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FROM THE DESK OF RANA WARREN
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February 1, 2023

VIA EMAIL ONLY

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Re: ***Murray, et al. v. County of Santa Barbara, et al.***;
Case No. 2:17-cv-08805; Fourth Remedial Plan Status Report January 2023

Dear Counsel,

In compliance with paragraph 15 of the *Murray et al. v. County of Santa Barbara et al.* Stipulated Judgment, enclosed please find the County of Santa Barbara and Santa Barbara County Sheriff's Office's ("County") fourth Status Report.

Since the issuance of the County's third Status Report in June 2022, the County has received final 2022 expert reports from the ADA, Environmental Health & Safety, and Medical Care Experts, and a near final report from the Custody Operations Expert. The County anticipates receiving a draft report from the Mental Health Care Expert forthwith. For 2023, the experts will conduct monitoring tours in the coming months and complete draft reports thereafter. All tours have been scheduled.

Similar to prior reports, the County's fourth Status Report:

- Includes a description of the steps taken by the County to implement each provision set forth in the Remedial Plan for the last 180 days; and
- Specifies provisions of the Remedial Plan that have not yet been fully implemented. With respect to the provisions of the Remedial Plan not yet fully implemented, the Status Report:
 - o describes the steps taken toward implementation; and
 - o sets forth a projected timeline for anticipated implementation and/or short-term goals for the upcoming rating period.

For the sake of brevity,¹ this fourth Status Report does not set forth the factors contributing to non-implementation for each provision not yet fully implemented. Instead, the following explanation serves to meet that reporting requirement:

The County continues to make progress in most Remedial Plan areas, but has yet to complete certain components of the Remedial Plan. The County has prioritized preliminary tasks that are foundational for successful implementation of other provisions. To that end, the County developed a majority of its policies and procedures—including an extensive ADA policy and Sanitation Plan—and implemented standardized forms to aid in implementing a number of provisions. The County also spent extensive efforts initiating mental health step-down units, permanently closing restrictive housing units, training staff regarding improved processes, and increasing out-of-cell time.

During this reporting period, the County experienced COVID-19 outbreaks, staffing shortages and vacancies, and managed the logistics of sharing resources between the Main Jail and newly opened Northern Branch Jail—facilities that are 70 miles apart. Additionally, the Northern Branch Jail's opening was significantly delayed, which in turn delayed steps forward on the Main Jail renovation. All the while, staff has spent countless hours responding to requests for information, records, and data from the experts and class counsel. Despite these obstacles, the County has made significant

¹ As you know, the County's last Status Report exceeded 350 pages in length. For sake of brevity, this Status Report no longer includes the prior implementation status nor the Experts' compliance rating for each provision. Please refer to the County's third Status Report and the expert reports for that information.

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strides in various categories and is committed to continue its progress implementing the Remedial Plan provisions.

Thank you for your attention to this Report and your continued collaboration. Please let me know if you have any questions.

Very truly yours,

Rana Warren

Rana Warren
Senior Deputy County Counsel

Enclosure
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Fourth Remedial Plan Status Report 2/1/23

Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
1	2. Medical Care 	
2	2.A.1 County Monitoring of Private Medical Contract (pg. 3)	The County is in the process of fully implementing this requirement. The County has edited the Custody Operations Health Care Policy (section 240) to reflect the role of the Health Services Lieutenant in monitoring the provider contract and Medical Advisory Committee/ Continuous Quality Improvement (hereinafter “MAC/CQI”) reports. The edited policy is pending approvals. The County is currently reviewing the quality reports generated by the County’s contracted medical provider, California Forensic Medical Group, Inc. (commonly and hereinafter referred to as “Wellpath”) at the monthly MAC/CQI meetings. The County anticipates completing this provision one month after the pending review from the experts and class counsel is complete.
3	2.A.2 County Monitoring of Private Medical Contract (pg.4)	The County is in the process of fully implementing this requirement. The County has edited the Custody Operations Health Care Policy (section 240), which is pending approval. The County has begun reviewing the quality reports generated by Wellpath at the monthly MAC/CQI meetings as well as grievance logs. The County Departments of Public Health and Behavioral Wellness currently complete audits quarterly. Wellpath recently hired a CQI Coordinator who will be responsible for any corrective actions that stem from these quarterly audits. The County and Wellpath will be reviewing the audits and creating improvement plans based on these quarterly audits. These reviews will be utilized to guide ongoing monitoring and oversight. The County anticipates completing this requirement in the next three months.
4	2.B.1 Policies and Procedures (pg.4)	The County is in the process of fully implementing this requirement. The County has edited Custody Operations Health Care Policy (section 240). The County is working with Wellpath to edit policies and incorporate the requirements of the remedial plan provisions. The County anticipates completing this requirement in the next five months.
5	2.C.1 Health Care Records (Page 4)	Completed. As indicated in our last report, this provision is complete and the Medical Care Expert found the County in substantial compliance.
6	2.C.2 Health Care Records (Page 4)	Completed. As indicated in our last report this provision is complete and the Medical Care Expert found the County in substantial compliance.
7	2.C.3 Health Care Records (Page 4)	Completed. As indicated in our last report this provision is complete and the Medical Care Expert found the County in substantial compliance.
8	2.C.4 Health Care Records (Page 4)	The County is in the process of fully implementing this requirement. As indicated in our last report, this provision is complete and the Medical Care Expert found the County in substantial compliance. In accordance with the Service Level Agreement between the County and Wellpath, the County owns all Wellpath policies and forms. Additionally, per Custody Operations Health Care Policy (section 240), the County reviews and approves all Wellpath policies. To address the Mental Health Expert’s concerns regarding continuity of data collection, the County has revised Policy 240 to ensure that all forms (including those generated electronically through the electronic health records system) are approved by the Health Services Lieutenant prior to use by the contracted healthcare provider.

Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
<p>9</p> <p>2.D.1 Space for Health Care Service Delivery (Page 4)</p>	<p>The County shall ensure sufficient and suitable clinical treatment and office space to support health care service delivery. Space for health care services shall provide a therapeutic setting with adequate patient privacy and confidentiality.</p>	<p>The County is in the process of fully implementing this requirement. As stated in the County's last report, the Main Jail has reassigned space in the Main Jail central area to medical and mental health treatment space. These spaces have solid doors with windows in the door that allow for the deputy to observe health and mental health encounters from outside of the physical space, which allow for patient confidentiality. The County is considering options to enhance these spaces through a proposed jail remodel project. Treatment rooms are currently available in the following modules for the delivery of medical and mental health treatment: Northwest, West, East, Central, South and the Inmate Reception Center (IRC). Treatment can be provided in these areas in a secure and private environment. The County has also opened the Northern Branch Jail which has sufficient space to meet this requirement. The County has also allocated three additional offices for medical and mental health staff in the Inmates Services Building at the Main Jail. The County has issued a directive for staff to implement patient privacy and confidentiality during health care services. In the next six months the County will continue meeting with County stakeholders and Nacht & Lewis as part of the Main Jail Design Workshops to discuss the County's renovation, remodel or new construction at the facilities. Full compliance of this provision will likely follow remodel, reconfiguration, renovation, or new construction of the facilities as contemplated in paragraph 10 of the Stipulated Judgement.</p>
<p>10</p> <p>2.D.2 Space for Health Care Service Delivery (Page 4)</p>	<p>The parties recognize that paragraph 1, above, will require a remodel, reconfiguration, or renovation of the Main Jail subject to the timeframe set forth in the Stipulated Judgment. The County and the Sheriff's Office agree that, during the period of renovations at the Main Jail, they will, to the maximum extent possible given existing physical plant limitations, take reasonable steps to provide sufficient and suitable clinical treatment and office space to support health care service delivery with adequate privacy and confidentiality.</p>	<p>The County is in the process of fully implementing this requirement. As stated in the County's last report, the Main Jail has reassigned space in the Main Jail central area to medical and mental health treatment space. These spaces have solid doors with windows in the door that allow for the deputy to observe health and mental health encounters from outside of the physical space, which allow for patient confidentiality. Treatment rooms are currently available in the following modules for the delivery of medical and mental health treatment: Northwest, West, East, Central, South and the Inmate Reception Center (IRC). Treatment can be provided in these areas in a secure and private environment. The County has also opened the Northern Branch Jail which has sufficient space to meet this requirement. The County has also allocated three additional offices for medical and mental health staff in the Inmates Services Building at the Main Jail. The County has issued a directive for staff to implement patient privacy and confidentiality during health care services. In the next six months the County will continue meeting with County stakeholders and Nacht & Lewis as part of the Main Jail Design Workshops to discuss the County's renovation, remodel or new construction at the facilities. The County intends to fully implement this provision upon completion of the renovation, remodel or new construction at the facilities, as contemplated by paragraph 10 of the Stipulated Judgment.</p>
<p>11</p> <p>2.E.1 Screening on Intake (Page 5)</p>	<p>The County shall develop and implement an Intake Screening Implementation Plan that specifies standards and timelines to ensure that arriving prisoners are promptly screened for urgent health care needs (within minutes of a prisoner's arrival when possible, and in all cases within two hours of arrival), with adequate confidentiality, timely follow-up, and disability accommodations. The standards and timelines shall include medical clearance on arrival at the Jail to determine whether the prisoner must be excluded from the Jail or housed in a special placement based on medical or mental health condition, initial health screening, and an initial health assessment within timeframes based on the individual's conditions and acuity.</p>	<p>The County is in the process of fully implementing this requirement. The Medical Care Expert expressed concern with confidentiality for inmates in several physical locations of the intake workflow in the Main Jail. He also expressed concerns about a lack of an infirmary or higher level of care available. To address these concerns in the Main Jail the County has transferred inmates needing a higher level of care to has transferred inmates to M Unit at the Northern Branch Jail, where these issues are not present. The County issued a directive for staff to implement patient privacy and confidentiality during health care services. The County is developing mental health units that will allow for special placement based on mental health needs as required by this provision. The County has revised the Custody Operations Health Care Policy (section 240) to include patient confidentiality. The County is in compliance with the remaining portions of this provision. The County anticipates completing this requirement in the next eight to twelve months.</p>

Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
<p>12</p> <p>2.E.2 Screening on Intake (Page 5)</p>	<p>The Intake Screening Implementation Plan shall include the following:</p> <ul style="list-style-type: none"> a) Standards and procedures to ensure Medication Continuity, either through outside verification or on-site physician medication order; b) Procedures to ensure adequate review of individual health care records maintained by the County or otherwise available as part of the intake process; c) Infectious disease screening and follow-up; d) Initial Health Assessment for all incoming prisoners with chronic illnesses; e) Psychological Evaluation for persons with signs of development disability; f) Psychological Evaluation for persons with signs and/or histories of mental illness; g) Clinical evaluation of persons in need of detoxification with clinical determinations for any use of sobering, safety or isolation cells; h) Use of a suicide risk assessment tool, with Psychological Evaluation for those with positive findings on the suicide assessment. 	<p>The County is in the process of implementing this provision. All elements of this provision are built into Wellpath's current intake screening process delineated in Wellpath's Receiving Screening Policy (E-2). In the last reporting period Wellpath had a pilot program for identifying intellectual and developmental disabilities. This program was managed by Wellpath Regional Mental Health Department, and due to management changes the pilot program was halted and is currently being redeveloped. Wellpath and the County estimate that this program will return in the next six to eight months. The County Department of Public Health conducts quarterly audits of treatment records to assure accurate reporting during the Receiving Screening. The County anticipates completing this requirement in the next six to eight months.</p>
<p>13</p> <p>2.E.3 Screening on Intake (Page 5)</p>	<p>Registered Nurses (RN's) shall perform the intake health screening and shall receive annual training on intake policies and procedures.</p>	<p>Completed. As indicated in our last report, an RN completes intake assessments and annual training is conducted per the Agreement with CFMG, Exhibit A, section 1.1. The Medical Care Expert found the County in substantial compliance for this provision.</p>
<p>14</p> <p>2.F.1 Access to Care (Page 6)</p>	<p>The County shall develop and implement a Health Care Implementation Plan to provide all necessary levels of care for prisoners with health care needs and to ensure that they receive timely treatment appropriate to the acuity of their conditions, consistent with established standards of care and clear timelines for routine, urgent and emergent cases.</p>	<p>The County is in the process of fully implementing this requirement. The County has edited Custody Operations Health Care Policy (section 240) to reflect the necessary levels of care. Once the policy is reviewed and approved by all stakeholders, training will be developed and implemented. Presuming timely review by all stakeholders, the County anticipates completing this requirement in the next four to six months.</p>
<p>15</p> <p>2.F.2 Access to Care (Page 6)</p>	<p>All non-emergent health care requests or referrals shall be reviewed by the triage RN within 12 hours of receipt and assigned a triage level for a Provider appointment of urgent or routine.</p>	<p>The County is in the process of fully implementing this requirement. An RN reviews and triages all health care requests or referrals within 12 hours of receipt. The County has updated Custody Operations Health Care Policy (section 240) to reflect the necessary levels of care and the timing required by this provision. Once the policy is reviewed and approved by all stakeholders, training will be developed and implemented. At the Medical Care Expert's recommendation for a tracking mechanism, the recently hired CQI Coordinator is developing a tracking mechanism for this provision. Presuming timely review by all stakeholders, the County anticipates completing this requirement in the next four months.</p>

Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
<p>16</p> <p>2.F.3 Access to Care (Page 6)</p>	<p>⊕ For all health care requests or referrals, the following timelines and procedures shall apply:</p> <p>a) Patients with emergent medical conditions shall be treated or sent out for emergency treatment immediately.</p> <p>b) Patients with urgent medical conditions shall be seen by the Provider within 12 hours of review by the triage RN. For urgent referrals that occur on the weekend when a Provider is not on-site, medical staff shall complete a phone consultation with the Provider within 12 hours of review by the triage RN, with any clinically indicated treatment or other follow-up provided. The Provider will conduct a face-to-face appointment with the patient on the next business day.</p> <p>c) Patients with routine medical concerns shall be seen by the Provider within five (5) days of review by the triage RN, or sooner if clinically indicated.</p> <p>d) All health care requests or referrals that are received shall be seen by the RN or a Provider. The County affirms that it does not utilize a written response only process for medical care requests and referrals.</p> <p>e) The County shall inform patients of the above timelines for urgent and routine care by including that information in the inmate orientation manual and on the medical request forms.</p>	<p>The County is in the process of fully implementing this requirement. The County has updated the Custody Operations Health Care Policy (section 240) to reflect the necessary levels of care and the timing required by this provision. Once the policy is reviewed and approved by all stakeholders, training will be developed and implemented. To meet the concerns of the Medical Care Expert, the County and Wellpath are currently working with an independent company to complete a staffing study. The County anticipates completing this requirement in the next eight months.</p>
<p>22</p> <p>2.F.4 Access to Care (Page 7)</p>	<p>⊕ The RN or Provider shall:</p> <p>a) conduct a brief face-to-face visit with the patient in a confidential, clinical setting;</p> <p>b) take a full set of vital signs, if appropriate;</p> <p>c) conduct a physical exam, if appropriate;</p> <p>d) assign a triage level for a Provider appointment of emergent, urgent, or routine;</p> <p>e) provide over-the-counter medications pursuant to protocols; and</p> <p>f) consult with Providers regarding patient care pursuant to protocols, as appropriate.</p>	<p>Completed. As indicated in our last report, the RN or provider meets all provisions of this requirement during patient visits, as delineated in the Wellpath Privacy of Care Policy (A-7). The Medical Expert found the County in substantial compliance for this provision.</p>
<p>29</p> <p>2.F.5 Access to Care (Page 7)</p>	<p>The County shall ensure timely access to appropriate medical care based on the community standard, including with respect to medication practices, treatment, clinical and administrative treatment space, access to specialty care and hospitalization, emergency response, chronic care, infirmary or intermediate level of care, follow-up medical attention for prisoners discharged from the hospital, and supervision of medical staff.</p>	<p>The County is in the process of completing this requirement. Medications are initiated at intake. Patients with medical, mental health, or chronic care issues are seen within five days of intake and then routinely at intervals of 30, 60, and 90 days. Emergency response averages less than two minutes. Follow-up for inmates returning from the hospital is scheduled for the next provider sick-call day. The provisions of this requirement are delineated in Wellpath policies, including Medication Verification (E-9) and Timely Initiation of Medication Upon Arrival (E-9- B). The Medical Care Expert expressed concern regarding the use of restrictive housing units for people with mental health problems and the impact to their access for health care. The County has taken considerable strides with respect to appropriately housing inmates in restrictive housing with the assistance of mental health staff, and also considerably reduced the restrictive housing population. Specifically, the County closed all restrictive housing cells in the South Module, West Module, and East Restrictive Housing cells 11-22. The County has repurposed Northwest Restrictive Housing cells 11-25 to house inmate workers. In the next six months, the County will develop designated mental health units that will assist in meeting the requirements of this provision. To meet the concerns of the Medical Care Expert, the County and Wellpath are currently working with an independent company to complete a staffing study. The County anticipates completing this requirement in the next eight to twelve months.</p>

Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
30 2.F.6 Access to Care (Page 7)	<p>✚ The County shall staff and schedule dental clinics to ensure timely access to clinically indicated dental care.</p> <p>a) A qualified or appropriately trained clinician shall triage dental care requests to identify emergent or urgent dental issues that require treatment of infection or pain.</p> <p>b) Patients with emergent dental conditions shall be treated or sent out for emergency treatment immediately.</p> <p>c) Patients with urgent dental conditions shall be seen by a dentist within one (1) week, or sooner if clinically indicated.</p> <p>d) Patients with routine dental concerns shall be seen by a dentist within two (2) weeks, or sooner if clinically indicated.</p>	<p>The County is in the process of fully implementing this requirement. As noted in the Medical Care Expert's report, the elements of this category—namely the access to scheduled encounters for medical and dental care— appear generally compliant, but staff report some difficulty in obtaining medical escorts for patients for health encounters. This requirement is being met at the Northern Branch Jail as most visits are being completed in the treatment rooms attached to each housing unit. The County is making available the Medical Escort Team (MET) records to all experts for monitoring. The County will also continue to monitor staffing levels to make METs available to meet the requirements of this provision. The County and Wellpath are currently working with an independent company to complete a staffing study. The County also recently hired a new dentist and dental assistant, which will assist in meeting the timelines set forth in this provision. The County anticipates completing this requirement in the next six to eight months.</p>
35 2.F.7 Access to Care (Page 7)	<p>The County shall permit patients, including those who are illiterate, non-English speaking, or otherwise unable to submit written health care requests, to verbally request care. Such verbal requests shall immediately be documented 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.</p>	<p>The County is in the process of fully implementing this requirement. Wellpath is currently working on a CQI to track this requirement and will be able to implement this CQI once the updated sick call form is implemented and three months of data has been collected. In the next three months, Wellpath is updating the Access to Care Policy (A-1) and the Information on Health Services Policy(E-1). The County has updated Custody Operations Health Care (section 240) and the Orientation Handbook to reflect this provision. The County has updated its sick call slip to document when assistance is provided, and also intends to train staff to complete a sick call form for inmates unable to submit written health care requests. The County anticipates completing this requirement in the next four to six months.</p>
36 2.F.8 Access to Care (Page 8)	<p>The County shall not prohibit patients from reporting or inquiring about multiple medical needs in the same appointment.</p>	<p>Completed. As indicated in our last report, Wellpath addresses all needs at every appointment as per Wellpath's Nonemergency Health Care Requests and Services Policy (E-7). The Medical Care Expert found the County in substantial compliance for this provision.</p>
37 2.F.9 Access to Care (Page 8)	<p>The County shall designate and provide sufficient custody escorts to facilitate timely delivery of health care.</p>	<p>The County is in the process of fully implementing this requirement. This requirement is being met at the Northern Branch Jail as most visits are being completed in the treatment rooms attached to each housing unit. As noted in the Medical Care Expert's report, staff report some difficulty in medical escorts of patients for health encounters at the Main Jail. The County is making available the MET records to all experts for monitoring. In the next six months, the County will also work on a MET Policy and will work with Wellpath to create a tracking mechanism to track medical appointments that were completed, missed, and rescheduled. The County and Wellpath will work on the manner in which refusals are documented and reviewed by health care. The County is considering a system to uniformly code tracking related to medical appointments. Once the tracking system is complete, the County will then begin developing policies and training. Tracking will occur at both facilities and will be reviewed as part of the MAC/CQI process. The Orientation Handbook has been updated to inform inmates that they are expected to attend clinical appointments. The County will also update all relevant policies, procedures, and forms. The County anticipates completing this requirement in the next eight to twelve months.</p>
38 2.G.1 Chronic Care (Page 8)	<p>The County shall develop and implement a Chronic Disease Management Program for the management of chronic conditions, including but not limited to diabetes mellitus, asthma and other respiratory conditions, hypertension, HIV, and hepatitis C.</p>	<p>The County is in the process of fully implementing this requirement. Wellpath and the County believe they are in compliance with this provision. The Medical Care Expert's report indicates that the County will need to broaden the approach to chronic care to include making evidence-based treatment available for people with substance use disorders. In the next three months, the County and Wellpath intend to coordinate with the Medical Care Expert to discuss a plan to meet his recommendations. The Expert also made many recommendations regarding MOUD. The County and Wellpath continue to grow their MOUD program and are working with Health Management Associates (HMA) to do so. Full completion of this requirement will depend on the Expert's additions to the County's current Chronic Disease Management program.</p>

Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
39 2.G.2 Chronic Care (Page 8)	The Chronic Disease Management Program shall include provision of written individual treatment plans, case tracking, adherence to community standards, and routine scheduled follow up with Qualified Health Professionals including specialists.	The County is in the process of fully implementing this requirement. The Medical Care Expert's report states the County will need to implement individual treatment plans for people with substance use disorders. In the next six months, the County will explore additional options to expand the treatment plans that it currently provides to meet the requirements of this provision. In the next three months, the County and Wellpath intend to coordinate with the Medical Care Expert to discuss a plan to meet his recommendations. Full completion of this requirement will depend on the Expert's recommendations.
40 2.G.3 Chronic Care (Page 8)	The Chronic Disease Management Program shall include, at a minimum, the following protocols, which will be regularly evaluated through quality management processes: a) A Comprehensive Asthma Protocol: The protocol shall ensure that patients with significant asthma histories are regularly evaluated by physicians. Medical staff shall use appropriate diagnostic tool(s) to assess a patient's ability to breathe. The County will allow patients to keep prescribed rescue inhalers on their person, consistent with individualized clinical and security input. b) A Comprehensive Hypertension Management Protocol: The protocol shall ensure that patients with hypertension receive complete initial exams, including but not limited to lab tests and EKG's per clinical input, and medication at the appropriate times and intervals. c) A Comprehensive Diabetes Management Protocol: The protocol shall ensure regular testing of blood sugar and hemoglobin A1C levels for patients with diabetes, at clinically appropriate intervals. Patients shall have access to the types of insulin and dosing frequency consistent with the treatment they were receiving prior to detention or most appropriate to their individual treatment goals and correctional setting, including multiple daily injection therapy using long-acting and rapid-acting insulins and insulin pump therapy, as clinically appropriate. The County will provide a diabetes-appropriate diet, compiled by a qualified registered dietician, to prisoners with diabetes.	Completed. The Medical Care Expert found the County in substantial compliance for this provision.
41 2.G.4 Chronic Care (Page 9)	The County shall develop policies and procedures to ensure that labs ordered by clinicians are drawn in a timely manner, that the results are reviewed by nurses and clinicians in a timely manner, that the results are communicated to patients in a timely manner, and that the results are placed in the patient's health care record in a timely manner.	The County is in the process of fully implementing this requirement. The County is developing policies and procedures to reflect the County's current practice, which meets the provisions of this requirement. Labs are currently drawn per policy and reviewed by nurses and clinicians, all normal lab results are communicated to the inmate through a Wellpath form, all patients with abnormal labs are notified by the provider; labs are immediately documented in patient charts. The County is presently working on developing policies and procedures to meet this requirement, which it anticipates will be complete in the next three months.

Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
42 2.H.1 Pharmacy Services (Page 9)	The County shall develop and implement policies to ensure continuity of medication at the time of Jail arrival and throughout the period of detention. Verified medications from the community shall be continued without interruption. Prisoners with unverified medications for serious conditions shall be evaluated promptly to ensure timely provision of necessary treatment.	The County is in the process of fully implementing this provision. As previously reported, Wellpath's policies—which are owned by the County—including the Medication Continuation Policy (E-9-A) and Pharmaceutical Operations Policy (D-1,) meet the requirements of this provision. Wellpath has initiated tracking of medication pass delays to address concerns with the timeliness of med pass. The County and Wellpath will continue to monitor this requirement. In the next three months, the County anticipates coordinating with the Medical Care and Mental Health Experts to understand what more is needed to attain substantial compliance for this provision.
43 2.H.2 Pharmacy Services (Page 9)	The County shall ensure that the Jail's formulary policies and procedures are sufficient to provide adequate individualized care to patients, including through ongoing staff training on the process of requesting non-formulary medications.	Completed. The monitoring expert found the County in substantial compliance for this provision.
44 2.H.3 Pharmacy Services (Page 9)	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.	The County is in the process of fully implementing this requirement. The Medical Care Expert's report documented concerns with the County's limited keep on person program. The County and Wellpath are discussing expanding the KOP program to include additional medications and when finalized, will revise its policies accordingly. The County is also considering a policy or system to clarify how custody staff are notified that an inmate is in possession of an approved KOP medication. The County anticipates completing this provision in the next eleven months.
45 2.H.4 Pharmacy Services (Page 9)	The County shall develop and implement policies and procedures to ensure that all medications are appropriately prescribed, stored, controlled, dispensed, and administered in accordance with applicable laws and through the following: a) ensuring that initial doses of prescribed medications are delivered to patients within 48 hours of the prescription, unless it is clinically indicated to deliver the medication sooner; b) ensuring that medical staff who administer medications to patients document in the patient's Medical Administration Record (1) name and dosage of each dispensed medication, (2) each date and time medication is administered, (3) the date and time for any refusal of medication, and (4) in the event of patient refusal, documentation that the prisoner was made aware of and understands any adverse health consequences by medical staff.	Completed. As previously reported, Wellpath's pharmacy manual and policies, including the Medication Services Policy (D-2,) the Pharmaceutical Operations Policy (D-1), and the Medication Continuation Policy (E-9-A) meet the requirements of this provision. The Mental Health Expert found the County in substantial compliance for this provision. While the Medical Care Expert rated the County at partial compliance for the entirety of the Pharmacy Services section of the remedial plan, specific deficiencies related to this provision were not noted. The CQI Coordinator and DON are working on a process to capture missed medications and the County will coordinate with the Medical Care Expert regarding what he believes is outstanding with respect to this provision.
46 2.H.5 Pharmacy Services (Page 10)	The County shall develop and implement policies and procedures to ensure that patients are provided medications at therapeutically appropriate times, including when out to court, in transit to or from any outside appointment, or being transferred between facilities. If administration time occurs when a patient is in court, in transit or at an outside appointment, medication will be administered as close as possible to the regular administration time.	Completed. Wellpath's Medication Services Policy (D-2) meets the requirements of this provision. Per policy, medications are distributed at 9 am and 9 pm. Wellpath does not administer medications off-site and has a scheduled medication time to accommodate inmates at court or in transport. While the County believes it is in substantial compliance for this provision, to meet the Medical Care Expert's concerns, the County will work on a process to track and audit missed and delayed medications.

	Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
47	2.H.6 Pharmacy Services (Page 10)	The County shall provide sufficient nursing and custody staffing to ensure timely delivery and administration of medication.	The County is in the process of fully implementing this requirement. Medications are passed by one LVN with the assistance of a custody deputy that is assigned to the module. Since there have been some delays with medication pass at the Main Jail, the County and Wellpath are analyzing and assessing the circumstances. The County and Wellpath are also working with an independent company to complete a staffing study. The Electronic Health Record will be used to monitor medication delivery times. The County and Wellpath will work on a tracking mechanism to identify if medications were delayed due to custody or clinical staffing shortages. The County anticipates completing this requirement in the next six months.
48	2.I.1 Transgender and Gender Nonconforming Health Care (Page 10)	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.	The County is in the process of fully implementing this requirement. The County and Wellpath are editing current policies to reflect the requirements of this provision. Wellpath will also complete a CQI to track this requirement. The County anticipates completing this requirement in the next four months.
49	2.J.1 Drug/Alcohol Withdrawal (Page 10)	The County shall develop and implement drug/alcohol withdrawal policies and procedures that include specific guidelines as to the frequency and documentation of patient assessment.	The County is in the process of fully implementing this requirement. Wellpath and the County are working on updating the Wellpath Medically Supervised Withdrawal and Treatment Policy (F-4) to meet the requirements of this provision. In the next three months, the County and Wellpath will consult with the Medical Care Expert to determine what is necessary to meet the provisions of this requirement. The County anticipates completing this requirement in the next eight months.
50	2.K.1 Utilization Management (Page 10)	The County shall develop and implement a utilization management (UM) system that ensures that health decisions about patient care are made with sufficient input from Providers and meaningful consideration of patients' health history and needs.	Completed. Wellpath's Care Management Program, covered in the Corporate Policy and Procedure (A-1), meets this requirement.
51	2.K.2 Utilization Management (Page 10)	The UM process shall ensure that Providers and patients are promptly informed about decisions made through the UM process, including with respect to specialist referral requests.	The County is in the process of completing this requirement. The Expert's report identified gaps in the Wellpath's UM process related to timely informing patients of key decisions regarding specialty assessments and disability accommodations. Wellpath has a Patient Communication Form, which is pending approval, that may be used to meet this requirement. The County anticipates the completion of this requirement in the next 3 months.
52	2.K.3 Utilization Management (Page 10)	The UM process shall include an appeal process to enable patients and Providers to appeal a decision denying a referral request.	Completed. Wellpath's Care Management Program, covered in the Corporate Policy and Procedure (A-1), meets this requirement.
53	2.L.1 Review of Inmate Deaths (Page 11)	The County shall complete timely and adequate death reviews, within 30 days of any death, including a clinical mortality review in all cases and a psychological autopsy if death was by suicide or is otherwise indicated. The County shall also complete a multidisciplinary administrative review to assess custodial and emergency response actions.	Completed. The County timely and adequately conducts death review within 30 days of death. This requirement is documented in the mortality log/attendance sheets and Wellpath's policies, including the Morbidity Policy (A-9-A), along with Custody Operations Significant Incident and In-Custody Deaths Policy (section 206). Per the Medical Care and Mental Health Expert's recommendations the County and Wellpath have collaborated to create a shared death review report inclusive of root cause analysis, findings, and measurable corrective action plans. The County and Wellpath recently revised their mortality reviews to increase information sharing, include joint presenters, and increased staff involvement.
54	2.L.2 Review of Inmate Deaths (Page 11)	The death review process shall include a root cause analysis, as appropriate, and the development of corrective action plans to identify and address systemic or individual issues.	Completed. The County has incorporated root cause analysis into the mortality review process. The County and Wellpath develop corrective action plans to identify and address issues as needed.

Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
55 2.M.1 Discharge Planning (Page 11)	The County shall implement an in-custody discharge/reentry planning program, described in a written policy, with emphasis on prisoners who suffer from chronic mental health and medical conditions, including addiction.	The County is in the process of fully implementing this requirement. In the next three months the County will develop the required policies and work with the new programs manager to develop a discharge/reentry planning program and work toward compliance in this area. The County is currently working on delineating the roles and responsibilities of the various entities involved in discharge planning, including but not limited to the programs manager, Wellpath, custody, probation, and other outside entities. During this rating period the County and Wellpath have been meeting with a County discharge team to implement a pilot project to provide these services to a targeted population. The County is in the process of applying for CalAIM grant funding for additional discharge planning services. The County and Wellpath are also providing discharge/reentry planning for MAT patients. The County is considering the processes recommended by the Medical Care Expert, which begin at intake and continue through reentry into the community. The County anticipates completing this requirement in the next eleven months.
56 2.M.2 Discharge Planning (Page 11)	The reentry services program shall include the provision of assistance to chronic care patients, including outpatient referrals and appointments, public benefits, inpatient treatment, and other appropriate reentry services.	The County is in the process of fully implementing this requirement. In the next three months the County will develop the required policies and work with the new programs manager to develop a discharge/reentry planning program and work toward compliance in this area. The County is currently working on delineating the roles and responsibilities of the various entities involved in discharge planning, including but not limited to the programs manager, Wellpath, custody, probation, and other outside entities. During this rating period the County and Wellpath have been meeting with a County discharge team to implement a pilot project to provide these services to a targeted population. The County is in the process of applying for CalAIM grant funding for additional discharge planning services. The County and Wellpath are also providing discharge/reentry planning for MAT patients. The County is considering the processes recommended by the Medical Care Expert, which begin at intake and continue through reentry into the community. The County anticipates completing this requirement in the next eleven months.
57 2.N.1 Quality Management (Page 11)	The County shall develop a Quality Management program to regularly assess and take necessary measures to ensure quality and efficiency of care.	Completed. This requirement is currently part of the CQI meetings and is included in the monthly MAC/CQI meetings, which include the County Departments of Public Health and Behavioral Wellness. Wellpath also hired a CQI coordinator who is solely responsible for CQI and corrective action plans. Documentation to support this provision are provided to the Medical Care Expert to demonstrate proof of practice.
58 2.N.2 Quality Management (Page 11)	The County shall establish a Continuous Quality Improvement (CQI) Unit to develop tracking mechanisms and to monitor the timeliness and effectiveness of care, to be reviewed at least quarterly and with corrective action plans employed where issues are identified.	The County is in the process of fully implementing this requirement. The County presently maintains a Continuous Quality Assurance (CQA) unit that meets the requirements of this provision. Wellpath also hired a CQI coordinator who is solely responsible for CQI. In the next six months, the County will develop tracking mechanisms to document effectiveness of care to meet this requirement. The County anticipates completing this requirement in the next eight to ten months.
59 2.N.3 Quality Management (Page 11)	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 quality management process.	The County is in the process of fully implementing this requirement. In the next six months, the County will also work on a MET Policy and will work with Wellpath to create a tracking mechanism to document and track medical appointments to include those that were completed, delayed, and canceled. The County is considering a system to uniformly code tracking related to medical appointments. Once the tracking system is complete, the County will then begin developing policies and training. Tracking will occur at both facilities and will be reviewed as part of the MAC/CQI process. The Orientation Handbook has been updated to inform inmates that they are expected to attend clinical appointments. The County will also update all relevant policies, procedures, and forms. The County anticipates completing this requirement in the next eight to twelve months.
60 2.N.4 Quality Management (Page 11)	The County shall track compliance with the Chronic Disease Management Program requirements for timely provision of appointments, procedures, and medications.	The County is in the process of fully implementing this requirement. In the next three months, the County and Wellpath will coordinate with the Medical Care Expert to determine what is necessary to meet this provision.
61 2.N.5 Quality Management (Page 12)	The County shall incorporate a systematic review of prisoner grievances related to health care into its Quality Management program.	The County is in the process of fully implementing this requirement. The County is working with Wellpath to review the grievance tracking system presently in place to identify system improvements. The MAC/CQI meetings include review of prisoner grievances related to health care. In the next six months, the County and Wellpath will update Wellpath's Grievance Mechanism for Health Complaints Policy (A-10) and the Administrative Meetings and Reports Policy (A-4), to meet this requirement, including incorporating systematic review of prisoner grievances into the CQI process.

Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
62	3. Mental Health Care	
63	3.A.1 Policies and Procedures (Page 12)	<p>The County is in the process of fully implementing this requirement. Both the County and Wellpath have site specific policies related to mental health care. The County and Wellpath are updating these policies so they comply with all relevant sections of the Remedial Plan. The County anticipates completing this requirement in the next four months.</p>
64	3.A.2 Policies and Procedures (Page 12)	<p>The County is in the process of fully implementing this requirement. The County has edited the Custody Operations Mental Health Policy (section 241) to document multidisciplinary meetings that are occurring weekly. Wellpath is currently working on adding this to policy F-03 Mental Health Services. The target population of these multidisciplinary meetings will be revised as the County continues to open and develop specialized mental health units. The County anticipates completing this requirement in the next eight months.</p>
65	3.A.3 Policies and Procedures (Page 12)	<p>The County is in the process of fully implementing this requirement. A working group has been assigned to revise and develop policies and procedures consistent with the provisions of this Remedial Plan. The County has begun implementation of the subsections of this requirement as follows:</p> <ul style="list-style-type: none"> a) In process. Mental health care programs will be added to Wellpath's Health Services Handbook and the Custody Operations Orientation Handbook. b) Completed. These timeframes are delineated in Wellpath Mental Health Screening and Evaluation Policy (E-5) and are compliant with community standards. c) Completed. The County maintains an intake and referral triage system (see Wellpath Receiving Screening Policy (E-2)) and timely and effectively resolves inmate requests and referrals at intake and in referral triage. d) Completed. Clinical monitoring occurs by way of restrictive housing rounds and suicide watch rounds. e) In process. The County has a description related to admitting and discharging criteria and is working on specialized mental health housing. The County anticipates piloting specialized mental health units at Northern Branch Jail and Main Jail by July 2023. f) Completed. Staff members receive CIT training and suicide prevention training. <p>The County is working to develop mental health units at the Main Jail (Northwest A,C, and D modules) and at the Northern Branch Jail. The County has a multidisciplinary group that is developing these specialized mental health units and the programming for these inmates. The County recently initiated programming in the mental health units at the Main Jail wherein the inmates completed a two-week interactive journal and received certificates of completion. The County also initiated a similar six-week program in mid-January. The County will be working with the Mental Health Expert to ensure adequate clinical and programming support as well as updating policies and training to meet the needs of the mental health population at the facilities. In the next six months, the County will initiate a pilot program that maintains designated male and female mental health units with the requisite programming at each facility.</p>
66	3.A.4 Policies and Procedures (Page 12)	<p>The County is in the process of fully implementing this requirement. Wellpath is working on updating the sick call slip to reflect the emergent, urgent and routine timeframes for mental health, medical, and dental referrals. Wellpath currently maintains documentation on emergent, urgent, or routine referrals, and will update its policy to reflect the requirements of this provision. The County has also updated the Custody Operations Health Care Policy (section 240) to reflect the requirements of this provision. The County anticipates completing this requirement in the next six months.</p>

Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
<p>67</p> <p>3.A.5 Policies and Procedures (Page 13)</p>	<p>The County shall ensure that there is a licensed mental health professional on-site at the Jail facilities who, working in collaboration with the health care services administrator, shall be responsible for supervising the clinical aspects of the following functions:</p> <p>a) Treatment programming that meets the needs of the inmate population and is consistent with individualized treatment plans.</p> <p>b) Supervision of mental health staff to ensure appropriate in-service training, development of treatment plans, and health care record documentation.</p> <p>c) Treatment programming provided by outside mental health agencies.</p>	<p>The County is in the process of fully implementing this requirement. Wellpath's mental health staff are on site daily. Prior to the Covid-19 pandemic, outside mental health agencies (referenced in subsection (c)) were providing mental health services in the Main Jail. While these agencies have not returned to the Main Jail or Northern Branch Jail, they have been invited back into the facilities.</p> <p>The County is working to develop mental health units at the Main Jail (Northwest A,C, and D modules) and at the Northern Branch Jail. The County has a multidisciplinary group that is developing these specialized mental health units and the programming for these inmates. The County will be working with the Mental Health Expert to ensure adequate clinical and programming support as well as updating policies and training to meet the needs of the mental health population at the facilities. In the next six months, the County will initiate a pilot program that maintains designated male and female mental health units with the requisite programming at each facility.</p>
<p>68</p> <p>3.A.6 Policies and Procedures (Page 13)</p>	<p>The County shall develop policies and procedures to ensure that all clinical interactions (other than rounds) be conducted in a private and confidential manner, absent a specific, current risk that necessitates the presence of custody staff. Custody and mental health staff shall be trained accordingly.</p>	<p>The County is in the process of fully implementing this requirement. The County currently conducts these interactions in a private and confidential manner at the Northern Branch Jail. The County is limited by treatment space at the Main Jail and full compliance of this provision may require remodel, renovation, or new construction of the Main Jail and/or the Northern Branch Jail. However, in the interim, the County is developing procedures to conduct clinical contacts with the deputy standing outside of the treatment room, supervising the appointment, and observing through a window in the door at the Main Jail. The County has also rekeyed treatment rooms and issued a directive for staff to implement patient privacy and confidentiality during health care services. The County revised the Custody Operations Health Care Policy (240) and, in the next four months, the County will update its Mental Health Policy (241) to ensure interactions are conducted in a private and confidential manner and will continue to utilize the additional clinical areas that the County created to work within the confines of the present physical plant of the Main Jail.</p>
<p>69</p> <p>3.A.7 Policies and Procedures (Page 13)</p>	<p>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.</p>	<p>The County is in the process of fully implementing this requirement. In the next four months, the County will update the Custody Operations Mental Health Care Policy (section 241) and Cell Extractions Policy (section 320), and Wellpath's Mental Health Services Policy (F-3) to meet the requirements of this provision. Wellpath is currently editing their policies. Once approved, training will occur prior to implementation and tracking. The County anticipates completing this requirement in the next six to nine months.</p>
<p>70</p> <p>3.A.8 Policies and Procedures (Page 13)</p>	<p>When utilizing trainees, such as psychiatric interns, the County shall have a memorandum of agreement with the provider that addresses supervision and other appropriate requirements.</p>	<p>Completed. Wellpath has completed this MOU and has provided it to the Mental Health Expert.</p>
<p>71</p> <p>3.B.1 Intake (Page 13)</p>	<p>The County shall ensure implementation of a screening tool to identify individuals with mental illness, at risk of self-injury, or vulnerable to predation secondary to a mental illness. The screening tool shall:</p> <p>a) Identify risk factors or medication that require a mental health referral.</p> <p>b) Recommend housing and referrals based on the individual's diagnosis, strengths, and weaknesses.</p> <p>c) Refer inmates to mental health staff for any positive finding of mental illness, and triage all referrals as urgent, emergent, or routine.</p> <p>d) Describe signs and symptoms of conditions which justify the assignment of a DSM1 diagnosis.</p>	<p>Completed. The County has completed sections (a) through (d). With respect to section (d), as required by this provision, the intake screening tool allows for the identification and description of signs and symptoms of conditions related to a possible DSM1 diagnosis. In the event those signs and symptoms are present, Wellpath refers the inmate to a mental health professional for possible diagnosis of DSM1.</p>

Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
72 3.B.2 Intake (Page 14)	The County shall implement a follow-up review process for inmates who refuse the intake screening. Upon inmate refusal at intake, the intake nurse shall provide a detailed record of the inmate's presentation and an opinion regarding the inmate's condition, with appropriate referrals to psychiatry and mental health professionals.	The County is in the process of fully implementing this requirement. For inmates who refuse intake screening, an intake RN will follow-up four hours after refusal. If follow up is still needed, mental health staff will follow up the next day for a second attempt. This requirement is delineated in Wellpath policies, including Wellpath's Receiving Screening Policy (E-2). Wellpath will be conducting staff training on documenting this provision in the electronic medical record. The County is editing the Custody Operations Mental Health Care Policy (241) to meet the requirements of this provision. This provision will be completed in the next six months.
73 3.B.3 Intake (Page 14)	Refusal to give consent at intake will not be considered an indication of refusal of any treatment and evaluation at a later time.	The County is in the process of fully implementing this requirement. As stated in the County's last report, for inmates who refuse intake screening, an intake RN will follow-up four hours after refusal. If follow up is still needed, mental health staff will follow up the next day for a second attempt. This requirement is delineated in Wellpath policies, including the Receiving Screening Policy (E-2). The County will place this information into a custody policy and procedure in the next four months.
74 3.B.4 Intake (Page 14)	Inmates entering the facility on verified medications shall receive a referral to psychiatry at the time of intake, which will be prioritized as clinically indicated.	The County is in the process of fully implementing this requirement. This requirement is part of the intake process. The intake RN will schedule a psychiatry visit once medications are verified and bridged by the on-call psychiatrist. This requirement is delineated in Wellpath policies, including the Timely Initiation of Medication Upon Arrival Policy (E-9-B). In the next six months, the County and Wellpath will audit this provision to determine if medication was verified. With the recent hire of a CQI Coordinator these audits will begin in the next six months.
75 3.C.1 Patient Privacy and Confidentiality (Page 14)	The County shall provide sufficient private interviewing spaces for all clinical contacts for evaluation and/or treatment (other than rounds).	The County is in the process of fully implementing this requirement. The County currently conducts clinical contacts in a private and confidential manner at the Northern Branch Jail. Psychiatry appointments are conducted in a confidential treatment room at both facilities. The County is limited by treatment space at the Main Jail and full compliance of this provision may require remodel, renovation, or new construction of the Main Jail and/or the Northern Branch Jail. However, in the interim, the County is developing procedures to conduct clinical contacts with the deputy standing outside of the treatment room, supervising the appointment, and observing through a window in the door at the Main Jail. The County has also rekeyed treatment rooms and issued a directive for staff to implement patient privacy and confidentiality during health care services. The County revised the Custody Operations Health Care Policy (240) and, in the next four months, the County will update its Mental Health Policy (241) to ensure interactions are conducted in a private and confidential manner.
76 3.C.2 Patient Privacy and Confidentiality (Page 14)	It shall be the policy of the County that mental health clinicians shall not conduct their clinical contacts for evaluation and/or treatment (other than rounds) at cell-front except pursuant to documented refusals or specific, documented security concerns.	The County is in the process of fully implementing this requirement. The County currently conducts clinical contacts in a private and confidential manner at the Northern Branch Jail. Psychiatry appointments are conducted in a confidential treatment room at both facilities. The County is limited by treatment space at the Main Jail and full compliance of this provision may require remodel, renovation, or new construction of the Main Jail and/or the Northern Branch Jail. However, in the interim, the County is developing procedures to conduct clinical contacts with the deputy standing outside of the treatment room, supervising the appointment, and observing through a window in the door at the Main Jail. The County has also rekeyed treatment rooms and issued a directive for staff to implement patient privacy and confidentiality during health care services. The County revised the Custody Operations Health Care Policy (240) and, in the next six months, the County will update its Mental Health Policy (241) to ensure interactions are conducted in a private and confidential manner and will continue to utilize the additional clinical areas that the County created to work within the confines of the present physical plant of the Main Jail.
77 3.C.3 Patient Privacy and Confidentiality (Page 14)	For each clinical contact for evaluation and/or treatment (other than rounds), mental health staff shall document whether the encounter was confidential, including whether it took place at cell-front. If a contact occurs at cell-front or is otherwise non-confidential (i.e., due to patient refusal or specific, documented security concern), the reason(s) shall be clearly documented in the individual patient record and will be reviewed as part of the County's Continuous Quality Improvement review procedures.	The County is in the process of fully implementing this requirement. For inmates who refuse intake screening, an intake RN will follow-up four hours after refusal. If follow up is still needed, mental health staff will follow up the next day for a second attempt. This requirement is delineated in Wellpath policies, the Receiving Screening Policy (E-2). In the next six months the County will place this information into a custody policy and procedure.

Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
78 3.C.4 Patient Privacy and Confidentiality (Page 15)	The County shall implement a confidential mental health service request system that does not require patients to share confidential health information with custody or other non-health care staff.	Completed. The Health Services Handbook, which is provided to all inmates, describes how inmates access mental health and medical care through the use of a sick call slip. Inmates provide sick call slips directly to medical staff and these sick call slips are treated as confidential.
79 3.D.1 Mental Health Services, Housing, and Access to Care (Pge 15)	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 7:00 a.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.	The County is in the process of fully implementing this requirement. The County updated the Custody Operations Health Care Policy (section 240) to reflect the requirements of this provision. The County is currently meeting this requirement in practice, and Wellpath currently maintains documentation for emergent, urgent, or routine referrals. In the next six months, Wellpath will begin auditing the requirements of this provision through the CQI process.
80 3.D.2 Mental Health Services, Housing, and Access to Care (Pge 15)	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.	The County is in the process of fully implementing this requirement. The County has revised and finalized the Custody Operations Inmate Classification Policy (301) and the Classification Plan to reflect the provisions of this requirement, but has yet to implement the policy. The County is working to develop mental health units at the Main Jail (Northwest A,C, and D modules) and at the Northern Branch Jail. The County has a multidisciplinary group that is developing these specialized mental health units and the programming for these inmates. The County will be working with the Mental Health Expert to ensure adequate clinical and programming support as well as updating policies and training to meet the needs of the mental health population at the facilities. In the next six months, the County will initiate a pilot program that maintains designated male and female mental health units with the requisite programming at each facility. The County presently aims to place prisoners on the mental health case load in the least restrictive setting, and will be better equipped to do so once the designated mental health units are in place.
81 3.D.3 Mental Health Services, Housing, and Access to Care (Pge 15)	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.	The County is in the process of fully implementing this requirement. The County is working to develop mental health units at the Main Jail (Northwest A,C, and D modules) and at the Northern Branch Jail. The County has a multidisciplinary group that is developing these specialized mental health units and the programming for these inmates. The County will be working with the Mental Health Expert to ensure adequate clinical and programming support as well as updating policies and training to meet the needs of the mental health population at the facilities. In the next six months, the County will initiate a pilot program that maintains designated male and female mental health units with the requisite programming at each facility.

Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
<p>3.D.4</p> <p>Mental Health Services, Housing, and Access to Care (Pge 15)</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>c) Treatment staff shall provide all inmates on specialty units an enhanced individualized treatment plan documented on a medical record treatment plan form and completed within the first seven days of placement on that unit. These treatment plans shall be regularly reviewed and updated as needed by the multidisciplinary treatment team, with participation of the inmate.</p>	<p>The County is in the process of fully implementing this requirement. The County is working to develop mental health units at the Main Jail (Northwest A, C, and D modules) and at the Northern Branch Jail. The County has a multidisciplinary group that is developing these specialized mental health units and the programming for these inmates. The County will be working with the Mental Health Expert to ensure adequate clinical and programming support as well as updating policies and training to meet the needs of the mental health population at the facilities. In the next six months, the County will initiate a pilot program that maintains designated male and female mental health units with the requisite programming at each facility. As part of the pilot, the County has created a multidisciplinary team, which will include the line officer, to address inmates in the specialized mental health units and meet the requirements of this provision.</p>

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Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
<p>83</p> <p>3.D.5 Mental Health Services, Housing, and Access to Care (Pge 16)</p>	<p>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).</p> <p>a) It is recognized that not all inmates can participate in and/or benefit from 6 hours per week of structured treatment programming. For those individuals with mental health treatment needs housed in the specialized mental health units and for whom fewer hours of treatment services is clinically indicated, the treating clinician will present the case and recommended treatment program to the multidisciplinary treatment team for approval. Such a Modified Individualized Treatment Plan will include a description of the diagnosis, problems, level of functioning, medication compliance, and rationale for scheduling fewer hours of treatment services.</p> <p>b) The Modified Individualized Treatment Plan will be reviewed by the multidisciplinary treatment team at least monthly, with consideration of an increase in treatment activities and referral to a higher level of care as clinically indicated.</p> <p>c) The County shall establish an additional, less intensive mental 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.</p>	<p>The County is in the process of fully implementing this requirement. While full compliance with this provision may require remodel, renovation, or new construction of the Main Jail and/or the Northern Branch Jail, the County is working within the confines of the present physical plant to increase out-of-cell time. The County is working to develop mental health units at the Main Jail (Northwest A,C, and D modules) and at the Northern Branch Jail. The County has a multidisciplinary group that is developing these specialized mental health units and the programming for these inmates. In the next six months, the County will initiate a pilot program that maintains designated male and female mental health units with the requisite programming at each facility. The County is working towards increasing unstructured out-of-cell time for this population and will be better equipped to do so once these units are operational. The County has implemented a tracking mechanism to better record out-of-cell time, but will work with the Custody of Care Expert regarding improved tracking for structured activities. The County and Wellpath are working on developing structured out-of-cell time and are working to identify staffing resources and specialized programs for this inmate population. The County is also meeting with the Mental Health Wellness Center to explore programming options. For the mental health units at the Main Jail, the County has created a schedule that exceeds the out-of-cell time required by this provision. In the next six months, the County will develop a plan for maximum utilization of the current physical plant, a plan for temporary remodel, a baseline of present out-of-cell time, and a plan to increase out-of-cell time. The County will also conduct training regarding handling inmates' refusals to get out of their cells.</p>
<p>84</p> <p>3.D.6 Mental Health Services, Housing, and Access to Care (Pge 17)</p>	<p>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.</p> <p>a) In rare cases where such an inmate presents an immediate danger or serious danger for which there is no reasonable alternative, such an inmate may be housed separately for the briefest period of time necessary to address the issue, and only with written justification for the placement that is approved by a jail commander or designee.</p> <p>b) The County shall continue to provide supervision, treatment, and out-of-cell time consistent with the inmate's Modified Individualized Treatment Plan.</p>	<p>The County is in the process of fully implementing this requirement. The County is working to develop specialized mental health units at the Main Jail and Northern Branch Jail and will be better equipped to meet this provision once those units are operational. In the next six months, the County will initiate a pilot program that maintains designated male and female mental health units with the requisite programming at each facility. In the next six months, the County will also be creating a Restrictive Housing Policy, which will incorporate the requirements of this provision. The County has trained and will continue training staff regarding documenting the justification for placement in restrictive housing units as required by this provision. The County has also provided training to classification staff on appropriate restrictive housing placements. At the recommendation of the Custody Operations Expert, the County updated Custody Operations Inmate Classification Policy (section 301) and Bed Assignment Policy (section 305), as well as the Objective Classification Plan and Housing Plans. In the next six months, the County will update Wellpath Mental Health Services Policy (F-3) and Segregated Inmate Policy (G-2). In the upcoming months, the County will create a plan regarding housing these inmates in specialized mental health units, not in segregation.</p>

Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
85 3.D.7 Mental Health Services, Housing, and Access to Care (Pge 17)	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.	The County is in the process of fully implementing this requirement. The County is working to develop mental health units at the Main Jail and Northern Branch Jail. The County has a multidisciplinary group that is developing these specialized mental health units and the programming for these inmates. The County recently initiated programming in the mental health units at the Main Jail wherein the inmates completed a two-week interactive journal and received certificates of completion. The County also initiated a similar six-week program in mid-January. The County will be working with the Mental Health Expert to ensure adequate clinical and programming support as well as updating policies and training to meet the needs of the mental health population at the facilities. In the next six months, the County will initiate a pilot program that maintains designated male and female mental health units with the requisite programming at each facility.
86 3.D.8 Mental Health Services, Housing, and Access to Care (Pge 17)	The County shall provide psychiatric appointments with inmates on the mental health caseload housing at least every 90 days, or more often if clinically indicated, and shall provide counseling services consistent with individual need that is documented in an individualized treatment plan.	The County is in the process of fully implementing this requirement. Inmates see the psychiatrist at 30-days, 60-days, and again at 90-days, or sooner as clinically indicated. Counseling services are provided along with an individualized treatment plan to inmates in the special needs program. This requirement is included in Wellpath's policies, including Mental Health Services Policy (F-3). In the next six months, the County and Wellpath will work towards developing and implementing more individualized treatment plans for inmates with mental illness. Wellpath is currently developing and designing treatment plans for the MAT program as a pilot.
87 3.D.9 Mental Health Services, Housing, and Access to Care (Pge 17)	Mental health staff shall provide a behavioral management plan and regularly scheduled counseling services to inmates with severe personality disorders and/or frequent episodes of suicidal ideation or self-harm.	The County is in the process of fully implementing this requirement. The County provided the Mental Health Expert two examples of behavioral management plans that met this requirement. In the next six months, the County and Wellpath will begin working to develop a process to expand these behavioral management plans to include inmates with severe personality disorders and those with frequent suicidal ideations or acts of self-harm. The County anticipates completing this requirement in the next eight months. In the meantime, a small list of patients with chronic self-injurious behavior will be identified for a possible behavioral management plan.
88 3.D.10 Mental Health Services, Housing, and Access to Care (Pge 18)	The County shall ensure that clinical contact record entries indicate the inmate's housing location, the type of service, the location where mental health staff delivered the service, the date and time of the encounter, and the date and time the record is generated.	The County is in the process of fully implementing this requirement. In the next five months, Wellpath will conduct training and auditing of clinical contact record entries to verify all aspects of required information is included in the mental health documentation. The County anticipates completing this requirement in the next five months.
89 3.E.1 Psychiatric Medication Practices (Page 18)	The County shall, in consultation with the subject matter expert and Plaintiffs, ensure that the Jail's policies and procedures are sufficient to provide adequate individualized care to patients, including with respect to (a) non-formulary medication requests, (b) patient refusals, and (c) prescriptive practices.	The County is in the process of fully implementing this requirement. Wellpath maintains site-specific policies that meet this requirement. The County and Wellpath are working to align their policies. The County anticipates completing this requirement in the next six months.
90 3.E.2 Psychiatric Medication Practices (Page 18)	Any inmate requesting psychiatric evaluation or treatment shall receive a timely comprehensive mental health assessment to determine clinical need for medication or other treatment.	The County is in the process of fully implementing this requirement. Wellpath maintains site-specific policies that meet this requirement. In the next six months, the County will develop a tracking mechanism to demonstrate compliance with this provision.
91 3.E.3 Psychiatric Medication Practices (Page 18)	No verified or prescribed psychiatric medication will be terminated or significantly changed without in-person consultation with a psychiatrist, absent clinical justification that is documented. Mental health staff shall see patients who receive significant changes in prescriptions or initiation of new medications within 30 days, unless earlier requested by patient or clinically indicated, to assess efficacy, side effects, and other follow-up as appropriate.	The County is in the process of fully implementing this requirement. As previously reported, the psychiatrist conducts an in-person consult with an individual prior to discontinuing medications. Mental health staff see these inmates within 30 days and a psychiatrist follows-up within 30 days of initiation of new medication. In the next six months, the County will include this process in the CQI review.

	Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
92	3.E.4 Psychiatric Medication Practices (Page 18)	The County shall implement policies and procedures to ensure that patients are provided medications at therapeutically appropriate times (e.g., sedating medications administered at bedtime).	The County is in the process of fully implementing this requirement. The County utilizes Wellpath's site specific policy for this section including its Medication Services Policy (section D-2), which meets this requirement. In the next three months, the County will update the Custody Operations Mental Health Policy (241) to meet the requirements of this provision. In the next six months, the County will include this process in the CQI review.
93	3.F.1 Mental Health and Disability Input in the Jail Disciplinary Process (Page 18)	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 disabilities.	The County is in the process of fully implementing this requirement. The County currently implements this process informally during the review process of disciplinary reports. In the next six months, the County will work on piloting a program at NBJ to ensure that Mental Health input is obtained before disciplinary board review. The County will determine the process and create the appropriate forms, policy, and training thereafter. The County also created a Rules Violation Mental Health Review Form to allow mental health staff input in the disciplinary process, which is pending review by the Wellpath Regional Mental Health Director. The County has updated the Custody Operation Inmate Discipline Policy (section 363) to meet this provision. In the next six months, the County will update the Custody Operations Mental Health Care Policy (section 241) and Wellpath will update the Mental Health Services Policy (F-3), Segregated Inmate Policy (G-2), and Medical Diets Policy (D-5) to meet the requirements of this provision.
94	3.F.2 Mental Health and Disability Input in the Jail Disciplinary Process (Page 18)	The County shall develop policies and procedures on the consideration of mental health input in the disciplinary process.	The County is in the process of fully implementing this requirement. The County currently considers mental health input informally during the review process of disciplinary reports. In the next six months, the County will work on piloting a program at Northern Branch Jail to ensure that Mental Health input is obtained before disciplinary board review. The County will determine the process and create the appropriate forms, policy, and training thereafter. The County also created a Rules Violation Mental Health Review Form to allow mental health staff input in the disciplinary process, which is pending review by the Wellpath Regional Mental Health Director. The County has updated the Custody Operation Inmate Discipline Policy (section 363) to meet this provision. In the next six months, the County will update the Custody Operations Mental Health Care Policy (section 241) and Wellpath will update the Mental Health Services Policy (F-3), Segregated Inmate Policy (G-2), and Medical Diets Policy (D-5) to meet the requirements of this provision.
95	3.F.3 Mental Health and Disability Input in the Jail Disciplinary Process (Page 19)	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.	The County is in the process of fully implementing this requirement. The County has created a Rules Violation Mental Health Review Form (which is pending approval) to allow mental health staff input in the disciplinary process. The requirements of this provision have been added to this form. Once approved, training will be provided prior to implementation. The County anticipates completing this requirement in the next six months.
96	3.F.4 Mental Health and Disability Input in the Jail Disciplinary Process (Page 19)	Staff shall meaningfully consider the Qualified Mental Health Professional's findings and any other available disability information when deciding what, if any, disciplinary action should be imposed.	The County is in the process of fully implementing this requirement. The County revised its Inmate Discipline Policy (section 363) to comply with this provision. The County has created a Rules Violation Mental Health Review Form to allow mental health staff input in the disciplinary process. The requirements of this provision have been added to this form. Once approved, training will be provided prior to implementation. The County anticipates completing this requirement in the next six months.

	Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
97	3.F.5 Mental Health and Disability Input in the Jail Disciplinary Process (Page 19)	Staff shall meaningfully consider the Qualified Mental Health Professional's input on minimizing the deleterious effect of disciplinary measures on the prisoner in view of his or her mental health or adaptive support needs.	The County is in the process of fully implementing this requirement. The County has created a Rules Violation Mental Health Review Form to allow mental health staff input in the disciplinary process. The requirements of this provision have been added to this form. Once approved, training will be provided prior to implementation. The County anticipates completing this requirement in the next six months.
98	3.F.6 Mental Health and Disability Input in the Jail Disciplinary Process (Page 19)	If custody staff do not follow the mental health input regarding whether the behavior was related to symptoms of mental illness or intellectual disability, whether any mitigating factors should be considered, and whether certain sanctions should be avoided, staff shall explain in writing why it was not followed.	The County is in the process of fully implementing this requirement. The County has created a Rules Violation Mental Health Review Form to allow mental health staff input in the disciplinary process. The back of the Review Form includes a section entitled "Lt. Override" for documenting when mental health input is not followed as well as the reason for such override. Once the form is approved, training will be provided prior to implementation. The County anticipates completing this requirement in the next six months.
99	3.F.7 Mental Health and Disability Input in the Jail Disciplinary Process (Page 19)	Inmates shall not be subjected to discipline in any manner that prevents the delivery of mental health treatment or adaptive support needs.	The County is in the process of fully implementing this requirement. The County is presently meeting this provision. This provision has been incorporated into the Custody Operations Inmate Discipline Policy (section 363), which is pending approval, prior to training and implementation. The County anticipates completing this requirement in the next six months.
100	3.F.8 Mental Health and Disability Input in the Jail Disciplinary Process (Page 19)	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.	The County is in the process of fully implementing this requirement. The County is presently meeting this provision. This provision has been incorporated into the Inmate Discipline Policy (section 363), which is pending approval, prior to training and implementation. The County anticipates completing this requirement in the six months.
101	3.F.9 Mental Health and Disability Input in the Jail Disciplinary Process (Page 19)	The County shall provide reasonable accommodations during the disciplinary process for inmates with mental health or intellectual disabilities.	The County is in the process of fully implementing this requirement. This provision has been incorporated into the Inmate Discipline Policy (section 363), which is pending approval, prior to training and implementation. The County anticipates completing this requirement in the next six months.
102	3.F.10 Mental Health and Disability Input in the Jail Disciplinary Process (Page 20)	The County shall take reasonable steps to ensure the provision of effective communication and necessary assistance to inmates with disabilities at all stages of the disciplinary process.	The County is in the process of fully implementing this requirement. This provision has been incorporated into the Inmate Discipline Policy (section 363), which is pending approval, prior to training and implementation. The County anticipates completing this requirement in the next six months.
103	3.F.11 Mental Health and Disability Input in the Jail Disciplinary Process (Page 20)	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.	The County is in the process of fully implementing this requirement. This provision has been incorporated into the Inmate Discipline Policy (section 363), which is pending approval, prior to training and implementation. In the next six months, the County will work on piloting a program at Northern Branch Jail to ensure that Mental Health input is obtained before disciplinary board review. This pilot will include designation of a supervisory-level custody staff responsible for the requirements of this provision. The County will determine the process and create the appropriate forms, policy, and training thereafter.

Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
104 3.G.1 Seclusion and Restraint (Page 20)	The County affirms that it will not utilize clinical restraints or clinical seclusion at the Jail, except as consistent with involuntary medication court orders for people adjudicated to be Incompetent to Stand Trial who participate in any implemented in-jail restoration of competency treatment services program.	The County is in the process of fully implementing this requirement. The County affirms that it does not and will not utilize clinical restraints. Involuntary medication orders are only administered with court order. In the next four months the County will add this provision to Custody Operations Use of Restraints Policy (section 334).
105 3.H.1 Discharge and Reentry Services (Page 20)	Inmates on the mental health caseload shall receive discharge planning that is documented. Such planning will be enhanced, as defined by policy, for inmates with SMI and/or meeting criteria for placement in the specialized mental health units.	The County is in the process of fully implementing this requirement. The County is developing discharge planning that will be delivered by the programs staff that will work in collaboration with the public defender's office, mental health staff, and the Medication Assisted Treatment program (MAT) coordinator. In the next six months the County will develop the required policies and work with the new programs manager to work toward compliance in this area. The County is currently working on delineating the roles and responsibilities of the various entities involved in discharge planning, including but not limited to the programs manager, Wellpath, custody, probation, and other outside entities. The County anticipates completing this requirement in the next six to nine months.
106 3.H.2 Discharge and Reentry Services (Page 20)	Discharge plans shall include assistance with application for public benefits and social services, outpatient referrals and appointments, medical insurance, housing, substance abuse treatment, parenting and family services, inpatient treatment, and other reentry services.	The County is in the process of fully implementing this requirement. The County is developing discharge planning that will be delivered by the programs staff that will work in collaboration with the public defender's office, mental health staff, and the Medication Assisted Treatment program (MAT) coordinator. In the next six months the County will develop the required policies and work with the new programs manager to work toward compliance in this area. The County is currently working on delineating the roles and responsibilities of the various entities involved in discharge planning, including but not limited to the programs manager, Wellpath, custody, probation, and other outside entities. The County anticipates completing this requirement in the next six to nine months.
107 3.H.3 Discharge and Reentry Services (Page 20)	The County will ensure that inmates taking prescribed psychiatric medications have continuity of medications, and arranging follow-up appointments with providers.	The County is in the process of fully implementing this requirement. The County presently ensures that inmates taking prescribed psychiatric medications are continued upon discharge. Wellpath's Discharge Planning and Release Medications Policy (E-10) addresses the requirements of this provision. The County is developing discharge planning that will be delivered by the programs staff that will work in collaboration with the public defender's office, mental health staff, and the Medication Assisted Treatment program (MAT) coordinator to, among other things, ensure follow-up appointments with providers. In the next six months the County will develop the required policies and work with the new programs manager to work toward compliance in this area. The County is currently working on delineating the roles and responsibilities of the various entities involved in discharge planning, including but not limited to the programs manager, Wellpath, custody, probation, and other outside entities. Currently, Wellpath is providing medication upon release. The County anticipates completing this requirement in the next six to nine months.
108 3.H.4 Discharge and Reentry Services (Page 20)	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.	The County is in the process of fully implementing this requirement. The County is developing discharge planning that will be delivered by the programs staff that will work in collaboration with the public defender's office, mental health staff, and the Medication Assisted Treatment program (MAT) coordinator. In the next six months the County will develop the required policies and work with the new programs manager to work toward compliance in this area. The County is currently working on delineating the roles and responsibilities of the various entities involved in discharge planning, including but not limited to the programs manager, Wellpath, custody, probation, and other outside entities. Once discharge planning is established, the County will work on the tracking delineated in this provision for Continuous Quality Improvement purposes. The County anticipates completing this requirement in the next six to nine months.

Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
109 3.I.1 Cross-Agency Coordination of Mental Health Treatment and Service Need (Page 21)	The County has begun to conduct monthly Medical Administration Committee meetings, with a portion of such meetings dedicated to discussion of the treatment of Jail inmates with mental illness, to include other relevant county agencies (e.g. Behavioral Wellness). The County agrees to continue such meetings, with additional cross-agency coordination as needed to address individual and systemic issues related to inmates with mental health treatment and service needs.	Completed. This requirement is discussed monthly during the Medical Administration Committee (MAC) meetings.
110 3.I.2 Cross-Agency Coordination of Mental Health Treatment and Service Need (Page 21)	The County shall develop a process to ensure timely referrals to and placements in inpatient care and other higher-level mental health care outside the facility.	The County is in the process of fully implementing this requirement. The County's Behavioral Wellness Mobile Crisis is contacted for any individual whose level of needs exceeds the ability of jail mental health. Wellpath and Behavioral Wellness have began discussions regarding this provision and collaborative involvement. Next steps will be taken to discuss ongoing concerns with Behavioral Wellness leadership. The County anticipates completing this requirement in the next five months.
111 3.I.3 Cross-Agency Coordination of Mental Health Treatment and Service Need (Page 21)	The County shall make best efforts to expedite court referrals to the State Hospital system or other treatment facilities.	Completed. Record requests received from the State Hospitals are completed and uploaded into their system within 24 to 48 hours of the request. The County will provide the Mental Health Expert records to demonstrate proof of compliance with this provision.
112 3.I.4 Cross-Agency Coordination of Mental Health Treatment and Service Need (Page 21)	The County shall track and monitor the number of referrals to mental health services and facilities outside of the jail, shall track and monitor the amount of time to provide services pursuant to those referrals, and shall identify and remedy causes of delay or other identified issues.	The County is in the process of fully implementing this requirement. The County will incorporate this information into the discharge planning that the County is developing for these inmates. Mental health and the jail programs unit plan to develop a process for discharge plans. Following establishment of the discharge planning services, Wellpath will incorporate auditing of this provision in the CQI process. The County anticipates completing this requirement in the next eight months.
113 3.I.5 Cross-Agency Coordination of Mental Health Treatment and Service Need (Page 21)	The County shall implement a policy that ensures that inmates on the mental health caseload returning from outside facilities receive timely placement in appropriate housing, continuity of medication, and timely face-to-face clinical review to ensure continuity of care and reduce the risk of decompensation cycling.	Completed. The County's current Custody Operations Mental Health Policy (section 241) ensures inmates on the mental health caseload are seen within 24 hours upon returning from the Psychiatric Health Facility (PHF) or state hospital. Medications are also bridged for these inmates. Additionally, Wellpath's policies, including the Medication Services Policy (D-2) meets the provisions of this requirement. In the next six months, Wellpath will incorporate auditing of this provision in the CQI process.
114 3.J.1 Continuous Quality Improvement (Page 21)	The County has implemented a Continuous Quality Improvement meetings, which are modeled after J-A-06 Continuous Quality Improvement Program Standard2 or a similar standard.	Completed. Audits are completed and are covered in the monthly MAC/CQI meetings modeled after J-A-06, which are attended by Wellpath management, Sheriff's Office management, Behavioral Wellness, and Public Health.

	Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
115	3.J.2 Continuous Quality Improvement (Page 22)	The County shall develop quality indicators for purposes of monitoring a private mental health care contract. The County shall implement a detailed tracking system that parallels the scope of contractor work requirements to ensure that the contractor is meeting the requirements of the contract. For example, the County requires Service Level Agreements with clear mental health service-related performance indicators of the contracted health care provider, to be updated and reviewed annually or more often if warranted.	Completed. Public Health and Behavioral Wellness complete these audits quarterly and provide an annual report as part of the Service Level Agreement between Wellpath and the Sheriff's Office.
116	3.J.3 Continuous Quality Improvement (Page 22)	The Quality Improvement process studies shall include (a) a clearly articulate hypothesis and methodology to determine if standards have been met; (b) data collection; (c) analysis of data to identify trends and patterns; (d) analysis to identify the underlying causes of problems; (e) development of remedies to address problems that are identified; (f) a written plan that identifies responsible staff and establishes a specific timeline for implementation of the remedy; (g) follow-up data collection; and (h) analysis to determine if the remedies were effective.	Completed. This requirement is completed monthly and reported on monthly at MAC/CQI meetings.
117	3.J.4 Continuous Quality Improvement (Page 22)	The County shall conduct periodic quality improvement reviews of the intake process to ensure that staff are accurately recording intake information and making appropriate referrals.	Completed. Public Health and Behavioral Wellness complete these audits quarterly and provide an annual report as part of the Service Level Agreement between Wellpath and the Sheriff's Office. This is also part of Wellpath's monthly CQI meetings.
118	3.J.5 Continuous Quality Improvement (Page 22)	The County shall maintain lists of all inmates referred to a higher level of mental health care with sufficient information to complete periodic quality reviews.	Completed. Wellpath's mental health supervisors maintain these lists.
119	3.J.6 Continuous Quality Improvement (Page 22)	The County shall track the number of inmates on the mental health caseload, the number of inmates with SMI, the number of inmates awaiting court-ordered psychiatric facility placement, the number of inmates referred and found appropriate for inpatient (acute) and enhanced (sub-acute/residential) mental health treatment, and the number of inmates with SMI in restrictive housing units.	The County is in the process of fully implementing this requirement. The County maintains statistics on the number of inmates with SMI and the number of inmates awaiting court ordered psychiatric placement. The County is developing tracking to meet the remainder of this provision. The County and Wellpath are working to better define the County's SMI population, and intends to coordinate with the Mental Health Expert on this definition. The County anticipates completing this requirement in the next six to eight months.
120	3.J.7 Continuous Quality Improvement (Page 22)	The County shall develop a system to log inmate requests, including a log of inmates referred for placement on the mental health caseload from booking. These logs shall be available for auditors to complete randomized studies of the referral process via the CQI Committee or the assignment of a subject matter expert under a legal agreement.	The County is in the process of fully implementing this requirement. Wellpath maintains statistics of inmates referred to mental health from intake. The County is developing a system to meet this provision. Wellpath currently has the ability to pull this information for auditing purposes. The County anticipates completing this provision in the next six to nine months.

Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
121 3.J.8 Continuous Quality Improvement (Page 23)	The County shall conduct periodic quality reviews to assess whether: a) Health service requests are retrieved in a timely manner; b) Health service requests are triaged within the established timeframe; c) A proper level of triage is assigned, based on the nature of the request; d) Mental health staff appropriately resolved the request; and e) Mental health staff resolved the request in a timely fashion.	Completed. Health service requests are retrieved twice a day by an LVN and triaged and assigned to a proper level by an RN. Mental Health receives health requests within a timely fashion and appropriately resolves the request.
122 3.J.9 Continuous Quality Improvement (Page 23)	The County shall monitor the frequency of psychiatric follow-up appointments as a quality measure to ensure that inmates have adequate access to the prescriber.	The County is in the process of fully implementing this requirement. The County is developing a monitoring process to meet this requirement. The County anticipates completing this requirement in the next six to eight months.
123 3.J.10 Continuous Quality Improvement (Page 23)	Continuous Quality Improvement studies, data, and related materials will be made available to Plaintiffs and the subject matter expert during the period of implementation and monitoring.	Completed. The County has responded to various Remedial Plan Experts and Class Counsel requests for information and will continue to do so as requests arise.
124	4. Suicide Prevention	
125 4.A.1 Overview (Page 23)	The County shall develop and implement its own Suicide Prevention Policy, which shall set forth clear procedures consistent with the provisions set forth below.	Completed. The County has completed development of its Suicide Prevention Policy and is awaiting expert review/comments of the policy. Per the Mental Health Expert's recommendation, Wellpath is currently editing their Suicide Prevention and Intervention Program Policy (B-5) to ensure consistency with the County Policy. Wellpath anticipates completing that policy in the next month.
126 4.B.1 Screening for Suicide Risk (Page 23)	The County shall ensure that its intake assessment procedures timely identify acute and high-risk mental health conditions, including: a) Review of suicide risk notifications in relevant medical, mental health, and custody records, including as to prior suicide attempts, self-harm, and/or mental health needs; b) Any prior suicidal ideation or attempts, self-harm, mental health treatment, or hospitalization; c) Current suicidal ideation, threat, or plan, or feelings of helplessness and/or hopelessness; d) Other relevant suicide risk factors, such as: (1) Recent significant loss (job, relationship, death of family member/close friend); (2) History of suicidal behavior by family member/close friend; (3) Upcoming court appearances; e) Transporting officer's impressions about risk.	The County is in the process of fully implementing this requirement. Per the Mental Health Expert's recommendation, Wellpath has submitted a request to review and approve the requested revisions to the suicide risk assessment questions to determine if there has been any recent significant loss or court appearances. The County has edited relevant policies to meet the procedures required by this provision. Per the Mental Health Expert's recommendation, Wellpath will be editing their relevant policies to align with the County's policy and the requirements of this provision. Wellpath and Custody will work together to align policies to meet the requirements of the remedial plan. The County anticipates completing this requirement in the next eight months.

	Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
127	4.B.2 Screening for Suicide Risk (Page 24)	Regardless of the prisoner's behavior or answers given during intake screening, a mental health referral shall always be initiated if there is a history related to suicide or self-harm.	Completed. The County has implemented this requirement. Wellpath's Receiving Screening Policy (E-2) covers this provision. Wellpath has incorporated this into its CQI program and this is reflected in the CQI minutes. This CQI audit is completed twice a year and reported at the MAC/CQI meetings.
128	4.B.3 Screening for Suicide Risk (Page 24)	When a prisoner refuses to respond to assessment questions, staff shall complete the intake screening, including the mental health and suicide risk assessments, to the maximum extent possible. For example, staff will still complete the records/history review, if applicable, as well as the assessment of the individual's presentation and behaviors, and shall make appropriate mental health referrals when indicated.	The County is in the process of fully implementing this requirement. The requirements of this provision are included in Wellpath's Receiving Screening Policy (E-2) and the Custody Suicide Prevention Program. In the next five months the County will create a process to track compliance with this provision. In the next six months, Wellpath will incorporate this requirement and monitoring into its CQI program.
129	4.B.4 Screening for Suicide Risk (Page 24)	Any prisoner expressing current suicidal ideation and/or current suicidal/self-injurious behavior shall be designated as an emergent referral, immediately referred to mental health staff, and placed in a safe setting pending the mental health contact.	Completed. As indicated in our last report, this provision is complete and the Mental Health Expert found the County in substantial compliance for this provision.
130	4.B.5 Screening for Suicide Risk (Page 24)	Mental health clinicians shall complete and document a suicide risk assessment, with the use of suicide risk assessment tool, as close to placement on suicide watch as possible and upon discharge to a lower level of observation.	The County is in the process of fully implementing this requirement. The implementation of this provision has been slowed due to the a vacancy in the Mental Health Supervisor position. In the next five months Wellpath will train Mental Health staff to utilize the suicide risk assessment tool in its entirety or document in the medical records if they are unable to do so (e.g. if the patient refused to answer). In the next five months the County will create a process to track compliance with this provision. In the next six months, Wellpath will incorporate monitoring this requirement into its CQI program.
131	4.C.1 Housing of Prisoners on Suicide Precautions (Page 24)	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.	The County is in the process of fully implementing this requirement. The County has updated the Custody Operations Suicide Prevention Policy (section 242) to reflect this requirement. In the next six months, the County is working to implement specialized mental health units at both facilities in order to provide additional clinical services to those suffering from mental illness and those at greater risk of suicide. The County is working to create a form which will be utilized by mental health staff to provide clinical input regarding appropriate housing placement, as well as the return and removal of property and privileges for individuals at risk for suicide. The County anticipates creating and implementing this form in the next three to five months.
132	4.C.2 Housing of Prisoners on Suicide Precautions (Page 24)	Prisoners on psychiatric observation for suicide risk shall be housed and monitored in a setting appropriate for their clinical needs.	The County is in the process of fully implementing this requirement. The County currently has a safety cell de-escalation plan built into Custody Operations Use of Safety Cells Policy (section 304) that meets this requirement. The County is working to identify, additional step-down cells to be incorporated into the safety cell de-escalation plan. Once identified, all suicide risks in the cell will be addressed, policy will be edited, training will occur, and these cells will go on-line. The County has completed a Structural Suicide Hazard Review of all restrictive housing units and is currently working with General Services to address the risks identified. The County anticipates completing this requirement in the next twelve months.
133	4.C.3 Housing of Prisoners on Suicide Precautions (Page 24)	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.	The County is in the process of fully implementing this requirement. The County currently notifies Behavioral Wellness at the 12-hour mark and has transitioned to making a referral at this time. Wellpath and Behavioral Wellness have began discussions regarding the referral process. In the next six months, the County will develop a process for custody staff to document exceptional circumstances where inmates remain in a safety cell for 24 hours. Once this process is developed, The County will edit Custody Operations Suicide Prevention Policy (section 242) to incorporate these procedural changes, and training will occur prior to the implementation of these changes. Wellpath also intends to include this in its CQI process. The County anticipates completing this requirement in the next eight months.

Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
<p>134</p> <p>4.C.4 Housing of Prisoners on Suicide Precautions (Page 24)</p>	<p>The County shall ensure that prisoners who require psychiatric inpatient care as clinically indicated are placed in an acute care unit as soon as possible. A patient showing no improvement or continuing deterioration after 12 hours shall be transferred to an inpatient mental health facility or hospital for evaluation and treatment. In all other cases, after 24 hours of being housed in a safety cell, the patient shall be transferred to an appropriate inpatient mental health setting or hospital, absent exceptional circumstances documented by clinical and custody staff.</p>	<p>The County is in the process of fully implementing this requirement. The County is developing policies and procedures to meet this requirement. The County's current practice is to ensure that such prisoners are placed in an acute care unit as soon as possible, but the County intends to revise its policies to reflect the timelines set forth in this provision. Wellpath and Behavioral Wellness have begun discussions regarding the referral process and will continue to do so until processes are established to meet this provision. The County is also developing mental health specific housing units and programs, which may also assist in meeting this provision. Housing locations and needs are likewise currently being discussed. The County anticipates completing this requirement in the next nine to twelve months.</p>
<p>135</p> <p>4.D.1 Treatment and Conditions for Individual Prisoners on Suicide Precautions (Page 25)</p>	<p>The County shall provide at least one daily mental health professional contact, or more as clinically indicated, for any prisoner who is identified as a current suicide risk. The clinical contact shall be conducted in a space with sound privacy unless there are current, specific safety concerns that are documented, with supervisory-level review and approval.</p>	<p>The County is in the process of fully implementing this requirement. The County has updated relevant policies to include the requirements of this provision. Inmates identified as a current suicide risk are seen three times a day. Due to the current layout of the facility, for those inmates in observation and safety cells, clinical contact has been conducted at the cell. The County is working on ensuring that all clinical contacts are conducted privately for prisoners identified as a suicide risk. To that end, the County has written a directive for staff to implement patient privacy and confidentiality during health care services. Full compliance of this provision may require remodel, renovation, or new construction of the Main Jail and/or the Northern Branch Jail. However, in the interim, the County has made reasonable steps to add clinical space to conduct visits privately and will continue this to ensure that as many clinical appointments as possible are conducted in private locations. In the next six months, Wellpath will audit this requirement through the CQI process.</p>
<p>136</p> <p>4.D.2 Treatment and Conditions for Individual Prisoners on Suicide Precautions (Page 25)</p>	<p>The Jail's qualified mental health professionals shall provide input with respect to the provision of property and privileges for prisoners on suicide precautions. Custody staff may remove property/privileges, if necessary, prior to the mental health staff evaluation of a prisoner identified as at risk. Once the mental health evaluation occurs, the qualified mental health professional and custody staff shall determine, based on clinical judgment and on a case-by-case basis, the removal and/or return of property (e.g., clothing, books, footwear, eyeglasses) and privileges. The removal of property/privileges shall be documented with clinical justification in the health record, and shall be reviewed on a regular basis to ensure restoration of property/privileges as soon as appropriate.</p>	<p>The County is in the process of fully implementing this requirement. The County has edited Custody Operations Suicide Prevention Policy (section 242), but will continue its revisions to include mental health input on privileges and property that inmates may have on suicide watch, in accordance with this requirement. The County intends to create a form for mental health to provide input with respect to the provision of property and privileges for prisoners on suicide watch. The form will be completed by mental health staff and submitted to the custody supervisors for prisoners on suicide precautions. The County intends to provide training to mental health staff and supervisors on the use of this form and these procedures. The County anticipates completing this requirement in the next six months.</p>
<p>137</p> <p>4.D.3 Treatment and Conditions for Individual Prisoners on Suicide Precautions (Page 25)</p>	<p>Safety cells shall be sanitized after every use and the sewer grate inspected to ensure cleanliness and appropriate conditions.</p>	<p>Completed. The County incorporated this requirement into the Custody Operations Safety Cell Policy (section 304) and developed a training plan to address this requirement. Staff were provided training and acknowledged their understanding of this training. The County also installed signs on the safety cell doors which indicate whether the safety cell is clean or needs to be cleaned as well as an acknowledgement on the safety cell form delineating who cleaned the cell following removal of an inmate. The ECMs are auditing these practices during their regular inspections. Supervisors are also monitoring the sanitation of safety cells and are enforcing this policy with subordinates. At the recommendation of the Custody Operations Expert, in the next three months, the County will update Custody Policy 304 – Safety Cells, to identify the individuals responsible for safety cell sanitation.</p>

Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
138 4.D.4 Treatment and Conditions for Individual Prisoners on Suicide Precautions (Page 25)	<p>The County shall provide clinically-indicated therapeutic services, including psychiatric services, to prisoners on suicide precautions or otherwise identified as at elevated risk of suicide. The County shall provide prisoners on suicide precautions or otherwise identified as at elevated risk of suicide with appropriate individual counseling and medication review in a confidential setting.</p>	<p>The County is in the process of fully implementing this requirement. The County has updated relevant policies to include the requirements of this provision. Inmates identified as a current suicide risk are seen two times a day by mental health staff and every four hours by medical staff. Due to the current layout of the facility, for those inmates in observation and safety cells, clinical contact has been conducted at the cell. Wellpath is presently providing individual counseling and medication review to these inmates during their psychiatric visits with this patient population. Wellpath is also providing individual counseling with these inmates during mental health rounds which occur twice a day. The County is working on ensuring that all clinical contacts are conducted privately for prisoners identified as a suicide risk. To that end, the County has issued a directive for staff to implement patient privacy and confidentiality during health care services. Full compliance of this provision may require remodel, renovation, or new construction of the Main Jail and/or the Northern Branch Jail. However, in the interim, the County has made reasonable steps to add clinical space to conduct visits privately and will continue this to ensure that as many clinical appointments as possible are conducted in private locations.</p>
139 4.E.1 Supervision/Monitoring of Suicidal Prisoners (Page 26)	<p>The County shall revise its policies regarding the monitoring of prisoners on suicide precautions to provide for at least the following two levels of observation:</p> <p>a) Close observation shall be used for prisoners who are not actively suicidal but require enhanced observation to ensure safety. Staff shall observe the prisoner at staggered intervals not less than every 15 minutes and shall document the observation as it occurs.</p> <p>b) Constant observation shall be used for prisoners who are actively suicidal, either threatening or engaging in self-injury, and considered a high risk for suicide. An assigned staff member shall observe the prisoner on a continuous, uninterrupted basis. The observation should be documented at 15-minute intervals. Staff should be physically stationed outside of the prisoner's cell to permit continuous, uninterrupted observation.</p>	<p>Completed. The County has revised Custody Operations Suicide Prevention Policy (section 242) to reflect this requirement and per the Mental Health Expert's recommendation has ensured that it aligns with Wellpath's Suicide Prevention and Intervention Program Policy (B-05).</p>
140 4.E.2 Supervision/Monitoring of Suicidal Prisoners (Page 26)	<p>For any prisoner requiring suicide precautions, a qualified mental health professional shall assess, determine, and document the clinically appropriate level of monitoring based on the prisoner's individual circumstances. Placement in a safety cell shall not serve as a substitute for the clinically-determined level of monitoring.</p>	<p>Completed. As indicated in our last report, this provision is complete and the Mental Health Expert found the County in substantial compliance.</p>
141 4.E.3 Supervision/Monitoring of Suicidal Prisoners (Page 26)	<p>Video monitoring of prisoners on suicide precaution shall not serve as a substitute for the clinically indicated level of observation.</p>	<p>Completed. The County has revised Custody Operations Use of Safety Cell Policy (section 304) to reflect this provision. The County does not utilize video monitoring as a substitute for clinically indicated level of observation, which is documented on each individual's safety cell or observation cell log.</p>
142 4.F.1 Discharge from Suicide Precautions and Follow-Up (Page 26)	<p>A qualified mental health professional shall complete and document a suicide risk assessment prior to discharging a prisoner from suicide precautions. Such assessment shall be conducted in a space with sound privacy unless there are current, specific safety concerns that are documented.</p>	<p>The County is in the process of fully implementing this requirement. Qualified mental health professionals are completing the suicide risk assessments required in this provision. The County has written a directive for staff to implement patient privacy and confidentiality during health care services. The County anticipates completing this requirement in the next month. Wellpath is auditing this provision as part of the CQI process.</p>

Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
143 4.F.2 Discharge from Suicide Precautions and Follow-Up (Page 26)	Qualified mental health professionals shall provide, and update as clinically appropriate, individualized treatment plans for all prisoners discharged from suicide precautions. The treatment plan shall describe signs, symptoms, and circumstances in which the risk of suicide is likely to recur, how recurrence of suicidal thoughts can be avoided, appropriate individualized treatment interventions, and actions the patient or staff can take if suicidal thoughts do occur.	The County is in the process of fully implementing this requirement. The County, in collaboration with Wellpath, creates an individualized safety plan that includes mental health check-ins at intervals of 24 hours, 3-days and 7-days for inmates discharged from suicide precautions. In the next six months, the County and Wellpath will incorporate the requirements of this provision into the inmates' individualized treatment plans. In the next three months, the County will update the Suicide Prevention Policy (242) to incorporate the requirements of this provision.
144 4.F.3 Discharge from Suicide Precautions and Follow-Up (Page 27)	Qualified mental health professionals shall provide clinical input regarding appropriate housing placement (e.g., whether isolation is contraindicated for the prisoner) upon discharge from suicide precautions. Custody and classification staff shall consider such clinical input in determining post-discharge placement and conditions of confinement, and document the reasons when clinical input is not followed. Once clinically discharged from suicide precautions, the prisoner shall be promptly transferred to appropriate housing.	The County is in the process of fully implementing this requirement. The County is working to create a form which will be utilized by mental health staff to provide clinical input regarding appropriate housing placement, as well as the return and removal of property and privileges for individuals discharged from suicide precautions. The County anticipates creating and implementing this form in the next three to five months. The County is also developing the procedures for completing this requirement and will then memorialize such procedures into a relevant policy. The County anticipates completing this requirement in the next six to eight months.
145 4.F.4 Discharge from Suicide Precautions and Follow-Up (Page 27)	Prisoners discharged from suicide precautions shall remain on the mental health caseload and receive regularly scheduled clinical assessments and contacts. A qualified mental health professional shall provide, at a minimum, clinical follow-up assessment and contacts within 24 hours of discharge, and again within one week of discharge, and more often as clinically indicated.	Completed. Wellpath presently has clinical follow up assessments at 24 hours, 3-day, and 7-day intervals. These prisoners remain on the mental health caseload during the above timelines and beyond if there is a clinical indication or if they are prescribed medications. Such prisoners are seen regularly by psychiatry. This requirement is included in Wellpath's site specific policies, including the Suicide Prevention and Intervention Program Policy (B-5). Wellpath presently audits this requirement as part of the CQI process.
146 4.G.1 Emergency Response (Page 27)	The County shall keep an emergency response bag that includes appropriate equipment, including a first aid kit, CPR mask or Ambu bag, and emergency rescue tool in close proximity to all housing units. All custody and medical staff shall be trained on the location of this emergency response bag and shall receive regular training on emergency response procedures, including how to use appropriate equipment.	Completed. The County has placed emergency response bags in areas adjacent to all housing areas within both facilities. Wellpath provided training to custody staff on the location and equipment provided within the Emergency Response Bags in September and November of 2022. The County has developed Custody Operations Emergency Response Equipment Policy (section 227) to incorporate this requirement. The emergency response bags are inventoried weekly by Wellpath personnel and logged accordingly.
147 4.G.2 Emergency Response (Page 27)	The County shall ensure that all emergency response equipment at the jail is inspected monthly and after each use and is repaired and replaced as needed. The County shall ensure that the jail maintains a service log for all emergency response equipment.	Completed. The County has created Custody Operations Emergency Response Equipment Policy (section 227). The County audits emergency response equipment at least monthly and maintains service logs at each facility within the Maintenance Division.
148 4.G.3 Emergency Response (Page 27)	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.	Completed. The Custody Operations Expert found the County in substantial compliance with this provision.

Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
149 4.H.1 Continuous Quality Improvement (Page 28)	The County shall track all critical incidents which include prisoner suicides, attempted suicides, and incidents involving serious self-harm. The County shall review critical incidents and related data through its quality assurance and improvement processes.	Completed. The County has incorporated the requirements of this provision into its Custody Operations Suicide Prevention Policy (section 242). All critical incidents are documented and tracked through monthly statistics and reviewed at the monthly MAC/CQI meeting.
150 4.H.2 Continuous Quality Improvement (Page 28)	For each serious suicide attempt (e.g., requiring hospital admission), the County shall conduct a multidisciplinary (mental health, medical, and custody) review of: 1) the circumstances surrounding the incident; 2) the procedures relevant to the incident; 3) relevant training received by involved staff; 4) pertinent medical and mental health services/reports involving the victim; and 5) possible precipitating factors that may have caused the victim to commit suicide or make a serious suicide attempt. The review team shall generate written recommendations (as appropriate) for changes in policy, training, physical plant, medical or mental health services, and operational procedures.	The County is in the process of fully implementing this requirement. The County has incorporated the requirements of this provision into its Custody Operations Suicide Prevention Policy (section 242). The County has initiated Serious Suicide Attempt Review meetings for all suicide attempts requiring hospital admission. Wellpath presently tracks all suicide attempts where inmates are transferred to the hospital, regardless of admission, during the monthly MAC/CQI meetings. In the next three months, the County will establish a tracking mechanism to ensure that all serious suicide attempts are captured and that the requisite multidisciplinary review is conducted.
151 4.H.3 Continuous Quality Improvement (Page 28)	The County shall implement a continuous quality assurance/quality improvement plan to periodically audit suicide prevention procedures that include, but are not limited to: intake screening (to include audits to ensure that staff ask and record all suicide screening questions), mental health and suicide risk assessments, crisis response, treatment plans/behavior management plans, and post-suicide watch clinical follow-up assessment and contacts.	Completed. A CQI internal audit of mental health suicide prevention policy adherence is completed four times a year. This audit includes all criteria required by this provision.
152 5. American'swith Disabilities Act (ADA)	-	
153 5.A.1 Policy (Page 28)	It is the County's policy to provide access to its programs and services to incarcerated people with disabilities, with or without reasonable accommodations, consistent with legitimate penological interests. No person with a disability, as defined in 42 U.S.C. § 12102, shall, because of that disability, be excluded from participation in or denied the benefits of services, programs, or activities or be subjected to discrimination. It is the County's policy to provide reasonable accommodations or modifications, consistent with 28 C.F.R. §§ 35.150 & 35.152, and other applicable law.	Completed. The County has incorporated this requirement into the Custody Operations American's with Disabilities Act (ADA) Policy (section 209) and the Inmate Orientation Handbook.

Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
154 5.B.1 ADA Coordinator (Page 29)	The County shall have a designated Americans with Disabilities Act (ADA) Coordinator whose position is dedicated to coordinating efforts to comply with and carry out ADA-related requirements and policies. The ADA Coordinator shall have sufficient authority to carry out such duties, and shall work with the executive management team regarding ADA compliance, training, and program needs.	Completed. The County has designated two ADA Coordinators dedicated to coordinating efforts to comply with and carry out ADA-related requirements and policies at the Main Jail and the Northern Branch Jail. The County has also developed a duty statement under which the ADA coordinators work. The ADA Coordinators have sufficient authority to carry out the requisite duties and work with the executive team as required by this provision.
155 5.B.2 ADA Coordinator (Page 29)	The County intends for the ADA Coordinator to be based at the Main Jail. Any County jail facility that does not have the ADA Coordinator on site shall have a designated staff member on site at that facility who will have responsibility to monitor day-to-day ADA compliance and will report to the ADA Coordinator.	Completed. The ADA Expert found the County in Substantial Compliance for this provision.
156 5.B.3 ADA Coordinator (Page 29)	The County shall clearly enumerate the job duties and training requirements for the ADA Coordinator position.	Completed. The County has developed a duty statement for the ADA Coordinators which clearly enumerates their job duties and training requirements. This duty statement was approved by the ADA Expert in October 2022.
157 5.B.4 ADA Coordinator (Page 29)	The County will ensure that the name of and the method for people to contact the ADA Coordinator (or facility designee) are clearly posted in the intake area and in every jail housing unit. The County will also ensure that the name and contact information (address, phone, email) of the ADA Coordinator (or facility designee) are available to the public, including posting in each jail's main lobby and online.	Completed. The County has posted the ADA Coordinator contact information in the intake area, in all housing units, in the Main Jail and NBJ lobbies and online on the Sheriff's Office website (http://www.sbsheriff.org). This requirement is also reflected in the Custody Operations ADA Policy (Section 209). The ADA Expert found the County in substantial compliance for this provision.
158 5.C.1 ADA Notice to Prisoners (Page 29)	The County shall ensure that people with disabilities held at the Jail are adequately informed of their rights, including but not limited to: a) The right to receive reasonable accommodations; b) The process for requesting a reasonable accommodation; c) The role of the ADA Coordinator (and designee) and method to contact them; d) The grievance process, location of relevant forms, and process for getting assistance in completing request and grievance forms; e) Instructions on how to request and access health care services, including the provision of Effective Communication and other accommodations in accessing those services.	Completed. The County has included this information in the Main Jail and NBJ Inmate Handbooks which are delivered to each inmate prior to them being housed.

Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
159 5.C.2 ADA Notice to Prisoners (Page 30)	Within 6 hours of processing and classification, the County will provide all incarcerated people a Custody Operations Orientation Handbook in an accessible format, containing a designated section with ADA-related policies, procedures, and other information. The Orientation Handbook shall be made available in large print (at least 18-point font) in English and Spanish to accommodate people with visual impairments.	The County is in the process of fully implementing this requirement. The County provides all incarcerated people a Custody Operations Orientation Handbook within the timelines set forth in this requirement. The Handbook is available in 18-point font in English; the County has sent the Handbook for translation into Spanish and that version will be completed in the upcoming months. The County notates JMS when an inmate is provided a copy of the Handbook. The County anticipates completing this requirement in the next two months.
160 5.C.3 ADA Notice to Prisoners (Page 30)	The County will provide an accessible video that presents the contents of the Orientation Handbook, including the ADA-related policies, procedures and information. The County will, as appropriate, provide an SLI to interpret the contents of the Orientation Handbook to persons who are deaf or hard of hearing who use American Sign Language as their primary means of communication.	The County is in the process of fully implementing this requirement. The County is working towards creating a video that meets the requirements of this provision. The County anticipates completing this requirement in the next six months.
161 5.D.1 Staff Training (Page 30)	The County shall ensure all custody, health care, facility maintenance, and other Jail staff receive ADA training appropriate to their position. The County shall provide training to all staff during the academy and at least bi-annually thereafter on: a) Disability awareness, including the use and purpose of accommodations and modifications in accordance with the ADA; b) Use of force when interacting with people with disabilities.	The County is in the process of fully implementing this requirement. The County's Crisis Intervention and De-escalation Training addresses use of force when interacting with people with disabilities. The County has completed ADA training in the academy for Custody Deputies and is working on developing training for health care staff, facility maintenance, and civilian staff at the jail, as well as bi-annual training. The County has reviewed training provided by the ADA Expert and is in the process of developing the training, which will meet the requirements of this provision. The County anticipates completing this requirement in the next twelve months.
162 5.D.2 Staff Training (Page 30)	Staff ADA training shall include formalized lesson plans and in-classroom or virtual training for all staff provided by qualified ADA instructors.	The County is in the process of fully implementing this requirement. The CQA unit and CIT team members are working on a lesson plan to provide the required training. The County is exploring training via the Corrections One website. The County ADA Coordinator has completed the certification process and will be taking the certification test in the upcoming months. Thereafter, the County anticipates completing the lesson plans to meet this requirement in the next six to nine months.
163 5.E.1 ADA Tracking System (Page 30)	The County shall, in consultation with Plaintiffs' counsel, develop and implement a comprehensive, standardized electronic system ("ADA Tracking System") to track people with disabilities and their accommodation and Effective Communication needs.	The County is in the process of fully implementing this requirement. The County is presently researching alternate ADA tracking systems to better meet the provisions of the remedial plan. The County has developed an interim ADA tracking system which incorporates tabs for transgender and effective communication needs to address the ADA Expert's concerns. Additions have also been made to capture individuals with Intellectual Disabilities and to ensure effective communication. In the next six months, the County will coordinate with the ADA Expert to discuss the necessary components of the ADA Tracking System. Formal training on the ADA Tracking System will occur during the requisite ADA training and at all future Custody Academies. Training will be specific to the individual job class.

Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
<p>164</p> <p>5.E.2 ADA Tracking System (Page 30)</p>	<p>The ADA Tracking System shall identify for each prisoner, as appropriate:</p> <p>a) Any disabilities and related health conditions;</p> <p>b) Disabilities that may pose a barrier to communication, including but not limited to learning, intellectual, or developmental disabilities, and hearing, speech, or vision impairments;</p> <p>c) Accommodation needs, including as to housing, classification, transportation, Effective Communication, adaptive supports, and health care appliances, assistive devices, and/or durable medical equipment (HCA/AD/DME);</p> <p>d) Class membership in <i>Armstrong v. Newsom</i> (N.D. Cal. No. 94-cv-02307) (i.e., people held in the Jail related to a parole revocation proceeding or term), with their applicable disability classification(s) and accommodation need(s).</p>	<p>The County is in the process of fully implementing this requirement. The County is presently researching alternate ADA tracking systems to better meet the provisions of the remedial plan. The County has developed an interim ADA tracking system that includes alert tabs for dementia, intellectual disabilities, Armstrong Notifications, pain, can't walk long distances, crutches, developmental disabilities, effective communication, mental health IDR review, and severe mental illness. The accommodation required due to a specified disability is included in the alert. The ADA active alerts list is also accessible to staff and posted in module offices. The County has trained Classification and CQA deputies and has created a process to improve intake procedures to better identify and track individuals with disabilities. At the completion of medical intake, Wellpath inputs disability, assistive devices, effective communication and accommodation information into the Classification Input Form (CIF) and generates a Medical Treatment Order (MTO) as needed. The CIF and MTO are transferred to the Classification Deputy who then inputs all ADA flag information into the JMS tracking system and emails the ADA Coordinators. The County will be implementing this new process in the next three months. Wellpath has also implemented an Adaptive Support Needs Assessment Form to identify possible ADA inmates during receiving, as well as a "learning disability" check box on the Medical Treatment Order (MTO). Wellpath has submitted a request to include an "intellectual disability" check box on the MTO as well.</p>
<p>165</p> <p>5.E.3 ADA Tracking System (Page 31)</p>	<p>The ADA Tracking System's prisoner disability information will be readily available to custody, medical, mental health, and other staff at the Jail to ensure appropriate accommodations and adequate program access for people with disabilities. Health care staff, the ADA Coordinator, and any ADA Coordinator-designee shall have the ability to input information into the ADA Tracking System in real time.</p>	<p>The County is in the process of fully implementing this requirement. The County is presently researching alternate ADA tracking systems to better meet the provisions of the remedial plan. The County has developed an interim ADA tracking system, and as indicated by the ADA Expert in his last report, Health care staff, the ADA Coordinator, and ADA Coordinator-designees have the ability to input information into the ADA tracking system in real time. Currently, only select deputies and medical staff have access to the current ADA tracking system. The County is in the process of developing a manner in which the ADA tracking system's prisoner disability information is readily available to all required staff under the remedial plan, but full implementation may be deferred until a new ADA tracking system is in place.</p>
<p>166</p> <p>5.E.4 ADA Tracking System (Page 31)</p>	<p>The County will print a prisoner's disability accommodation need(s) on the person's wristband.</p>	<p>The County is in the process of fully implementing this requirement. In the next six months, the County will be exploring options to print a prisoner's disability accommodation needs on an inmate's wristband. Thereafter, the County will perform the necessary training and implementation of this provision. However, full implementation may be deferred until a new ADA tracking system is in place.</p>
<p>167</p> <p>5.E.5 ADA Tracking System (Page 31)</p>	<p>Staff shall check the ADA Tracking System for each prisoner, and document that check, immediately prior to:</p> <p>a) Intake screening;</p> <p>b) Classification interview;</p> <p>c) Assignment of housing;</p> <p>d) Assignment of programs;</p> <p>e) Medical and mental health encounters;</p> <p>f) All due process proceedings, including but not limited to, resolving grievances and disciplinary infractions;</p> <p>g) All trips to court or outside health care appointments.</p>	<p>The County is in the process of fully implementing this provision. The County is presently researching alternate ADA tracking systems to better meet the provisions of the remedial plan. The County has developed an interim ADA tracking system that allows staff to document that the tracker was checked at the required intervals per this provision. Presently, the County is partially completing the requirements of this provision, but is working towards full compliance. In the next six months, the County will train staff to check the interim ADA tracking system prior to each area addressed by this provision.</p>

Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
<p>168</p> <p>5.F.1 Screening for Disability and Disability-Related Needs (Page 31)</p>	<p>The County shall take steps to identify and verify each person's disability and disability-related needs, including by screening them for disabilities during medical intake and classification. The County shall ensure that all private health care and other service providers implement any policies and procedures needed to facilitate full implementation of these provisions.</p>	<p>The County is in the process of fully implementing this requirement. In the last reporting period, Wellpath had a pilot program for identifying intellectual and developmental disabilities. This program was managed by Wellpath Regional Mental Health Department, and due to management changes the pilot program was halted and is currently being redeveloped. Wellpath and the County estimate that this program will return in the next six to eight months. For all other inmates, the County is taking steps to identify and verify inmates' disabilities and disability related needs and coordinating with Classification, CQA deputies and the ADA Coordinators so that they are aware of inmates' effective communication needs and accommodations. The County has trained Classification and CQA deputies and has created a process to improve intake procedures to better identify and track individuals with disabilities. At the completion of medical intake, Wellpath inputs disability, assistive devices, effective communication and accommodation information into the Classification Input Form (CIF) and generates a Medical Treatment Order (MTO) as needed. The CIF and MTO are transferred to the Classification Deputy who then inputs all ADA flag information into the JMS tracking system and emails the ADA Coordinators. The County will be implementing this new process in the next three months. Wellpath also implemented an Adaptive Support Needs Assessment Form to identify possible ADA inmates during receiving, as well as a "learning disability" check box on the MTO. Wellpath has submitted a request to include an "intellectual disability" check box on the MTO as well. In the next six months, the County will develop a process to ensure that appropriate staff assess individual effective communication needs at medical intake and classification screening and to facilitate effective communication thereafter. The County presently takes steps to provide effective communication based on identified needs using simple language, SLI, Purple Communications VRS and VRI, written communication etc. The County has also updated the Custody Operations ADA Policy (section 209) to meet the provisions of this requirement. The County is looking into the process of incorporating the ADA Expert's additional intake questions. In the next six months the County and Wellpath will continue to meet and develop this process.</p>
<p>169</p> <p>5.F.2 Screening for Disability and Disability-Related Needs (Page 32)</p>	<p>The County, in consultation with subject matter experts and Plaintiffs' counsel, shall revise its ADA screening process to ensure consideration of:</p> <ul style="list-style-type: none"> a) The individual's self-identification or claim to have a disability; b) Documentation of a disability in the individual's health, custody, and any other available records; c) Staff observation that the individual may have a disability that affects placement, program access, or Effective Communication; and d) The request of a third party (such as a family member) for an evaluation of the individual for a possible disability. 	<p>Completed. As indicated in our last report, this provision is complete and the ADA Expert found the County in substantial compliance.</p>
<p>170</p> <p>5.F.3 Screening for Disability and Disability-Related Needs (Page 32)</p>	<p>The County shall ensure that ADA screening results are promptly entered in the ADA Tracking System.</p>	<p>The County is in the process of fully implementing this requirement. The County is presently researching alternate ADA tracking systems to better meet the provisions of the remedial plan. The County has developed an interim ADA tracking system. The County has trained Classification and CQA deputies and has created a process to improve intake procedures to better identify and track individuals with disabilities. At the completion of medical intake, Wellpath inputs disability, assistive devices, effective communication and accommodation information into the Classification Input Form (CIF) and generates a Medical Treatment Order (MTO) as needed. The CIF and MTO are transferred to the Classification Deputy who then inputs all ADA flag information into the JMS tracking system and emails the ADA Coordinators. The County will be implementing this new process in the next three months.</p>
<p>171</p> <p>5.G.1 Disability-Related Requests and Grievances (Page 32)</p>	<p>The County shall revise its ADA Request Form to contain an explanation of how to appeal a denial of accommodations.</p>	<p>Completed. The County has revised the ADA request form to explain how to appeal a denial of accommodations. As indicated in our last report, this provision is complete and the ADA Expert found the County in substantial compliance.</p>

	Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
172	5.G.2 Disability-Related Requests and Grievances (Page 32)	The County shall provide a grievance procedure for people with disabilities to appeal any denial of an accommodation, and to report any disability-based discrimination or violation of the ADA, this Remedial Plan, or Jail ADA-related policy.	Completed. The County has implemented a grievance procedure which is outlined in the Custody Operations ADA Policy (section 209) and Grievance Procedures Policy (section 361). The County revised the policies to incorporate the language recommended by the ADA Expert.
173	5.G.3 Disability-Related Requests and Grievances (Page 32)	The County shall ensure that people who are Deaf or hard of hearing are interviewed and provided a qualified SLI as part of the grievance/appeal process.	Completed. The County has obtained a VRS and VRI account with Purple Communications, so that deaf and hard of hearing inmates have access to contact outside parties and to further ensure that deaf/ hard of hearing inmate are provided effective communication as part of the grievance/appeal process. Additionally, an on-call SLI can be utilized for effective communication for deaf or hard of hearing inmates in the interim. The County has revised the Custody Operations ADA Policy Section (section 209) ADA to incorporate the language recommended by the ADA Expert.
174	5.G.4 Disability-Related Requests and Grievances (Page 32)	To ensure that ADA accommodations requests and ADA grievances are promptly addressed, the County shall: a) Respond to an individual's Request for Accommodations within 72 hours of receipt; b) Respond to an ADA-related grievance within 72 hours of receipt; c) Establish an expedited process for urgent ADA requests and grievances (e.g., situations in which a person's safety or physical well-being is at risk); and d) Allow each person to retain accommodation(s) they possess at the time of arrival at the Jail, or that they have been previously provided by the Jail, pending review of a grievance/appeal regarding the denial or removal of such accommodation(s), absent an individualized security concern that is documented.	The County is in the process of implementing this requirement. The County has created an ADA Request for Accommodations Log to track the timeframe within which the County and Wellpath respond to accommodation requests. The County revised the Custody Operations Grievance Procedures Policy (section 361) to address inmate related ADA requests and Grievances including the ADA Expert's recommended additions related to urgent grievances. Absent security concerns, the County allows inmates to retain accommodations they possess upon arrival at the jail in accordance with this provision. The County also revised the Custody Operations ADA Policy (section 209) to include the Expert's recommended additions related to retention of accommodations upon arrival at the jail. In the next six months, the County will conduct training regarding policy 209 and 361 and the procedures associated with those policies.
175	5.G.5 Disability-Related Requests and Grievances (Page 33)	The County shall ensure that grievance forms contain an "ADA" box to indicate that a particular grievance relates to a disability-related issue. The County will ensure that disability-related grievances are so identified by the reviewing supervisor, even if the individual who submitted the grievance does not check the "ADA" box.	Completed. The County has implemented a grievance form containing the ADA box to meet this requirement. A reviewing supervisor checks grievances to ensure that they are identified as disability-related, even if the box is not checked. The County revised Custody Operations Policies 209 and 361 to incorporate the requirements of this provision. The County has also provided supervisor training regarding this provision, and managers are auditing all grievances quarterly.
176	5.G.6 Disability-Related Requests and Grievances (Page 33)	The County will ensure that grievance forms are readily available and accessible to all prisoners at all times. Grievance forms shall be made available in large print (minimum 18-point font) to accommodate people with vision impairments.	Completed. The County has implemented the grievance form in 18-point font. All housing units at both facilities have grievance forms readily available to the inmates at all times.
177	5.G.7 Disability-Related Requests and Grievances (Page 33)	The County shall provide to the person with a disability a written grievance response, including the resolution, the basis for a denial (if applicable), and the process for appeal.	Completed. The ADA Coordinators currently respond to all ADA related grievances in writing, including the resolution, basis for denial (if applicable) and process for appeal. Managers are auditing all grievances quarterly.
178	5.G.8 Disability-Related Requests and Grievances (Page 33)	The County shall take steps to ensure all prisoners are aware of the disability grievance procedures, including the availability of accommodations and staff assistance to submit a grievance and/or appeal.	Completed. The County has revised the Custody Operations Orientation Handbook and grievance section of the Custody Operations Policy 209 - ADA Policy to incorporate the revisions recommended by the Expert related to this provision.

	Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
179	5.G.9 Disability-Related Requests and Grievances (Page 33)	The County shall implement a specific tracking system regarding the submission, processing, and responses for disability-related grievances and complaints, and regularly review such information for quality assurance purposes.	Completed. The ADA Coordinators track ADA related grievance in the JMS system. When the County receives ADA related grievances, the County regularly reviews such information for quality assurance purposes. Managers are auditing all grievances quarterly. The County is now flagging ADA grievances per the ADA Expert's recommendation.
180	5.H.1 Housing Placements (Page 33)	The County shall implement a housing assignment system that includes an individualized assessment to be completed by health care staff, the results of which shall be documented in the ADA Tracking System, of each person's functional limitations and restrictions, including but not limited to: a) The need for a lower bunk; b) The need for grab bars in the cell and/or shower; c) The need for accessible toilets; d) The need for no stairs in the path of travel; and e) The need for level terrain.	The County is in the process of fully implementing this provision. The County presently implements a housing assignment system that includes an individualized assessment by health care staff and maintains the following flags in the ADA tracking system: Low Bunk, No stairs, Level Terrain. The County is in the process of adding additional flags (grab bar and the need for accessible toilets) to the ADA tracking system. Wellpath has also requested revisions to the MTO related to level terrain and anticipates that the MTO will be revised in the next three to six months. The County has trained Classification and CQA deputies and has created a process to improve intake procedures to better identify and track individuals with disabilities. At the completion of medical intake, Wellpath inputs disability, assistive devices, effective communication and accommodation information into the Classification Input Form (CIF) and generates a Medical Treatment Order (MTO) as needed. The CIF and MTO are transferred to the Classification Deputy who then inputs all ADA flag information into the JMS tracking system and emails the ADA Coordinators. The County will be implementing this new process in the next three months.
181	5.H.2 Housing Placements (Page 34)	People with disabilities shall be housed in the Jail consistent with their individual security classification. Classification staff shall not place prisoners with disabilities in: (a) inappropriate security classifications because no ADA-accessible cells or beds are available; (b) designated medical areas unless the prisoner is currently receiving medical care requiring such placement; or (c) any location that does not offer the same or equivalent programs, services, or activities as facilities where they would be housed absent a disability.	The County is in the process of fully implementing this requirement. The County presently houses people with disabilities consistent with their security classification at the Northern Branch Jail. The County does so at Main Jail, subject to the structural constraints of that facility. Given the current Main Jail population, the County presently houses inmates consistent with their security classification regardless of disability. During COVID-19 outbreaks or quarantine, the County ensures that inmates with disabilities are housed in areas where they have access to ADA showers, even if the quarantine cells are not ADA compliant. If the Main Jail population requires additional ADA housing, the County will work within the confines of the structural barriers of the facility to provide accommodations to those with disabilities that cannot be ADA cells. Additionally, all locations within the Main Jail offer the same or equivalent programs, services, or activities as facilities where they would be housed absent a disability. This requirement has yet to be completed due to structural building issues. The County anticipates fulfilling this requirement once the proposed Main Jail renovation, remodel or reconstruction is complete.
182	5.I.1 Visitation (Page 34)	The County shall ensure that family/personal and professional visitation areas are accessible for people with disabilities and visitors.	The County is in the process of fully implementing this provision. The County removed a stool in the IRC visitation booth to allow ADA accessibility. The County is in the process of creating procedures to ensure that inmates with disabilities utilize the accessible visitation areas available in the Main Jail. The Northern Branch Jail is in compliance with this provision.
183	5.I.2 Visitation (Page 34)	The County shall perform an individualized assessment as needed and shall ensure that people with disabilities have full access to visitation at the Jail.	The County is in the process of completing this requirement. Individuals with disabilities presently have full access to visitation at the jail. The County has worked towards remedying the ADA Expert's concerns related to effective communication with this population by adapting the Adaptive Needs Assessment Form to incorporate effective communication. The individualized assessment is initiated with the Medical Treatment Order, which is provided to custody staff to ensure accommodations are provided. The County is presently researching alternate ADA tracking systems to better track the requirements of this provision in accordance with the ADA Expert's recommendations.

Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
<p>184</p> <p>5.J.1 Access to Programs, Services, and Activities (Page 34)</p>	<p>The County shall ensure people with disabilities, including those housed in specialty health care units, have equal access to programs, services, and activities available to similarly situated people without disabilities, consistent with their health and security needs. The County shall ensure that staff provide appropriate assistance to people with disabilities as needed to ensure equal access to programs, services, and activities provided at the Jail. Such programs, services, and activities include, but are not limited to:</p> <ul style="list-style-type: none"> a) Educational, vocational, reentry and substance abuse programs b) Work Assignments c) Dayroom and other out-of-cell time d) Outdoor recreation (including accessible exercise equipment) e) Structured programming (including in-cell activities) f) Showers g) Telephones and/or videophones h) Reading materials (including easy reading, large print books and other materials accessible to people with a vision-related disability) i) Religious services j) Family/personal and professional visits k) Medical, mental health, and dental services and treatment 	<p>Completed. The County offers inmates the Sheriff's Treatment Program, a partnership with Santa Barbara City College, and EDVO tablets. These programs are available to all individuals regardless of ADA status. The County also has outdoor exercise equipment and audio books and magnifiers to meet this requirement. The County currently provides auxiliary aids, large print, and easy reading material during programs for individuals needing those accommodations. The County also offers work assignments to ADA inmates. The County provides program facilitators with a list of inmates with disabilities and their accommodation needs. The County currently provides equal access to all components of this provisions, including, showers, telephones, videophones, religious services, visitation, medical services, mental health services, etc. Per the ADA Monitor's Recommendation, the County updated the Custody Operations ADA Policy (section 209) to include language related to equal access in accordance with this provision.</p>
<p>185</p> <p>5.J.2 Access to Programs, Services, and Activities (Page 35)</p>	<p>The County's policy shall include the provision of assistance in reading or scribing legal documents, sick call requests, grievances, documents related to disciplinary procedures, and documents related to health care encounters.</p>	<p>Completed. The County has revised the Custody Operations ADA Policy (section 209) and Healthcare Policy (section 240) to include the provisions of this requirement. This requirement has been incorporated into the Custody Operations Orientation Handbook. The County is currently assisting inmates if they request scribing and reading assistance.</p>
<p>186</p> <p>5.J.3 Access to Programs, Services, and Activities (Page 35)</p>	<p>The County shall ensure equitable work opportunities for people with disabilities, including by ensuring: (a) clear job duty statements, with essential functions and specific criteria, for each worker position; and (b) that health care and other relevant staff conduct an individualized assessment to identify work duty restrictions and/or physical limitations to facilitate appropriate work/industry assignments, to ensure reasonable accommodations, and to prevent improper exclusions from work opportunities.</p>	<p>The County is in the process of fully implementing this requirement. ADA inmates are presently offered work opportunities. The CQA unit is currently working with Classification to create job assignments within each housing unit at the Main Jail. The County will finalize clear job duty statements with essential functions and limitations to complete this requirement. Wellpath has begun outlining a process for identifying specific disabilities that will affect job duties and anticipates completing that process within the next four to six months.</p>
<p>187</p> <p>5.K.1 Health Care Appliances, Assistive Devices, Durable Medical Equipment (Page 35)</p>	<p>The County shall establish a written policy to ensure the timely provision of safe and operational HCA/AD/DME to people with a disability based on an individualized assessment by medical staff, with a process for timely repair and replacement of such devices as needed.</p>	<p>Completed. As indicated in our last report, this provision is complete and the ADA Expert found the County in substantial compliance.</p>

Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
188 5.K.2 Health Care Appliances, Assistive Devices, Durable Medical Equipment (Page 35)	A person's request for a particular device or other accommodation shall be given primary consideration and shall be granted unless the request is unreasonable for specific, articulated reasons allowable under the ADA, or unless other effective accommodations are available.	Completed. The County has updated the Custody Operations ADA Policy (section 209) to meet the provisions of this requirement. The ADA Coordinators are considering an inmate's request for accommodation and granting the request absent specific, articulated reasons for denial allowable under the ADA or unless another effective accommodation is available. Requests for ADA accommodations are tracked and the reason for denial is documented accordingly.
189 5.K.3 Health Care Appliances, Assistive Devices, Durable Medical Equipment (Page 35)	The County shall allow people to retain personal HCAs/Ads/DME (including mobility devices, glasses, and hearing aids), unless there is an individualized determination that doing so would create an articulated safety or security risk. a) Where Jail staff determine it is necessary to remove personal HCA/AD/DME for security reasons, the County shall provide an equivalent Jail-issued device unless custody staff, with ADA Coordinator approval, determine and document, based on an individualized assessment, that the device constitutes a risk of bodily harm or threatens the security of the facility. b) If such a determination is made, the ADA Coordinator shall document the decision and reasons for it and shall consult with medical staff to determine an appropriate alternative accommodation.	Completed. The County presently allows inmates to retain HCAs/Ads/DME unless there is a security risk identified during an individualized assessment of the inmate, consistent with this provision. The County has updated the Custody Operations ADA Policy (section 209) to meet the requirements of this provision. The County has provided additional staff training regarding this provision.
190 5.K.4 Health Care Appliances, Assistive Devices, Durable Medical Equipment (Page 36)	The County shall implement a written policy governing the release of people who need assistive devices. a) The County will ensure that any personal mobility device belonging to a person is returned prior to release. b) If a person does not have a personal mobility device, but is ambulatory with the assistance of a cane, crutch, or walker, the prisoner will be permitted to retain such device that was used while in custody upon release, or will be provided a comparable device, upon release. c) If a person who is due for release requires a wheelchair, but does not have a personal wheelchair, Jail staff shall coordinate with the prisoner, family or friends, and other County agencies as needed to secure a wheelchair or take other steps to address the individual's needs upon release. The County shall document this process in the ADA Tracking System for purposes of individual tracking and quality assurance.	Completed. The County has updated the Custody Operations ADA Policy (section 209) to meet the requirements of this provision. All Custody staff has been trained on this provision.
191 5.L.1 Transportation (Page 36)	The County shall provide reasonable accommodations for people with disabilities when they are in transit, including during transport between facilities, to and from court, or to and from outside health care services.	Completed. As indicated in our last report, this provision is complete and the ADA Expert found the County in substantial compliance.
192 5.L.2 Transportation (Page 36)	Prescribed HCAs/ADs/DME for people with disabilities, shall be available to them at all times during the transport process, including in temporary holding cells.	Completed. The County has existing documentation to demonstrate availability of HCA's/Ads/DME to inmates during the transport process. The County has updated the Custody Operations ADA Policy (section 209) to meet the requirements of this provision.

Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
193 5.L.3 Transportation (Page 37)	The County shall maintain a sufficient number of accessible vehicles to ensure timely transport of people with disabilities that require special transportation. The County intends for all transport vehicles to be accessible.	Completed. As indicated in our last report, this provision is complete and the ADA Expert found the County in substantial compliance.
194 5.L.4 Transportation (Page 37)	Staff will provide assistance to people with mobility or other disabilities where necessary to ensure safe access on and off of transport vehicles.	Completed. The County currently provides assistance to people with mobility or other disabilities. The County has updated the Custody Operations ADA Policy (section 209) to meet the requirements of this provision.
195 5.M.1 Effective Communication (Page 37)	The County shall develop and implement a Custody Operations policy to ensure that people with disabilities receive accommodations and services necessary to provide Effective Communication, consistent with the provisions set forth herein.	Completed. The County utilizes Purple Communications VRS and VRI for effective communication. Wellpath has incorporated an Adaptive Needs Assessment screening at intake to identify possible effective communication issues as well. The County has updated the Custody Operations ADA Policy (section 209) to meet the requirements of this provision.
196 5.M.2 Effective Communication (Page 37)	The County shall assess all people detained at the Jail for any period of time for Effective Communication needs and take steps to provide Effective Communication based on individual need. The County shall ensure that Jail custody and health care policies and procedures contain sufficient guidance on the provision of Effective Communication.	The County is in the process of fully implementing this requirement. Wellpath is presently screening for effective communication needs, including intellectual and developmental disabilities, at intake and at the 14-day Health Appraisal. The County has trained Classification and CQA deputies and has created a process to improve intake procedures to better identify and track individuals with disabilities. At the completion of medical intake, Wellpath inputs disability, assistive devices, effective communication and accommodation information into the Classification Input Form (CIF) and generates a Medical Treatment Order (MTO) as needed. The CIF and MTO are transferred to the Classification Deputy who then inputs all ADA flag information into the JMS tracking system and emails the ADA Coordinators. The County will be implementing this new process in the next three months. Wellpath also implemented an Adaptive Support Needs Assessment Form to identify possible ADA inmates during receiving, as well as a "learning disability" check box on the Medical Treatment Form. For inmates identified with intellectual and developmental disabilities, Wellpath refers such inmates for additional assessment. During the last reporting period, Wellpath had initiated a pilot program for identifying and confirming intellectual and developmental disabilities. This program was managed by Wellpath Regional Mental Health Department, and due to management changes the pilot program was halted and is currently being redeveloped. Wellpath and the County estimate that this program will return in the next six to eight months. The County presently takes steps to provide effective communication based on identified needs using simple language, SLI, Purple Communications VRS and VRI, written communication etc. The County has updated the Custody Operations ADA Policy (section 209) to meet the requirements of this provision.
197 5.M.3 Effective Communication (Page 37)	The County shall ensure that appropriate staff assess individual Effective Communication needs at the beginning of the medical intake screening and at the beginning of the classification screening, to facilitate Effective Communication throughout those and all subsequent processes.	The County is in the process of fully implementing this requirement. Wellpath is presently screening for effective communication needs, including intellectual and developmental disabilities, at intake and at the 14-day Health Appraisal. The County has trained Classification and CQA deputies and has created a process to improve intake procedures to better identify and track individuals with disabilities. At the completion of medical intake, Wellpath inputs disability, assistive devices, effective communication and accommodation information into the Classification Input Form (CIF) and generates a Medical Treatment Order (MTO) as needed. The CIF and MTO are transferred to the Classification Deputy who then inputs all ADA flag information into the JMS tracking system and emails the ADA Coordinators. The County will be implementing this new process in the next three months. For inmates identified with intellectual and developmental disabilities, Wellpath refers such inmates for additional assessment. During the last reporting period, Wellpath had initiated a pilot program for identifying and confirming intellectual and developmental disabilities. This program was managed by Wellpath Regional Mental Health Department, and due to management changes the pilot program was halted and is currently being redeveloped. Wellpath and the County estimate that this program will return in the next six to eight months. The County presently takes steps to provide effective communication based on identified needs using simple language, SLI, Purple Communications VRS and VRI, written communication etc. In the next six months, the County will develop a process to ensure that appropriate staff assess those with intellectual and developmental disabilities. The County will conduct training to ensure effective communication is provided to all inmates with effective communication needs. The County has updated the Custody Operations ADA Policy (section 209) to meet the requirements of this provision.

Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
<p>198</p> <p>5.M.4 Effective Communication (Page 37)</p>	<p>Enhanced procedures for the provision of Effective Communication, as described in the paragraph below, shall apply in the following situations:</p> <ul style="list-style-type: none"> a) Due Process Events, including the following: <ul style="list-style-type: none"> i. Classification processes ii. Disciplinary hearing and related processes. iii. Service of notice (to appear and/or for new charges) iv. Release processes v. Probation encounters/meetings in custody b) Clinical Encounters, including the following: <ul style="list-style-type: none"> i. Determination of medical history or description of ailment or injury ii. Diagnosis or prognosis iii. Medical care and medical evaluations iv. Provision of mental health evaluations, rounds, group and individual therapy, counseling and other therapeutic activities v. Provision of the patient's rights, informed consent, or permission for treatment vi. Explanation of medications, procedures, treatment, treatment options, or surgery vii. Discharge instructions 	<p>The County is in the process of fully implementing this provision. The County has updated the Custody Operations ADA Policy (section 209) to meet the provisions of this requirement. In the next eight to twelve months, the County will conduct training to ensure effective communication is used and documented in all situations as required by this provision.</p>
<p>199</p> <p>5.M.5 Effective Communication (Page 38)</p>	<p>In the situations described in the previous paragraph, Jail staff shall:</p> <ul style="list-style-type: none"> a) Identify each person's disability where there may be a barrier to comprehension or communication requiring reasonable accommodation(s); b) Provide effective reasonable accommodation(s) to overcome the communication barrier; and c) Document the method used to achieve Effective Communication and how the staff person determined that the person understood the encounter, process, and/or proceeding. 	<p>The County is in the process of fully implementing this provision. The County has updated the Custody Operations ADA Policy (section 209) to meet the provisions of this requirement. Wellpath is presently screening for effective communication needs, including intellectual and developmental disabilities, at intake and at the 14-day Health Appraisal. The County has trained Classification and CQA deputies and has created a process to improve intake procedures to better identify and track individuals with disabilities. At the completion of medical intake, Wellpath inputs disability, assistive devices, effective communication and accommodation information into the Classification Input Form (CIF) and generates a Medical Treatment Order (MTO) as needed. The CIF and MTO are transferred to the Classification Deputy who then inputs all ADA flag information into the JMS tracking system and emails the ADA Coordinators. The County will be implementing this new process in the next three months. For inmates identified with intellectual and developmental disabilities, Wellpath refers such inmates for additional assessment. During the last reporting period, Wellpath had initiated a pilot program for identifying and confirming intellectual and developmental disabilities. This program was managed by Wellpath Regional Mental Health Department, and due to management changes the pilot program was halted and is currently being redeveloped. Wellpath and the County estimate that this program will return in the next six to eight months. The County presently takes steps to provide effective communication based on identified needs using simple language, SLI, Purple Communications VRS and VRI, written communication etc. In the next six months, the County will develop a process to ensure that appropriate staff assess those with intellectual and developmental disabilities. The In the next eight to twelve months, the County will conduct training to ensure effective communication is used and documented in all situations as required by this provision. The County will also capture this information in the current ADA tracking system.</p>
<p>200</p> <p>5.M.6 Effective Communication (Page 38)</p>	<p>In determining what auxiliary aid or service to provide, the County shall give primary consideration to the request of the person with Effective Communication needs. Such aids may include bilingual aides, SLIs, readers, sound amplification devices, captioned television/video text displays, Videophones and telecommunication services for deaf persons, audiotaped texts, Braille materials, large print materials, writing materials, and signage.</p>	<p>The County is in the process of completing this requirement. The County presently documents an inmate's request on the Classification Input Form and provides SLI, bilingual aids, TTY/TDD and video phones and Purple Communications VRS/VRI including 24/7 SLI services. The County and Wellpath also currently offer translation services via the Language Line. Per the ADA Expert's recommendation, the County has purchased amplification devices for phone calls. Large font and audio books are offered to visually impaired inmates. In the next eight to twelve months, the County will conduct training to ensure effective communication is used and documented in all situations as required by this provision. The County will also capture this information in the current ADA tracking system.</p>

	Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
201	5.M.7 Effective Communication (Page 38)	The County shall ensure that all outside education, program, and service providers at the Jail provide Effective Communication for people participating in such programs.	Completed. The County has updated the Custody Operations ADA Policy (section 209) to meet the provisions of this requirement, including the process for notifying and ensuring that outside providers are informed of those inmates that require effective communication. The County is currently providing the Programs Unit with the ADA Active Alerts list so they can provide the required accommodations to the inmate.
202	5.N.1 Access for Individuals with Hearing Impairments (Page 39)	The County shall develop and implement a policy for newly arrived and newly identified people with hearing disabilities to determine each person's preferred method of communication.	The County is in the process of fully implementing this provision. The County has updated the Custody Operations ADA Policy (section 209) to meet the provisions of this requirement. The County created a section on the Classification Input Form listing the inmate's preferred method of communication during the intake process. Additionally, a section in the ADA Tracking System has been created to document the preferred method of communication. In the next six months, the County, in conjunction with Wellpath, will establish a procedure for identifying each person's preferred method of communication and incorporating such method into Medical Treatment Orders. Thereafter, the County will provide training on the procedures.
203	5.N.2 Access for Individuals with Hearing Impairments (Page 39)	Qualified Sign Language Interpreters (SLIs), on-site or through a VRI service, will be provided during intake and for due process functions, health care encounters, and Jail programming, when sign language is the person's primary means of Effective Communication, unless the person waives the assistance of an interpreter and/or delay would pose an urgent safety or security risk.	The County is in the process of fully implementing this provision. The County contracts with Purple Communications to provide SLI services at both facilities. The County revised Custody Operations ADA Policy (section 209) to include language advising that if an inmate's preferred method of communication is via an SLI it will be provided for all due process encounters. In the next six months, the County will train staff on use of Purple Communications and documentation within the ADA Tracking System.
204	5.N.3 Access for Individuals with Hearing Impairments (Page 39)	The County will maintain a log of (a) when, for whom, and for what purpose an SLI was used; and (b) when, for whom, and why an SLI was not used for a person with an identified need for SLI services (e.g., waived or delay would have posed urgent safety or security risk).	The County is in the process of fully implementing this requirement. The County has developed a documentation section (ADA-SLI) in the ADA tracking system to log all required documentation. The County has revised the Custody Operations ADA Policy (section 209) to contain verbiage indicating that all due process encounters that require an SLI will be documented in the ADA Tracking System. The County is also in the process of developing a training class to teach staff how to properly log required documentation in the ADA tracking system. The County anticipates completing this requirement in the next six to eight months.
205	5.N.4 Access for Individuals with Hearing Impairments (Page 39)	When a prisoner waives an SLI, the log must document (a) the method of communication of the waiver, and (b) the method staff used to determine that the waiver was knowing and freely given.	The County is in the process of fully implementing this requirement. The County has developed a documentation section (ADA-SLI) in the ADA tracking system to log all required documentation. The County has revised the Custody Operations ADA Policy (section 209) to contain verbiage indicating that all due process encounters that require an SLI will be documented in the ADA Tracking System. The County is also in the process of developing a training class to teach staff how to properly log any inmate waiver of SLI within the ADA Tracking System. The County anticipates completing this requirement in the next six to eight months.
206	5.N.5 Access for Individuals with Hearing Impairments (Page 39)	The County shall maintain a contract or service agreement with interpreter services, including a VRI service, in order to provide such services for deaf or hard of hearing prisoners. The County will ensure that appropriate Jail staff have sufficient guidance regarding use of such services.	Completed. The ADA Expert found the County in substantial compliance for this provision.
207	5.N.6 Access for Individuals with Hearing Impairments (Page 39)	Lip reading will not be the sole method of Effective Communication used by staff, unless the person indicates that is their preferred method of communication.	Completed. The County updated the Custody Operations ADA Policy (section 209) to include language advising that if an inmate's preferred method of communication is SLI, written communication, lip reading or any other type of effective communication device or service, it will be provided for all encounters.

Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
208 5.N.7 Access for Individuals with Hearing Impairments (Page 39)	In cases where the use of an SLI is not practicable, or is waived by the prisoner, Jail staff shall employ the most effective form of communication available.	The County is in the process of fully implementing this requirement. The County updated the Custody Operations ADA Policy (section 209) to include language advising that if an inmate's preferred method of communication is via an SLI, it will be provided for all encounters. If an SLI accommodation is waived by the inmate, or not practicable, Jail staff will employ the most effective form of communication available. A section in the ADA-Tracking System has been generated (ADA-Accommodation refusal) to document these types of interactions. In the next eight to twelve months, the County will conduct training to ensure the most effective communication is used and documented in all situations as required by this provision.
209 5.N.8 Access for Individuals with Hearing Impairments (Page 39)	The County shall make videophones available for deaf and hard of hearing people. The videophones shall provide for calls that utilize Video Relay Services (VRS) at no cost to deaf and hard of hearing prisoners, or for calls directly to another videophone.	Completed. The County presently utilizes Purple Communications VRS and VRI, and IS also utilizing ViaPath GTL for technical assistance. The County has acquired one tablet and two video phones for use of Purple Communications for video phone, TDD/TTY, VRS and VRI usage. The County has contacted ViaPath GTL to assist with tablet or kiosk access to the Purple Communications VRS/VRI services. The County revised the Custody Operations ADA Policy (section 209) to meet the requirements of this provision.
210 5.N.9 Access for Individuals with Hearing Impairments (Page 39)	The County shall provide deaf/hard of hearing people with twice as much time for calls using telecommunication relay services, such as a videophone or TDD/TTY, to account for the fact that such conversations take longer than spoken conversations. The County shall document the time that each prisoner uses and has access to such equipment.	Completed. The County currently meets the requirements of this provision. The County has created a section in the ADA Tracking System to document this requirement (ADA-VRS Video phone) and has revised the Custody Operations ADA Policy (section 209) to meet the requirements of this provision.
211 5.N.10 Access for Individuals with Hearing Impairments (Page 40)	People who require an SLI as their primary method of communication shall be provided an SLI for education, vocational, and religious programs.	The County is in the process of completing this requirement. The County currently provides SLI services via Purple Communication VRI. The County has included this provision in the Custody Operations ADA Policy (section 209). In the next eight to twelve months, the County will provide comprehensive ADA training to all staff, including training on this provision.
212 5.N.11 Access for Individuals with Hearing Impairments (Page 40)	In housing units where an individual with a hearing-related disability resides, public announcements shall be communicated as consistent with individual Effective Communication needs. This includes announcements regarding visiting, meals, recreation release and recall, count, lock-up, and unlock. Verbal announcements may be effectively communicated via written messages on a chalkboard or dry erase board, or by personal notification, as consistent with individual need. These procedures shall be communicated to people during the orientation process and shall be incorporated into relevant policies and post orders.	The County is in the process of fully implementing this requirement. The County has developed a documentation section (ADA-Effective Communication) in the ADA Tracking System to log all alerts including an Effective Communication Alert in the ADA Tracking system so custody staff will know in what method to properly communicate with the inmates. The County has revised the Custody Operations ADA Policy (section 209) and the Custody Operations Orientation Handbook to meet the requirements of this provision. In the next six months, the County will provide training on this provision.

Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
<p>213</p> <p>5.O.1 Prisoners with Intellectual/Developmental Disabilities (Page 40)</p>	<p>The County shall develop and implement a comprehensive written policy and procedure regarding people with Intellectual and/or Developmental Disabilities, including:</p> <ul style="list-style-type: none"> a) Screening; b) Identification of their adaptive support needs and adaptive functioning deficits; and c) Monitoring, management, and accommodations for people with Intellectual or Developmental Disabilities. 	<p>The County is in the process of fully implementing this requirement. The Custody Operations ADA Policy (section 209) includes the requirements of this provision. In the last reporting period, Wellpath had a pilot program for identifying intellectual and developmental disabilities. This program was managed by Wellpath Regional Mental Health Department, and due to management changes the pilot program was halted and is currently being redeveloped. Wellpath and the County estimate that this program will return in the next six to eight months. For all other inmates, the County is taking steps to identify and verify inmates' disabilities and disability related needs and coordinating with Classification, CQA deputies and the ADA Coordinators so that they are aware of inmates' effective communication needs and accommodations. The County has trained Classification and CQA deputies and has created a process to improve intake procedures to better identify and track individuals with disabilities. At the completion of medical intake, Wellpath inputs disability, assistive devices and accommodation information into the Classification Input Form (CIF) and generates a Medical Treatment Order (MTO) as needed. The CIF and MTO are transferred to the Classification Deputy who then inputs all ADA flag information into the JMS tracking system and emails the ADA Coordinators. The County will be implementing this new process in the next three months. Wellpath also implemented an Adaptive Support Needs Assessment Form to identify possible ADA inmates during receiving, as well as a "learning disability" check box on the Medical Treatment Form.</p>
<p>214</p> <p>5.O.2 Prisoners with Intellectual/Developmental Disabilities (Page 40)</p>	<p>If a person is known to have or suspected of having an Intellectual or Developmental Disability, the County shall contact the appropriate Regional Center within the next business day of the person's arrival at the Jail. The County shall request the prisoner's current IPP (Individualized Program Plan), with the individual's authorization. Once received, medical and custody staff shall review the IPP to ensure that all communications and services being provided are appropriate. If the person is not a Regional Center client, the County shall request that the Regional Center (or other appropriate agency) perform an evaluation. Whenever possible, Jail staff will work with the Regional Center and any relevant County agencies to move a person with an identified Intellectual or Developmental Disability out of custody and into a setting with appropriate supports to meet the person's individual needs.</p>	<p>The County is in the process of fully implementing this requirement. Wellpath's Mental Health Coordinator is responsible for communicating with Tri-Counties Regional Center staff regarding the identified inmates and appropriate treatment plans as required by this provision. During this rating period, the Mental Health Coordinator position became vacant and the County is working to hire a replacement. While the County intermittently contacts the Tri-Counties Regional Center, full implementation of this provision will occur when the vacancy is filled. In the next six months, the County will be developing policies and procedures to capture the information related to this requirement.</p>
<p>215</p> <p>5.O.3 Prisoners with Intellectual/Developmental Disabilities (Page 41)</p>	<p>People identified as having an Intellectual or Developmental Disability will be provided with accommodations tailored to their needs, which may include but are not limited to communications at the appropriate comprehension level, more time to complete directions, and specific behavioral supports.</p>	<p>The County is in the process of fully implementing this requirement. The Custody Operations ADA Policy (section 209) includes the requirements of this provision. In the last reporting period, Wellpath had a pilot program for identifying intellectual and developmental disabilities. This program was managed by Wellpath Regional Mental Health Department, and due to management changes the pilot program was halted and is currently being redeveloped. Wellpath and the County estimate that this program will return in the next six to eight months, at which time the County will better meet the requirements of this provision. Wellpath also implemented an Adaptive Support Needs Assessment Form to identify possible ADA inmates during receiving, as well as a "learning disability" check box on the Medical Treatment Form.</p>

Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
216 5.O.4 Prisoners with Intellectual/Developmental Disabilities (Page 41)	A multidisciplinary team that includes appropriate health care staff will monitor and ensure appropriate care for people with an Intellectual or Developmental Disability. The multidisciplinary team will develop an individualized plan for each person with an Intellectual or Developmental Disability, which addresses: (1) safety, vulnerability, and victimization concerns, (2) adaptive support needs, and (3) programming, housing, and accommodation needs. The multidisciplinary team's plan will be regularly reviewed and updated as needed.	The County is in the process of fully implementing this requirement. The County has incorporated this requirement into the Custody Operations ADA Policy (section 209). The County currently has a multidisciplinary team that meets every Monday (HARP meeting) to discuss items 1-3. Individuals with Intellectual or Developmental Disability are included on the HARP roster, and an individualized plan for those individuals are developed by mental health staff. In the last reporting period, Wellpath had a pilot program for identifying intellectual and developmental disabilities. This program was managed by Wellpath Regional Mental Health Department, and due to management changes the pilot program was halted and is currently being redeveloped. Wellpath and the County estimate that this program will return in the next six to eight months at which time the County will better meet the requirements of this provision.
217 5.P.1 Physical Accessibility Requirements (Page 41)	The County shall implement an ADA transition plan to remedy Main Jail physical plant features that could result in access barriers for people with disabilities.	The County is in the process of fully implementing this requirement and has begun the ADA transition plan, including proposed remodel plans and the County's request for participation. In 2018, the County commissioned Vanir Construction to identify ADA deficiencies and develop an ADA transition plan for the Main Jail. On November 9, 2021, a contract was awarded to Nacht and Lewis for redesign of the main jail campus to bring it in compliance with ADA requirements. In 2022, Nacht and Lewis began holding a series of workshops with the County's project team to develop detailed program requirements for renovating the existing facilities. The County is presently in the process of planning remodel, reconfiguration, renovation, or new construction of the facilities, including remedying access barriers for people with disabilities. While the County is working on interim measures to address such access barriers, full compliance of this provision will likely follow remodel, reconfiguration, renovation, or new construction of the facilities as contemplated in paragraph 10 of the Stipulated Judgement.
218 5.P.2 Physical Accessibility Requirements (Page 41)	The above ADA transition plan will be implemented in the timeframe set forth in the Stipulated Judgment. The County and the Sheriff's Office agree that, during the period of implementation of the ADA transition plan at the Main Jail, they will take all reasonable steps to promote and ensure accessibility for people with disabilities to the maximum extent possible. This includes the use of interim measures to address existing access barriers in order to ensure safety and program access for people with disabilities.	The County is in the process of fully implementing this requirement and has begun the ADA transition plan, including proposed remodel plans and the County's request for participation. In 2018, the County commissioned Vanir Construction to identify ADA deficiencies and develop an ADA transition plan for the Main Jail. On November 9, 2021, a contract was awarded to Nacht and Lewis for redesign of the main jail campus to bring it in compliance with ADA requirements. In 2022, Nacht and Lewis began holding a series of workshops with the County's project team to develop detailed program requirements for renovating the existing facilities. The County is presently in the process of planning remodel, reconfiguration, renovation, or new construction of the facilities, including remedying access barriers for people with disabilities. The County is also working on interim measures to address such access barriers. The County is developing a policy to document the reasonable steps that the County will take during implementation of the ADA transition plan. Such reasonable steps include ensuring inmates have access to classrooms, programs, work assignments, and showers despite the existence of structural barriers. The County will utilize the ADA tracking system to document such accommodations.
219 5.P.3 Physical Accessibility Requirements (Page 41)	The County shall ensure that the North Branch Jail provides adequate accessibility for people with disabilities, consistent with accessibility requirements under federal and state law.	The County is in process of fully implementing this requirement. The Northern Branch jail was built in compliance with current ADA standards and has been approved by the Board of State and Community Corrections (BSCC). The ADA Expert identified videophone accessibility issues, which the County is working towards remedying. In the next three months, the County will coordinate with the ADA Expert to address compliance with this provision.
220 5.Q.1 Alarms/Emergencies (Page 41)	The County shall implement written policies regarding the expectations of staff as to persons with disabilities during emergencies and alarms, including as to disabilities that may affect their ability to comply with orders or otherwise respond to emergencies and alarms. For example, the policies shall ensure appropriate handling of people with mobility-related disabilities who are unable to prone out or take a seated position on the ground during an alarm or emergency. Such policies shall be communicated to staff, incorporated into the relevant policies, and communicated to people with disabilities using Effective Communication.	Completed. The County has updated the Custody Operations ADA Policy (section 209) to meet the requirements of this provision.

Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
221 5.Q.2 Alarms/Emergencies (Page 42)	In order to facilitate appropriate accommodations during alarms or emergencies, the County shall offer, but shall not require, individuals who have disabilities visible markers to identify their disability needs (e.g., wristbands). The County shall maintain a list, posted in such a way to be readily available to Jail staff in each unit, of people with disabilities that may require accommodations during an alarm or emergency.	The County is in the process of fully implementing this requirement. As previously reported and acknowledged by the ADA Expert, the County has completed this requirement with respect to the ADA Active Alerts List. The ADA Alert List is posted in every module and lists all ADA inmates and any accommodations or assistance that inmate would need to be provided with in an emergency. Additionally, the inmate's names and accommodations are highlighted for easy recognition in case of an emergency situation. The list has been updated to include inmates with Intellectual or Developmental Disabilities ID/DD and inmates with Learning Disabilities are identified during the Adaptive Needs Assessment. The County has revised the Custody Operations ADA Policy 209 to address this provision. In the next six months, the County will be exploring options to print a prisoner's disability accommodation needs on an inmate's wristband. Thereafter, the County will perform the necessary training and implementation of this provision. However, full implementation may be deferred until a new ADA tracking system is in place.
222 5.Q.3 Alarms/Emergencies (Page 42)	The County shall install visual alarms appropriate for people who are deaf or hard of hearing.	The County is in the process of fully implementing this requirement. The Northern Branch Jail presently has the alarms required by this provision. The County is reviewing potential alarm installation at the Main Jail, but implementation may depend on the remodel, reconfiguration, renovation, or new construction plans.
223 5.Q.4 Alarms/Emergencies (Page 42)	All housing units shall post notices for emergency and fire exit routes.	Completed. The County has posted notices for emergency and fire exit routes at all housing units at both facilities.
224 5.R.1 Quality Assurance (Page 42)	The County shall develop and implement written policies and procedures regarding monitoring compliance with ADA requirements and Jail ADA policies, including (but not limited to) the following: a) Requests for ADA accommodations; b) ADA-related grievances; c) ADA-related training; d) Use of the ADA Tracking System.	The County is in the process of fully implementing this requirement. The County has revised the Custody Operations ADA Policy (section 209) to include the requirements of this provision. In the next eight to twelve months, the County will provide comprehensive ADA training to all staff. The County is presently researching alternate ADA tracking systems to better meet the provisions of the remedial plan and will provide training on that system when it is in place.
225 5.R.2 Quality Assurance (Page 42)	The County shall develop an ADA accountability plan that will ensure quality assurance, track violations of the ADA and the Jail's ADA policies, and establish staff accountability for egregious, serious, or repeated violations of the ADA and Jail ADA-related policies and procedures.	The County is in the process of fully implementing this requirement. The County has revised the Custody Operations ADA Policy (section 209) to include the requirements of this provision. In the next three months, the County will consult the ADA Expert regarding development of an ADA accountability plan as required by this provision.
226 6. Environmental Health and Safety	-	
227 6.A.1 Environmental Health and Safety Monitor (Page 43)	The County shall designate an environmental health and safety monitor ("Environment of Care Monitor") responsible for ensuring compliance with this Remedial Plan and other environmental health and safety policies and procedures. The duties of the Environment of Care Monitor will be established in writing consistent with this remedial plan. The Environment of Care Monitor will have sufficient authority to carry out such duties.	Completed. Sheriff's Service Technician James Zandona was appointed as the Environment of Care Monitor (hereinafter "ECM") on 7/7/21. CDII Petterson has been assigned as the ECM at the Northern Branch Jail. The County also created the ECM Duty Statement, which includes the job descriptions for both the Main Jail and NBJ ECM's. The County incorporated the ECM appointment order and Duty Statement into the Custody Operations Inspection and Operations Review Policy (section 102).

Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
<p>228</p> <p>6.B.1 Cleanliness and Sanitation of Jail Facilities (Page 43)</p>	<p>The County shall establish a sanitation plan to ensure that all Jail facilities maintain appropriate cleanliness. The plan shall provide for any cleaning issues requiring an established cleaning schedule and written documentation of such cleaning, including, at a minimum:</p> <p>a) Daily access to supplies and equipment for prisoners to conduct cleaning and disinfection of housing units, including floors, toilets, sinks, and showers, with a cleaning chemical that sufficiently eliminates pathogens found in living and common areas;</p> <p>b) Weekly inspections of housing units, including floors, toilets, sinks, and showers by jail staff, with prompt steps to address identified cleaning and disinfection needs.</p> <p>c) Daily cleaning of intake, health care clinics, kitchen, laundry, and other common areas, such as hallways and the tunnel.</p> <p>d) Weekly cleaning of visitation rooms and classrooms, and more frequently as needed;</p> <p>e) Biweekly (i.e., every other week) power washing of shower areas;</p> <p>f) Weekly cleaning of cell bars, windows, and lights;</p> <p>g) Quarterly cleaning of fans and air vents, and more frequently as necessary to ensure that they are clean and free of mold, mildew, and/or accumulation of dirt and dust.</p>	<p>1.(1) & 1.(2). The County is in the process of fully implementing this requirement.</p> <p>a) Completed. As previously reported, the County currently ensures inmates are given cleaning supplies by their module deputy every morning that consist of mops, brooms, dust pans, foxtail sweepers, sponges, bottles of Oxivir Five cleaning solution for cleaning tables, bunks, sinks, showers, and jugs of Virex II for mopping the floors. Every evening prisoners are given bottles of Oxivir Five cleaning solution by property officers for additional cleaning in the evenings. This is documented on the module deputy and property officers' daily recap. Logs have been provided to the Environmental Health and Safety Expert.</p> <p>b) The County is in the process of fully implementing this requirement. The County is further revising the Sanitation Plan to incorporate some of the Expert's recommendations and to implement those recommendations at both jail facilities. The County anticipates completing these requirements within the next three months.</p> <p>c) The County is in the process of fully implementing this requirement. The County is further revising the Sanitation Plan to incorporate some of the Expert's recommendations and to implement those recommendations at both jail facilities. The County anticipates completing these requirements within the next three months. Presently, the kitchen is cleaned twice a day; the kitchen crew submits a weekly cleaning document to the ECM documenting such cleaning. Big Green is contracted to clean the health care clinics weekly in the evening hours. The laundry department conducts cleaning at the end of each day, which includes wiping down counter tops and washing machines, sweeping, mopping floors, and vacuuming dryer lint traps. This cleaning is documented on a Laundry Department Daily Cleaning Checklist and provided to the ECM. These documents were provided to the Environmental Health and Safety Expert for review.</p> <p>d) Completed. The County's lobby crew cleans the visitation rooms and classrooms at least once per week and as needed. Documents reflecting this cleaning schedule were provided to the Environmental Health and Safety Expert for review.</p> <p>e) Completed. A County maintenance utility worker supervises inmate workers who power wash the module shower areas during the modules scheduled yard time. This is documented in the biweekly shower power washing log. The County incorporated the Expert's recommended edits to the shower power washing log.</p> <p>f) Completed. A County maintenance utility worker supervises inmate workers who clean cell bars, windows, and lights during the modules scheduled yard time. This is documented in the weekly cleaning log for cell bars, windows, and lights. The County incorporated the Expert's recommended edits to the log for these areas. These documents were provided to the Environmental Health and Safety Expert for review.</p> <p>g) Completed. A County maintenance utility worker supervises inmate workers who clean fans and air vents during the modules scheduled yard time. This is documented in the quarterly cleaning log for air vents and fans. These documents were provided to the Environmental Health and Safety Expert for review. The County will update the Sanitation Plan to reflect this requirement.</p> <p>As indicated above, the County anticipates completing this provision within the next three months.</p>
<p>229</p> <p>6.B.2 Cleanliness and Sanitation of Jail Facilities (Page 43)</p>	<p>Upon intake, the County shall provide prisoners an orientation regarding the Jail's expectations and procedures for cleanliness, elimination of clutter, and proper use of personal property containers.</p>	<p>The County is in the process of implementing this requirement. In March 2022 and again in September 2022, the County revised the Inmate Orientation Handbooks. These documents are provided to every inmate prior to housing at both facilities and notated in JMS when provided. These documents have been provided to the Expert for review. The County is working on creating an orientation video which reinforces the components of this requirement. The County anticipates completing this requirement within the next six months.</p>
<p>230</p> <p>6.B.3 Cleanliness and Sanitation of Jail Facilities (Page 44)</p>	<p>The County shall establish a procedure to maintain cleanliness in housing areas where a prisoner is unable or unwilling to adequately clean. Where prisoners are expected to participate in cleaning, staff shall ensure appropriate assistance to people with mental illness, intellectual and developmental disabilities, or other special needs.</p>	<p>3.(1) and (2) The County is in the process of fully implementing these requirements. The County is currently creating a viable tracking system to monitor inmates that are unable or unwilling to maintain sanitary living conditions, or where staff has provided assistance. Proof of practice in restrictive housing logs and ADA tracking systems have been provided to the Environmental Health and Safety Expert for review. The County anticipates completing the components of this requirement within three to six months.</p>

	Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
231	6.B.4 Cleanliness and Sanitation of Jail Facilities (Page 44)	The County shall develop and implement a policy and procedure for effective cleaning, disinfection, distribution, and repair of mattresses. The policy shall provide a process for inspection and replacement of all frayed and cracked mattresses that cannot be disinfected sufficiently to eliminate harmful bacteria.	Completed. The ECM has developed training for staff to implement and document these procedures. Training material was sent to all squads for training of all staff, with attendance documented. This information will be provided to the Environmental Health and Safety Expert for review. These procedures were covered in the PowerPoint training on this topic; staff attendance was documented on training logs. Additionally, records of mattress cleaning are maintained in the daily property recaps, and the training video has been provided to the monitoring expert. The requirements of this provision have been incorporated into Custody Policy Section 362 - Inmate Clothing and Personal Hygiene.
232	6.B.5 Cleanliness and Sanitation of Jail Facilities (Page 44)	The County shall ensure that newly arrived prisoners receive a clean and serviceable mattress. Mattresses shall be cleaned and disinfected anytime they are assigned to a different prisoner or when there is a biohazardous or bloodborne incident involving the mattress.	The County is in the process of fully implementing these requirements. The County has developed cleaning procedures for mattresses, property boxes, and the cleaning of empty cells. The ECM has developed training for staff to implement and document these procedures. Training material was sent to all squads for training of all staff, with instruction to document attendance. This information will be provided to the Environmental Health and Safety Expert for review. The County has incorporated these requirements into the Custody Operations Inmate Clothing and Personal Hygiene Policy (section 362). These procedures were covered in the PowerPoint training on this topic; staff attendance was documented on training logs. Additionally, records of mattress cleaning are maintained in the daily property recaps, and the training video has been provided to the Environmental Health and Safety Expert. The requirements of this provision will be incorporated into the Sanitation Plan within the next three months.
233	6.B.6 Cleanliness and Sanitation of Jail Facilities (Page 44)	The County shall establish procedures so that a cell is cleaned prior to a prisoner's placement in that cell.	The County is in the process of fully implementing this requirement. The County has established procedures to ensure a cell is cleaned prior to a prisoner's placement in that cell, which will be incorporated into the Sanitation Plan. The County anticipates completing this requirement within the next three months.
234	6.B.7 Cleanliness and Sanitation of Jail Facilities (Page 44)	The County has committed to ensuring that each prisoner is assigned and provided a bed, as set forth in the Custody Operations/Segregation Remedial Plan. Until such remedial provision is fully implemented, where the County uses plastic beds, or "boats," the County shall ensure that they are cleaned and disinfected anytime they are assigned to a different prisoner or when there is a biohazardous or bloodborne incident involving the mattress or boat.	Completed. The County has revised Custody Operations Cell and Bed Assignment Policy (section 305) to incorporate this provision.
235	6.C.1 Laundry (Page 44)	Clothing and linen exchange shall occur for all prisoners at least weekly, and more frequently when circumstances warrant. Kitchen workers shall be provided a clean kitchen uniform daily. Whenever a prisoner presents to jail staff clothing or linen that are soiled and/or reasonably requests a clothing/linen exchange, jail staff will ensure a prompt exchange, in all cases by the end of the shift.	Completed. Inmates may make a reasonable request for replacement linens at any time through their housing module deputies. Inmate workers assigned to the kitchen are provided a clean kitchen uniform daily before leaving their housing module, and the monitoring expert found the County in substantial compliance with respect to this provision. If an inmate worker's uniform should become substantially soiled during their duty, a clean uniform is requested from laundry or property staff. This is then noted on the kitchen recap. The County continually instructs inmate workers to remove any damaged or unusable laundry prior to washing. Consistent with the Environmental Health and Safety Expert's recommendations, the County has started to pre-soak all laundry whites in Oxi-clean and lowered the laundry weight per machine from 70 pounds to 60 pounds. The County also maintains a contract with ChemDry for laundry chemicals, which mixes the proper amount of cleaning detergent per machine cycle. Additionally, the County has updated Custody Operations Inmate Clothing Policy (section 362) to reflect these provisions and provided the policy to the Environmental Health and Safety Expert for review. The County is in the process of developing a tracking mechanism to provide proof of this practice.

	Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
236	6.C.2 Laundry (Page 44)	The County shall provide, document and maintain records of training provided to prisoner-workers and staff assigned laundry duties on chemical safety, biohazardous and bloodborne contaminated clothing and linens, use of personal protective equipment, and Material Safety Data Sheets.	Completed. All inmate workers assigned to work within the laundry department are provided personal protective equipment and instructed by the Laundry Coordinator on how to recognize and handle possible biohazardous and bloodborne contaminated laundry and the proper use of personal protective equipment. All inmate workers are provided with the Laundry Department Inmate Worker Orientation document and have access to: Material Safety Data Sheets covering all chemicals used within the laundry department, an OSHA approved 2' x 3' chemical safety poster, and an eyewash station. Signed copies acknowledging understanding of the Laundry Department Inmate Worker Orientation document have been provided to the Environmental Health and Safety Expert for review. The County has formalized the training via PowerPoint and is providing the training for all inmate workers, CD's, SST's and U/W's.
237	6.C.3 Laundry (Page 45)	Staff shall make reasonable efforts to ensure that all prisoners have clean linens at all times. Staff will make a health care referral for any prisoner refusing to exchange linens if there is reason to believe such refusal relates to the person's mental health condition. Mental health staff shall assist in resolving the situation, as appropriate.	The County is in the process of fully implementing this requirement. Linen exchange is conducted weekly for every housing module. An inmate may make a reasonable request for clean linen at any time with their housing module deputy. The County is presently utilizing a Mental Health Referral Form, which has been adjusted to allow all staff to make a healthcare referral to Wellpath in the event that an inmate refuses clean linen and it appears there may be an underlying mental health issue. Staff has recently been trained on this process. In the next four to six months, the County will work on a tracking mechanism for these mental health referrals.
238	6.D.1 Food Service and Kitchen Operations (Page 45)	Prisoners assigned to kitchen duties shall be provided with clean outer clothing daily. If during a prisoner's work shift the clothing becomes soiled, it should be replaced promptly.	Completed. The Environmental Health and Safety Expert found the County in substantial compliance for this provision.
239	6.D.2 Food Service and Kitchen Operations (Page 45)	The County shall perform a weekly inspection of kitchen operations, with a report submitted to the Environment of Care Monitor, and shall ensure actions are taken to correct any identified issues.	The County is in the process of fully implementing the provisions of this requirement. The County's Food Services Supervisor performs a weekly inspection of kitchen operations and, as recommended by the Environmental Health and Safety Expert, completes a report that identifies rooms, locations, equipment etc. that are inspected. The County also tracks work orders as requested by the Expert. During this rating period, the Food Services Supervisor position became vacant and the County is working to hire a replacement. Until that time, a lieutenant will be performing the weekly inspection and filling out the requisite report for review by the ECM as required by this provision. Proof of practice will be available for the Expert at his upcoming tour.
240	6.D.3 Food Service and Kitchen Operations (Page 45)	The County shall develop and implement policies and procedures for food service and kitchen operation as required in Section 1246 of California Code of Regulations Title 15. The policy shall include provisions for tool control, roles and responsibilities of Jail staff and the food service Contractor, employee and prisoner-worker training in food safety, and temperature monitoring. The policy shall provide that prisoner-workers are medically screened prior to being assigned to work in the kitchen.	Completed. The county updated the Custody Operations Food Services Policy (section 384) to meet the requirements of this provision.
241	6.D.4 Food Service and Kitchen Operations (Page 45)	The County shall provide prisoner-workers with training and education regarding kitchen operations.	Completed. The County provides prisoner workers with training and education regarding kitchen operations by utilizing the ServSafe program. Completion certificates have been provided to the Environmental Health and Safety Expert.
242	6.D.5 Food Service and Kitchen Operations (Page 45)	The County shall conduct periodic temperature monitoring of food and take steps to ensure that food prepared as hot is served hot to the greatest extent practicable.	The County is in the process of fully implementing this requirement. In the next three months, the County will be hiring a Food Services Supervisor who will assist in ensuring compliance with this provision. Presently, the County maintains a temperature log for monitoring food at the time that it is trayed. In the next six months, the County will initiate a method to monitor whether food is served as hot as practicable as required by this provision.

	Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
243	6.E.1 Work Order System and Preventative Maintenance (Page 45)	The County shall train staff on the process of submitting work orders.	Completed. Per the Environmental Health and Safety Expert's recommendation, the "Steps to Completing Work Orders" document was revised. All staff are trained on how to submit a work order. Training was provided to all staff during the initial Remedial Plan Implementation Training and periodic additional training is provided to staff. The Expert confirmed that all staff queried were aware of how to submit a work order and, if asked, could demonstrate their ability to do so. Training records for new staff have been submitted to the Environmental Health and Safety Expert.
244	6.E.2 Work Order System and Preventative Maintenance (Page 45)	The County shall utilize the work order reporting system to schedule preventative maintenance and repairs. The system shall provide for any cleaning or maintenance requiring an established schedule, including, at a minimum: a) Regular maintenance of plumbing. b) Quarterly cleaning of fans and ventilation grills. c) Quarterly replacement of ventilation filters. d) Regular external contractor monitoring of negative pressure cells and gauges. e) Monthly fire extinguisher inspections; and f) Monthly fire and life safety inspections.	Completed. The County utilizes a preventative maintenance work order system to auto-populate work orders on a routine basis. It will service issues such as vent cleaning, power washing showers, and other preventative maintenance needs. The system will assign them to staff as demanded. Completed work order information is maintained by General Services.
245	6.E.3 Work Order System and Preventative Maintenance (Page 45)	The County shall develop and implement an environmental inspection policy with procedures that include an assessment of maintenance issues for every housing unit, including for plumbing, electrical, ventilation, painting, cleanliness, lighting, and storage of personal belongings.	The County is in the process of fully implementing this requirement. The County revised the Custody Operations Inspections and Operations Policy (section 102) to include the provisions of this requirement. In the next three months, the County will include this provision in the Sanitation Plan.
246	6.F.1 Chemical Control and Biohazardous Materials (Page 46)	The County shall develop and implement chemical control policies and procedures for safe storage, dilution, and distribution of chemicals used at the Jail.	The County is in the process of fully implementing this requirement. The County has developed training regarding chemical control and procedures for safe storage, dilution, and distribution of chemicals used at the jail. The County is in the process of developing policies and procedures in compliance with this requirement. The County intends to complete these policies within the next four months.
247	6.F.2 Chemical Control and Biohazardous Materials (Page 46)	The County shall develop and implement a chemical safety training for all staff and prisoners assigned the responsibility of cleaning. The County or County's contract provider shall maintain documentation that demonstrates evidence of training for all staff and prisoner-workers involved in cleanup.	The County is in the process of implementing this requirement. The County has developed chemical safety training which has been approved by the Environmental Health and Safety Expert. The County intends to provide the training in the next three months.
248	6.F.3 Chemical Control and Biohazardous Materials (Page 46)	The County shall revise and ensure implementation of its Communicable Disease policy, including to ensure appropriate use and concentration of pyrethrum spray.	Completed. The County revised Custody Operations Inmate Clothing and Personal Hygiene and Policy (section 362) and Communicable Disease Policy (section 244) to meet the requirements of this provision.
249	6.F.4 Chemical Control and Biohazardous Materials (Page 46)	The County shall develop and implement policies and procedures for cleaning, handling, storing, and disposing of biohazardous materials, including waste. The County shall ensure that Material Safety Data Sheets ("MSDS") are accessible anywhere chemicals are stored, mixed, or diluted.	4.1) The County is in the process of fully implementing this requirement. The County has an orientation for inmates to cover handling, storing, and disposing of biohazardous materials. The County has developed the requisite training which has been approved by the Environmental Health and Safety Expert. This training will be provided in the next three months. In the next six months, the County will develop policies and procedures to meet the requirements of this provision. 4.2) Completed. MSDS sheets have been placed in all areas (SBJ and NBJ) where chemicals are stored, mixed or diluted.

	Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
250	6.F.5 Chemical Control and Biohazardous Materials (Page 46)	The County shall ensure that staff and prisoner-workers responsible for cleaning biohazardous materials or areas suspected of being contaminated by pests (e.g. lice or scabies) are outfitted with protective equipment and receive appropriate supervision.	The County is in the process of fully implementing this requirement. Currently, the County jail staff ensures inmate workers are outfitted with protective equipment and receive appropriate supervision when cleaning areas suspected of being contaminated. The County has created training approved by the Environmental Health and Safety Expert which meets this requirement. This training will be provided in the next three months. In the next six months, the County intends to develop a method to document when staff and inmates clean biohazardous incidents, to include, location, date, PPE, and cleaning solutions utilized.
251	6.G.1 Negative Pressure Monitoring and Recording (Page 47)	The magnehelic gauges located outside the housing area to any negative airflow cell shall be checked once per shift to ensure the cells remain in a negative airflow state. When non-conformities are identified, the cell shall not be used for people with circumstances requiring a negative airflow cell, and a work order shall be submitted for prompt repair.	Completed. Module Deputies check the gauge reading once per shift and note findings on daily module recaps. The County has provided training on negative airflow cells and has a work orders system that can address issues found in negative airflow cells. Work orders are submitted to the County General Services department and are maintained in their preventative maintenance system.
252	6.G.2 Negative Pressure Monitoring and Recording (Page 47)	The County shall provide and document training regarding acceptable gauge readings and the steps to take if the readings are outside the acceptable range for all staff assigned to housing areas with negative airflow cells.	The County is in the process of fully implementing this requirement. The County trained all staff regarding acceptable gauge readings and the steps to take if the readings are outside the acceptable range for all staff assigned to housing areas with negative airflow cells. As recommended by the Environmental Health and Safety Expert, the County created additional training related to this requirement, which will be initiated in the next three months. Wellpath is presently monitoring the gauge readings when the negative airflow cells are in use for patients that require negative airflow cells. Per the Expert's recommendation, supervisors will be monitoring whether gauged readings are within the acceptable range and ensuring proper documentation is complete.
253	6.G.3 Negative Pressure Monitoring and Recording (Page 47)	Negative pressure cells and gauges shall be tested by an external contractor on a regular schedule as part of the Jail's preventive maintenance schedule.	The County is in the process of fully implementing this requirement. The County contracts with Palt and Associates to complete gauge testing. Documentation regarding Palt inspections have been provided to the Environmental Health and Safety Expert. Palt and Associates calibrates pressure gauges every six months and the County General Services Department changes all pre-filters in the exhaust system every three months. Deputies monitor room pressure gauges daily and document the readings in the shift commander recap report and place work orders as needed. General Services incorporates Palt and Associates' preventative maintenance schedule in the Work Order Preventive Maintenance and Repairs schedule system. In the next three months, the County will incorporate the Expert's recommendations to the Sanitation Plan.
254	6.H.1 Emergency Response and Fire/Life Safety (Page 47)	The County shall inspect fire extinguishers monthly and hold drills to ensure all jail staff are trained consistent with NCCHC standards on emergency response. Drill documentation shall include start and stop times, the number and location of any prisoners moved as part of the drill, any noted deficiencies, and any corrective actions taken.	Completed. The fire extinguisher inspection is documented in a monthly fire prevention log. The deficiencies are annotated in the notes section of the log sheets. At Northern Branch Jail emergency response drills are conducted in accordance with NCCHC standards and documentation is maintained as required by this provision.

Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
255 6.I.1 Environment of Care Monitor Inspections, Corrective Action, and Process for Prisoners to Raise Concerns (Page 47)	<p>The Environment of Care Monitor shall conduct bimonthly (i.e., every other month) Environmental Health and Safety inspections in every housing unit. The inspections shall include a documented assessment of and (as needed) corrective action plans for:</p> <p>a) Cleanliness of floors, walls, ceilings, bed and bedding, toilet and lavatory, cells and dayrooms surfaces.</p> <p>b) Cleanliness and disinfection of common areas and furnishings, including showers, shower chairs, plastic chairs, wheelchairs, stretchers, beds/bunks and personal property containers.</p> <p>c) Cleanliness of fans, exhaust and return ventilation grills, and the need for any maintenance repairs such as painting, broken tiles, blocked lighting, and plumbing.</p>	<p>Completed. The County's ECMs conducts a bi-monthly inspection that includes an assessment of maintenance issues for every housing unit for the areas required by this provision. The Environmental Health and Safety Expert found the County in substantial compliance for this provision.</p>
256 6.I.2 Environment of Care Monitor Inspections, Corrective Action, and Process for Prisoners to Raise Concerns (Page 48)	<p>The County shall provide a system through which class members are able to raise sanitation matters of concern. The grievances shall be reviewed by the housing unit supervisors before each shift change. Where a maintenance issue is identified, a work order shall be submitted before the end of the following shift.</p>	<p>Completed. The County updated the Custody Operations Grievance Procedures Policy (section 361) to specifically reference grievances and concerns related to sanitation and maintenance in compliance with this provision. Grievances are reviewed by the housing supervisors before the end of shift change, and where a maintenance issue is identified, a work order is submitted as required by this provision. The County is presently tracking grievances related to sanitation issues.</p>
257 7. Custody Operations / Segregation	<p>–</p>	
258 7.A.1 General Principles (Page 48)	<p>Prisoners shall be housed in least restrictive setting necessary to ensure for their own safety as well as safety of staff and other prisoners.</p>	<p>The County is in the process of implementing this requirement. As previously reported, the County received approval from the National Institute of Corrections (NIC) to commission a Classification validation expert to assist the County with this requirement, however the NIC has not provided an expert or date for this project. The County is pursuing other subject matter experts who may be able to assist with this project. The County is working to refine its population management strategy and refining our restrictive housing practices and policies. The County is also working to implement the specialized mental health housing units specified in the remedial plan. In the next six months, the County will refine the restrictive housing tracker, work towards auditing restrictive housing placement, and will initiate a pilot program that maintains designated male and female mental health units with the requisite programming at each facility. The County has yet to complete this provision due to the need to phase in preliminary tasks related to this provision.</p>
259 7.A.2 General Principles (Page 48)	<p>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.</p>	<p>The County is in the process of fully implementing this requirement. Inmates are not housed in more restrictive housing based on mental illness or other disabilities, but are housed based on behavior. Housing individuals within the most integrated setting requires mental health units to be open and operational. In the next six months, the County will establish a pilot program that maintains designated male and female mental health units with the requisite programming at each facility. The County will be working with the Mental Health Expert to ensure adequate clinical and programming support as well as updating policies and training to meet the needs of the mental health population at the facilities. The County recently initiated programming in the mental health units at the Main Jail (Northwest A,C, and D modules) wherein the inmates completed a two-week interactive journal and received certificates of completion. The County also initiated a similar six week program in mid-January. Per the recommendation of the Custody Operations Expert, the County revised the restrictive housing tracker, which documents those inmates in restrictive housing as well as the reasons for restrictive housing. This tracker is reviewed regularly by the Classification Sergeant and inmates are reviewed and rehoused if appropriate. In the next six months, the County will work with the Custody Operations Expert to further refine the restrictive housing tracker per her recommendation.</p>

Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
<p>260</p> <p>7.A.3 General Principles (Page 48)</p>	<p>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.</p>	<p>The County is in the process of fully implementing this requirement. The County has updated the Classification Plan, the Custody Operations Classification Policy (section 301) and is working on a Restrictive Housing Policy (section 306) to incorporate these requirements. The County is working with the Custody Operations Expert to revise the Restrictive Housing Notification Form, which is provided to the inmates and explains why they were placed in restrictive housing. The County is working with Wellpath to create a process for mental health input prior to placement in restrictive housing cells and for the 30-day restrictive housing review process. In the next six to nine months, the County will complete its Restrictive Housing policy, HARP policy, and associated documents and training. In the next six months, the County will work with the Custody Operations Expert to further refine the restrictive housing tracker per her recommendation. The County will continue to provide initial placement documents and 30-day restrictive housing notification.</p>
<p>261</p> <p>7.A.4 General Principles (Page 48)</p>	<p>Prisoners will remain in Segregation housing for no longer than necessary to address the reason(s) for such placement.</p>	<p>The County is in the process of fully implementing this requirement. The County has updated the Classification Plan, Classification Policy (section 301) and is working on a Restrictive Housing Policy (section 306) to incorporate these requirements. The County provides Restrictive Housing Notification Forms to inmates at the time of initial housing in segregation or rehousing into segregation, which explains the reason for their placement. Inmates are evaluated at least every 30 days to determine whether they should remain in segregation housing. These reviews are documented in the Jail Management System and provided to the inmates on the Restrictive Housing Notification Form. The County is establishing plans to create specialized mental units, training associated with placement of inmates to mental health units, 30-day restrictive housing review, and monitoring and tracking of placement in restrictive housing. In the next six months, the County's goal is to move toward less restrictive housing once the specialized mental health units are implemented. The County is working with Wellpath to ensure mental health involvement in restrictive housing placements and placement in specialized mental health units. Per the Custody Operations Expert's recommendation, the County has referred and included prisoners in restrictive housing for over 30 days to the HARP Committee to, among other things, evaluate the need for continued placement in restrictive housing. In the next three months, the County is working to develop a policy for the HARP Committee including the referral mechanism that is presently in process.</p>
<p>262</p> <p>7.B.1 Classification Procedures (Page 48)</p>	<p>The County shall implement a validated Classification System consistent with the provisions of this remedial plan.</p>	<p>The County is in the process of fully implementing this requirement. The County has received approval for technical assistance from the National Institute of Corrections (NIC) and are awaiting an expert to be commissioned by NIC to begin this process. The selection and appointment of an expert through NIC was delayed due to COVID-19 travel restrictions. The Custody Operations Expert has also reached out to NIC on behalf of the County to facilitate the process. NIC recently indicated that they are still attempting to find an expert to provide this service. Due to these delays, the County is looking into contracting with another expert directly. The County hopes to complete this provision within the next six months.</p>
<p>263</p> <p>7.B.2 Classification Procedures (Page 48)</p>	<p>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.</p>	<p>The County is in the process of completing this requirement. Please see above response at VII.A.(3) and (4).</p>
<p>264</p> <p>7.B.3 Classification Procedures (Page 48)</p>	<p>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.</p>	<p>The County is in the process of fully implementing this requirement. The County has worked closely with its contracted mental health care provider to ensure that inmates with SMI are evaluated promptly and that mental health staff provide input on Classification and placement of people with SMI. The County and Wellpath are working on the definition of SMI to ensure the appropriate inmates are included. In the next six months the County will initiate a pilot program that maintains designated male and female mental health units with the requisite programming at each facility. The County is working with Wellpath to ensure mental health involvement in restrictive housing placements and placement in mental health units. The County will be working with Wellpath and the Mental Health Expert to ensure adequate clinical and programming support as well as updating policies and training to meet the needs of the mental health population at the facilities. The County has also created a plan for dayroom and recreation time for these individuals.</p>

Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
<p>265</p> <p>7.B.4 Classification Procedures (Page 49)</p>	<p>The Classification System shall include a Classification Review Process.</p> <p>a) The Classification Review Process shall include clear, written criteria by which prisoners in a Segregation Unit can secure placement in a less restrictive setting as well as restoration of property or privileges. This review will include a private, out-of-cell interview (unless individual security issues prevent such an interview and are documented). The review shall occur at least every 30 days or sooner if circumstances warrant.</p> <p>b) If a prisoner is retained in a Segregation unit following the Classification Review, the reasons for retention and the specific steps to be taken to achieve restoration of property/privileges and transfer to a less restrictive setting will be documented.</p> <p>c) Prisoners in Segregation units will be provided an oral and written statement of the reasons for the outcome of each review, including what steps are necessary to gain restoration of property/privileges and to be moved to a less restrictive setting.</p>	<p>Completed. The 30-day restrictive housing review is back in place after a brief lapse due to the COVID-19 outbreaks at the Main Jail. The Restrictive Housing Form has been updated to document the name of the deputy that delivers the Form to the inmate and other changes recommended by the Custody Operations Expert. The County has updated the Custody Operations ADA Policy (section 209) to ensure effective communication during the Classification Review Process.</p>
<p>266</p> <p>7.B.5 Classification Procedures (Page 48)</p>	<p>County shall perform PREA screenings in private location.</p>	<p>Completed. As indicated in our last report, this provision is complete and the Custody Operations Expert found the County in substantial compliance.</p>
<p>267</p> <p>7.C.1 Elimination of Dangerous or Improper Physical Plant Features (Page 49)</p>	<p>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.</p>	<p>Completed. The County completed a structural suicide hazard review of the Main Jail segregation cells. The County has held several meetings with facilities maintenance staff to develop a plan to address the structural suicide hazards present in segregation cells. The County has eliminated numerous segregation cells including South RH 1-21, East RH 11-22, West RH 18-29, C-7 and C-8 which had significant suicide hazards and is no longer utilizing those cells. The County has reclassified Northwest NWRH-11 through NWRH-24 as inmate worker housing, further limiting the use of restrictive housing. The County completed a thorough assessment along with the Board of State and Community Corrections of the Northern Branch Jail and any potential suicide hazards during all phases of construction and has found the facility does not have any structural suicide hazards in any of the segregation cells within the Northern Branch Jail. While the County has completed this provision by conducting an assessment and developing a plan, as discussed with the Custody Operations Expert, the County will update the Corrective Action Plan in the next 90 days and continue to correct the structural suicide hazards that have been identified.</p>

Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
268 7.C.2 Elimination of Dangerous or Improper Physical Plant Features (Page 49)	<p>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.</p> <p>a) The County shall maintain a list of Segregation cells containing structural suicide hazards.</p> <p>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.</p> <p>c) The County shall assess all cells used to hold prisoners awaiting intake screening or post-intake housing placement, including as intake “overflow,” and shall ensure that they are suicide-resistant and do not contain structural blind spots, to the maximum extent feasible.</p>	<p>The County is in the process of fully implementing this requirement. The County has completed the risk assessment review of suicide hazards in segregation housing and developed a plan to remedy noted deficiencies. The County is continuing to mitigate the risk in the areas identified by the risk assessment in order to meet the requirements of this provision. The County is working on creating an override function in which inmates with suicide history flags cannot be housed in cells that contain suicide risks absent an articulated override by our Classification Unit. The County has updated the Suicide Prevention Policy (section 242) and Bed Assignment Policy (section 305) as well as the Suicide Prevention Lesson Plan. The County was delayed in implementing this provision due to utilizing some of the segregation cells within the Main Jail for COVID-19 housing. The County anticipates completing this provision within the next nine to twelve months.</p>
269 7.C.3 Elimination of Dangerous or Improper Physical Plant Features (Page 50)	<p>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.</p>	<p>Completed. The County fully implemented this provision on March 25, 2022 when it permanently closed Central 7, Central 8 and South Restrictive Housing 21. The Custody Operations Expert found the County in substantial compliance for this provision.</p>
270 7.C.4 Elimination of Dangerous or Improper Physical Plant Features (Page 50)	<p>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.</p>	<p>Completed. The County fully implemented this provision on April 19, 2022 when it closed the remaining South Restrictive Housing cells. The County has closed South RH 1-21, East RH 11-22, West RH 18-29, C-7 & C-8. The cells identified have all been chained in the closed position and will not be utilized, absent an emergency situation. The Custody Operations Expert found the County in substantial compliance for this provision.</p>
271 7.D.1 Minimum Out-of-Cell Time (Page 50)	<p>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:</p> <p>a) At least six (6) hours per week outdoors for exercise/recreation</p> <p>b) At least twelve (12) hours per week in a dayroom or other common area</p> <p>c) At least four (4) hours per day, on at least three (3) separate days per week, of in-cell structured programming – i.e., programming on electronic tablets.</p>	<p>The County is in the process of fully implementing this requirement. The County is presently meeting the out-of-cell time requirements for approximately 70% of our population. The County is working on plans to increase out-of-cell time for inmates in restrictive housing and quarantine units. The County has begun tracking out-of-cell time utilizing excel workbooks for many of the housing units in order to quantify what is presently provided and assess how to improve. At the recommendation of the Custody Operations Expert, the County is documenting exceptional circumstances where programming is cancelled as well as the County’s efforts to return to normal operations, where possible. The County has developed master schedules for yard and dayroom time. For structured programming, the County has created monthly programming calendars through the Sheriff’s Treatment Programs for both facilities. The County is presently tacking in-cell programming and the use of tablets and is working toward increasing the use of tablets. Jail staff is working with County General Services to identify potential options for additional out-of-cell space for the restrictive housing units. In the upcoming months, the County will continue to increase out-of-cell time significantly by reclassifying a portion of segregation cells and increasing the number of inmates in each yard or dayroom group. While full compliance with this provision may require remodel, renovation, or new construction of the Main Jail and/or the Northern Branch Jail, the County will determine an interim strategy to maximize out-of-cell time within the present facility constraints and work towards full compliance of this provision.</p>

Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
<p>272</p> <p>7.D.2 Minimum Out-of-Cell Time (Page 50)</p>	<p>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:</p> <p>a) At least six (6) hours per week outdoors for exercise/recreation b) At least nine (9) hours per week in a dayroom or other common area c) At least four (4) hours every other day (i.e., 3 or 4 times per week, on an alternating basis), of in-cell structured programming – i.e., programming on electronic tablets.</p>	<p>The County is in the process of fully implementing this requirement. The County is presently meeting the out-of-cell time requirements for the upper tier Northwest Unit, A-module, C-module, and D-module. The County recently initiated programming in the mental health units at the Main Jail (Northwest A,C, and D modules) wherein the inmates completed a two-week interactive journal and received certificates of completion. The County also initiated a similar six week program in mid-January. The County is working on a plan to increase out of cell time for the ten lower tier restrictive housing cells in Northwest to meet the requirements of this provision. The County has begun tracking out-of-cell time utilizing excel workbooks for many of the housing units in order to quantify what is presently provided and assess how to improve. At the recommendation of the Custody Operations Expert, the County is documenting exceptional circumstances where programming is cancelled as well as the County's efforts to return to normal operations, where possible. The County has developed master schedules for yard and dayroom time. For structured programming, the County has created monthly programming calendars through the Sheriff's Treatment Programs for both facilities. The County is presently tacking in-cell programming and the use of tablets and is working toward increasing the use of tablets. Jail staff is working with County General Services to identify potential options for additional out-of-cell space for the restrictive housing units. In the upcoming months, the County will continue to increase out- of-cell time significantly by increasing the number of inmates in each yard or dayroom group. While full compliance with this provision may require remodel, renovation, or new construction at the facilities, the County will determine an interim strategy to maximize out-of-cell time within the present facility constraints.</p>
<p>273</p> <p>7.D.3 Minimum Out-of-Cell Time (Page 51)</p>	<p>The County shall provide prisoners out-of-cell time daily, at appropriate times of the day – i.e., not during normal sleeping hours.</p>	<p>Completed. As indicated in our last report, this provision is complete.</p>
<p>274</p> <p>7.D.4 Minimum Out-of-Cell Time (Page 51)</p>	<p>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.</p>	<p>Completed. The County is currently tracking out-of-cell time by way of yard recaps and/or excel workbooks. The County is exploring technological advancements such as RFID/GPS tracking to accurately collect and report out-of-cell tracking data in tandem with plans for remodel, renovation, or new construction at the facilities. In the next three months, the County will consult with the Custody Operations Expert regarding the steps to improve the tracking presently in place to meet this provision.</p>
<p>275</p> <p>7.D.5 Minimum Out-of-Cell Time (Page 51)</p>	<p>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.</p>	<p>The County is in the process of fully implementing this requirement. The County has begun auditing inmate out-of-cell time as of December 2022. The County intends to continue these meetings monthly as well as provide additional information and training to jail supervisory staff on how to audit these tracking sheets and ensure staff are allocating out-of-cell time appropriately. The County anticipates completing the supervisory training within the next three months.</p>
<p>276</p> <p>7.D.6 Minimum Out-of-Cell Time (Page 51)</p>	<p>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.</p>	<p>The County is in the process of fully implementing this requirement. The County is working on a Restrictive Housing Policy (section 306), which will help guide the County's compliance with this requirement. This policy will include the process for inmate refusal of out-of-cell time and the process for documenting and submitting mental health referrals. For refusals that appears to be related to a mental health condition, the County has determined that "repeated refusal" occurs after two (2) refusals of out-of-cell activity. Each Squad/Unit supervisor shall conduct training briefing on steps to complete and submit a mental health referral form. Each Squad/Unit shall provide training/briefing rosters to the CQA Lieutenant. The County anticipates completing this requirement in the next two months.</p>

Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
277 7.E.1 Disciplinary Procedures (Page 51)	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.	Completed. The County does not utilize segregation for discipline purposes. The County has removed the use of segregation for discipline from its Custody Operations Policy Section 363 – Inmate Discipline (revision February 2022) as well as the Classification Plan. The County has updated the Inmate Handbooks issued to inmates at both facilities to reflect this change. The County is working with the monitoring expert to provide detailed disciplinary logs.
278 7.E.2 Disciplinary Procedures (Page 52)	Prisoners serving a disciplinary term in Segregation may be subject to a reduction in out-of-cell time, including in-cell confinement not to exceed twenty-two (22) hours per day.	Completed. The County does not utilize segregation for discipline purposes. The County has removed the use of segregation for discipline from its Custody Operations Inmate Discipline Policy (section 363; revised February 2022) and the Classification Plan. The County has updated the Inmate Handbooks to reflect this change.
279 7.E.3 Disciplinary Procedures (Page 52)	The County shall implement a 30-day maximum term in Segregation for any single or set of disciplinary violations stemming from the same incident.	Completed. The County does not utilize segregation for discipline purposes. The County has removed the use of segregation for discipline from its Custody Operations Inmate Discipline Policy (section 363; revision February 2022), and the Classification Plan. The County has updated the Inmate Handbooks at both facilities to reflect this change.
280 7.E.4 Disciplinary Procedures (Page 52)	The County shall not use safety cells for punishment.	Completed. The County does not utilize safety cells as punishment. As indicated in our last report, this provision is complete and the Custody Operations Expert found the County in substantial compliance. The County will be training staff regarding the need for appropriate documentation for safety cell placement and retention.
281 7.E.5 Disciplinary Procedures (Page 52)	The County shall not use the denial or modification of food as punishment. The County shall not use the “prison loaf” as a disciplinary diet.	Completed. The expert has found the County in substantial compliance with this provision.
282 7.F.1 Safeguards for Prisoners Placed in Segregation (Page 52)	Prior to Segregation placement of any person with Serious Mental Illness, with an intellectual disability, or who is exhibiting unusual or bizarre behavior, the County shall ensure completion of the mental health review process detailed in Section VII of the Mental Health Remedial Plan.	The County is in the process of fully implementing this requirement. The County is working on implementing new procedures relative to housing anyone in restrictive housing, including the requirement that they are reviewed by Mental Health staff prior to placement in segregation. The County will be consulting the Mental Health and Custody Operations Experts regarding these procedures. The County anticipates piloting a process to meet this requirement at the Northern Branch Jail within the next three months.
283 7.F.2 Safeguards for Prisoners Placed in Segregation (Page 52)	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.	The County is in the process of fully implementing this requirement. The County has significantly decreased the number of segregation cells at the Main Jail. The County has ensured that all staff conducting security checks received a refresher video training on conducting cell checks. Supervisory staff routinely monitor all security checks for timeliness with video review and management staff audits these checks. The County has provided additional training to supervisors to document the security check deviation reports. In the next three months, the County will be piloting a revised deviation report to reflect standardized disposition coding for the report.
284 7.F.3 Safeguards for Prisoners Placed in Segregation (Page 52)	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.	Completed. The County has fully implemented this requirement and policy. Health Care rounds are documented by Wellpath and available for review. The County has added this provision to the Inmate Handbook.

Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
285 7.F.4 Safeguards for Prisoners Placed in Segregation (Page 52)	<p>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:</p> <ul style="list-style-type: none"> 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. 	<p>Completed. The County has fully implemented this requirement and policy. Mental Health rounds are documented by Wellpath and are available for review.</p>
286 7.F.5 Safeguards for Prisoners Placed in Segregation (Page 52)	<p>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.</p>	<p>The County is in the process of fully implementing this requirement. The County currently utilizes confidential treatment rooms for clinician visits. The County has updated its Inmate Handbook which provides instruction for the inmates to request a confidential space to meet with healthcare staff. If a private space is requested, staff will ensure that the inmate is moved to a confidential location to conduct the contact. In the next six months, the County will revise the Restrictive Housing Policy to include the requirements of this provision. Thereafter the County will conduct training on the policy. Wellpath will also document the request for and provision of confidential treatment in the electronic medical record. In the next six months, the County will also include this requirement as part of the CQI process.</p>
287 7.F.6 Safeguards for Prisoners Placed in Segregation (Page 53)	<p>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. 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:</p> <ul style="list-style-type: none"> a) 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. 	<p>The County is in the process of fully implementing this requirement. The County is currently in compliance with this provision with respect to the population addressed in subsection (b). In the next three months, the County and Wellpath will be updating its policies and procedures to meet the requirements of this provision with respect to the mental health population. Training will occur thereafter. The County is in the process of creating specialized mental health units; in the next six months, the County will initiate a pilot program that maintains designated male and female mental health units with the requisite programming at each facility. The requirements of this provision will be incorporated into these programs.</p>
288 7.F.7 Safeguards for Prisoners Placed in Segregation (Page 53)	<p>The County shall avoid the release of prisoners from custody directly from Segregation to the maximum extent possible.</p>	<p>Completed. The County has significantly decreased its use of restrictive housing and is in the process of developing specialized mental health housing with additional programming options to these housing units. The County is working to program restrictive housing inmates together in order to decrease the use of restricted housing even further. The County has created a restrictive housing daily discharge tracking report to better identify the release date for those inmates in restrictive housing to aid in meeting this requirement. This daily tracker includes inmate name, date in, sentence date, R/H housing assignment, next court date and scheduled release date. The County has also included the release date of inmates in the HARP Committee Meetings.</p>

Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
289 7.F.8 Safeguards for Prisoners Placed in Segregation (Page 53)	<p>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.</p>	<p>The County is in the process of fully implementing this requirement. The County has significantly decreased its use of restrictive housing and is in the process of developing specialized mental health housing with additional programming options to these housing units. The County is working to program restrictive housing inmates together in order to decrease the use of restricted housing even further. The County is also implementing a daily tracking mechanism to better identify the release date for those inmates in restrictive housing to aid in meeting this requirement. This daily tracker includes inmate name, date in, sentence date, R/H housing assignment, next court date and scheduled release date. In the next six months, the County will establish a process and template for the individualized treatment plans required by this provision. Once the process is established, the County will memorialize the process into policy. The County will work with the new programs manager to develop a discharge/reentry planning program and work toward compliance in this area. The County is currently working on delineating the roles and responsibilities of the various entities involved in discharge planning, including but not limited to the programs manager, Wellpath, custody, probation, and other outside entities. The County has included the release date of inmates in the HARP Committee Meeting to assist with this requirement. The County expects to complete this requirement in the next six months.</p>
290 7.G.1 Grievances, Inmate Request Forms, Property/Privileges in Segregation (Page 53)	<p>The County shall provide grievance forms and inmate request forms in each housing unit for prisoners to readily access and use.</p>	<p>Completed. The County has installed wall mounted file holders to store forms in all housing areas and has included a checkbox in the module recaps for the deputies to ensure that there are forms available in each housing unit for the inmates.</p>
291 7.G.2 Grievances, Inmate Request Forms, Property/Privileges in Segregation (Page 53)	<p>Prisoners housed in Segregation units shall have equal access to grievance and inmate request forms and procedures as compared to general population prisoners.</p>	<p>Completed. The County has installed wall mounted file holders to store forms that are most utilized by the inmate population in the restrictive housing tiers, including the grievance and inmate request forms, so that deputies can more promptly provide these forms to inmates upon request or inmates can retrieve them during their dayroom program.</p>
292 7.G.3 Grievances, Inmate Request Forms, Property/Privileges in Segregation (Page 53)	<p>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:</p> <ul style="list-style-type: none"> a) Personal phone calls on a daily basis during normal business hours. b) Education, rehabilitation, and other materials (e.g., books, magazines, radios, writing implements, art supplies, tablets) for in-cell activities. 	<p>The County is in the process of fully implementing this provision. The County allows all inmates in all housing areas to utilize the telephone during normal business hours. The County also distributes newspapers, tablets and other items for in-cell activities daily to all inmates and has created a tracking mechanism for provision of tablets. The Programs Unit is also offering books, via the book cart, once a week to all housing units at both facilities. The County is also working on creating a viable strategy for additional in-cell activities and increased access to education, rehabilitation, and other materials. Per the recommendation of the Custody Operations Expert, in the next six months, the County will develop a strategy regarding tablet issuance and documentation, beginning with the mental health population.</p>

Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
<p>293</p> <p>7.H.1 Other Custody Operations (Page 54)</p>	<p>Capacity of Jail Facilities</p> <p>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.</p> <p>b) No later than January 1, 2021, the County shall assign a bed to all prisoners.</p> <p>c) The County shall establish procedures to ensure that no prisoner is placed in any cell or housing unit without a mattress and appropriate bedding, unless there are individualized clinical or security concerns that are documented.</p> <p>d) Female prisoners shall be separated by sight and sound from male prisoners.</p>	<p>The County is in the process of fully implementing this requirement. The County does not house inmates in excess of rated capacity of housing units. The County has assigned a number to each bed/bunk at the Main Jail in the JMS system in order to meet this requirement. In the next two months, the County will be assigning a bunk to each inmate. The County has updated Custody Operations Inmate Clothing and Personal Hygiene Policy (Section 362) to reflect this provision. Female inmates are separated by sight and sound at both facilities and the County has updated its policies to meet this requirement.</p>
<p>294</p> <p>8. Staffing for Health Care Services</p>	<p>–</p>	
<p>295</p> <p>8.1 Staffing for Health Care Services (Page 54)</p>	<p>The County shall establish and maintain appropriate Qualified Health Professional staffing levels and sufficient custodial staff to provide timely escorts for inmates to health care appointments.</p>	<p>The County is in the process of fully implementing this requirement. This requirement is being met at the Northern Branch Jail as most visits are being completed in the treatment rooms attached to each housing unit. The County is working towards establishing appropriate staffing levels for health professional staff and custody deputies to provide timely escorts for inmates to health care appointments at the Main Jail. In the next six months, the County will continue to monitor staffing levels to make MET's available to meet the requirements of this provision. The County will create a MET policy and procedure and will coordinate with Wellpath to create an agreed upon mechanism to track MET data to include the reasons for the missed appointments. The County updated the Orientation Handbook to reflect the expectation that inmates are to attend appointments or sign a Health Care Refusal Form. The County will be developing a process for the review of these refusals. Additionally, the County has contracted with a company to complete a healthcare staffing analysis (referenced in provision 8.2), which will provide an analysis of current healthcare staffing levels and will help to identify any deficiencies, if they exist. Following this analysis, the County intends to work with Wellpath to adjust staffing levels or identify alternate solutions. The County anticipates completing this requirement in the next twelve months.</p>
<p>296</p> <p>8.2 Staffing for Health Care Services (Page 54)</p>	<p>The County shall perform the following analyses:</p> <p>a) Comprehensive staffing analysis based on needs assessment, to include medical and mental health care providers and clinical staff, office and technological support, Quality Assurance staff, supervisorial staff, and custody staff for escorts and transportation;</p> <p>b) Determination of the number of positions required in each discipline for health care needs at each facility, based on current populations;</p> <p>c) Timeline for implementation of the staffing analysis (including authorization, funding, and hiring).</p>	<p>The County is in the process of fully implementing this requirement. The County has contracted with a healthcare consulting company who has expertise within correctional facilities and with National Commission on Correctional Healthcare (NCCHC) standards to provide a healthcare and mental health care staffing analysis. The County anticipates on-site visits with this consultant to occur in February 2023, with a subsequent report delivered within the next three months. Following receipt of the report, the County anticipates working with Wellpath to adjust staffing allocations, as needed, or to identify appropriate efficiencies or make adjustments to operations to ensure that healthcare and mental healthcare staffing levels are appropriate to provide the levels of care identified within the remedial plan.</p>
<p>297</p> <p>8.3 Staffing for Health Care Services (Page 55)</p>	<p>The County shall regularly monitor, and adjust, as needed, staffing in order to ensure timely access to care.</p>	<p>The County is in the process of fully implementing this requirement. The County currently monitors staffing at the Main Jail and, when possible, adjusts staffing to facilitate access to care. The design and staffing levels of the Northern Branch Jail are in compliance with this provision. The County has contracted with a healthcare consulting company who has expertise within correctional facilities and with National Commission on Correctional Healthcare (NCCHC) standards to provide a healthcare and mental health care staffing analysis. The County anticipates on-site visits with this consultant to occur in February 2023, with a subsequent report delivered within the next three months. Following receipt of the report, the County anticipates working with Wellpath to adjust staffing allocations, as needed, or to identify appropriate efficiencies or make adjustments to operations to ensure that healthcare and mental healthcare staffing levels are appropriate to provide the levels of care identified within the remedial plan.</p>

Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status	
298	9. Training Related to Treatment of Prisoners with Special Needs		
299	9.1 Training Related to Treatment of Prisoners with Special Needs (Page 55)	<p>The County shall develop and implement training, through various mediums including memorandums, briefings, online presentations, and/or classroom presentations, for Jail custody staff on the provisions described in this remedial plan, as well as general correctional health care issues, including crisis intervention techniques, recognizing different types of medical and mental health conditions and appropriate responses, developmental/intellectual disability, de-escalation and crisis intervention, suicide/self-harm prevention, cultural diversity, health care referral practices, and confidentiality standards</p>	<p>Completed. The County delivered eight hours of staff training on implementation of this remedial plan and the relevant provisions in March/April 2021. The County also delivered trainings through briefings and memorandums regarding specific provisions of this remedial plan and any procedural changes associated with the provisions. The County continuously provides training as required by this provision. The County intends to provide the bi-annual training identified in this provision during 2023 and intends to continue delivering this training bi-annually as prescribed.</p>
300	9.2 Training Related to Treatment of Prisoners with Special Needs (Page 55)	<p>Jail custody staff training on implementation of remedial plan provisions shall be completed within 90 days of the effective date of this remedial plan. Jail custody staff shall receive at least eight (8) hours of training on all other topics described above on a bi-annual basis. The County shall keep records documenting all such trainings and training participants.</p>	<p>Completed. The County delivered eight hours of staff training on implementation of this remedial plan and the relevant provisions in March/April 2021. The County also delivered trainings through briefings and memorandums regarding specific provisions of this remedial plan and any procedural changes associated with the provisions. The County continuously provides training as required by this provision. The County intends to provide the bi-annual training identified in this provision during 2023 and intends to continue delivering this training bi-annually as prescribed.</p>
301	9.3 Training Related to Treatment of Prisoners with Special Needs (Page 55)	<p>Jail custody staff assigned to specialized units that house people with serious mental illness shall receive four (4) additional hours of pre-service training, and on a bi-annual basis thereafter, on working with people with mental health needs, special medico-legal considerations, de-escalation and specialized management techniques, and the Jail's mental health treatment programs.</p>	<p>The County is in the process of fully implementing this requirement. The County is working on creating specialized mental health units and providing training to staff working within these specialized mental health units in compliance with this section. The County has begun drafting a policy for specialized mental health units, has visited two separate mental health program units at neighboring counties (Ventura and San Luis Obispo) and intends to visit mental health programs at additional jurisdictions in the upcoming months. The County intends to work closely with the Custody Operations and Mental Health Experts to develop successful specialized mental health units. Prior to opening these units, the County intends to provide at least four (4) hours of pre-service training to staff working within the Specialized Mental Health Units. The County intends to complete this provision within the next six months.</p>
302	9.4 Training Related to Treatment of Prisoners with Special Needs (Page 55)	<p>The County shall ensure that the health care services provider develops and implements training for health care staff to ensure timely implementation of and ongoing adherence to the provisions described in this remedial plan. The County shall keep records documenting all such trainings and training participants.</p>	<p>Completed. The County in conjunction with Wellpath provided health care staff with training on the remedial plan provisions and has documentation of such training and attendance. Wellpath presently audits compliance with the remedial plan provisions as part of their CQI process and initiates training as needed.</p>

Citation to Remedial Plan	Remedial Plan Provision	Current Implementation Status
303 9.5 Training Related to Treatment of Prisoners with Special Needs (Page 55)	<p>The County shall review and revise (as necessary) suicide prevention training for custody, health care, and other relevant staff, and ensure that it adequately covers the following topics:</p> <ul style="list-style-type: none"> a) avoiding obstacles (negative attitudes) to suicide prevention; b) why facility environments are conducive to suicidal behavior; c) identifying suicide risk; d) predisposing factors to suicide; e) high-risk suicide periods; f) suicide risk warning signs and symptoms; g) components of the County's jail suicide prevention program; h) liability issues associated with prisoner suicide; and i) crisis intervention. 	<p>Completed. The County delivered a suicide prevention curriculum that addressed all relevant aspects of this provision. The County intends to continue to modify the curriculum utilized and provide suicide prevention training regularly.</p>
304 9.6 Training Related to Treatment of Prisoners with Special Needs (Page 56)	<p>The County shall provide all custody staff with at least eight hours of initial training and at least two to four hours of annual training, through various mediums including memorandums, briefings, online presentations, and/or classroom presentations, regarding suicide prevention and the identification and approach to prisoners with mental illness.</p>	<p>The County is in the process of implementing this provision. The County provides at least eight hours of initial training to all custody staff at the CORE academy which includes training blocks on stigma and bias, trauma, interventions and resources, suicide prevention, foundation and definitions: signs and symptoms (of behavioral health), safety (behavioral health related) and emotional survival, which exceed eight hours in length. Course rosters and completion certificates are available for review. The County delivered a block of two to four hours of training specific to this provision in March and April 2021 and is currently working on developing a block of instruction for 2023 for all custody staff. The County also delivered Crisis Intervention Training addressing the approach to prisoners with mental illness in the last training cycle. The County also intends to provide ongoing training of two to four hours on an annual basis beginning with 2023. The County anticipates completing this provision beginning with the 2023 calendar year.</p>
305 9.7 Training Related to Treatment of Prisoners with Special Needs (Page 56)	<p>All health care staff shall receive at least two hours of training annually on suicide prevention and related mental health treatment and management issues. Annual training shall include a review of the current Jail suicide prevention policy and program.</p>	<p>Completed. All health care staff receive at least two hours of training annually on suicide prevention/mental health treatment which is documented and maintained by Wellpath.</p>
306 9.8 Training Related to Treatment of Prisoners with Special Needs (Page 56)	<p>All custody and medical staff shall be trained in first aid and CPR.</p>	<p>Completed. All custody staff receive first aid and CPR training in the CORE Academy with refresher training provided on a scheduled basis as recommended by the Peace Officer Standards and Training (POST) and/or the BSCC. Wellpath requires all new employees to provide training of CPR training and refresher training is completed every other year by Wellpath.</p>