary process.

County Response

In process. The County anticipates implementing this requirement in the next eight months.

Expert Review

Non-Compliance

Policy - Custody Operations Policy 241 – Mental Health Care
Custody Operations Policy 363 – Inmate Discipline
Wellpath F-03 – Mental Health Services

Training - Disability Rights Remedial Plan Implementation

The County has a policy on inmate discipline, standardized forms, and the ability to generate summary reports from the offender management system. However, the County has not been able to update policies, practices, forms and training to implement these sections of the Plan and reports this will occur by the fall of 2021. To comply, the County may need to establish flags in the offender management system to identify inmates who need support for effective communication or a reasonable accommodation. Monitoring will begin, in partnership with the ADA expert, in the next review period and experts will work with the County as they develop policies, forms and training to comply

III.F. Mental Health and Disability Input in the Jail Disciplinary Process

10. 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 this process, including the frequency that the recommendation of the Qualified Mental Health Professional was followed.

County Response

In process. The County anticipates implementing this requirement in the next six months.

Expert Review

Partial Compliance

Policy - Custody Operations Policy 241 – Mental Health Care
Custody Operations Policy 363 – Inmate Discipline
Wellpath F-03 – Mental Health Services

Training - Disability Rights Remedial Plan Implementation

The county has a policy regarding inmate discipline and does have supervisory leadership who oversee the process. Tracking mechanisms exist to monitor outcomes of IDR hearings but require refinement. The County reflects anticipated compliance by the end of 2021. Monitoring for this section will begin during the next review period and experts will work with the County as they develop policies, forms and training to comply.

III. H. Discharge and Reentry Services

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.
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.

County Response

In process. The County anticipates implementing this requirement in the next six months.

Expert Review

Partial Compliance

Policy - Custody Operations 341 – Release Criteria
Wellpath Policy E-10 – Discharge Planning
Wellpath F-03 – Mental Health Services

Training - Disability Rights Remedial Plan Implementation

The County reports they are not yet prepared to implement this section of the Plan. While limited, discharge planning for medical and mental health inmates with complex and inpatient needs is occurring but no reports were provided to show how many inmates received these services or the success of those referrals. The County will need to collaborate closely between custody, medical, mental health, the County's Be Well program and likely the courts and probation in the development of the discharge release policies and practices.

The County will require sufficient and well-trained staff to create an effective discharge planning system and will likely need to continue to expand re-entry support systems for aftercare services. Additionally, tracking mechanisms will need to be developed to assist with monitoring and experts will work with the County to establish compliance monitoring process for next review period.¹⁰

III. H. Discharge and Reentry Services

3. The County will ensure that inmates taking prescribed psychiatric medications have continuity of medications, and arranging follow-up appointments with providers.

County Response

In process. The County anticipates implementing this requirement in the next eight months.

Expert Review

Partial Compliance

¹⁰ Refer to Sections II.M.1 (p 6-7). and VII.F.8 (p. 67) for additional recommendations.

Policy - Custody Operations 341 – Release Criteria
Wellpath Policy E-10 – Discharge Planning and Release Medications
Wellpath F-03 – Mental Health Services

Training - Disability Rights Remedial Plan Implementation

Wellpath policy E-10 directs a minimum of a three (3) day supply of medications upon release and provides guidance on arranging follow-up care. However, this is not the current practice as inmates are released with only a prescription and no discharge medications are issued upon release. The County does have a process to pay for discharge medications if the inmate can collect them from a designated offsite pharmacy.

The County anticipates implementing this requirement by early 2022 and further discussion is necessary to understand the County's process in assisting releasing inmates with receiving discharge medication as well as the arrangement of follow up appointments with providers. Monitoring will begin on this provision during the next review period in partnership with the clinical experts.

III. H. Discharge and Reentry Services

4. The County shall track the elements of discharge planning for Continuous Quality Improvement purposes. Data shall include at least the following:
 - 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, discharge medications, 5150 referrals, and other aspects of reentry services completed by the mental health care staff.

County Response

In process. The County anticipates implementing this requirement in the next eight months.

Expert Review

Non-Compliance

- Policy - Custody Operations 341 – Release Criteria
Wellpath A-04 – Administrative Meetings and Reports
Wellpath A-06 – CQI Program
Wellpath Policy E-10 – Discharge Planning and Release Medications
Wellpath F-03 – Mental Health Services
- Training - Disability Rights Remedial Plan Implementation

The County has established policies and practices for data collection and continuous quality improvement (CQI) protocols to build upon. However, Wellpath policy A-04, Reports, does not specifically list discharge data collection as mandatory. The County reflects they will implement this provision by early 2022. Monitoring will begin on this provision, in partnership with the clinical experts, during the next review period.

IV. SUICIDE PREVENTION

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 suicide, are housed and treated in the least restrictive setting appropriate to their individual clinical and safety needs.

County Response

In process. The County anticipates implementing this requirement in the next two months.

Expert Review

Partial Compliance

- Policy - Custody Operations Policy 241 – Mental Health Care
Custody Operations 242 – Suicide Prevention
Custody Operations Policy 301 – Classification
Custody Operations Policy 304 – Use of Safety Cells
Custody Operations Policy 305 – Bed Assignment
Wellpath B-05 – Suicide Prevention
Wellpath E-05 – Mental Health Screening and Evaluation
Wellpath F-03 – Mental Health Services
Custody Objective Classification Plan
Custody Housing Plans

Training - Disability Rights Remedial Plan Implementation

The County has both custody and clinical policies regarding Suicide Prevention and reports that they will have updated policies by the fall of 2021.

The County utilizes safety cells and mental health observation cells to house inmates in the jail on suicide watch and utilizes outside hospitals for acute mental health treatment, but it appears inpatient beds are limited. The County has provided significant documentation on the placement of inmates in safety cells to include the reason for placement, security checks and clinical checks.¹¹ However, the continued placement of high-risk inmates in a mental health observation cell following release from a safety cell has not been clearly articulated or reviewed. This is an area that requires considerable review during the next review period in partnership with the mental health expert.

Monitoring will continue on this provision, in partnership with the mental health expert, during the next review period.

IV.C. Suicide Prevention

2. Prisoners on psychiatric observation for suicide risk shall be housed and monitored in a setting appropriate for their clinical needs.

County Response

Complete. This is the County's current practice and documented in Custody Operations Policy 304.

Expert Review

Unratable

Policy - Custody Operations Policy 241 – Mental Health Care
Custody Operations 242 – Suicide Prevention
Custody Operations Policy 301 – Classification
Custody Operations Policy 304 – Use of Safety Cells
Custody Operations Policy 305 – Bed Assignment
Wellpath B-05 – Suicide Prevention
Wellpath E-05 – Mental Health Screening and Evaluation

¹¹ Refer to section VII.C.3 (p 49-50) for additional information.

Wellpath F-03 – Mental Health Services
Custody Objective Classification Plan
Custody Housing Plans

Training - Disability Rights Remedial Plan Implementation

The County has policies related to suicide prevention and utilizes safety cells and mental health observation cells for suicide precautions with either 15-minute checks or constant observation. Clinical staff make the determination regarding placement on suicide watch and level of supervision. Each week, the County shares information relative to which inmates have been placed in safety cells and the experts have access to the eUHR to review documentation related to a placement on psychiatric observation. However, the County may also be utilizing Mental Health Observation cells in a manner which requires additional review as some use of the Mental Health Observations cells could be considered an extension of safety cell placement. These cells mirror the more isolative nature of safety cells and restricted housing as inmates are not permitted access the dayroom, yard, programming or other inmates while housed in a mental health observation cell.

Will defer to the clinical expert regarding whether a higher level of care for suicide observation/treatment was necessary and that level of care was unavailable, either due to a shortage of infirmary beds or community-based capacity. Monitoring will continue on this provision, in partnership with the clinical experts, during the next review period.

IV.C. Suicide Prevention

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 to behavioral health for inpatient placement evaluation.

County Response

Complete. This is the County's current practice and documented in Custody Operations Policy 304.

Expert Review

Non-Compliance

Policy - Custody Operations 242 – Suicide Prevention
Custody Operations Policy 304 – Use of Safety Cells

Wellpath B-05 – Suicide Prevention
Wellpath G-02A – Safety Cell Placement and Retention

Training - Disability Rights Remedial Plan Implementation

Custody Operations Policy 304 provides significant direction regarding this provision; however, the policy does not mandate custody documentation if the inmate is required to be retained in a safety cell beyond 24 hours.

Based on a review of safety cell placements during the period of April 1 – June 26, 2021, it appears approximately 90% of inmates placed in a safety cell were released within 24 hours of placement.¹² However, as previously mentioned, there is no clear documentation in the safety cell placement files if an inmate was transitioned to mental health observation and the tracking mechanism provided for review did not continue on any inmate who transitioned from a safety cell to a mental health observation cell. Will work with the County during the next review period to ensure an associated tracking system is created and those cases will be referred to the mental health expert for clinical evaluation.

A detailed review of safety cell placements during the months of May and June 2021 reflects at least thirteen inmates¹³ remained in a safety cell beyond 12 hours but were released prior to 24 hours.¹⁴ According to this provision, these inmates should have been referred to County behavioral health for inpatient housing evaluation. F These inmate names were provided to the mental health expert for further clinical evaluation.

An additional eight inmates exceeded 24-hour placement in a safety cell.¹⁵ It does not appear that Custody completed required documentation to detail the reasons the inmate was being retained beyond the 24-hour period as required by the provision. This will need to be addressed by the County in the next review period. The mental health expert was provided the information on the eight inmates who exceeded 24 hours in a safety cell for further clinical review.

Recommend updates to custody and mental health policies and training to reflect requirements of this provision. Will work with the mental health expert to continue to monitor this provision in the next review period. Will also work with County and mental health monitor to create a system to track and review inmates placed in a mental health observation cell when they have exceeded the 24-hour limit to determine if a higher level of care was necessary but not available.

¹² Based on reviews of security check logs and tracking reports for safety cell placements.

¹³ May – N.S., D.H. twice; T.G., S.L., M.D., J.A., T.S., RP; June – R.M., F.H., C.C., J.B. It should be noted one tracking report for the week in the Inmate Reception Center had not been reviewed as the date of this report.

¹⁴ Any retention of slightly beyond 12 hours is not included assuming time needed to find alternate housing after clearance by mental health.

¹⁵ April – E.Y., A.S., D.D., B.B.; May – R.P.; June T.G., R.H., C.B.. It should be noted one tracking report for the week in the Inmate Reception Center had not been reviewed as the date of this report.

IV.C. Suicide Prevention

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 inpatientmental health setting or hospital, absent exceptional circumstances documented by clinical and custody staff.

County Response

In process. The County anticipates implementing this requirement in the next eight months.

Expert Review

Non-Compliance

- Policy - Custody Operations 242 – Suicide Prevention
 Custody Operations Policy 304 – Use of Safety Cells
 Wellpath B-05 – Suicide Prevention
 Wellpath G-02A – Safety Cell Placement and Retention
- Training - Disability Rights Remedial Plan Implementation

It does not appear this is routinely occurring, and the county reflects they will be in compliance with this provision by the Summer of 2022. As mentioned, a review of just two months data in 2021 reflected at least 13 inmates remained in a safety cell between 12 and 24 hours and an additional eight (8) inmates remained in safety cells longer than 24 hours. It is unknown as of the date of this report how many, if any, of the inmates who were retained beyond 24 hours were transferred from a safety cell to a mental health observation cell but that information will be requested for future reporting. The lists of inmates retained beyond 12 hours was provided to the mental health expert for further clinical review. Monitoring will continue in next review period in partnership with the mental health expert.

IV.D. Treatment and Conditions for Individual Prisoners on Suicide Precautions

3. Safety cells shall be sanitized after every use and the sewer grate inspected to ensure cleanliness and appropriate conditions.

County Response

In process. The County anticipates implementing this requirement in the next two months.

Expert Review

Non-Compliance

Policy - Custody Operations 242 – Suicide Prevention
Custody Operations Policy 304 – Use of Safety Cells
Wellpath B-05 – Suicide Prevention
Wellpath G-02A – Safety Cell Placement and Retention

Training - Disability Rights Remedial Plan Implementation

The County has a policy on the use of safety cells, which has an updated section specifically regarding cell cleanliness and checking the grate prior to placing an inmate in the cell. During both tours, it was noted that superficial cleaning was occurring in the safety cells, but deep cleaning was clearly necessary. The County reflects policy and practice will be refined by the summer of 2021 and has notified they have created an “Environment of Care” position, establishing an assignment with the responsibility for overseeing the cleaning protocols of the Plan.

Recommend staff have quick access to appropriate cleaning supplies to allow for deep cleaning of safety cells between utilization. Recommend update to security check placement documentation to reflect deep cleaning occurred prior to and after utilization of the safety cell. Will work in collaboration with the environmental expert to continue to monitor in next review period.

IV, E. Supervision/Monitoring of Suicidal Prisoners

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:

- 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 observation as it occurs.
- 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.

County Response

In process. The County anticipates implementing this requirement in the next six months.

Expert Review

Partial Compliance

Policy - Custody Operations 242 – Suicide Prevention Custody Operations Policy 304 – Use of Safety Cells
Wellpath B-05 – Suicide Prevention
Wellpath G-02A – Safety Cell Placement and Retention

Training - Disability Rights Remedial Plan Implementation

The County has both custody and health care policies regarding suicide prevention practices. Custody Operations Policy 242 has been updated to reflect this requirement; however, Wellpath policies have not been updated to support the change. The County reports they will implement this provision by the end of 2021. Monitoring will begin upon implementation.

IV. G. Emergency Response

1. The County shall keep an emergency response bag that includes appropriate equipment, including a first aid kit, CPR mask or Ambubag, 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.

County Response

Completed. The County currently maintains emergency response bags, located at intake, in all treatment rooms and in the medical office area.

Expert Review

Partial Compliance

Policy - None Noted

Training - Disability Rights Remedial Plan Implementation

While the County does not have a specific emergency response policy regarding this provision, the staff practices appear in alignment with the Plan. During both tours, emergency response equipment was located in proximity to all housing locations, either in the deputy's station or the clinic, and the deputies had keys to the clinic if necessary. All staff interviewed knew where to find the equipment and stated they have been trained on the equipment. During the August tour, staff were attending recertification training in CPR and a completed training record is scheduled to be provided to the monitors by mid-September 2021.

The County mandates daily inventory of security equipment and this is documented in the "24 Hour Post Recap" document. A review of the July 24 Hour Post Recap document reflects staff are inventorying the equipment each shift.

Recommend update to Custody Policy 242, Suicide Prevention, to document requirement to maintain and inventory emergency equipment. Will review completed training records in the next review period to evaluate compliance. Will continue to monitor and would anticipate substantial compliance review in next report.

IV. G. Emergency Response

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.

County Response

Completed. The emergency response equipment is currently inspected monthly and documented on the requisite service log.

Expert Review

Unratable

Policy - None Noted

Training - None Noted and not noted Disability Rights Remedial Plan Implementation Training PowerPoint

There is no noted emergency response plan and the Suicide Prevention plans do not have a section on emergency response. The County reflects they complete monthly inspection logs but copies have not been provided as of the date of this report to confirm.¹⁶ It was noted on the tour that some equipment did have “good thru” dates or other notations but a formal inspection process was not clearly articulated. Will work with the County during this next review period to ensure clarity in process and proof of practice in completing and documenting inspections. An emergency response policy should be created or included in the Suicide Prevention policies. Will continue to monitor and would anticipate substantial compliance review in next report.

IV. G. Emergency Response

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.

County Response

In process. The County currently complies but is in the process of updated Custody Operations Policy 242. The County anticipates completing the policy revisions in the next two months.

Expert Review

Partial Compliance

Policy - Custody Operations 242 – Suicide Prevention
Wellpath B-05 – Suicide Prevention

Training - Disability Rights Remedial Plan Implementation

¹⁶ Inventory logs have been provided, but monthly inspections have not been provided.

While the policy has not been updated, the staff interviewed consistently articulated their responsibilities when asked about their responsibility in a medical emergency or active suicide. Most staff carried a tool to remove ligatures on their person and all stated they knew their responsibility to render first aid, including CPR, unless directed otherwise by responding medical personnel.

Two incidents were reviewed on video and in both cases, custody staff summoned medical personnel and entered the cell prior to the arrival of medical personnel to render aid.¹⁷ The video is not close enough to see individual actions and was not available in the cell, but it was clear staff took decisive action. A review of the incident reports associated with the videos documents the actions taken by staff when they discovered the suicide attempts. In both incidents, responding staff reflect rendering aid from chest compressions following a hanging incident to placing pressure on a serious laceration. In both incidents, it appears staff responded quickly and decisively but two incidents are insufficient to establish compliance and there were no incident reports from the responding clinical personnel to provide clarity.

This will be monitored during the next review period in conjunction with the mental health expert with the request to review video and incident packages on all serious suicide attempts that occur during the review period. Recommend that responding clinical personnel be directed to author supplemental reports regarding what they observed when entering the scene and to document their initial response or that copies of the notations in the electronic health record be included in the incident package as it relates to their initial response. Monitoring will continue in partnership with clinical experts in the next review period.

VII. CUSTODY OPERATIONS/SEGREGATION

A. General Principles

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.

County Response

There is some confusion in the first Status Report response as initially the County lists this area as “Completed” but subsequently anticipates completing in the next three months. The County reports the inmates are currently housed in the least restrictive setting.

¹⁷ Incident reports associated with suicide attempts inmates CS and KP.

Expert Review

Unratable

Policy - Custody Operations Policy 301 – Classification
Custody Objective Classification Plan
Custody Housing Plans

Training - Disabilities Rights Remedial Plan Implementation

The Custody Objective Classification Plan, Custody Operations Policy 301 and Custody Housing Plans were reviewed as well as interviews with custody staff regarding the classification process. All updated policies reflect a commitment to house inmates in the least restrictive setting but practices do not yet reflect that policy requirement.

There are a variety of steps the County will need to engage in to ensure compliance with this provision. Validation of the classification system, a strong population management strategy and continued refinement of the restricted housing practices are all examples of reforms that are necessary to ensure inmates are not overclassified and are housed in the least restrictive environment based on individual case factors.

During both tours of the facilities and numerous Segregation units, it appears there has been an over reliance on Segregation, particularly for inmates who appear to be in need of mental health services. However, since the initial tour, the County has made efforts to address the number of inmates in restricted housing and to implement complex case committee practices to engage in a collaborative approach towards addressing the County's more complex population.¹⁸

Besides challenges in restricted housing, it appears that inmates with disabilities may be restricted from being housed in the minimum support facility, despite the fact their classification factors would warrant a less restrictive environment. This expert will defer to the ADA Expert to provide additional comment on this area, but both factors lend a concern that more complex inmates are not being housed in the least restrictive setting.

It is recommended that the County seek outside expertise in the validation of the classification system and population management strategies. Expertise should also be sought and developed to reduce reliance on Segregated housing. It is also recommended the County implement their strategy to incrementally expand non-Segregation specialized mental health services units similar to the excellent Jail Based Competency (JBCT) program that the County and State are collaboratively operating. The County should also clarify the routine reclassification process for non-restricted housing inmates as general population inmates should routinely be assessed for

¹⁸ Additional information regarding restricted housing is documented in the subsequent section, VII.A.2.

the ability to move them down in custody as their behavior and individual case factors warrant. Monitoring will continue in next review period.

VII.A. Custody Operations/General Principles

2. The County shall not place prisoners in more restrictive settings, including Segregation, based on a mental illness or any other disability. Prisoners will be housed in the most integrated setting appropriate to their individual needs.

County Response

Inmates are not housed in more restrictive settings based on mental illness or disability. The County updated Operational Policy 301 and the Classification Plan to reflect this change.

Expert Review

Non-Compliance

- Policy - Custody Operations Policy 301 – Classification
Custody Objective Classification Plan
Custody Housing Plans
Wellpath Policy E-04 – Initial Health Assessment
Wellpath Policy E-05 – Mental Health Screening
Wellpath Policy F-03 – Mental Health Services
- Training - Disabilities Rights Remedial Plan Implementation

The County has made good strides towards updating all associated custody policies regarding classification, adding the policy directive that inmates be housed in the least restrictive environment. However, during the April tour of the jail, it appeared the county had an over reliance on Segregation to house mentally ill inmates. Additionally, inmates who appeared to need a specialized mental health program were housed in general population with what appeared to be inmates not in need of significant mental health treatment, creating conflict and security issues for the mentally ill inmates. These practices were observed on the August tour, but an improvement was noted.

In an effort to quantify the challenges associated with restricted housing, Custody has created a single document that summarizes all inmates placed in restricted housing and has identifying those inmates in restricted housing who receive mental health services. This full identification of the restricted housing population helps the County to prepare a strategy to create mental health

and stepdown units. This comprehensive list also helps identify inmates who should be reviewed by the HARP committee.

The County has shown ability to implement specialized mental health units and informs they have a plan to expand specialized mental health housing as the need to operate quarantine units in response to Covid-19 reduces. The operation of the County's jail-based competency program is an excellent model and demonstrates the County's willingness and ability to program inmates in the least restrictive environment despite potential for disruptive behavior. The expansion of a similar program for non-competency inmates in need of substantial mental health services would result in a reduction in the Segregated population.

Establishing such units is also challenged by a lack of a clinical level of care determination to help custody understand the level of clinical services the mental health population requires. Based on review of policies and conversations with custody and health care staff, the clinical teams have not yet developed a level of care system to support Custody in placing inmates in the least restrictive level while supporting the inmates' mental health service needs. The complex process of clustering inmates based on classification and clinical needs cannot be fully realized without having a mutually understood clinical level of care for each inmate needing mental health services.

It is believed progress has been realized in reducing the number of mentally ill inmates in segregation but additional focus is necessary. The County provided a substantial amount of information regarding individual case factors of inmates placed in restricted housing and has provided on-going lists of inmates placed in and retained in segregation. It appears from a review of a spreadsheets of all inmates placed into Segregation from January to June 22, 2021, that significant focus has occurred to review inmates in Segregation and place them in non-segregated units when appropriate. Despite this positive activity, sufficient documentation exists to demonstrate that inmates are being placed in and retained in segregation who are in need of mental health services, not segregation as evidenced by a number of Restricted Housing Notification forms listing the reason for placement in Segregation as significantly associated with a behavioral health need rather than a serious security risk.¹⁹ It also appears that inmates are being retained in restricted housing due to their refusal to accept a cellmate. The County is encouraged to develop and implement a step-down program where inmates who refuse to accept a cellmate, but can otherwise program in a group setting, begin a reintegration process to general population. It is recognized this must be a thoughtful process to avoid creating a situation where a large percentage of inmates refuse a cellmate, expanding housing units and straining resources.

It is recommended that the County and Wellpath work collaboratively to develop and implement specialized mental health service units at various mental health and classification levels to assist with compliance with this provision. It is also recommended the County continue to expand alternative custody and specialized courts to address the needs of low risk/high needs inmates in a community-based setting, rather than the jail. Additionally, it is recommended that the County

¹⁹ Non-Exhaustive Examples: Inmates JU.; AZ.; JT.; AT.; BS.; TR.; CS; AR

ensure sufficient inpatient capacity is available in the community should an inmate require that level of care for stabilization. Monitoring will continue in the next review period.

VII.A. Custody Operations/General Principles

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.

County Response

Completed. This requirement is met during the classification interview and assessment.

Expert Review

Partial Compliance

Policy - Custody Operations Policy 301 - Classification

Training - Disabilities Rights Remedial Plan Implementation

The County has provided a variety of classification related policies for review and has been willing to accept feedback and integrate changes as the policies are being refined. The process of review of those policies is continuing. The County does have a process to document the placement of inmates in Segregated housing and a policy with timeframes for on-going review. Additionally, the County has reported in the first Status Report they have developed and refined a Segregated placement process, but the implementation of the new policy was not fully operational during the August tour.

The County provided a list of inmates placed in Segregation from January through June 22, 2021, along with supporting documentation for many, but not all, inmates. Since the initial tour in April, the County has made significant strides in improving the documentation for the rationale for placement of inmates in restricted housing as well as the retention of inmates in restricted housing.

It appears from the lists provided, that approximately 161 restricted housing placements occurred from January 1 through June 22, 2021.²⁰ A review was conducted of 31 files of inmates who had been placed in restricted housing before May 1, 2021. While the County will need to continue to refine the quality and accuracy of the information provided, it was clear that the classification staff conducted a 30-day review on most of these inmates after their initial placement. However, documentation on the 30-day review was not provided for eight inmates, six of whom are no longer in segregation, to understand the reason for retention or release. Of the 31 inmates reviewed due to placement prior to May 1, 2021, nineteen (19) were released from Restricted Housing prior to July 2021, demonstrating what appears to be a significant effort on the part of the county to address overutilization of segregation. Unfortunately, the tracking list provided lacks clarification on where the inmates were released to, an issue that will need to be addressed in subsequent reports.

It is noted the County has made significant strides to address compliance with this provision. The County has updated policies, improved the documentation and tracking of inmates in restricted housing, established a complex case committee, activated an additional protective custody dorm and reduced the number of inmates in restricted housing. A review of the tracking report as of August 1, 2021, reflects all inmates in restricted housing received their 30-day review where applicable. During the August tour, except for one inmate, all inmates interviewed in restricted housing were aware of the reason for their placement and stated they received a copy of their restricted housing notification form, a significant improvement from the first tour.

However, while the documentation process appears to be improving, the lack of mental health housing at various levels of care and security levels inhibits the County in realizing substantial compliance with all aspects of this provision. Additionally, consistency in providing documentation to assist with monitoring has been inconsistent and will need to improve during the next review period.

VII.A. Custody Operations/General Principles

4. Prisoners will remain in Segregation housing for no longer than necessary to address the reason(s) for such placement.

County Response

Completed. This requirement is accomplished through Segregated housing reviews.

²⁰ Several inmates were noted with more than one placement.

Expert Review

Partial Compliance

Policy - Custody Operations Policy 301 – Classification

Training - Disabilities Rights Remedial Plan Implementation

The County has a standing review process for inmates in Segregation, which is excellent practice. The County has also established a complex case committee (HARP) to collaborate across disciplines to work with complex inmates in an attempt to house inmates in the least restrictive environment. However, in the early stages of the HARP process, it does not appear that long term segregated inmates have been routinely addressed by the HARP committee and that should be addressed.

While the restricted housing retention documents were not all provided for review, during the August tour, all inmates interviewed who were in restricted housing beyond 30 days stated they had been reviewed by the classification unit and received a copy of their restricted housing retention form, which is a substantial improvement from the April tour.

Recommend the County continue to refine their restricted housing tracking mechanism and develop a policy regarding the HARP committee process and referral mechanism. The County will need to continue to refine the information sharing with the Experts to ensure all documents are shared in their complete form as forms were missing and/or incomplete.

Recommend policy be updated to reflect a HARP committee requirement for inmates who are retained in restricted housing beyond 60 days to include supervisory and clinical input as an initial expansion of the inmates reviewed by HARP. As systems improve and fewer inmates are in segregation, recommend that HARP or a classification committee review inmates every 30 days if retained in restricted housing, rather than a single classification staff making a determination. Monitoring will continue in next review period in conjunction with the mental health expert.

VII.B. Classification Procedures

1. The County shall implement a validated Classification System consistent with the provisions of this remedial plan.

County Response

In Process. The county expects to complete this in the next eight months.

Expert Review

Non-Compliance

Policy - Custody Operations 301 – Classification

Training - Disabilities Rights Remedial Plan Implementation

The current classification system was developed by the Sheriff's Office staff and has yet to receive validation by an outside expert with experience in statistical validation of classification systems. It is recommended the County contract with a recognized expert in the validation of classification systems. Unless the County has been in process of procuring such expertise, it is not anticipated this will be complete by the Summer of 2022.

VII.B. Classification Procedures

1. 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.

County Response

Completed. The Classification system is in place using all required criteria for placement

Expert Review

Partial Compliance

Policy Custody Operations 301 – Classification

Training – Disabilities Rights Remedial Plan Implementation

The County does have a policy and practice for the documentation of placement and retention of inmates in segregation. While the policy lists the various factors that should be considered in housing placements, until such time that an outside expert in classification can assist with the review and validation of the existing classification system, this requirement cannot be fully realized.

The County provided individual files on inmates placed in segregation from January through June 22, 2021, and lists of all inmates housed in restricted housing through August 3, 2021. The files frequently had the Restricted Housing Notification form for the 30-day review, but the files did not have an initial placement document. The County frequently provided a narrative for each inmate but those files were not fully copied and the information in those files documenting reason for placement in restricted housing was not provided to the inmate upon placement in segregation. However, during the August tour, it was clear the County had starting using the Restricted Housing notification form when placing an inmate in Restricted Housing and the inmate was given a copy. It was not clear in any of the documents where the inmate was released to and often the reason for release was not reflected in a document. It could be that many of these inmates were released from the jail directly from restricted housing.

Recommend working with the experts to continue to refine documentation and tracking mechanisms and information sharing for inmates placed in, retained and released from segregation. Monitoring will continue in next review period in conjunction with the mental health expert.

VII.B. Classification Procedures

2. The Classification System shall facilitate the following:
 - 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.
 - b) Screening to determine whether a prisoner should be separated from other prisoners for safety purposes. Where a prisoner is found to 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.

County Response

Partially Complete. Complete implementation will likely occur following proposed remodel of the main jail and opening of the Northern Branch.... Developing plan to increase out of cell time in

the interim with proposal expected in two months. Expects to complete this requirement within the next eight months.

Expert Review

Partial Compliance

Policy - Custody Operations Policy 301 – Classification
Wellpath Policy F-03 – Mental Health Services
Wellpath Policy G-2 – Segregated Inmates

Training - Disabilities Rights Remedial Plan Implementation

The County does complete a mental health assessment as inmates enter the jail and by policy as the inmate's condition may change or deteriorate. However, insufficient specialized units exist for clinical and custody to collaborate to place the inmate in the least restrictive unit that also can meet the inmate's behavioral health, medical or ADA needs.

It is recognized with the opening of the North Branch jail, the county will have additional options to address the unique needs of every inmate but it is not yet known what the final plan will be for the Main jail, which presents profound physical plant challenges and will limit the County's ability to comply with the Plan if females, mentally ill, medically fragile, restricted housing or ADA inmates continue to be housed in the Main jail without profound physical plant and operational modifications.

The County has also begun requiring that Wellpath review the placement of inmates into restricted housing, but that review is delayed from initial placement and was not being conducted by clinical personnel during the August tour.

Recommend a clear breakdown, utilizing population projections and clinical breakdown of the inmates, to develop a unit-by-unit housing plan to reflect the type of inmates and specialized services that will occur in each unit in both jails. Recommend a formal mechanism for clinical staff to recommend housing consideration for inmates in need of mental health or ADA services with a documented recommendation to custody prior to an inmate's placement or release from restricted housing, upon release from a safety cell or mental health observation and when there is a change in level of care need. Recommend mental health levels of care be established to assist custody in making housing decisions to consider classification and clinical services when housing inmates.

In the next review period, experts will work with the County on how best to monitor for compliance.

VII.B. Classification Procedures

3. The Classification System shall include a Classification Review Process.
 - 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 review shall occur at least every 30 days or sooner if circumstances warrant.
 - b) If a prisoner is retained in a Segregation unit following the Classification Review, the reasons for retention and the specific steps to be taken to achieve restoration of property/privileges and transfer to a less restrictive setting will be documented.
 - 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 restoration of property/privileges and to be moved to a less restrictive setting.

County Response

Completed.

Expert Review

Substantial Compliance

Policy - Custody Operations Policy 301 – Classification
Objective Jail Classification Plan – Not provided for review

Training - Disabilities Rights Remedial Plan Implementation

Operations Policy 301 provides direction and guidance on documenting and subsequent reviews of when placing or retaining an inmate in segregated housing. Restricted Housing Notification forms were reviewed which provided direction on the expectations for inmates to allow the inmate to be housing in a less restricted environment. During the April tour and during interviews with inmates in restricted housing, not all admitted they received written notification upon placement, several stated they were not reassessed within 30 days and most stated they did not receive a written notification upon placement or on the 30-day review. One inmate did present a copy of their placement document.

However, during the August tour, except for one inmate, all inmates stated they were interviewed concerning their placement in restricted housing and received a copy of the restricted housing

notification form upon placement or during the 30-day review.²¹ Most of the inmates interviewed did not seem interested in being placed in a general population setting due to desiring single cell status but several stated they could program with other inmates in group settings. With the exception of the inmates who appeared to be suffering from a mental health disorder, all inmates interviewed appeared to understand what they needed to do to return to general population. There were several inmates who gave unrealistic statements in response to questioning and appeared to be mentally ill due to responding to questions with what appeared to be delusional statements.

It is not clear in the policy what are the expectations of staff to ensure effective communication and how to address ADA issue when conducting a review and issuing restricted housing paperwork. This should be addressed in policy and practice and discussed with the ADA Expert. The County should work with the experts to update the Restricted Housing Notification form and establish a mechanism to document the interview occurred in private and the inmate was provided a copy of the document. The form should also be updated to identify any classification of inmates impacted by the Plan (i.e. seriously mentally ill, pregnant, developmentally disabled and physically disabled to identify inmates identified by class status in the Plan). The policy and training should be updated to reflect the changes and the County should work with the experts to refine the compliance monitoring protocols as monitoring continues in the next review period.

VII.B. Classification Procedures

1. The County shall perform Prison Rape Elimination Act (PREA) screenings in a private location.

County Response

Completed. PREA screenings are conducted in the IRC treatment room and IRC interview room, both private locations.

Expert Review

Substantial Compliance

Policy - Custody Operations 208 - PREA
Custody Operations 301 - Classification

Training - Disabilities Rights Remedial Plan Implementation

²¹ The Classification Unit was aware of the issue and issued the restricted housing form after the interview.

The County has a comprehensive PREA policy, and the staff appear aware of their requirements relative to PREA. During the April tour, staff and inmates reported the PREA screening occurred individually but not in alignment with first Status Report as the screenings were also occurring in private in the hallway outside of the IRC intake cells. However, the PREA policy, Operational Plan 208 and Custody Operations Policy 301 specifically require that screenings occur in a confidential setting.

Recommend absent extenuating circumstances, the county utilize the areas referenced in the first Status Report for screening, rather than the IRC unit hallway if any other inmates are housed in adjacent cells. This provision will be monitored during subsequent tours in concert with a review of grievances and inmate interviews.

VII. C. Elimination of Dangerous or Improper Physical Plant Features

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.
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 Segregation cell containing structural suicide hazards if the person has a diagnosed Serious Mental Illness.
 - 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.

County Response

In Process. The county continues to assess and anticipates completion of this requirement in the next two months.

Expert Review

Non-Compliance

Policies - Custody Operations 242 – Suicide Prevention
Custody Operations 305 – Bed Assignment
Wellpath Policy B-05 – Suicide Prevention
Wellpath Policy F-03 – Mental Health Services

Training – Disabilities Rights Remedial Plan Implementation

The county initially provided a list of cells that met the criteria of the Plan. However, upon re-evaluation, the County determined additional review is necessary and according to the first Status Report, this should be completed by the fall of 2021. When this assessment is complete, Custody Operations Policies 242 and 305 and Wellpath Policy B-05 should be updated with expectations clearly articulated to staff regarding identified cells and holding areas. The Suicide Prevention Lesson plan should also be updated to reflect identification of these areas.

Recommend completion of assessment utilizing recognized structural risk assessment tool and/or seeking outside expertise to assess the cells and holding areas.²² Recommend creating integrated system between electronic unit health record and jail management system to flag high suicide risk inmates and mentally ill inmates so that they cannot be housed in an identified cell or holding area. Monitoring will continue in collaboration with the ADA and mental health expert during the next review period.

VII. C. Elimination of Dangerous or Improper Physical Plant Features

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.

County Response

Not implemented due to pandemic. The County will close the cells at the conclusion of the pandemic.

Expert Review

Non-Compliance

Policy - Custody Operations 305 – Bed Assignment
Main Jail Housing Plan

Training - Disabilities Rights Remedial Plan Implementation

²² One nationally recognized tool is Lindsey Hayes' *Checklist for the "Suicide Resistant" Design of Correctional Facilities*. The County reports they have a copy of the tool.

As referenced by the County and noted in the initial tour, inmates are currently housed in these units due to the need to create greater quarantine and social distance space to combat Covid-19 in the jail. While it is recognized there may be an emergent need to use these cells, a review of the type of inmates housed in the cells should occur. Examples of inmates who should not be housed in these cells include: Inmates with history of suicide risk; pregnant/post-partum/post termination of pregnancy females; ADA inmates and inmates in need of mental health services as determined by clinical personnel. A policy should be immediately developed and implemented to restrict designated inmates from these cells and increase methods to improve staff interaction and in-cell activities while inmates are housed in these cells. These cells should be deactivated when the Northern Branch Jail is activated regardless of the status of the pandemic.

VII. C. Elimination of Dangerous or Improper Physical Plant Features

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 they comply with contemporary correctional standards.

County Response

Not implemented due to pandemic. The County will close the cells at the conclusion of the pandemic.

Expert Review

Non-Compliance

Policy - Custody Operations 305 – Bed Assignment

Training - Disabilities Rights Remedial Plan Implementation

See above response associated with VII.C.3.

VII.D. Minimum Out-of-Cell Time

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
 - b) At least twelve (12) hours per week in a dayroom or other common area
 - 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.

County Response

Not able to fully implement until occupancy of Northern Branch jail, remodel of main jail and conclusion of the pandemic. County is evaluating options to incrementally increase in the interim. No specific target date for implementation provided.

Expert Review

Non-Compliance

Policy – Custody Operations Policy 367 – Inmate Recreation

Training – Disabilities Rights Remedial Plan Implementation

It is recognized the County faces significant challenges in meeting this mandate until the occupancy of the Northern Branch jail. However, the County has not yet developed a workable mechanism to track out of cell information to establish a baseline. The County currently utilizes unit logbooks to track access to yard but that system will prove overly burdensome to monitor internally and determine compliance with this requirement. To address this, the County as presented a potential tracking system for feedback and has piloted the tracking system in the South facility, but it has not been expended to other units as of the date of this report.

Recommend the County evaluate the viability of the pilot tracking mechanism and begin reporting on out of cell time per restricted housing unit. As it is currently unclear how the County intends to incrementally increase out of cell time, recommend the County prepare an implementation plan to increase out of cell time for all Segregated Units by repurposing existing space, expanding yard hours, increasing escort and yard coverage resources, etc. Recommend the County continue to review all Segregation inmates and reduce reliance on Segregation by opening step down, general population protective custody and mental health units. Recommend the county explore and implement expanded opportunity for clinical groups and meaningful in-cell opportunities and

track those efforts to demonstrate compliance. Monitoring will continue in next review period in conjunction with the mental health expert.

VII.D. Minimum Out-of-Cell Time

2. For those prisoners housed in the Northwest unit, absent exigent circumstances or exigent security concerns that are documented, the 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:
 - 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.

County Response

Not able to fully implement until occupancy of Northern Branch jail, remodel of main jail and conclusion of the pandemic. County is evaluating options to incrementally increase in the interim. No specific target date for implementation provided.

Expert Review

Non-Compliance

Policy - Custody Operations Policy 367 – Inmate Recreation (Rev 1/2017)

Training - Disabilities Rights Remedial Plan Implementation

Refer to response in VII.D.1. page 51-52.

VII.D. Minimum Out-of-Cell Time

3. The County shall provide prisoners out-of-cell time daily, at appropriate times of the day – *i.e.*, not during normal sleeping hours.

County Response

Completed as programming occurs during normal hours.

Expert Review

Substantial Compliance

Policy - Custody Operations Policy 367 – Inmate Recreation

Training - Not provided for review and not easily noted in Disabilities Rights Remedial Plan Implementation training

During the initial tour and interviews with inmates and staff, it was believed that programming is not occurring outside of normal hours. Additionally, Operations Policy 367 Inmate Recreation has been updated to reflect this expectation. Recommend adding requirement to Disability Rights Remedial training. This area will continue to be monitored during the next review period for ongoing compliance during tours, inmates and staff interviews, review of out of cell logs and grievances.

VII.D. Minimum Out-of-Cell Time

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.

County Response

In process to develop a tracking system. Anticipates completion in the next six months.

Expert Review

Non-Compliance

Policy – Custody Operations Policy 367 – Inmate Recreation

Training – Disabilities Rights Remedial Plan Implementation

The County has been unable to provide accurate out of cell tracking information for any of the units but has implemented a pilot out of cell tracking report in the South unit. The County currently utilizes unit logbooks to track access to yard but that system will prove overly burdensome to monitor internally and determine compliance with this requirement.

Recommend the County evaluate the viability of the pilot tracking mechanism and begin reporting on out of cell time per unit. There are also electronic tracking systems that would reduce staff workload and improve accuracy in tracking inmate movement. The County has reviewed systems other jurisdictions are utilizing. Recommend County continue to explore potential electronic tracking systems for out of cell activities understanding this may take more than a year to procure and implement.

VII.D. Minimum Out-of-Cell Time

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.

County Response

In process to develop a tracking system. Anticipates completion in the next six months.

Expert Review

Non-Compliance

Policy – Custody Operations Policy 367 – Inmate Recreation

Training – Disabilities Rights Remedial Plan Implementation

As referenced in VII. D.4 (p. 53-54), the County has been unable to provide out of cell tracking information for any of the units as required by the Plan. However, the County has piloted a tracking system in the South facility in an attempt to comply. This type of single document, rather

than multiple logbooks and log entries, will be critical to assist with conducting monthly audits for compliance. Supervisory job duty statements should be updated to document the supervisors' role in monitoring compliance and addressing barriers. A sufficiently trained and resourced monitoring unit should be established in Custody Operations to assist in monitoring all aspects of the Plan. A new custody policy should be developed regarding Segregating Housing responsibility to memorialize policy and expectations regarding the Plan.

VII.D. Minimum Out-of-Cell Time

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.

County Response

Completed. Staff underwent training on requirement and began implementation in May 2021.

Expert Review

Unratable

Policy - Custody Operations Policy 367 – Inmate Recreation
Wellpath Policy G-02 – Segregated Inmates

Training - Disabilities Rights Remedial Plan Implementation

A review of Custody Operations Policy 367 reflects compliance with the Plan. However, Wellpath Policy G-02 has not been updated to reflect this requirement. During both tours, custody staff were not aware of this requirement, and it appeared several inmates were languishing in Segregation cells without prompting for out of cell activity. If prompting was occurring, there was no proof of practice documentation provided. The policy should be clear in expectations, a form should be utilized and tracked for referrals, the out of cell tracking system should reflect the referral and compliance should be monitored internally as well by the Experts. A mechanism for monitoring will be established in conjunction with the mental health expert during the next review period.

VII.E. Disciplinary Procedures

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 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.
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.
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.

County Response

The County does not use segregation for disciplinary reasons.

Expert Review

Unratable

Policy - Custody Operations Policy 363 – Inmate Discipline

Training - Disabilities Rights Remedial Plan Implementation

The Custody Operations Policy 363 permits the placement of inmates in Segregation for disciplinary reasons. While it is unknown if the County is utilizing Segregation for disciplinary reasons as explained below, the policy and associated training requires updating to reflect that Segregated housing is not authorized for disciplinary reasons.

The County did present significant information regarding the placement of inmates in segregation. In only one Restricted Housing Notification reviewed, did it appear the retention was due to a disciplinary hearing.²³ However, not all Segregation placement notifications were received for initial placement or retention, so it is unknown if the placement or retention was due to disciplinary reasons or the result of a disciplinary hearing. During the next review period, the Expert will work

²³ Inmate S.H.

with the County to review both segregation placement orders and completed inmate disciplinary reports to determine compliance.

VII.E. Disciplinary Procedures

4. The County shall not use safety cells for punishment.

County Response

The County does not use safety cells for disciplinary reasons.

Expert Review

Substantial Compliance

Policy – Custody Operations Policy 304 – Use of Safety Cells
Custody Operations Policy 363 – Inmate Discipline

Training – Disabilities Rights Remedial Plan Implementation

Both Operational Policy 304 – Use of Safety Cells and Operational Policy 363 – Inmate Discipline prohibit the use of safety cells for disciplinary reasons. The Expert reviewed the placement rationale documentation for an excess of 25 placements into safety cells during February and March 2021.²⁴ Of the documented reasons listed on Form 303 for these inmates, only one (1) safety cell placement appeared it may be related to disciplinary reasons.²⁵

To support on-going evaluation for compliance, the County has developed a weekly report of all Safety Cell placements for monitoring. A review of the May 2021 safety cell placements forms demonstrated consistent compliance with this provision. A review of 31 forms explaining the rationale for safety cell placement in May 2021, none were related to a disciplinary action. With the exception of three inmates, all placements were following the inmate making a suicidal statement or gesture. The other three were placed in a safety cell at the direction of health care during the intake process due to the inmate's failure to answer questions relative to suicidal ideation.²⁶

²⁴ Safety Cell Placement Form 303

²⁵ Inmate AL - placement date February 21, 2021

²⁶ Inmates J.L.; T.G.; and D.D. – May 2021

The following reflects the average weekly utilization of safety cell placements for April, May and June 2021:

	April	May	June
Weekly Average Placements ²⁷	12	8.25	6.5

Adequate proof of practice on reason for Safety Cell placement should continue to be provided to ensure substantial compliance is maintained the next review period. On-site tours, inmate interviews, document reviews and grievance reviews will be utilized in future tours to evaluate on-going compliance.

VII.E. Disciplinary Procedures

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.

County Response

Completed. On January 14, 2021, County discontinued use of disciplinary diet.

Expert Review

Partial Compliance

Policy - Custody Operations Policy 363 – Discipline
 Custody Operations Policy 373 – Religious Services
 Wellpath Policy G-02 – Segregated Inmates
 Wellpath Policy D-05 – Medical Diets

Training - Disabilities Rights Remedial Plan Implementation

During both tours, inmates in the segregation units were interviewed and no inmate stated that they were receiving a disciplinary diet. Interviews with culinary and custody staff revealed that staff are aware the disciplinary diets are not permitted. However, Custody Operations Policy 363

²⁷ An inmate may have been placed in the safety cell more than one time per week

permits the use of disciplinary diets. Additionally, Wellpath Policy G-02 appears to authorize use of disciplinary diets.

During a review of the appeal log for April through May 2021, thirteen appeals were noted related to special diets. The complaints were not listed as related to punitive or disciplinary reasons but in future reviews, all grievances concerning special diets will be reviewed for content and response.

Recommend related policies should be updated to reflect the directive that disciplinary diets are not authorized as well as the mandate that approved religious or medically required diets will not be modified for disciplinary or punitive reasons. As policies are updated, formal training should follow, and documented proof of training should be provided. It is also recommended the County consider developing a custody policy on food services. Assuming completion of the recommendations, it is anticipated the County will reach Substantial Compliance of this area in the next review period.

VII.F. Safeguards for Prisoners Placed in Segregation

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.

County Response

Completed. The County developed a Segregation Housing Notification form, which is currently being utilized. Mental health input is considered prior to housing in segregation.

Expert Review

Non-Compliance

Policies - Custody Operations 241 – Mental Health Care
Custody Operations Policy 243 – Special Care Inmates
Custody Operations 301 – Classification
Wellpath Policy G-02 – Segregated Inmates
Wellpath Policy F-03 – Mental Health Services

Training - Not provided for review and not noted in Disabilities Rights Remedial Plan Implementation training

During the April tour, mental health did not play a routine role in pre-segregation placement review for any inmate. Since that tour, a significant number of Restricted Housing Notification forms completed in May and June 2021 reflect mental health staff reviewed the placement of an inmate in segregation after the inmate was housed in restricted housing. During the August tour, copies of signed mental health forms were provided for inmates placed in restricted housing. However, those forms were signed by non-clinical staff and after, not prior, to placement.

The County should work with experts to update the process and documentation to assure health care is assessing mentally ill inmates prior to placement in segregation. Experts will work with custody and clinical to establish a monitoring process to track compliance prior to the next review period. Additionally, it appears several policies will need to be updated to reflect this change, these include but may not be limited to: Custody Operations Plans 241, 243 and 301 as well as Wellpath Policy G-02 and F-03.

VII.F. Safeguards for Prisoners Placed in Segregation

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.

County Response

In process. On 1/22/21 OP 327 was updated to include 30-minute visual checks. Staff recently underwent training. County anticipates implementing in next two months.

Expert Review

Partial Compliance

Policy - Custody Operation Policy 327 – Safety Checks

Training - Disabilities Rights Remedial Plan Implementation

The County implemented 30-minute safety checks in restricted housing and quarantine units in mid-July 2021 and updated Custody Operations Policy 327 – Safety Checks. The County

provided sample tracking reports that monitor compliance, which is excellent in helping to review compliance and addressing barriers to compliance. The first reports provided to demonstrate compliance relevant to the 30-minute checks included the period of August 11 to August 14, 2021. Reports prior to those dates showed 60-minute checks. During that limited review of those three days, 68% of the time staff conducted the security checks within 30 minutes at least 99% of the time. In only one instance did a unit's daily compliance level for 30-minute security checks drop below 95%.²⁸ Future reviews will also review the amount of time between the last security on any day a unit does not reach 100% compliance as it is unknown if the staff delay was less than a few minutes or more substantial.

In addition to reviewing reports on timeliness of security checks, video reviews of security checks and security checks prior to critical incidents will be necessary. During the August tour, a random review of security checks was conducted in partnership with Sheriff's Office staff. Five (5) units were reviewed, and it was agreed in four of those units, staff required additional training on the quality of security checks. Training should include, but not be limited to: Standing cell front for a sufficient amount of time to assess the inmate's wellbeing, visually assess the entire cell for any security issues, engage the inmate in circumstances where their behavior appears unusual, allow the inmate time to ask any questions or seek assistance recognizing that staff may need to return to address the inmate's non-emergent needs after completing the security check.

Recommend the County continue to ensure sufficient resources are available to conduct the 30-minute checks. Recommend that the County continue to track status of compliance with checks to determine which units are in need of the support to comply. Ensure staff are adequately trained not only in the requirement to conduct checks in a timely manner but how to conduct a meaningful security check. Will continue to monitor during next review period with a focus on timeliness and quality of security checks.

VII.F. Safeguards for Prisoners Placed in Segregation

3. Health care staff shall conduct check-ins three times per week to assess and document the health status of all prisoners in Segregation, and shall make medical and mental health referrals as necessary.

County Response

Health care staff completes check-ins for all segregation units twice a week and quarantine units once a week. The County will implement upon completion of pandemic.

²⁸ Central C-07/08 August 11-12, 2021.

Expert Review

Partial Compliance

- Policy - Wellpath G-02 – Segregated Inmates
Wellpath F-03 – Mental Health Services
- Training - Disabilities Rights Remedial Plan Implementation

During both tours, while conducting interviews with inmates in the segregation units, the vast majority of inmates stated that nursing staff were in the units daily distributing medications, collecting sick call slips and receiving requests for health care support. However, none of the inmates seemed to understand or recall a medical assessment in the unit other than pill call.

The county reflects rounds are occurring twice per week. A review of the electronic health record for inmates housed in restricted housing for the month of June 2021 reflects rounds are occurring in restricted housing and generally were documented twice per week. The quality of those assessments and documentation is best addressed by the medical expert. It is recommended associated policies be updated to reflect requirement and that Wellpath include data collection and analysis regarding this provision in the QA/CQI process. Additionally, it is recommended that a communication strategy occur with staff and inmates so they understand the medical round process and how to ensure they are able to share any concerns or needs an inmate may have during these assessment rounds. An orientation to Segregation document and/or unit posters may assist in this effort. Monitoring of this provision, in consultation with the medical expert, will continue in the next review period.

VII.F. Safeguards for Prisoners Placed in Segregation

- 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:
 - a) Conversation with each prisoner;
 - b) Visual observation of the prisoner’s cell, including the cleanliness of the prisoner’s clothing and bed linens; and
 - c) Inquiry into whether the prisoner would like to request a confidential meeting with a mental health or medical provider.

County Response

Completed and occurring with Wellpath

Expert Review

Partial Compliance

Policy - Wellpath G02 – Segregated Inmates
Wellpath F-03 – Mental Health Services
Wellpath Agreement

Training - Disabilities Rights Remedial Plan Implementation

Wellpath Policy G-02 requires only one round per week by a Qualified Mental Health professional, necessitating an update of the policy. Additionally, these rounds are required by policy to be documented on Wellpath's segregation observation log which did not appear to be in use during this review period, also necessitating a policy revision. However, a review of the electronic unit health record of inmates housed in restricted housing reflects mental health rounds are occurring in the restricted housing units.²⁹ It was noted that Wellpath documented mental health rounds occurring three (3) times per week approximately 80% of the time for inmates housed in restricted housing for the entire month of June 2021. In the weeks where 100% was not achieved, rounds generally occurred at least twice per week. Documentation regarding the quality of those rounds would best be addressed by the mental health monitor.

On the April tour, most inmates in restricted housing who were interviewed did not report that mental health was conducting rounds in the unit. However, on the August tour, the majority of inmates interviewed in restricted housing who appeared able to answer the question reflected mental health conducted cell front assessments in the units. None of the inmates stated they were given the opportunity to be interviewed confidentially during those rounds.

Recommend update to Wellpath policies to reflect requirements of provisions, including proactively asking the inmate if they wish to discuss their health care needs in a confidential setting. Recommend data collection and analysis be addressed in the Wellpath QA/CQI process. Monitoring will continue in next review period in conjunction with mental health expert.

²⁹ Inmate files reviewed for June: Northwest - N.C, V.R. and K.O; East U.B., J.D. B.C and Y.G; IRC - R.A; West - D.V. and I.R; South - J.C and J.Z

VII.F. Safeguards for Prisoners Placed in Segregation

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.

County Response

Completed.

Expert Review

Partial Compliance

Policy – Custody Operations Policy 243 – Special Care Inmates
Wellpath A-7 – Privacy of Care
Wellpath F-03 – Mental Health Services
Wellpath G-02 – Segregated Inmates

Training – Disabilities Rights Remedial Plan Implementation

During both tours of the jail and discussion with staff and inmates, it was apparent inmates are being escorted to a clinic area for medical and mental health consultation. Wellpath policy A-7 does require confidentiality in patient care and areas have been established, such as the intake area, to improve privacy. However, during interviews with inmates in the restricted housing unit, none stated that during unit rounds, they were offered the opportunity to speak privately with the clinical personnel and none seemed to understand they could request to speak privately. The Wellpath policy on segregation should be updated and custody training should be improved to ensure custody understands their responsibility to allow clinical staff privacy, as safe to do so, during rounds and to assist clinical personnel if they want to speak to an inmate in a private setting.

Recommend an inmate education effort to advise the population that they can ask to speak privately, rather than cell front. Recommend the County and Wellpath establish a mechanism to track and audit compliance with this provision in collaboration with the clinical experts. Will continue to work with clinical experts to monitor in next review period and will use inmate and staff interviews, electronic unit health record documentation, policy review and review of grievances to assess compliance in the future.

VII.F. Safeguards for Prisoners Placed in Segregation

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 conference will be documented in the prisoner's record.
 - 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;
 - b) Prisoners who are pregnant, post-partum, who recently had a miscarriage, or who recently had a terminated pregnancy.

County Response

In process. County anticipates implementation in next eight months

Expert Review

Non-Compliance

Policies - Custody Operations Policy 243 – Special Care Inmates
Custody Operations Policy 301 - Classification
Wellpath B05 – Suicide Prevention
Wellpath F-03 – Mental Health Services
Wellpath F-05 – Counseling and Care of the Pregnant Patient
Wellpath G-2 – Segregated Inmates

Training - Disabilities Rights Remedial Plan Implementation

The County states this provision is in process and has not yet provided a draft policy, plan or training for implementation of this section. This is an area that will require significant focus, for example, Custody Operations Policy 243 specifically requires the placement of inmates with a development disability into segregation without regard to their current behavior or specific threat.

In addition to updated associated policies and training, the County will need to refine tracking systems for the inmates housed in Segregation Units. Health Care and Custody will need to work together to develop an effective system to review all inmates prior to placement in segregation until such time the custody jail management system can flag inmates who meet the

criteria of the segregation placement provisions as the custody system does not yet have flags for all specialized populations. As mentioned previously, the County will also need to create specialized mental health units and stepdown units to support this effort. Monitoring for this provision will begin in next review period.

VII.F. Safeguards for Prisoners Placed in Segregation

7. The County shall avoid the release of prisoners from custody directly from Segregation to the maximum extent possible.

County Response

In process. The county anticipates implementation within the next eight months.

Expert Review

Non-Compliance

Policy - Custody Operations 341 – Release Criteria
Wellpath Policy E-10 – Discharge Planning

Wellpath F-03 – Mental Health Services

Training – Disabilities Rights Remedial Plan Implementation

The County reflects this provision is in process with implementation by the spring of 2022. The County will need to refine tracking systems for the inmates housed in Segregation Units. The County will also need to create specialized mental health units and step-down units to support this effort as inmates releasing from Segregation may require specialized housing and/or stepdown housing units.

The County will need effective policy and training to implement this provision and documentation to demonstrate efforts to transition the inmate to a less restrictive environment when safe to do so. Monitoring will begin, in collaboration with clinical experts, during the next review period.

VII.F. Safeguards for Prisoners Placed in Segregation

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, 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.

County Response

In process. The county anticipates implementation within the next eight months.

Expert Review

Non-Compliance

Policy - Custody Operations 341 – Release Criteria
Wellpath Policy E-10 – Discharge Planning
Wellpath F-03 – Mental Health Services

Training - Disabilities Rights Remedial Plan Implementation

While limited, discharge planning for medical and mental health inmates with complex and inpatient needs is occurring. The County reports they are not yet prepared to implement this section of the Plan and intend to implement by the Spring 2022. The County will need to collaborate closely between custody, medical, mental health and likely the courts and probation in the development of the discharge release policies and practices.

The County will require sufficient and well-trained staff to create an effective discharge planning system and will likely need to continue to expand re-entry support systems, in partnership with the County's Behavioral Wellness system, for aftercare services. The County will need sufficient mental health and stepdown units to transition inmates prior to release. Refer to recommendations in Section II.M.1 (p 6-7) for additional recommendations. Experts will work with the County to establish compliance monitoring process during the next review period.

VII.G. Grievances, Inmate Request Forms, Property/Privileges in Segregation

1. The County shall provide grievance forms and inmate request forms in each housing unit for prisoners to readily access and use.

County Response

In process. The County anticipates completion in the next four months.

Expert Review

Partial Compliance

- Policy - Custody Operations Policy 361 – Grievances
Wellpath Policy A-10 – Grievance Process for Health Care Complaints
Inmate Orientation Handbook
- Training - Disabilities Rights Remedial Plan Implementation

The County does afford access to grievances and has a grievance system in place. During both tours, the majority of inmates interviewed shared their understanding of accessing the inmate grievance system. Universally, the inmates understood how to access the grievance system and how to access forms. With the exception of one restricted housing unit tier,³⁰ few inmates interviewed stated they had been denied access to filing grievances. However, several inmates stated they did not receive a response to their grievance, and most did not understand their right to appeal a previous denial. All staff interviewed understood their responsibility to facilitate access to the grievance system. Custody staff assigned to the various housing units knew where grievances were stored in their assigned units.

Inmates in Segregation routinely understood how to file a grievance but not all had a writing device to author a grievance. Additionally, effective communication and assisting inmates who may be illiterate is not fully realized. This expert will defer to the ADA expert to address this issue.

The County provided a spreadsheet of all grievances filed in the months of February through May 2021 for review. This is an excellent start to assist with self-auditing and external evaluation. However, additional collaborative work will need to occur during the next review period to support the County in developing a management report on grievances as well as reviewing individual grievances and responses related to aspects of the Plan.

³⁰ East facility - addressed during tour.

The grievance tracking reports provided reflect, from a high level, the following grievances related to Section VII of the Plan:³¹

	Feb	March	April	May
Total Initial Appeals	77	63	59	57
Secondary appeal due to initial denial	8	2	0	3
Classification Appeals	12	5	5	11
Classification appeals associated with Segregated Housing	3	1	2	3
Special Diet	0	5	4	4
No Access to Grievance System or no response	0	0	1	2
Floor Sleeper, lack of bed, lack mattress or bedding	0	0	1	1

It is believed the backbone of a solid grievance system exists in the County but a stronger accountability and oversight of the system, tracking and responsiveness to the inmates should be implemented. Future reports will provide more depth regarding trends as well as underlying factors the inmates are grieving and County's response to grievances related to the Plan.

While the County has policies and practices to afford access to the grievance system, the ability for inmates to access a grievance could be hampered as staff are the conduit to provide the

³¹ Individual grievances and responses were not reviewed as the tracking mechanism review was the first effort in understanding the grievance system. Future reports will include individual grievance review when appropriate.

grievance. Having a single location in all non-segregation units where inmates can self-collect a grievance and place a grievance in a locked location to be collected by identified staff is a best practice and the County has implemented a pilot program in a general population unit, East 24, mirroring this and will evaluate feasibility of expanding the program system wide during the next review period. Monthly trends on location of grievances, categories of grievances, responses to grievances are in need of refinement. The County also needs to work with the ADA expert to ensure policies, procedures and forms comply with the ADA and the Plan. Monitoring will continue in the next review period.

VII.G. Grievances, Inmate Request Forms, Property/Privileges in Segregation

2. Prisoners housed in Segregation units shall have equal access to grievance and inmate request forms and procedures as compared to general population prisoners.

County Response

Complete. The inmates in segregation have access to appeals forms.

Expert Review

Partial Compliance

Policy - Custody Operations Policy 361 – Grievances
Wellpath Policy A-10 – Grievance Process for Health Care Complaints

Training - Disabilities Rights Remedial Plan Implementation

The County has a policy on grievances that applies to inmates in restricted housing units. All inmates interviewed in Segregated housing units stated they understood how to access grievance forms but several reflected they did not have materials to write a grievance. Many also stated they did not receive a copy of their completed grievance and did not understand they could file an appeal if they did not agree with the first denial.

All staff working in Segregated housing units stated they understood their responsibility to issue grievance forms and knew where the forms were stored for issuance. Staff stated they would provide writing material if requested but the Grievance policy does not reflect the requirement or to assist with effective communication or support for ADA inmates. A review of April-May 2021 grievances reflects at least nine (9) grievances were received regarding placement in segregated housing, demonstrating access to grievances by those inmates. The County also piloted a restricted housing grievance form, with three filed, but determined it was best to utilize a single grievance system and ensure access to that system in the restricted housing units.

Recommend improved grievance tracking system demonstrating housing location for all inmates filing a grievance. Recommend pilot placing grievances in designated location where segregated inmates pass who are in the dayroom or en route to yard, medical, court, etc. Recommend continuation of the practice of providing inmates a blank grievance upon placement into restricted housing. County should address ADA and effective communication requirements as reflected in the ADA Expert report. Recommend continued refinement of management reports on grievance tracking and trends. The grievance policy should be updated in response to complying with the Plan and an inmate education system on the ability to file an appeal after the initial denial should be undertaken. Monitoring will continue in the next review period.

VII.G. Grievances, Inmate Request Forms, Property/Privileges in Segregation

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.

County Response

Complete. Phones are available in units or via rolling phones.

Expert Review

Partial Compliance

Policy - Custody Operations Policy 383 – Phones

Training - Disabilities Rights Remedial Plan Implementation

During both tours, inmates were observed on the phone in general population living areas and rolling phones were observed in all segregation units when a stationary phone was not available in the dayroom. All inmates interviewed in Segregated housing stated they had access to a phone as needed but several shared the phones are inoperable at times. A review of the grievance logs for April-May 2021 reflects receipt of approximately two (2) grievances per month related to access to a phone, most have been associated with a repair issue or staff not turning on the phone during program hours.

Custody Operations Policy 383 has been undated to memorialize expectations relative to phone access and what to do if a phone becomes inoperable but is pending review by the ACA experts.

With an update of the policy and continued commitment to allow phone access and repair phones as necessary, it is anticipated the County will reach substantial compliance next review period.

VII.G.3 Grievances, Inmate Request Forms, Property/Privileges in Segregation

- b) Education, rehabilitation, and other materials (e.g., books, magazines, radios, writing implements, art supplies, tablets) for in-cell activities.

County Response

Complete. Program staff issue materials to inmates as required in section 3.b).

Expert Review

Partial Compliance

Policies - Custody Operations Policy 365 – Inmate Education
Custody Operations Policy 368 – Library Services
Custody Operations Policy 370 – Books

Training - Disabilities Rights Remedial Plan Implementation

While the Department does have several promising practices regarding access to programming and education materials, all prisoners do not appear to have reasonable access to education, rehabilitation and other materials. Departmental Custody Operations Policies, such as 365, 368, 368 370, 383 do not provide guidance or direction regarding how inmates in various living units can access these types of materials. During tours of the units, several units had inmates engaged meaningfully in programming and work assignments, yet many inmates did not seem to be engaged in self-help, education or rehabilitative services and universally voiced a desire for additional programming and materials. Tours of Segregation Units did not reveal inmates in those units are routinely afforded access to materials for in-cell activities, other than tablets twice per week, reading books and letter writing supplies.

Recommend significant unit-by-unit evaluation and development of an implementation plan to increase compliance with this provision. Once a clear system is established, policies and training should be updated, and an inmate communication plan should be implemented. The experts will need to work with the County to establish proof of practice and compliance measures during the next review period.

VII.H. Other Custody Operations

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.

County Response

In process. No specific completion date due to complexities associated with COVID and need to occupy the Northern Branch jail.

Expert Review

Partial Compliance

Policy - Custody Operations Policy 305 – Bed Assignment

Training - Disabilities Rights Remedial Plan Implementation

The County has provided an overview and a daily breakdown of the population by unit and appears to be in compliance with staying within the rated capacity for each unit. However, a formal report for monitoring has not been agreed upon and grievances were filed that reflect inmates were not assigned to a specific bed.³² During the next review period, absent a critical surge in the inmate population, it appears a proof of practice and compliance review system will be in place for the County to demonstrate substantial compliance.

VII.H.1 Other Custody Operations

- b) No later than January 1, 2021, the County shall assign a bed to all prisoners.
- 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.

County Response

In process. Departmental policy does require an assigned bed and bedding for all inmates.

³² Refer to below response to VII.H.1.b) & c).

Expert Review

Partial Compliance

- Policy - Custody Operations Policy 305 – Bed Assignment
Custody Operations Policy 362 – Inmate Clothing/Personal Hygiene
Wellpath B-05 – Suicide Prevention
Inmate Handbook Section 308/311.
- Training - Disabilities Rights Remedial Plan Implementation

During the initial tour, the Expert did not witness any inmate sleeping on the floor who did not have a bed and did not observe any bed (except for safety cells) without a mattress. No “boats” were observed in a living unit but were observed in storage areas. The Expert witnessed bedding in all bed areas (except safety cells) and no inmate interviewed complained of lack of bedding or a mattress. However, Operational Plan 362 did not provide direction concerning clinical involvement if staff believed the restriction of inmate property or bedding was necessary. Additionally, several segregation cells were noted with inmates who had torn and dirty mattresses and/or linen.

A review of appeals from April – May 2021 reflects two (2) incidents where inmates grieved not having an assigned bed or being required to sleep in a “boat.”³³ In both instances it appears the incident was resolved by on-duty staff. However, it should not require a grievance for an inmate to be assigned a bed, so this area will be closely monitored to ascertain if underlying factors exist.

While there appear to be sufficient beds for all inmates, an area the County must address is inmates sleeping on mattresses on the floors in the dorms because other inmates will not allow them to sleep on a bunk. This challenge was observed on both tours and staff and inmates alike reflect this is due to inmates pressuring or threatening other inmates and controlling bunk assignments. The direct assignment of inmates to a specific bunk and monitoring and enforcing that assignment in the dorms will diminish the ability for inmates to pressure or extort inmates in the dorms. It was also noted that some bedding may have been in need of replacement or repair, and this is also addressed by the Environmental Expert.

Recommendation the continuation of population control measures to ensure adequate capacity for all inmates. Finalize Operational Plan 362 update to reflect requirement for clinical involvement when property is restricted and develop an official form or update existing observation logs for clinical staff to document property restriction to meet this criterion. Evaluate and address challenge of inmates pressuring other inmates and forcing them to sleep on the floor

³³ Grievance #18286 and #18313

on a mattress, rather than on an assigned bunk. Monitoring for this provision, in conjunction with the environmental expert, will continue in next review period.

VII.H.1 Other Custody Operations

- d) Female prisoners shall be separated by sight and sound from male prisoners.

County Response

In process. County visually separated female inmates but could not separate by sound due to space limitation. No specific completion date due to complexities associated with COVID and need to occupy the Northern Branch jail.

Expert Review

Partial Compliance

Policy - Custody Operations Policy 302 – Inmate Movement
Custody Operations Policy 305 – Bed Assignment

Training - Disabilities Rights Remedial Plan Implementation

The County recently moved female inmates to place them in dorms with less ability to communicate with male inmates. Additionally, Custody Operations Plan 302 has been updated to provide guidance on the movement of male and female prisoners to avoid crossover contact when escorting male and female prisoners.

During the April tour, it was noted that female inmates were housed in an area with no direct observation by male inmates but there was opportunity for male and female inmates living in units adjacent to each other to converse or pass contraband. However, during the August tour, the female inmates had been moved to a different unit and there appeared to be less ability to for female and male inmates to communicate. Additionally, policy directives were completed that clarified that female inmates should be escorted in a manner to reduce potential interaction with male inmates.

It is anticipated the Northern Branch jail will open during the next review period and this issue should be resolved with the occupancy of that facility. Any decision to leave female inmates at the Main jail or the future housing location of female inmates in the main jail should be carefully considered in light of this requirement.