Kahlil Johnson Psychiatry, LLC

General & Forensic Psychiatry

April 24, 2023

Remedial Plan Mental Health Report (Second Round)
Murray et al. v. County of Santa Barbara et al.
Case No. 2:17-cv-08805

Introduction

This second (2nd) report of the Mental Health Expert regarding Santa Barbara County's Remedial Plan is reflective of the ongoing steps taken by the County to improve mental health care and suicide prevention at the jail, and the ongoing challenges they face implementing the planned improvements. The County improved several of the compliance ratings during this round of reporting. Substantial work remains to bring the remainder of the provisions into substantial compliance, but the hard work of the County is reflected herein.

Improvements and Challenges

Some of the areas of notable improvement were the creation of mental health (MH) housing units, without MH programming, for inmates with mental illness. The assignment of these spaces should make the provision of MH programming much easier for the inmates housed there given their proximity. Wellpath and the County reported improved communication and collaboration between each other, and between Wellpath and the County's MH provider, Behavioral Wellness. Finally, aspects of the death review process have improved including the recent inclusion of root cause analysis findings. I congratulate the County on these advancements.

There are also several key areas of improvement remaining for the County. One is the creation and implementation of MH programming which the County has indicated it is in the process of doing and will have complete in the next six months. Ensuring inmates with mental illness are consistently evaluated in an appropriately private clinical setting at both jails, instead of the cell door. The latter in part will depend on sufficient staffing for both MH and custody based on a staffing analysis that should occur soon, per the County. Finally, capturing, analyzing, and implementing corrective action on the data needed to fulfill the mental health provisions of the remedial plan. This may require a creative approach and focused collaboration between the County and Wellpath for some of the provisions; for others the County has already demonstrated some success.

Areas of Focus and Compliance Ratings

In addition to reviewing the mental health and suicide prevention provisions, several crossover provisions (e.g., Custody, Medical, etc.) were also reviewed in conjunction with the other Remedial Plan Experts. Due to differing timing on site visits and report preparation, much of the collaboration between experts for shared provisions did not occur. It is my hope that during the next round coordination between experts for shared provisions will improve and allow for inclusion of input in the expert's report who is primarily responsible for reporting on that provision. This report contains input for the mental health portions of shared provisions that were ultimately given a compliance rating by the other experts. For these provisions the compliance rating from the primary expert was included, when available. These provisions should not be in the next report. The provisions were reviewed individually with sub-categories being reviewed collectively.

The report utilizes four categories of compliance:

- **Substantial Compliance –** Indicates the County has achieved compliance, with sufficient proof of practice, with all or most aspects of the relevant provision.

- **Partial Compliance** – Indicates the County achieved compliance on some of the components of the relevant provision, but significant work remains.

- **Non-Compliance –** Indicates that the County has not met most or all of the components of the provision.

- **Not Rated –** Indicates data or other relevant material necessary to assess compliance were not provided, or were unavailable, to provide a compliance rating. This rating will not be utilized in future reports.

Methodology

The report will review provisions of the Remedial Plan which will include a compliance rating, analysis of the available data, and relevant recommendations for achieving substantial compliance.

This report is the culmination of policy review; review of documentation relevant to the County's progress with the Remedial plan that was provided from my document request; review of the electronic medical record (EMR); an on-site tour of the Southern and Northern Branch jails from July 25, 2022, to July 27, 2022; interviews with custody staff, Wellpath staff, and inmates; attendance of meetings with the County and Experts; and meetings with defendant's and plaintiff's counsel. A document request was submitted prior to the first on-site tour. The County provided some of the documentation requested and, over the remainder of the monitoring period the County provided additional documentation.

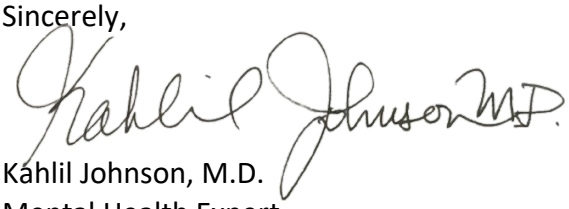
I encountered difficulty locating some of the information placed in the online application (The Box) that the County uses for the experts. As a result, I recommend that the County consider creating expert folders for each reporting period that coincide with document request from the expert. This will ensure that any data associated with the request will be in the corresponding labeled folder. If there is no data for that request, then a pdf document can be included that states such. This practice has assisted other Counties in organizing the, differing and at times challenging, document requests of the experts assisting them.

Reviews of inmate charts and data in the EMR were conducted by using patient lists provided by Wellpath, performing searches in the EMR using Alerts (e.g., serious mental illness, mental health, etc.), and creating reports, when possible. Inmates were then chosen randomly, using a random number generator, when possible, for chart review. Searches or report creation was not always sufficient to review all the relevant provisions of the Remedial Plan but was used whenever it was reasonable and would provide all or some of the needed data.

Acknowledgments and Thanks

The professionalism and continued responsiveness of the County during this process is appreciated. As previously stated, achieving substantial compliance on all provisions of the Remedial Plan will take time and concerted effort to continue to change both the system and the culture of the jail. This will be my last round of reporting with the County. It has been a pleasure working with the County, Wellpath, class counsel, and the other experts. I wish the County continued forward progress on the Remedial Plan during the third round of monitoring.

Sincerely,



Kahlil Johnson, M.D.
Mental Health Expert

Enclosure

Copy to:

Terri McDonald terrimcdonald02@gmail.com
Homer Venters, M.D. hventers@gmail.com
Julian Martinez julian.martinez@sabotconsult.com
Daniel Godinez d.godinez@sabotconsult.com

Kahlil Johnson Psychiatry, LLC

General & Forensic Psychiatry

April 24, 2023

Murray v. County of Santa Barbara
Remedial Plan Mental Health Report #2

Monitor: Kahlil Johnson, M.D.

II. MEDICAL CARE

II.A.2. The County's Department of Public Health and Behavioral Wellness shall actively monitor the Jail health care contract with any private health care services provider.

MH Compliance Status: Partial Compliance (Mental Health only)

Activities/Analysis: The County indicated in their status report that this section is still in the process of being fully implemented. At the time of the tour, I was notified that the County Department of Behavioral Wellness (BeWell) audits certain provisions of the Remedial Plan on a quarterly basis. I was allowed to review the template BeWell uses without seeing the actual audit results. BeWell devised an audit that entailed five questions which address psychotropic medication verification at intake, psychiatric evaluation with a treatment plan within 24 hours if the medication cannot be verified, verification of three time weekly follow-up with inmates with mental illness in segregated housing, reassessment of inmates on suicide watch every six hours, and if the County Crisis Services Team was contacted "to consult for plan of care" if an inmate in the safety cell does not improve in 24 hours. The last question, in part corresponds to provision Iv.C.3. However, the provision requires the County to refer patients to behavioral health for inpatient placement evaluation within 12 hours of safety cell placement. The BeWell audit should be consistent with the provision. The raw data from the audit was not provided. However, a one-page summary that included the five audit questions and a section entitled "Overall Recommendations/Comments" was provided.

The County's quarterly audits are a positive step in fulfilling this provision. The County has noted in their last status report that they plan to begin meeting with

BeWell and Wellpath to review their monitoring obligations, reviewing their quality improvement audits, and create a documentation protocol to ensure the audits are shared with the Jail.

The recommendations and comments from BeWell's July 2021 to April 2022 reviews are broad and did not provide specific, measurable recommendations for their findings. They did note improved communication with Wellpath under the leadership of the then Mental Health (MH) Coordinator for the jails, who has since left the position. They also noted that appropriate staffing levels are needed at the jail and that Wellpath needed to develop a staffing plan to ensure care for inmates is provided per the contract. At present, there is no MH Coordinator for the jails, as confirmed by the County.

The breadth of the BeWell's audits and recommendations are limited and currently does not constitute monitoring of all of the MH portions of the jail's contract with Wellpath or the role they play in fulfilling the care required by remedial plan.

Recommendations for achieving compliance: Please implement the County's plan as stated in their last DRC Status Report. To achieve substantial compliance, the MH Monitor will need to review the actual BeWell audit raw data, audits, the results, any associated analysis, corrective action plans (CAP), and documentation of the County's progress on or completion of the CAP(s).

D. Space for Health Care Service Delivery

II.D.1. The County shall ensure sufficient and suitable clinical treatment and office space to support health care service delivery. Space for health care services shall provide a therapeutic setting with adequate patient privacy and confidentiality.

MH Compliance Status: Partial Compliance (Mental Health only)

Activities/Analysis: Since the last report the County has opened the North Branch Jail which has led to additional office and clinical treatment space. The County notes in their last status report that they are in the process of fully implementing this provision. The County is in the process of planning a remodeling of the main jail that will address this provision. During the last tour the County was able to identify suitable clinical space for one-on-one MH patient care that was near most of the housing units at the Main and North Branch jails. Some of the spaces identified were medical offices (e.g., examination bed, etc.) and may pose a conflict for use of space if medical staff are using it. The Main jail did not demonstrate that they have sufficient spaces for MH group therapy

or other therapeutic programming to take place (except for the Jail Based Competency Treatment [JBCT] Unit which uses the unit's dayroom), in part because they have not created a MH program plan/guide that will guide their staffing and space needs. However, the County has indicated that it intends to use the dayrooms in the Northwest units adjacent to the JBCT unit and in the IRC to conduct MH group programming. The North Branch jail had several spaces that could be used for MH group therapy or other therapeutic programming. Most MH patient care continues to happen at the cell door due to custodial staffing shortages and prioritization of patient movement for medical appointments over MH appointments. This is consistent with what I witnessed during the site tour, and what I received from staff and patient reports. Cell door visits do not provide adequate patient privacy and confidentiality. MH staff have adequate office space at both jails to perform duties that do not involve direct patient care.

Recommendations for achieving compliance: In the interim, please provide suitable clinical treatment spaces for MH care—that allow for adequate privacy and confidentiality, and sufficient custody officers to ensure MH patients are escorted to their appointments, as the planning and eventual implementation of the remodel, reconfiguration, or renovation of the Main Jail takes place. The hope is that the interim changes will meet the need until you can permanently designate MH treatment units at both jails to improve suitable clinical treatment spaces based on a plan for MH programming. Consider designing the MH units at the main jail and the associated space(s) using the JBCT unit as a template. Assign dedicated custody officers to ensure patients can attend their MH appointments.

II.D.2. 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.

MH Compliance Status: Partial Compliance

Activities/Analysis: The County has made changes to the Main Jail to support the delivery of MH care. Although there have been improvements in suitable clinical treatment space, there is still a significant need for more appropriate treatment spaces and for custodial support so that they can utilize the identified MH treatment spaces for patient care. This is expected to improve once the

remodeling of the main jail has occurred, and as custodial staffing vacancies are filled. See II.D.1.

Recommendations for achieving compliance: See II.D.1.

E. Screening on Intake

II.E.2.a-h. The Intake Screening Implementation Plan shall include the following:

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 and/or histories of developmental 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 suicide risk assessment tool, with Psychological Evaluation for those with positive findings on suicide assessment.

*Only subsections a, b, e, f, and h were reviewed by the MH Monitor. Subsections c, d, and g were also reviewed by the Medical Monitor.

MH Compliance Status: See Medical Monitor Report

Activities/Analysis: The status of this provision is essentially unchanged. All MH related aspects of this provision are being met by Wellpath. However, Wellpath needs to ensure that past MH records of inmates are reviewed in the EMR during intake; specifically past MH treatment, prior safety cell placement, and MH past hospitalizations. The latter will ensure they are seen sooner rather than later given their potential heightened risk. Inmates are not always the most forthcoming during intake for many reasons (e.g., intoxication, anger over arrest, etc.) therefore it is very important that differences in inmates' previous historical data from that reported during intake be identified (e.g., patient denied past MH treatment but admitted to it in the past or admitted to a history of suicide attempts in the past but denied them on a later screening). I agree with the following finding of the Medical Monitor in his second monitoring report that "[o]ngoing challenges are based on the use of locked cells to monitor and care for people who have higher level medical or mental health needs during the

intake process, and the lack of any infirmary or higher level of care for patients who require more monitoring/care but who do not meet hospital admission criteria." This speaks directly to the need for MH programming units at the jail for those patients in need of a higher level of care that does not rise to the point of hospitalization.

Recommendations for achieving compliance: Require via policy, training, and supervision to review previous treatment and suicide risk assessment records of inmates to assure accurate reporting during the Receiving Screening. Consider including this as part of the QI review process to provide oversight and audit if it is being done.

H. Pharmacy Services

II.H.1. The County shall develop and implement policies to ensure continuity of medication at the time of Jail arrival and throughout the period of detention. Verified medications from the community shall be continued without interruption. Prisoners with unverified medications for serious conditions shall be evaluated promptly to ensure timely provision of necessary treatment.

MH Compliance Status: Partial Compliance (Mental Health only)

Activities/Analysis: Wellpath has policies that appropriately address this provision. The policy clearly describes the process of continuity of community medication once a patient is incarcerated at the jail. For a rating of substantial compliance for this provision the County will need to develop a clear process to audit this provision to ensure it is being met. Allowing jail MH staff access to the County's BeWell outpatient treatment records would significantly help with fully implementing this provision. At the time of the last tour, access still had not been granted to Wellpath staff. However, BeWell has access to the Wellpath electronic medical record (). It's unclear why access has not been granted to Wellpath by BeWell. Access should be reciprocal. Other jurisdictions have provided limited access to their community EMRs for the purposes of record review including review of the most recent psychotropic medications that were prescribed. There currently is not a mechanism in place to track the consistency of this provision. I was unable to create a report in the EMR to audit this provision. However, I continued to passively encounter that it is occurring during chart review for other areas of the remedial plan. However, the frequency of its occurrence is unclear and passive encounters are not a reflection that it is happening consistently at the jail. There is a risk to patients with mental illness decompensating if their outpatient medications are not bridged once they arrive at the jail (continuity of care). I have not encountered cases of decompensation due to medication not being bridged. However, fully

implementing this provision will decrease the risk of it occurring because of missed opportunities for continuity of care.

Recommendations for achieving compliance: I recommend that the County audit the continuity of community medication policy to assure compliance and develop any corrective actions, as needed.

II.H.2. The County shall ensure that the Jail's formulary policies and procedures are sufficient to provide adequate individualized care to patients, including through ongoing staff training on the process of requesting non-formulary medications.

MH Compliance Status: Partial Compliance (Mental Health only)

Activities/Analysis: Wellpath psychiatric leadership explained the non-formulary request policy in an email communication. Psychiatrists request the medication, a decision to approve or deny the request is made by the Wellpath pharmacy vendor, the answer is reviewed by Wellpath medical leadership and can be changed based on medical necessity if appropriate. Wellpath provided several lists of patient names who had been approved for a non-formulary medication. There were no denials on the list and no information provided on denials. The MH Monitor was unable to perform a search in the EMR to specifically research this provision. Wellpath's non-formulary medication policy is vague and does not describe the actual process. The above process should be added to the policy.

Recommendations for achieving compliance: I recommend adding the Wellpath non-formulary decision process to the associated policy. This provision can also be audited if psychiatrists document their non-formulary requests and the outcome of the request in the EMR (e.g., add a field to an existing electronic form, in their sick call/progress notes, etc.).

II.H.5. The County shall develop and implement policies and procedures to ensure that patients are provided medications at therapeutically appropriate times, including when out to court, in transit to or from any outside appointment, or being transferred between facilities. If administration time occurs when a patient is in court, in transit or at an outside appointment, medication will be administered as close as possible to the regular administration time.

MH Compliance Status: Partial Compliance

Activities/Analysis: Wellpath has a policy to address this provision. At the time of the site visit, I was told medications were being delivered at times outside of therapeutically appropriate times at the main jail. It was communicated that this was due to staffing issues for both Wellpath and custody. Custody reported that they have unfilled positions and have a staffing shortage as a result. They listed several reasons why hiring new staff has been challenging. Review of Medpass reports reviewed in the EMR, indicated when a dose was missed by inmates due to being at court or out of the facility. However, the County did not provide data to demonstrate the delivery of psychotropic medications to inmates while they are out to court (or prior to/after court), in transit to or from any outside appointments, or when being transferred between facilities. Nursing staff stated that medications are likely delivered before patients leave or after they return but admitted there was not currently a way to capture this process in the EMR.

Recommendations for achieving compliance: The County needs to develop a process to address this provision and track delivery of medications to inmates when they are going to be or are off-site. This data can be captured by developing a specific entry for offsite/early/late medication delivery to be entered into the MAR. A staffing analysis must be completed[1] to ensure Wellpath is adequately staffed to perform its duties to meet the County's requirements as established in the Remedial Plan.

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

MH Compliance Status: Partial Compliance (Mental Health only)

Activities/Analysis: See II.H.5.

Recommendations for achieving compliance: See II.H.5. regarding the need for a Wellpath staffing analysis.

I. Transgender and Gender Nonconforming Health Care

II.I.1. The County shall treat transgender prisoners based upon an individualized assessment of the patient's health care and related needs, consistent with relevant legal requirements.

MH Compliance Status: Not Rated

[1] The County indicated in their last status report that a staffing analysis is currently in process.

Activities/Analysis: The County is in the process of creating and implementing a policy for this provision and indicated in their last status report that they expect it to be completed in the next four months. Once implemented this provision will be reviewed.

Recommendations for achieving compliance: Complete implementation of the policy for this provision.

L. Review of Inmate Deaths

II.L.1. The County shall complete timely and adequate death reviews, within 30 days of any death, including a clinical mortality review in all cases and a psychological autopsy if death was by suicide or is otherwise indicated. The County shall also complete a multidisciplinary administrative review to assess custodial and emergency response actions.

MH Compliance Status: Non-Compliance (Mental Health only)

Activities/Analysis: The County has continued to conduct multidisciplinary administrative reviews of inmate deaths and has a policy to guide the process. Root cause analysis was documented in the most recent review but was not included as a part of the County's death review process for the other deaths. The expert hopes this the inclusion of root cause analysis continues as part of any reviews of future deaths. A summary of the multidisciplinary administrative review for each death review was provided. The reviews in their entirety were generally a few pages long, included dates and times of death and of the review, who attended, and general language about issues or areas of improvement that were identified during the review, and corrective action plans (CAPs) for both custody and Wellpath were included for some but not all reviews. However, the CAPs were broad and non-specific, had no included means of measurement to ensure the issue was appropriately addressed, no timeline, and no assigned staff to ensure the CAP is completed.

The Wellpath clinical mortality review or an associated psychological autopsy for the suicide was not shared with me. Wellpath conducts its own inmate death reviews, involving company staff only. Wellpath's independent death review process therefore cannot satisfy the requirements of this provision because their reviews are not shared outside of Wellpath. Each parties' specific findings from the review are not shared due to legal concerns. All parties were in communication during the multidisciplinary administrative review.

For any inmate death review to be comprehensive, both custody and Wellpath need to work closely together to create a shared death review report inclusive of root cause analysis, findings, measurable CAPs including responsible parties, and ongoing tracking of progress on any CAPs. The County needs to be the leader in this process with collaboration, guidance, and input as appropriate from Wellpath. Alternatively, developing a process by which Wellpath and the County can share their individual reviews with the Monitors may also be sufficient to meet the requirements of this provision. This will not satisfy implementation and tracking of CAPs.

Recommendations for achieving compliance: Key components of this provision remain absent from the current process (e.g., psychological autopsies, clinical mortality review, analysis portion of the root cause analysis, sufficient CAPs, etc.), or at least from the documentation provided to the monitors. I recommend that the County and Wellpath identify any bona fide legal barriers to make sure this provision is fully instituted, including all missing components. I recommend a meeting with all the monitors, the County, and Wellpath to discuss how best to move forward to collectively address this important provision. Wellpath has been able to bypass these legal barriers in other jurisdictions to allow review of their internal death reviews without providing a copy of the reports (e.g., read only in the presence of the Wellpath Attorney and clinical leadership). The County and Wellpath should explore doing the same at the jail to allow for sharing of findings to create a shared comprehensive death review that meets all aspects of II.L.1. and II.L.2.

II.L.2. 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.

MH Compliance Status: Non-compliance (Mental Health only)

Activities/Analysis: The results of a Root cause analysis was included as part of one of the County's death reviews from 2022, but not the others. Review of the other deaths did not include an explanation why a root cause analysis was not considered or if it was "appropriate". It is the Monitors opinion that a root cause analysis would have been appropriate for the other deaths. A methodology for how the County decides if a root cause analysis is needed after a death was not provided or a part of policy at the time of their report. The actual analysis was not included but the results consisted of the custody findings and associated correction actions. Systemic issues were identified. Findings and corrective actions from the medical review were not included. This is an improvement from the last report. The missing portions of the review per this section (II.L.) are still needed for this provision to reach substantial compliance. See II.L.1. As

only one death review included a root cause analysis, this provision is not in compliance.

Recommendations for achieving compliance: See II.L.1.

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

Compliance Status: Compliance Designation Assigned by Custody Operations Expert (Second Round: Non-Compliance)

Activities/Analysis: A summary chart of grievances that included information on the inmate, their complaint(s), category of complaint, and the disposition of the grievance. The disposition was listed as "other" for all grievances listed. There was no outcomes data included. The actual grievances were not available in the documents folder. They should be reviewed onsite during the next tour. MH grievances are being submitted by inmates and categorized by custody, but outcomes are unclear.

Recommendations for achieving compliance: The outcomes of MH grievances should also be tracked as part of the quality management program. This will be reviewed with the Custody Monitor during the next tour.

III. MENTAL HEALTH CARE

A. Policies and Procedures

III.A.1. The County shall develop its own county- and site-specific policies and procedures related to its jail mental health system. Jail mental health policies and procedures shall be reviewed at least annually and updated as necessary.

MH Compliance Status: Partial Compliance

Activities/Analysis: The County provided the policies and procedures (P&Ps) for the Sheriff's Office in response to this provision. The County's policies are in the process of being created or updated with ongoing input from the experts. The County policies are jail specific and are in the process of being fully aligned with Wellpath's policies which are separate. Several key MH policies have not been finalized. Wellpath has separate standardized policies that it uses nationally for their contract. During the site visit, Wellpath leadership reported they are in the process of updating their policies to reflect site specific content for the jail. The

County's policies need to be the governing directives within the jails with Wellpath continuing to adapt its site-specific P&Ps to match. This will ensure that the County P&Ps that are in place are consistent no matter who the medical contractor may be.

Recommendations for achieving compliance: Continue to collaborate to update the County's P&Ps so that Wellpath and the County's P&Ps are consistent with the requirements for the jail under the Remedial Plan.

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

MH Compliance Status: Non-compliance

Activities/Analysis: The County does not have P&Ps for mental health committees that clearly describe structure, membership, and minimum meeting frequencies. Wellpath did not have a corresponding policy to this provision in the documentation they provided. The County continues to hold their HARP meetings.

Recommendations for achieving compliance: Collaborate with Wellpath to create County P&Ps for MH committees so that the two entities' P&Ps are consistent with the requirements for the jail under the Remedial Plan.

III.A.3. The County shall ensure that policies and procedures are consistent with the provisions of this Remedial Plan and include the following:

a) A written document reflecting the spectrum of mental health care programming and services provided to prisoners;
b) Reasonable timeframes for completion of each type of mental health care-related task or service, consistent with community and professional standards;
c) An intake and referral triage system to ensure timely and effective resolution of inmate requests and staff referrals for mental health care;
d) Clinical monitoring of inmates, including but not limited to those who are segregated or on suicide watch;
e) Descriptions of specialized mental health programming that specifically identify admitting and discharge criteria and the staff positions who have the authority to place inmates in specialized mental health housing;
f) Relevant mental health-related training for all staff members who are working with inmates with mental illness.

MH Compliance Status: Partial Compliance

Activities/Analysis: The County is in the process of creating and updating its P&Ps consistent with this provision. However, some of Wellpath's P&Ps correspond to all or part of subsections a) thru d). At the time of this report, the Main Jail did not have a specialized mental health program for non-jail-based competency treatment program (JBCT) patients. During the last site visit, the jail moved some of the inmates with mental illness to two units adjacent to the JBCT program. However, they have not initiated programming in these units as of yet. The JBCT remains an excellent model for any future specialized mental health programs at the jail. No specific specialized mental health program plans have been implemented or shared with me for the jail. The Monitor maintains that the development and implementation of a specialized MH program with corresponding housing units and staff needs to be made the highest priority for the County over the next 12 months.

The Remedial Plan training has been completed. However, discussions with MH staff during the site tour again indicated that training was not happening in any organized fashion at the jail for staff members working with inmates with mental illness. Please see the Custody Monitor's reports for the status of training for correctional officers.

Recommendations for achieving compliance: Collaborate with Wellpath to update the County's P&Ps so that the two entities P&Ps are consistent with the requirements for the jail under the Remedial Plan. Make the creation of one or more MH units with specialized MH programming for inmates with mental illness one of the top priorities over the next 12 months. Develop and provide training, including lesson plans, demonstration of knowledge gained, and schedules for training for staff working with inmates with mental illness.

III.A.4. The County's health screening policy and procedure shall include criteria for the triage system for intake referrals and health service requests. Referrals shall be designated as emergent, urgent, or routine based on clinical judgment.

MH Compliance Status: Partial Compliance

Activities/Analysis: The County provided P&Ps that are still being updated and at the time of this report were not fully compliant with this provision. Wellpath's P&Ps correspond to this provision.

Recommendations for achieving compliance: Collaborate with Wellpath to update the County's P&Ps so that the two entities P&Ps correspond with each

other and are consistent with the requirements for the jail under the Remedial Plan.

III.A.5.a-c. The County shall ensure that there is a licensed mental health professional on-site at the Jail facilities who, working in collaboration with the health care services administrator, shall be responsible for supervising the clinical aspects of the following functions:

a) Treatment programming that meets the needs of the inmate population and is consistent with individualized treatment plans.
b) Supervision of mental health staff to ensure appropriate in-service training, development of treatment plans, and health care record documentation.
c) Treatment programming provided by outside mental health agencies.

MH Compliance Status: Non-Compliance

Activities/Analysis: At the time of the last tour Wellpath had a Mental Health (MH) Coordinator at the Jail who supervised the clinical aspects of inmate treatment, supervises the onsite MH staff, and oversees MH staffs' health care documentation. However, since then the MH Coordinator stepped down. Another MH staff member was slated to assume the position but was unable to fill the position. The position is currently vacant. The jail is not providing supervised treatment programming of a clinical nature for inmates on the MH caseload. During the last tour, the County and Wellpath indicated there was no treatment programming due to limited staffing, restrictions from the COVID-19 pandemic, and prioritizing it for a future date and time. Wellpath's MH staff continue to attempt to compensate for the absence of MH programming on a patient-by-patient basis by providing unstructured in-cell activity worksheets (e.g., handouts on coping mechanisms for stress) to patients. Prior to their departure, documentation that the MH Coordinator was supporting or conducting in-service training to jail MH staff was not provided. The County indicated that the Wellpath Regional Director of MH provided onsite MH coverage and made herself available for consultation. They said she also provided training to MH staff. However, no documentation was provided to support this claim. The pandemic is no longer a reasonable justification for delaying the creation and implementation of MH programming at the jail.

Recommendations for achieving compliance: The recommendation for this provision has not changed since the last report. To meet this provision the County needs to hire a qualified MH Coordinator, develop and implement MH treatment programming supervised by the MH Coordinator, and develop measurable program objectives with collection of data to support achievement of the program objectives. This will facilitate the supervision of clinical

programming and care that is being provided. A staffing analysis will ensure the County provides appropriate staffing for MH and custody to support programming.

III.A.6. The County shall develop policies and procedures to ensure that all clinical interactions (other than rounds) be conducted in a private and confidential manner, absent a specific, current risk that necessitates the presence of custody staff. Custody and mental health staff shall be trained accordingly.

MH Compliance Status: Non-compliance

Activities/Analysis: The County and Wellpath have policies and procedures to meet this provision, but they are still in the process of being finalized. The County continues to provide most mental health care at the cell door. MH Staff report that they still do not have officers consistently assigned to escort patients from their housing unit to the office where their MH appointment for a face-to-face visit. During the last tour Wellpath and Custody explained that medical appointments have been given priority over MH appointments which has led to escort officers not being available. Custody leadership explained they are understaffed due to difficulty filling vacancies. MH staff indicated they see inmates at the cell door to continue to provide what MH care that they can until custody staffing improves. During the tour I was told that telepsychiatry appointments had an escort officer. However, I was informed after the tour that there are times when telepsychiatry does not have an assigned escort officer which has led to delays in care. The lack of privacy of cell door visits remains a serious issue because patients tend to not be as forthcoming about their MH or personal issues if they are not being seen in a private setting, outside of hearing of custody staff and other inmates. Cell door visits, outside of situations where safety is a concern, also raise concerns about HIPAA compliance.

The training materials provided to the Monitor did not demonstrate training on this provision of the Remedial Plan. The County has indicated they are still in the process of developing training to accompany the updated policies and procedures.

Recommendations for achieving compliance: Complete policies, procedures, and training on appropriate clinical interactions and the need to meet with patients in a private clinically appropriate setting. Ensure procedures are followed as laid out in policy.

III.A.7. The County shall develop policies and procedures on the use of de-escalation techniques and early involvement by Qualified Mental Health Professionals in situations involving an inmate with SMI.

MH Compliance Status: Partial Compliance (per Custody Report #2)

Activities/Analysis: The County does not have a policy or procedure that was provided that reflects this provision. Neither does Wellpath. They are still in the process of updating their policies. MH staff report rarely being called to assist with deescalating situations that involve inmates with mental illness. However, they did report assisting when they are present. I did not encounter incidents where MH staff documented they were called to help deescalate a situation involving an inmate with mental illness. Please see the Custody Monitor's report for additional feedback.

Recommendations for achieving compliance: Complete/update policies and procedures so that they clearly incorporate this provision. Custody and site-specific Wellpath policies and procedures need to be in alignment with County P&Ps. Other recommendations per Custody Monitor's report.

III.A.8. When utilizing trainees, such as psychiatric interns, the County shall have a memorandum of agreement with the provider that addresses supervision and other appropriate requirements.

MH Compliance Status: Substantial Compliance

Activities/Analysis: The County provided a memorandum of agreement for psychology students from Antioch University to have a clinical externship experience at the jail. The memorandum of agreement meets the requirements of this provision. An unsigned copy of the agreement was provided and to date the County has not indicated it has psychology externs training at the jail. If the County expands their use of trainees at the jail (e.g., psychiatric interns) they will need to provide a memorandum of agreement for the new trainees.

Recommendations for achieving compliance: N/A.

B. Intake

III.B.1. The County shall ensure implementation of a screening tool to identify individuals with mental illness, at risk of self-injury, or vulnerable to predation secondary to mental illness. The screening tool shall:

a) Identify risk factors or medication that require a mental health referral.
b) Recommend housing and referrals based on the individual's diagnosis, strengths, and weaknesses.

c) Refer inmates to mental health staff for any positive finding of mental illness, and triage all referrals as urgent, emergent, or routine.
d) Describe signs and symptoms of conditions which justify the assignment of a DSM[2] diagnosis.

MH Compliance Status: Partial Compliance

Activities/Analysis: The County has indicated in their last Remedial Plan Status Report that they believe they are in substantial compliance with this provision. The Receiving Screening is performed by an RN. The Receiving Screening tool includes questions that meet the requirements of subsections a), b), and c) of this provision. The County now has units that it is uses for housing inmates with mental illness. However, the housing units do not include MH programming. The portion of the screening tool that addresses subsection d) includes questions about seeing or hearing things, hopelessness or helplessness, concerns about the inmate's ability to cope, and screening question to ascertain if suicidal thoughts or plans are present. While these questions address auditory/visual hallucinations and two possible symptoms of depression, alone these are not enough to justify the assignment of a DSM diagnosis. The Nurse (RN) who performs the screening does not specifically screen for signs or symptoms of mental illness to make a diagnosis (outside of those listed above). This provision will require an expansion on what questions are asked or another means of gathering information for subsection d) as detailed in my first report (e.g., entering free text, expansion of the receiving screening to include MH staff, etc.).

Recommendations for achieving compliance: The County needs to revisit if subsection (d) can be met by the Receiving Screening form and process. Potential solutions include expanding the screening form to include additional questions to gather information sufficient to make key DSM diagnoses, having a MH staffer available for the MH portion of the intake process, or creating a policy and procedure for portion (d) of this provision and training the intake RN to complete gather the information needed. However, to be clear it, the intake RN should not be placed in a position to have to make the DSM diagnosis, that task should be the task of MH staff.

III.B.2. The County shall implement a follow-up review process for inmates who refuse the intake screening. Upon inmate refusal at intake, the intake nurse shall provide a detailed record of the inmate's presentation and an opinion regarding the inmate's condition, with appropriate referrals to psychiatry and mental health professionals.

[2] Diagnostic and Statistical Manual of Mental Disorders, Current Edition, American Psychiatric Association

MH Compliance Status: Partial Compliance

Activities/Analysis: The County is still in the process of updating the P&Ps for inmates who refuse intake screening. Wellpath has a policy on Receiving Screening for MH but not a policy that specifically addresses this provision. The County has indicated that they will have this provision in compliance before September 2023. Despite not having a completed policy, the County does have an interim process in place that was detailed in my first report. Chart review continues to reflect that the Wellpath identifies inmates who refuse intake and takes steps (e.g., creating a task and deciding on the best level of follow-up ranging from observation to rescheduling the inmate to be evaluated later by creating a task in their EMR). Referral to MH continues to occur for inmates who present with overt symptoms of mental illness. The tasks are checked daily by staff.

The EMR can create a report of currently incarcerated inmates who have never received an intake. At the time this report was submitted there were 124 inmates who appeared on the list who were listed as not having had a receiving screening since being booked between one to 1030 days ago. However, a review of a random sample of 10 charts with booking dates ranging from seven to 902 days ago reflected that 100% had received their receiving screening. This suggests that the County is following and completing intakes on inmates who initially refused. However, the County does not have a codified follow-up review process as the system is not accurately tracking receiving screenings, or that there may be a human component of error involved. For example, pulling a report from the EMR Codifying this process in P&P will help to delineate the issue and provide clarity on what is actually occurring, and which inmates still need to be seen.

Recommendations for achieving compliance: Collaborate with Wellpath to update the County's P&Ps so that the two entities P&Ps are consistent with the requirements for the jail under the Remedial Plan. Clarify the process on who still requires a booking screening and who does not.

III.B.3. Refusal to give consent at intake will not be considered an indication of refusal of any treatment and evaluation at a later time.

MH Compliance Status: Partial Compliance

Activities/Analysis: See III.B.2.

Recommendations for achieving compliance: See III.B.2.

III.B.4. Inmates entering the facility on verified medications shall receive a referral to psychiatry at the time of intake, which will be prioritized as clinically indicated.

MH Compliance Status: Non-Compliance

Activities/Analysis: The County has indicated that they are not currently tracking this provision and that they will begin to audit this provision in the next six months. The County provided a list of inmates whose EMR charts have the mental health patient alert between May and June 2022 for the expert to use to audit this provision. There were no encounter types to identify what types of services the inmates required (e.g., bridging of medication). A random sampling of 10 patients from this list yielded no patients who required medications to be bridged. One of the patients whose chart was reviewed refused to discuss whether he was taking community medications. The patient was appropriately referred to psychiatry. All other patients were not taking medications in the community.

A second review of 10 patients with SMI alerts on their chart yielded three patients who reported taking psychotropic medication at the time of intake. None of them were referred to psychiatry at the time of intake. In all cases the patients were referred to MH for an Initial Assessment (MHIA). Only after the MHIA was completed. The time to complete the MHIA and subsequent referral to psychiatry was between two and six days (mean 3 days). The County is not referring inmates with SMI to psychiatry at the time of intake based on these results. MH staff has reported the belief that they cannot refer inmates to the psychiatrist until after they have had a MHIA (see section III.A.7.). This section requires “inmates" not just inmates with SMI on verified meds to be referred to psychiatry at intake. The County is not currently in compliance with this provision based on the data provided and the data that lent itself to audit within the EMR. Until the County has a mechanism in place to track this subpopulation of MH patients it will be difficult to demonstrate compliance.

Recommendations for achieving compliance: Audit this provision as noted in the last status report to begin to assess compliance with this provision. Once a process is in place to track and/or audit this section, verification of compliance status should be a direct process. The audit recommendations from the first report continue to be a suggested format for the audits the County performs.

C. Patient Privacy and Confidentiality

III.C.1. The County shall provide sufficient private interviewing spaces for all clinical contacts for evaluation and/or treatment (other than rounds).

MH Compliance Status: Non-Compliance

Activities/Analysis: During the second site tour, the County showed to the Monitor rooms where patients could be privately seen for a clinical contact that entailed offices set up for medical visits (e.g., contained a sink and examination table) and other offices that were set up for MH care. However, as in the last report, MH staff continued to report that the spaces are almost never used due to lack of escort officers to bring patients to their cell MH appointments. The majority of MH care (based on the site visit and chart review) continues to happen at the cell door where there is insufficient privacy for interviewing. See section III.A.6. However, intake continues to occur in a private setting, an outside trailer near Intake Reception Center, with the arresting officer nearby to ensure safety. The physical layout of the trailer can lead to the proximity of the arresting officer to the arrestee being too close if the officer stands in the inside or in the doorway. This was observed and interferes with confidentiality.

Recommendations for achieving compliance: The recommendations for this provision are essentially unchanged since the last report. There are some spaces to interview patients that are appropriate and can provide sufficient privacy for interviewing, but they are not used in the majority of clinical contacts (other than psychiatry contacts many of which are telepsychiatry). Sufficient medical escort officers and physical plant improvements are still required for the County to achieve substantial compliance. Ensure sufficient staffing to allow movement of patients to their appointments with MH staff so that the patient can be interviewed in private spaces during the clinical contact vs. at the cell door. The proximity of escorting officers should be far enough away that they are not able to hear the content of the interview but are able to maintain a line of sight and quick access to the inmate if needed should a safety concern arise.

III.C.2. 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.

MH Compliance Status: Non-compliance

Activities/Analysis: See III.C.1. Patients charts with a SMI alert were randomly reviewed to ascertain if MH clinical contacts are meeting the requirements of this provision. The presence and location of documentation of the location of clinical contacts with MH patients varies based on the MH staff who saw the patient. Documentation of the location of the clinical contact should be a standard part of progress notes. When cell front clinical contacts occurred there

was no explanation for why they took place at the cell door. Most MH contacts occurred at the cell door.

Recommendations for achieving compliance: See III.C.1. Ensure MH staff consistently document the location of the clinical contact as well as why the clinical contact took place at the cell door, if applicable.

III.C.3. For each clinical contact for evaluation and/or treatment (other than rounds), mental health staff shall document whether the encounter was confidential, including whether it took place at cell-front. If a contact occurs at cell-front or is otherwise non-confidential (*i.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.

MH Compliance Status: Partial Compliance

Activities/Analysis: See III.C.2. The County did not provide Continuous Quality Improvement (CQI) reviews of data for this provision. The County indicated in their last status report that they are in the process of fully implementing this provision and anticipate its inclusion in custody policy and therefore completion in the next six months.

Recommendations for achieving compliance: I recommend that the County immediately retrain MH staff to consistently document all relevant items of this provision and then begin to audit compliance (e.g., after one month). Fully implement tracking and begin CQI reviews of this provision including corrective action plans (CAPS) and any updates on the CAPs.

III.C.4. The County shall implement a confidential mental health service request system that does not require patients to share confidential health information with custody or other non-healthcare staff.

MH Compliance Status: Partial Compliance

Activities/Analysis: The County indicated they have completed this provision. There is a process in place that addresses this provision. However, the County did not provide a relevant policy to the Monitor for this provision. The County did not provide any documentation to provide evidence of compliance with this provision. Wellpath has a sick call policy and has implemented the system at the jail consistent with this provision. Nursing staff assigned to medication administration pick-up sick call requests for patients throughout the jail, and the requests are given after nursing staff return to their office area to medical, MH,

or both triaged by the type and severity of the complaint(s). Officers maintain that they do not handle sick call requests

Recommendations for achieving compliance: Provide evidence of compliance (e.g., a documented County policy/procedure and training/instruction for staff or demonstrate the process to the monitor during the next site visit) with this provision either onsite or with documentation; or provision of a relevant County policy.

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

III.D.1. Mental health staff shall respond to mental health referrals and request 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.

MH Compliance Status: Non-compliance

Activities/Analysis: The County has indicated that they are in the process of fully implementing this provision and noted that they have updated the corresponding County policy. The County stated that a report or data for this provision was not available at the time of the report and that Wellpath has committed to conferring with IT and also meeting with the MH Monitor to brainstorm alternate solutions to provide information. However, as a result, no data that demonstrates compliance with this provision was able to be provided. I was not able to independently ascertain compliance with this provision using chart review.

Recommendations for achieving compliance: Provide evidence of compliance with this provision either onsite or with documentation.

III.D.2. The County shall implement a policy to place and treat all prisoners on the mental health caseload in the least restrictive setting appropriate to their needs.

MH Compliance Status: Non-compliance

Activities/Analysis: The County indicated that they are in the process of fully implementing this policy. The County has created a Classification policy that addresses this provision but has yet to implement it per their last status report. Since the last report the County, with minimal input from Wellpath, has designated three MH housing units for inmates that have mental illness that are next to each other.at the Main Jail. However, these units do not provide MH programming. The current practice for housing inmates with mental illness on these units is unclear.

Recommendations for achieving compliance: Provide proof of compliance with this provision through policy and proof of practice. Placement on housing units for inmates with mental illness is an improvement. The addition of MH programming is required to improve care and obtain compliance with this and related provisions.

III.D.3. The County shall develop and designate specialized mental health units, with the 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.

MH Compliance Status: Non-compliance

Activities/Analysis: The County has indicated that this is a priority for them and that they have a multidisciplinary team that is working on developing MH units and programming at the Main and the North Branch Jails and they believe it will be completed in the next six months. The jail now has three MH housing units for inmates with mental illness that do not have MH programming including holding multidisciplinary team meetings. The development and implementation of a specialized MH program with corresponding housing units has been repeatedly delayed and it is of the upmost importance that it is prioritized given this vulnerable and underserved inmate population.

Recommendations for achieving compliance: The County needs to prioritize the creation of MH housing units with clinical programming and multidisciplinary team meetings to house inmates with mental illness.

III.D.4. Staff shall conduct regular multidisciplinary team meetings to discuss the treatment and management of each inmate with SMI who is incapable of functioning in a general population is setting or who is housed in a specialized mental health unit, to coordinate individual health, mental health, classification and discharge needs.

a) The County shall include the line officer, whenever possible, in the multidisciplinary treatment team meeting. The line officers shall provide day-to-day observations on an inmate's functioning and receive input from the professional staff in management approaches.
b) The multidisciplinary treatment team shall determine which privileges and property shall be available to inmates. The treating clinician shall provide input as to privileges and property for inmates on psychiatric observation or suicide watch.
c) Treatment staff shall provide all inmates on specialty units an enhanced individualized treatment plan documented on a medical record treatment plan form and completed within the first seven days of placement on that unit. These treatment plans shall be regularly reviewed and updated as needed by the multidisciplinary treatment team, with participation of the inmate.

MH Compliance Status: Non-Compliance

Activities/Analysis: See III.D.3. The County is still in the process of implementing this provision and expects to initiate a pilot program for mental health units by July 1, 2023. This pilot will include multidisciplinary team meetings as required by this provision. Multidisciplinary clinical team meetings for inmates with SMI housed in the jail are not being held at this time. The County has continued to hold the High Alert Risk Person (HARP) meetings to plan for high-risk inmates, some of which have serious mental illness. The HARP meetings are not the same as clinical multidisciplinary meetings that are held as a part of MH program treatment planning.

Recommendations for achieving compliance: Implement the requirements of this provision, including specialized MH programming and units, and multidisciplinary treatment planning meetings.

III.D.5. The County shall provide a minimum of 6 hours per week, of Structured Out-of-Cell Time for therapeutic group and/or individual programming, and twelve (12)

hours per week of Unstructured Out-of-Cell Time (including dayroom, outdoor/recreation time, and other self-directed activities) for people with mental illness housed in specialized mental health units. The County will also provide in-cell structured programming – *i.e.*, electronic tablets – to people in these units equivalent to that provided in the general population (at least four (4) hours per day, on at least three (3) separate days per week).

a) It is recognized that not all inmates can participate in and or benefit from 6 hours per week of structured treatment programming. For those individuals with mental health treatment needs housed in the specialized mental health units and for whom fewer hours of treatment services is clinically indicated, the treating clinician will present the case and recommended treatment program to the multidisciplinary treatment team for approval. Such a Modified Individualized Treatment Plan will include a description of the diagnosis, problems, level of functioning, medication compliance, and rationale for scheduling fewer hours of treatment services.
b) The Modified Individualized Treatment Plan will be reviewed by the multidisciplinary treatment team at least monthly, with consideration of an increase in treatment activities and referral to a higher level of care as clinically indicated.
c) The County shall establish an additional, less intensive mental health program for individuals with mental health treatment needs who are stable. Such a program shall provide a minimum of four (4) hours per week of Structured Out-of-Cell Time for therapeutic group and/or individual programming, subject to the Modified Individual Treatment Plan provisions described above.

MH Compliance Status: Non-compliance (Mental Health portion only)

Activities/Analysis: See III.D.4. The County does not have specialized MH units with structured MH programming. The County has placed some inmates with mental illness in its new housing units to house inmates with mental illness. However, they continue to house many inmates with SMI in segregated housing. The MH portions of this provision are not currently being met. The County indicated in their last status report that they are in the process of fully implementing this provision. Please see the Custody Monitor's report for the portion of this provision that addresses out of cell time.

Recommendations for achieving compliance: See III.D.4.

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

MH Compliance Status: Non-compliance

Activities/Analysis: Since the last report, the County has assigned housing units for some inmates with mental illness. However, these units do not have a specific MH program (e.g., group therapy, etc.) for patients. Furthermore, care still occurs at the cell door as compared to the JBCT program which is a fair representation of what out-of-cell MH programming at the jail could resemble. Criteria for placement on a specialized MH unit have not been developed. The County indicated that they are still in the process of implementing the requirements for this provision.

Recommendations for achieving compliance: Establish MH units and provide evidence of fulfilment of this provision.

III.D.8. The County shall provide psychiatric appointments with inmates on the mental health caseload housing at least every 90 days, or more often if clinically indicated, and shall provide counseling services consistent with individual need that is documented in an individualized treatment plan.

MH Compliance Status: Partial Compliance

Activities/Analysis: The County has indicated it is still in the process of implementing this provision. They expect implementation to be completed in the next six months. The County is not currently tracking this provision and did not provide data to support compliance. Chart review reflects that psychiatrists and psychiatric nurse practitioners are seeing inmates within 90 days. This is consistent with previous findings. The County is currently providing ad hoc counseling on an as-needed basis which is not sufficient to meet the clinical needs of inmates. Discussions with MH staff and the previous MH Coordinator during the last site visit reflect that time constraints, access to patients in a private setting, staffing, and workload are prohibitive on providing counseling services. Treatment plans are not patient-specific and use scripted language for MH staff; psychiatric treatment plans primarily focus on medications as well as education on treatment at times.

Most of the psychiatric care is provided through telepsychiatry services. While telepsychiatry is better than no psychiatry, the standard of care remains in-person psychiatric care of inmates. This is especially true to inmates with SMI, and in-particular those inmates with SMI who have moderate or severe

symptoms. Other correctional facilities have attempted to partially bridge this gap by having psychiatrists split their time between home and the facility. Visits typically occur every 1-3 months and can range from days to a full week. This practice can help to familiarize the psychiatric and jail staff with each other and enhance knowledge and use of facility specific interventions and treatment options both in the jail and in the community. Treatment planning is possible via telepsychiatry but

Recommendations for achieving compliance: Begin to track this provision to demonstrate compliance, review factors that influence MH staffs' difficulty providing counseling to inmates with mental illness, and develop and implement individualized treatment plans for inmates with mental illness at the jail. Expand onsite psychiatric care as soon as possible with the goal being that telepsychiatry is supplemental to onsite psychiatric care.

III.D.9. 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 ideations or self-harm.

MH Compliance Status: Partial Compliance

Activities/Analysis: The County has noted that they anticipate completing this provision in the next eight months. The County has not provided proof of behavioral management plans or regularly scheduled counseling services for inmates with severe personality disorders since the first reporting period. However, the capacity to create patient-specific behavioral management plans has been well established and the MH staff, other than loss of leadership, have not changed since the last review period. However, the capacity to create a patient-specific behavioral management plan does not mean that there is sufficient staffing or capacity to implement it, especially if there are multiple patients that have one. Again, until the County begins to truly track and audit inmates with severe personality disorders and/or frequent episodes of suicidal ideations or self-harm.

MH staff are following up with inmates who are on or who have been released from suicide watch who have demonstrated suicidal ideations or acts of self-harm per Wellpath policy and are overall providing appropriate clinical therapeutic interventions. It is not always clear in the generalized language used by MH staff that they are reviewing the effectiveness of the Collaborative Safety Plans with inmates during follow-up visits. This is essential because it contains the readily accessible tools inmates should be using when they are in distress to reduce the risk of future self-harm, suicidal ideation, and suicide attempts.

Recommendations for achieving compliance: The recommendation for this provision is unchanged from the last report. The County will need to track inmates with severe personality disorders and those with frequent suicidal ideation or acts of self-harm who need to be or who are placed on a behavioral management plan, and if the plan was implemented to demonstrate compliance with this provision.

III.D.10. The County shall ensure that clinical contact record entries indicate the inmate's housing location, the type of service, the location where mental health staff delivered the service, the date and time of the encounter, and the date and time the record is generated.

MH Compliance Status: Partial Compliance

Activities/Analysis: The County has indicated they are in the process of fully implementing this provision and plans to start to audit this provision in the next five months. MH Staff continue to document all aspects of this provision with some variability between staff. Psychiatric documentation also varies and delivery by telepsychiatry means may be a factor in documentation. Once consistent documentation parameters are established for MH and psychiatric staff this provision should reach substantial compliance.

Recommendations for achieving compliance: Provide retraining and auditing to verify that all aspects of the information required in clinical contact record entries is included in MH documentation.

E. Psychiatric Medication Practices

III.E.1. The County shall, in consultation with the subject matter expert and Plaintiffs, ensure that the jail's policies and procedures are sufficient to provide adequate individualized care to patients, including with respect to (a) non-formulary medication requests, (b) patient refusals, and (c) prescriptive practices.

MH Compliance Status: Partial Compliance

Activities/Analysis: The County has indicated that they plan develop a tracking mechanism for this policy to demonstrate compliance within the next six months. Wellpath has a policy that addresses all aspects of this provision. In my last report I noted that the County did not provide its own P&Ps that address this provision. The County has indicated that they own the Wellpath polices that are in place at the jail and therefore the Wellpath policy is also the County's policy.

Wellpath has indicated that their policies are proprietary based on their use in over 30 states and that the disclaimer on the policies and that Wellpath personnel at the facility do not have authority to remove it. However, current Wellpath Counsel for the jail indicated that the County does have ownership of the site-specific policies per the contract. at the time of this report, the Wellpath site-specific policies continued to have the disclaimer. Additional clarity can be obtained by ensuring all policies are updated including the proprietary disclaimer being removed. Wellpath provided a list of patients who had non-formulary medication requests filled by Correct Rxs Pharmacy Services Inc. over a three-month period at the jail. Chart review of random patient charts from each month demonstrated that the NF medications are being requested and approved. The lists also included emergency psychotropic prescriptions (without patient data). Although I was not able to review the associated patient charts, it does demonstrate that medication prescriptions are being filled on an emergency basis when needed to ensure continuity of care.

Wellpath also does not explain the non-formulary request or decision process in their policy. During the site visit, Wellpath leadership explained that non-formulary medication requests are reviewed internally (at Wellpath headquarters) and the decision is shared with the requesting provider/facility. This internal process or related data was not provided including approvals, refusals, and total number of requests. This data would be useful in tracking this process and that it is occurring per P&P.

Patient refusals of care (e.g., medication, visits with MH staff or psychiatry, etc.) per Wellpath, require the inmate to sign a refusal form that includes the potential outcomes of refusing care (e.g., worsening of symptoms, etc.). Refusal forms are scanned into the chart once they are signed. If the inmate refuses to sign the form, then two staff will sign to demonstrate that the refusal occurred. Refusals noted in MH treatment notes are not always accompanied by a scanned refusal form in the chart. In the past the Monitor noted that staff were not consistently requesting that inmates sign a refusal form when a service was refused (e.g., medication delivery). There is not a way to create a report in the EMR that tracks refusal of some aspect of care and whether a form was scanned into the chart. The County will need to develop a means to assess if this practice is consistently occurring and if additional attempts were made to deliver care after the refusal.

A review of 10 inmates with SMI reflected 90% appropriate prescriptive practices based on their diagnosis and symptomology. Two inmates did not require medication due to their diagnosis and lack of symptomology. One inmate (10%) was never seen by psychiatry despite referral due to refusals. Refusal forms were scanned into the chart. Of note, several inmates had problem lists with multiple DSM diagnoses that do were inconsistent with each other. Updating

the problem list to to reflect the most recent diagnosis can impact care for follow-up care with different providers and in the community if not corrected.

Of special note, is the jail's heavy use of telepsychiatry which necessitates the adaptation of it's the policies and procedures to ensure compliance with this and other provisions. What is the process of obtaining a refusal when an inmate does it in front of the telepsychiatrist? Is it in policy. This is a broader discussion for all MH related policies to ensure inmates are receiving adequate individualized care.

Recommendations for achieving compliance: Fully clarify ownership of Wellpath mental health policies by making all of them site-specific and removing the proprietary ownership disclaimer. The County needs to develop a means to gather the required data, analyze it, and then share it with the monitor. Please provide feedback on how this provision will be monitored moving forward to ensure it is happening per procedure (e.g., once a year, quarter, as part of the BeWell audits, etc.) and how telepsychiatry policies have been updated to ensure the delivery of adequate individualized care.).

III.E.2. Any inmate requesting psychiatric evaluation or treatment shall receive a timely comprehensive mental health assessment to determine clinical need for medication or other treatment.

MH Compliance Status: Partial Compliance

Activities/Analysis: The County is still in the process of fully implementing this provision per their last status report. The County continues to provide timely comprehensive MH assessments as during the prior reporting period. The County is not tracking this provision yet and chart review is based on SMI alert status and not whether the inmate requested psychiatric evaluation or treatment.

Recommendations for achieving compliance: Provide a County policy to address this provision and demonstrate that the County is tracking compliance with this provision. This provision may be best tracked through MH sick call requests for psychiatric evaluation or psychotropic medication requests.

III.E.3. No verified or prescribed psychiatric medication will be terminated or significantly changed without in-person consultation with a psychiatrist, absent clinical justification that is documented. Mental health staff shall see patients who receive significant changes in prescriptions or initiation of new medications within 30 days, unless earlier requested by patient or clinically indicated, to assess efficacy, side effects, and other follow-up as appropriate.

MH Compliance Status: Partial Compliance

Activities/Analysis: The County is still in the process of implementing this provision and per their last status report they believe it will become part of their CQI process within the next six months. No data was provided to review the compliance status of this provision. Chart review of inmates with SMI did not reflect medication changes that occurred outside of a face-to-face consultation. The majority of visits occurred by telepsychiatry and although this is sufficient to meet the "in-person" requirement for this provision, the gold standard of care is still to have an actual onsite, in-person appointment. However, sufficient data was not provided to demonstrate substantial compliance with this provision.

Recommendations for achieving compliance: Audit this provision for self-tracking of compliance and ensure that the audits include review of prescribing practices in conjunction with psychiatry follow-up visits. The County and Wellpath need to coordinate to create a policy for this provision that includes telepsychiatry services.

III.E.4. The County shall implement policies and procedures to ensure that patients are provided medications at therapeutically appropriate times (e.g., sedating medications administrated at bedtime).

MH Compliance Status: Partial Compliance

Activities/Analysis: The County noted in its last status report that it is in the process of implementing this provision. The County reports it is working on a P&P that meets the requirements of this provision and Wellpath's Medication Services policy does not reflect site specific changes to meet the requirements of this policy. Guiding P&Ps are needed to clearly define therapeutically appropriate delivery times for specific psychotropic medications. The County has indicated that staff shortages have led to significant delivery delays at both jail facilities over the last year. Inmates taking psychotropic medications reported similar complaints during the last site visit.

Recommendations for achieving compliance: The recommendation remains unchanged from the last report; the County needs to develop a P&P that addresses this provision with a Wellpath policy that aligns, receiving an update to reflect this site-specific remedial plan requirement. Any underlying causes of delivery of medications at therapeutically inappropriate times (e.g., staffing shortages) should also be addressed (e.g., using agency nurses during staffing shortages to ensure timely medication delivery).

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

III.F.3. 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 lock down 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.

MH Compliance Status: Partial Compliance

Activities/Analysis: The County has indicated they are in the process of fully implementing the processes for this provision. The Custody Monitor's report includes information that states appropriate reviews are happening as part of the Inmate Disciplinary Report (IDR) process but that there are not formal P&Ps in place. Based on the data included in the Custody Monitor's report, MH input is needed and provided about 1/3 of the time with custody concurring ~100% of the time when MH recommended an adjustment. However, the input isis occurring after the disciplinary hearing, after a disciplinary decision has been made, and disciplinary sanctions imposed; in some cases, overturning the disciplinary decision. The Monitor reviewed 9 inmates' disciplinary reports who were identified as receiving MH services. All the inmates (100%) received a Rules MH Evaluation as evidenced by the completion of a standardized form attached to the IDR. All evaluations were completed by the same MH staffer. One out of nine (11%) were transferred and did not have a hearing. Eight out of nine (89%) had a hearing with five out of eight (62.5%) receiving a MH review prior to the hearing and three out of eight (37.5%) were seen after their hearing. None of the inmates (0%) had a corresponding MH note in the EMR reflecting that they had a face-to-face (or other) visit with a MH staffer. Only one of nine inmates had a chart in the EMR. It is notable that this limited review differs from the Custody Monitor's findings. This review involved more recent data and was not as comprehensive. Therefore, while these findings demonstrate short-term improvement, overall, the Custody Monitor's findings should be considered more reliable.

It is standard of practice for the MH staffer who performs the MH disciplinary reviews to enter a note in the EMR that includes the information required for this provision. It allows for the MH portion of the evaluation to be documented in the EMR. There are standard formats for these notes that can be discussed with the MH Monitor if assistance is needed. The rating of this provision will be moved to partial compliance.

Recommendations for achieving compliance: Provide documentation in the EMR of MH input for disciplinary reviews before a disciplinary decision is made, and before disciplinary sanctions are imposed. Codify this process in policy and implement per the timeline provided by the County in their last status report.

G. Seclusion and Restraint

III.G.1. The County affirms that it will not utilize clinical restraints or clinical seclusion at the Jail, except as consistent with involuntary medication court orders for people adjudicated to be Incompetent to Stand Trial who participate in any implemented in-jail restoration of competency treatment services program.

MH Compliance Status: Non-compliance

Activities/Analysis: The County has indicated it is still in the process of implementing the requirements of this provision. The County did not provide any data for this provision in relation to inmates who have involuntary medication court orders who are part of the JBCT program at the jail (the Monitor's document request was organized by provision and provision III.G. was listed as Seclusion and Restraint). The County stated they do not use clinical restraint or seclusion at the jail. It was unclear if this included the JBCT program per this provision. I am unable to independently verify by chart review in the EMR that the County has used restraints at the jail in conjunction with involuntary medication court orders for people deemed incompetent to stand trial in the JBCT program. The County maintains that it does not use clinical restraints or seclusion at the jail unless related to an involuntary medication order from the court.

Recommendations for achieving compliance: Provide evidence (policy, procedure) that the jail is using clinical restraints or seclusion only as needed in relation to involuntary medication that is court ordered, if at all. Alternatively, the County can provide the names of inmates in the JBCT program who are court ordered to receive involuntary medication for review by the Monitor as a means of demonstrating that involuntary medication is being administered without the need for restraint or seclusion in that clinical setting.

H. Discharge and Reentry Services

III.H.1. Inmates on the mental health caseload shall receive discharge planning that is documented. Such planning will be enhanced, as defined by policy, for inmates with SMI and/or meeting criteria for placement in the specialized mental health units.

MH Compliance Status: Partial Compliance

Activities/Analysis: The County indicated in their last status report that they are still in the process of implementing the requirements for this provision and that they expect to have them completed in the next six months. During the last site visit both the County and Wellpath indicated they do not have sufficient discharge planning staff. Wellpath leadership reported that they requested a discharge planning position in the last contract update placed before the County Board.to nine months. The County continues to provide partial discharge planning services as described in detail in the last report. They keep track of the inmates to whom they have provided discharge planning but not of the types of discharge planning provided. Wellpath is only providing medications/prescriptions and occasionally assistance with continuity appointments (e.g., continuation with MAT after release), when they are able, to inmates prior to release.

The discharge planning process remains siloed and needs to be centralized including documentation in the EMR for tracking purposes and ongoing coordination of care after release. Discharge planning provided through custody is not documented in the EMR. The current process continues to create difficulty for MH when inmates return to the jail and their prior discharge plan is not completely known. Coordination of discharge planning and reentry services can be streamlined further by ongoing collaboration with County agencies providing the discharge and reentry services (i.e., Behavioral Wellness, etc.).

Recommendations for achieving compliance: This recommendation remains unchanged from the last report. Combine discharge planning services, preferably with Wellpath taking the lead, so that all planning is centralized, clinically relevant, and documented in the EMR. Ideally the County needs to track inmate usage of the discharge service phones to assess efficiency. The County also needs to track inmate usage of community services secured through the discharge planning process on reentry into the community (as described in provision III.I.4.). The latter will assist the County in assessing the effectiveness of discharge planning and promote efforts to improve it. The County should

partner with community agencies providing discharge planning and reentry services to allow connection and usage data to be shared to coordinate and track services being provided. The County and Wellpath need to perform a staffing analysis to sufficient discharge planner staffing, as well as other positions required for the effective delivery of health care at the jail.

III.H.2. Discharge plans shall include assistance with application for public benefits and social services, outpatient referrals and appointments, medical insurance, housing, substance abuse treatment, parenting and family services, inpatient treatment, and other reentry services.

MH Compliance Status: Partial Compliance

Activities/Analysis: See III.H.1.

Recommendations for achieving compliance: See III.H.1.

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

MH Compliance Status: Partial Compliance

Activities/Analysis: See III.H.1.

Recommendations for achieving compliance: See III.H.1.

III.H.4. The County shall track the elements of discharge planning for Continuous Quality Improvement purposes. Data shall include at least the following:

a) The total number of inmates with SMI and/or meeting criteria for placement in the specialized mental health units who are eligible for discharge planning per month.
b) The number of those inmates with SMI and/or meeting criteria for placement in the specialized mental health units who have received referrals for outpatient appointments, discharge medications, 5150 referrals, and other aspects of reentry services completed by the mental health care staff.

MH Compliance Status: Non-compliance

Activities/Analysis: The County has stated that they plan to initiate a pilot program that addresses this provision by July 1, 2023. Information to document compliance with this provision is not currently being collected by the County. The jail does not yet have specialized mental health housing units where discharge planning is taking place. See. H.1.

Recommendations for achieving compliance: Establish specialized MH housing units (with clinical programing) at the jail and begin to track the CQI data as described in this provision. See H.1.

I. Cross-Agency Coordination of Mental Health Treatment and Service Need

III.I.1. The County has begun to conduct monthly Medical Administration Committee meetings, with a portion of such meetings dedicated to discussion of the treatment of Jail inmates with mental illness, to include other relevant county agencies (e.g., Behavioral Wellness). The County agrees to continue such meetings, with additional cross-agency coordination as needed to address individual and systemic issues related to inmates with mental health treatment and service needs.

MH Compliance Status: Partial Compliance

Activities/Analysis: Wellpath provided a copy of an email from the former MH Coordinator to the current HSA that included a list of Cross Agency Coordination meetings that the former MH Coordinator was attending. The meeting included the MAC/CQI, HARP, BWELL Justice Alliance Discharge Planning, Jail Discharge Planning, Public Defender's Collaboration Meeting, BWELL Crisis Services, and Forensic Action Team. However, meeting minutes or data was only provided for the HARP meetings. It is good to know that these meetings are taking place and that the previous MH Coordinator was attending them. The position of MH Coordinator has not been filled as of the time of this report. However, the County has stated that Wellpath's Regional MH Coordinator and MH staff have attended these meetings. The meeting minutes are needed to verify that the requirements of this provision are being met.

Recommendations for achieving compliance: Provide P&P, and meeting minutes from the Medical Administration Committee and the other meetings—including any corrective action plans and progress made towards completing them.

III.I.2. 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.

MH Compliance Status: Non-compliance

Activities/Analysis: The County has indicated that they are in the process of fully implementing this provision and believe it will be in process within the next five months. Information to document compliance with this provision, per the County, was not able to be provided by the time of this report. The County has indicated that Wellpath is seeking IT solutions to produce the data necessary for this, and other provisions. The County noted in their status report that they are working with BeWell to obtain the information and for tracking of this provision.

Recommendations for achieving compliance: Provide P&P and documentation that the County has a process in place for timely referrals to and placements in inpatient psychiatric hospital settings or other higher levels of care.

III.I.3. The County shall make best efforts to expedite court referrals to the State Hospital system or other treatment facilities.

MH Compliance Status: Non-compliance

Activities/Analysis: The County has indicated they have completed the requirements for this provision. However, information to document compliance with this provision was not provided by the County. See III.L.2. in relation to the County's ability to produce data for this provision.

Recommendations for achieving compliance: Provide P&P, and documentation of compliance with this provision.

III.I.4. The County shall track and monitor the number of referrals to mental health services and facilities outside of the jail, shall track and monitor the amount of time to provide services pursuant to those referrals, and shall identify and remedy causes of delay or other identified issues.

MH Compliance Status: Non-compliance

Activities/Analysis: The County has indicated they are in the process of completing the requirements for this provision. However, information to document compliance with this provision was not provided by the County. See. III.H.1. regarding the aspects of this provision as part of the discharge planning

process. See III.L.2. in relation to the County's ability to produce data for this provision.

Recommendations for achieving compliance: Provide P&P and data demonstrating tracking of this provision and any associated corrective action plans with updates on their progress.

III.I.5. The County shall implement a policy that ensures that inmates on the mental health caseload returning from outside facilities receive timely placement in appropriate housing, continuity of medication, and timely face-to-face clinical review to ensure continuity of care and reduce the risk of decompensation cycling.

MH Compliance Status: Partial Compliance

Activities/Analysis: The County has indicated they have completed the requirements for this provision. They have produced a policy that is in the process of being updated to address this provision. However, proof of practice for this provision was not provided by the County.

Recommendations for achieving compliance: Provide proof of practice to substantiate compliance with this provision.

J. Continuous Quality Improvement

III.J.1. The County has implemented Continuous Quality Improvement meetings, which are modeled after J-A-06 Continuous Quality Improvement Program Standard[3] or a similar standard.

MH Compliance Status: Partial Compliance

Activities/Analysis: The County has indicated CQI meetings are occurring, and that staff are attending. The County provided power points from the presentation at the meetings between September and October 2022. However, meeting minutes were not provided (e.g., who attended, votes to approve minutes, CAPs, ongoing projects, etc.). To reach substantial compliance, the County will need to provide meeting minutes.

Recommendations for achieving compliance: Provide P&P and CQI meeting minutes or findings to demonstrate compliance with this provision.

[3] Standards of Health Services in Jails 2008, Essential Standard J-A-06 Continuous Quality Improvement Program, pg. 10. National Commission on Correctional Healthcare 2008.

III.J.2. The County shall develop quality indicators for purposes of monitoring a private mental health care contract. The County shall implement a detailed tracking system that parallels the scope of contractor work requirements to ensure that the contractor is meeting the requirements of the contract. For example, the County requires Service Level Agreements with clear mental health service-related performance indicators of the contracted health care provider, to be updated and reviewed annually or more often if warranted.

MH Compliance Status: Partial Compliance

Activities/Analysis: The County has indicated it has completed the requirements for this provision. The County provided the summary of the results of one of BeWell's quarterly audits. The audits are insufficient to monitor the entirety of the MH care portions of the contract. See III.A.2.

Recommendations for achieving compliance: Expand the audits to better monitor the MH aspects of the contract with Wellpath. Meeting minutes from BeWell meetings with Wellpath and the County need to be provided in addition to the audits.

III.J.3. The Quality Improvement process studies shall include (a) a clearly articulate hypothesis and methodology to determine if standards have been met; (b) data collection; (c) analysis of data to identify trends and patterns; (d) analysis to identify the underlying causes of problems; (e) development of 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.

MH Compliance Status: Partial Compliance

Activities/Analysis: The County has indicated it has completed all requirements for this provision. They report that CQI and MAC meetings are occurring, and that staff are attending. PowerPoint presentations were provided for CQI meetings. However, meeting minutes were not provided. There were no identifiable process study results. Also, the CQI metrics that were provided did not include analysis, development of remedies, a written plan, follow-up data collection, or analysis to determine if the remedies were effective. To reach substantial compliance, the County will need to provide meeting minutes proof of collaboration, including CAPs, with Wellpath.

Recommendations for achieving compliance: Provide P&P, meeting minutes, and CQI audit documentation of compliance with this provision. The County and

Wellpath need to work collaboratively on the CQI process including on any resulting CAPs.

III.J.4. The County shall conduct periodic quality improvement reviews of the intake process to ensure that staff are accurately recording intake information and making appropriate referrals.

MH Compliance Status: Partial Compliance

Activities/Analysis: Wellpath provided audits for a two-week period that include some data points related to the MH aspects of the intake process. However, there was no analysis of the data and no CAPs. See III.A.2. Meeting minutes from the MAC and CQI meetings and the audit results need to be provided to reach substantial compliance for this provision.

Recommendations for achieving compliance: See III.J.3.

III.J.5. 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.

MH Compliance Status: Non-compliance

Activities/Analysis: The County has indicated they have completed the requirements for this provision and that Wellpath MH Supervisor is tracking this provision. However, the jail no longer has a MH Supervisor and information to document compliance with this provision was not provided.

Recommendations for achieving compliance: Provide P&P and documentation of compliance with this provision.

III.J.6. The County shall track the number of inmates on the mental health caseload, the number of inmates with SMI, the number of inmates awaiting court-ordered psychiatric facility placement, the number of inmates referred and found appropriate for inpatient (acute) and enhanced (sub-acute/residential) mental health treatment, and the number of inmates with SMI in restrictive housing units.

MH Compliance Status: Non-compliance

Activities/Analysis: During the site visit the County and Wellpath both provided lists of inmates with SMI that they were keeping separately. There was not a separate list of inmates on the MH caseload that was provided by the County. Wellpath has a mental health alert in the EMR that could be used to track this

population. The number of inmates on each list varied and their definitions varied for tracking patients. During chart review, I encountered patients who should have an SMI alert (the means which Wellpath uses to track these patients) but they did not. This suggests that Wellpath may not have an up-to-date and accurate list of inmates with SMI at the jail. A Wellpath site-specific policy with a definition of SMI corresponding to the remedial plan was not provided but during the site visit Wellpath MH leadership indicated they now have a definition for SMI. Information to document compliance with all aspects of this provision was not provided by the County. The rating for this provision remains unchanged because only two out of the five requirements of this provision are being met, in part. To demonstrate compliance data to demonstrate this provision is being met needs to be provided.

Recommendations for achieving compliance: Provide P&P and documentation that supports proof of practice to demonstrate compliance with this provision.

III.J.7. The County shall develop a system to log inmate requests, including a log of inmates referred for placement on the mental health caseload from booking. These logs shall be available for auditors to complete randomized studies of the referral process via the CQI Committee or the assignment of a subject matter expert under a legal agreement.

MH Compliance Status: Non-compliance

Activities/Analysis: The County has indicated they are in the process of completing the requirements for this provision. The County stated that Wellpath maintains the required statistics for this provision and can pull this information for auditing purposes. However, the information to document compliance with this provision was not provided by the County.

Recommendations for achieving compliance: Provide P&P and documentation of compliance with this provision.

III.J.8. 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 requests in a timely fashion.

MH Compliance Status: Non-compliance

Activities/Analysis: The County has indicated they completed the requirements for this provision and that supporting documentation was provided with the Monitor's document request. However, no corresponding documentation for this provision was provided. If it is in The Box (the online document storage application used by the County for the Monitors/Experts), it's location amongst the hundreds of documents there was not specified. The monitor was unable to locate corresponding information for this provision in The Box.

Recommendations for achieving compliance: Provide P&P and documentation to substantiate proof of practice to demonstrate compliance with this provision.

III.J.9. The County shall monitor the frequency of psychiatric follow-up appointments as a quality measure to ensure that inmates have adequate access to the prescriber.

MH Compliance Status: Partial Compliance

Activities/Analysis: The County has indicated they are in the process of completing the requirements for this provision. This information is audited by Wellpath. However, no analysis or corrective action plans were completed as part of the audits.

Recommendations for achieving compliance: Provide P&P and documentation of analysis of audit data and CAPs to demonstrate compliance with this provision.

III.J.10. 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.

MH Compliance Status: Partial Compliance

Activities/Analysis: Limited CQI audits from Wellpath were provided with no analysis of the data and no CAPs where needed. This is insufficient for substantial compliance.

Recommendations for achieving compliance: Provide P&P and audit documentation of compliance with this provision.

IV. Suicide Prevention

A. Overview

IV.A.1. The County shall develop and implement its own Suicide Prevention Policy, which shall set forth clear procedures consistent with the provisions set forth below.

MH Compliance Status: Partial Compliance

Activities/Analysis: Wellpath has a comprehensive suicide prevention policy, and the County is in the process of creating a revised Suicide Prevention Policy which is pending expert review.

Recommendations for achieving compliance: Complete the County's Suicide Prevention policy and ensure it aligns with Wellpath's site-specific Suicide Prevention policy.

B. Screening for Suicide Risk

IV.B.1. 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.

MH Compliance Status: Partial Compliance

Activities/Analysis: The County has indicated they are in the process of completing the requirements for this provision. Specifically, the County has indicated that Wellpath has submitted a request to review and approve revision to the suicide risk assessment questions to meet this provision. The County also reports it has edited related policies. However, at the time of this report the receiving screening form had not been updated to include the missing information noted in the last report to bring it into compliance with this

provision. As previously noted, the Mental Health and Suicide Risk Screening section of Wellpath's Receiving Screening form does not ask about recent significant loss or upcoming court appearances. These sections are not addressed elsewhere in the Receiving Screening form. Compliance with these two subsections is significant as they represent both risk factors and triggering reasons for suicide. These sections are addressed in the Suicide Risk Assessment form, which is separate from the Receiving Screening form, and is not routinely completed at intake.

Recommendations for achieving compliance: Add the above missing suicide risk screening questions to the Receiving Screening form so that this key suicide risk information can be captured and appropriately addressed to reduce risk of suicide, or update P&P to routinely complete the Suicide Risk Assessment form during the intake process.

IV.B.2. Regardless of the prisoner's behavior or answers given during intake screening, a mental health referral shall always be initiated if there is a history related to suicide or self-harm.

MH Compliance Status: Partial Compliance

Activities/Analysis: The County provided CQI audits from a two-week period that reflect this is happening. I was unable to independently verify that it is happening from this data because it did not include patient identifiers, which is what was requested to review compliance with this provision. I was not able to verify it from independent chart review using an SMI search with random patient selection. Compliance will depend on demonstration of ongoing audits, verification of data, evidence of analysis, and implementation of any associated CAPs.

Recommendations for achieving compliance: Provide P&P and data (e.g., audits, etc.) that demonstrates how this provision is being met including tracking of data by the County to ensure it is consistently occurring.

IV.B.3. When a prisoner refuses to respond to assessment questions, staff shall complete the intake screening, including the mental health and suicide risk assessments, to the maximum 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.

MH Compliance Status: Partial Compliance

Activities/Analysis: The County has indicated they are in the process of completing the requirements for this provision. However, information to substantiate proof of practice to demonstrate compliance with this provision was not provided by the County. Review of inmates' charts who refused intake demonstrated that the intake process is eventually completed on all of the inmates that were randomly sampled by the Monitor. However, partial completion of the intake using records/history review was not demonstrated. MH referrals were appropriately occurring. See III.B.2. for additional information.

Recommendations for achieving compliance: See IV.B.2.

IV.B.4. Any prisoner expressing current suicidal ideation and/or current suicidal/self-injurious behavior shall be designated as an emergent referral, immediately referred to mental health staff, and placed in a safe setting pending the mental health contact.

MH Compliance Status: Substantial Compliance

Activities/Analysis: This provision remains in substantial compliance. Chart review of a sample of inmates who were on suicide watch at the jail demonstrated continued emergent evaluation of inmates who complained of thoughts of suicide or self-harm, or who had attempted suicide, or harmed themselves. The data set reviewed was of inmates who were already on suicide watch. This data is also reflected in part in the Wellpath CQI audit data they provided for a two-week period. However, there is no analysis of the information or CAPs.

Recommendations for achieving compliance: Demonstrate that the County is tracking, analyzing, and implementing corrective action of the audit data for this provision.

IV.B.5. Mental health clinicians shall complete and document a suicide risk assessment, with the use of suicide risk assessment tool, as close to placement on suicide watch as possible and upon discharge to a lower level of observation.

MH Compliance Status: Substantial Compliance

Activities/Analysis: The County is meeting the requirements for this provision. A review of a sample of inmates who were on suicide watch at the jail demonstrated that all inmates who were placed on suicide watch received a suicide risk assessment with the Columbia Suicide Risk Rating Scale (CSSR-S) when placed on suicide watch (or soon after) as well as when they are discharged from suicide watch. There is variation in the completion of the CSSR-

S between MH staff and some concern over the rapidity of inmates change in suicide risk from high to low over days. Consistent inclusion of risk and protective factors in the collaborative safety plans varies across MH staff.

Recommendations for achieving compliance: Ensure MH staff complete the suicide risk assessment tool in its entirety and train for consistency in collaborative safety plan creation and implementation. Audit compliance with relevant P&P and MH staff work.

C. Housing of Prisoners on Suicide Precautions

IV.C.1. The County's policy and procedures shall ensure that prisoners, including those identified as being at risk for suicide, are housed and treated in the least restrictive setting appropriate to their individual clinical and safety needs.

MH Compliance Status: Partial Compliance

Activities/Analysis: The County is in the process of updating the suicide prevention policy. Wellpath has a suicide risk policy.

The County continues to use suicide resistant safety cells for acutely suicidal inmates. Evaluation and treatment continue to be provided at the cell door and inmates are almost never taken to a private setting to be interviewed. The County does not have MH program units at the jail and therefore, less restrictive environments than those described above are not available.

Recommendations for achieving compliance: Wellpath's site-specific policy must align with the County's. Creating specialized MH housing units with clinical programming should also present additional safe, less restrictive housing options for inmates at risk of suicide.

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

MH Compliance Status: Partial Compliance

Activities/Analysis: See IV.C.1.

Recommendations for achieving compliance: See IV.C.1.

IV.C.3. No prisoner shall be housed in a safety cell for more than twenty-four (24) hours, unless there are exceptional circumstances documented by clinical and

custody staff. Within twelve (12) hours of safety cell placement, the County shall refer the patient to behavioral health for inpatient placement evaluation.

MH Compliance Status: Partial Compliance

Activities/Analysis: Wellpath provided a list of inmates who were placed in the safety cell between May and June 2022. I randomly reviewed 10 charts to assess compliance with this provision. I was able to locate six out of the 10 inmates in the EMR (only names were provided). Five out of the six contained relevant data for this provision. Of the charts reviewed: 40% (2/5) of inmates remained in the safety cell (SC) for >12 hours; 60% (3/5) remained in the SC for >24 hours. It continues to be the case that none of the inmates who were in the safety cell for >12-24 hours were specifically evaluated for inpatient placement (e.g., evaluation for placement in the community psychiatric hospital facility [PHF]).

There was one inmate who should have been referred for a 5150 evaluation because of the severity of his illness. He reported suicidal thoughts and a recent suicide attempt and was placed in the safety cell. However, he was discharged from the safety cell the next morning despite his risk for suicide. He attempted suicide three days later and was subsequently placed back into the safety cell only to be released again the very next day. This is concerning as a 5150 evaluation was not requested and he should have been hospitalized given his high risk for suicide and his suicide attempt.

However, during chart review for other provisions the Monitor passively encountered 5150 evaluations for inmates who were in the safety cell and required inpatient placement. MH staff reported ongoing difficulty obtaining 5150 evaluations from the County but expressed hope the situation would improve because of new leadership at BeWell. Wellpath MH staff also reported disagreement with BeWell 5150 evaluations. The CQI audits provided by Wellpath did not reflect the requirements of this provision. Exceptional circumstances were not documented to explain why 60% of that 40% of the inmates remained in the safety cell beyond 24 hours.

Recommendations for achieving compliance: Provide P&P and documentation of compliance with this provision, specifically documentation demonstrating that inmates in the safety cell >12 hours are being evaluated for inpatient placement at the PHF. Develop audit tools to assess compliance. Demonstrate corrective action plans, as needed. Collaborate with BeWell (and other County agencies) to ensure timely 5150 evaluations and transfers of patients with potential or actual acute care placement needs.

IV.C.4. The County shall ensure that prisoners who require psychiatric inpatient care as clinically indicated are placed in an acute care unit as soon as possible. A patient showing no improvement or continuing deterioration after 12 hours shall be transferred to an inpatient mental health facility or hospital for evaluation and treatment. In all other cases, after 24 hours of being housed in a safety cell, the patient shall be transferred to an appropriate inpatient mental health setting or hospital, absent exceptional circumstances documented by clinical and custody staff.

MH Compliance Status: Non-compliance

Activities/Analysis: See IV.C.3.

Recommendations for achieving compliance: See IV.C.3.

D. Treatment and Conditions for Individual Prisoners on Suicide Precautions

IV.D.1. 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.

MH Compliance Status: Partial Compliance

Activities/Analysis: The County has indicated it is still in the process of implementing this provision. The compliance status of this provision remains unchanged since the last report. Inmates in the safety cell are seen by MH at least twice a day. Inmates are not being taken out of the safety cell regularly to be interviewed. Specific safety concerns are not documented in the chart when it does not happen and there were no audits of supervisory review of this provision.

Recommendations for achieving compliance: Provide relevant P&P. Demonstrate compliance with this provision to include data regarding removal of inmates from the SC, when clinically appropriate and safe, to be interviewed; documentation of rationale for the times when inmates are not removed from the SC to be interviewed, and supervisory review and approval of those times when inmates are not removed for interview. Develop an audit tool.

IV.D.2. The Jail's qualified mental health professionals shall provide input with respect to the provision of property and privileges for prisoners on suicide precautions. Custody staff may remove property/privileges, if necessary, prior to the mental health evaluation of a prisoner identified as a 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.

MH Compliance Status: Partial Compliance

Activities/Analysis: The County has indicated it is still in the process of implementing this provision. Chart review demonstrates that inmates who are on suicide watch continue to receive a suicide smock and finger foods with or without a suicide blanket. There continue to be no instances of inmates being allowed to retain personal belongings and no clinical justification for this decision. Restoration of clothing and food served on a regular tray were restored when the inmate was discharged from the safety cell back to a housing unit. There was no means for me to verify from chart review that what the MH staff indicated what should be given was provided to the inmate. This provision remains in partial compliance because of the failure to include a clinical rationale to justify restricting personal belongings.

Recommendations for achieving compliance: Provide P&P. Demonstrate that what the MH staff orders (e.g., clothing, property, and privileges) for inmates placed in the safety cell is provided and begin to include a clear clinical rationale to justify restriction of access to personal belongings. Consider an audit tool.

IV.D.4. The County shall provide clinically-indicated therapeutic services, including psychiatric services, to prisoners on suicide precautions or otherwise identified as at elevated risk of suicide. The County shall provide prisoners on suicide precautions or otherwise identified as at elevated risk of suicide with appropriate individual counseling and medication review in a confidential setting.

MH Compliance Status: Partial Compliance

Activities/Analysis: The County has indicated that they are still in the process of implementing this provision. See III.D.9. There is minimal confidentiality when

MH services are provided to inmates in the safety cell. MH staff continue to use scripted language that are suggestive of brief supportive counseling (e.g., "encouraged coping skills" and "provided active and reflective listening", etc.). This is standard language for the documented MH interventions. Other types of counseling that are included on the form (e.g., "CBT/DBT" [cognitive behavioral therapy/dialectical behavioral therapy]) do not seem to be utilized. This provision will remain in partial compliance due to no instances of MH follow-up interviews happening in a confidential manner (e.g., away from the cell door)..

Recommendations for achieving compliance: Provide P&P and documentation of interviews of inmates in the safety cell that are not only occurring at the cell door, and document provision of psychotherapy services vs. standardized language, as referenced above.

E. Supervision/Monitoring of Suicidal Prisoners

IV.E.1. The County shall revise its policies regarding the monitoring of prisoners on suicide precautions to provide for at least the following two levels of observation:

a) Close observation shall be used for prisoners who are not actively suicidal but require enhanced observation to ensure safety. Staff shall observe the prisoner at staggered intervals not less than every 15 minutes and shall document the observation as it occurs.
b) Constant observation shall be used for prisoners who are actively suicidal, either threatening or engaging in self-injury, and considered a high risk for suicide. An assigned staff member shall observe the prisoner on a continuous, uninterrupted basis. The observation should be documented at 15-minute intervals. Staff should be physically stationed outside of the prisoner's cell to permit continuous, uninterrupted observation.

MH Compliance Status: Partial Compliance

Activities/Analysis: Wellpath has a policy that addresses this provision, and the County is working to update its suicide prevention policy. Review of observation logs from January and February 2023 for inmates placed in the safety cell and on MH observation reflect that close observation is occurring, but constant observation is not.

Recommendations for achieving compliance: Complete the County suicide prevention policy. Ensure Wellpath's site specific policies and the County's policies align. Ensure there is sufficient staffing, by completing the staffing analysis, to institute constant observation for inmates who require

uninterrupted observation. Proof of practice of constant observation needs to be provided.

IV.E.2. For any prisoner requiring suicide precautions, a qualified mental health professional shall assess, determine, and document the clinically appropriate level of monitoring based on the prisoner's individual circumstances. Placement in a safety cell shall not serve as a substitute for the clinically indicated level of observation.

MH Compliance Status: Substantial Compliance

Activities/Analysis: This provision remains in substantial compliance based on chart review. Inmates who require suicide precautions are evaluated by MH staff and placed in the safety cell on suicide watch (the clinically appropriate level of monitoring). Safety cell placement is the primary response. Observation continues while the inmate is in the safety cell. There are no MH housing units for further step down currently.

Recommendations for sustaining compliance: Complete the Suicide Prevention P&P and demonstrate that the County has the capacity to institute constant observation, that there are sufficient staff for it to occur, and that MH staff are ordering it appropriately

IV.E.3. Video monitoring of prisoners on suicide precautions shall not serve as a substitute for the clinically indicated level of observation.

MH Compliance Status: Substantial Compliance

Activities/Analysis: During the last site visit the County demonstrated that they do not use video monitoring as a substitute for the clinically indicated level of observation for inmates in the safety cell. The County uses observation logs posted outside of the safety cells for 15 minute checks and uses officers for constant observation.

Recommendations for achieving compliance: Complete the suicide prevention policy.

F. Discharge from Suicide Precautions and Follow-up

IV.F.1. A qualified mental health professional shall complete and document a suicide risk assessment prior to discharging a prisoner from suicide precautions.

Such assessment shall be conducted in a space with sound privacy unless there are current, specific safety concerns that are documented.

MH Compliance Status: Partial Compliance

Activities/Analysis: This provision is unchanged since the last reporting period. Based on my chart review, suicide risk assessments are being completed prior to discharging inmates from suicide precautions. However, these assessments most often take place at the cell door where there is no sound privacy. Specific safety concerns are not documented by MH staff to justify not removing the inmate from the cell. Cell door MH contacts is a system-wide issue.

Recommendations for achieving compliance: Complete the suicide prevention P&P. Retrain correctional and MH staff to work together to ensure inmates are removed from their cells for MH evaluations when it is safe to do so. When it is not safe, the reason needs to be clearly documented in the EMR.

IV.F.2. Qualified mental health professionals shall provide, and update as clinically appropriate, individualized treatment plans for all prisoners discharged from suicide precautions. The treatment plan shall describe signs, symptoms, and circumstances in which the risk of suicide is likely to recur, how recurrence of suicidal thoughts can be avoided, appropriate individualized treatment interventions, and actions the patient or staff can take if suicidal thoughts do occur.

MH Compliance Status: Partial Compliance

Activities/Analysis: The County is not creating individualized treatment plans for all inmates discharged from suicide precautions. The County did not provide examples of treatment plans for inmates who had made suicide attempts this reporting period. However, the collaborative safety plans (CSP) contain the elements required by this provision when fully completed. However, collaborative safety plans are not always created when an inmate is discharged from suicide watch. The creation of a CSP should occur whenever an inmate is discharged from the safety cell. The CSP should be reviewed at follow-up visits to ensure the interventions are being used and are effective to ensure reduction of ongoing safety risk. This should be clearly documented in the EMR.

Recommendations for achieving compliance: Complete the suicide prevention P&P. Develop collaborative safety plans for all inmates discharged from suicide precautions and implement them in compliance with this provision to demonstrate compliance.

IV.F.3. Qualified mental health professionals shall provide clinical input regarding appropriate housing placement (*e.g.*, whether isolation is contraindicated for the prisoner) upon discharge from suicide precautions. Custody and classification staff shall consider such clinical input in determining post-discharge placement and conditions of confinement, and document the reasons when clinical input is not followed. Once clinically discharged from suicide precautions, the prisoner shall be promptly transferred to appropriate housing.

MH Compliance Status: Non-compliance

Activities/Analysis: This provision is unchanged. The County indicated it is still implementing this key provision and is in the process of creating a form to allow MH to provide appropriate input on housing placement. MH staff so not currently have input on housing placement at the time of discharge from the suicide precautions. This includes the recently formed housing for inmates with mental illness. Once programming is added to these units, or MH programming units are created, MH staff input on housing placement (particularly to the MH programming units) after discharge from suicide precautions will become substantially more important.

Recommendations for achieving compliance: Implement this process and provide proof of practice. Provide P&P regarding MH input after safety cell discharge for housing for inmates with mental illness, and ongoing documentation that demonstrates it is occurring to demonstrate compliance with this provision.

IV.F.4. Prisoners discharged from suicide precautions shall remain on the mental health caseload and receive regularly scheduled clinical assessments and contacts. A qualified mental health professional shall provide, at a minimum, clinical follow-up assessment and contacts within 24 hours of discharge, and again within one week of discharge, and more often as clinically indicated.

MH Compliance Status: Partial Compliance

Activities/Analysis: Chart review demonstrates follow-up of inmates discharged from the safety cell within 24 hours, in three days and at seven days per Wellpath policy. The inmates receive and mental health patient alert in the EMR to ensure they are recognized as being on the MH caseload. The County has indicated that Wellpath audits this provision, but the audits were not provided for review.

Recommendations for achieving compliance: Provide proof of practice that all inmates discharged from suicide precautions remain on the MH caseload. Provide Wellpath CQI audit results relevant to this provision.

H. Continuous Quality Improvement

IV.H.1. The County shall track all critical incidents which include prisoner suicides, attempted suicides, and incidents involving serious self-harm. The County shall review critical incidents and related data through its quality assurance and improvement process.

MH Compliance Status: Non-compliance

Activities/Analysis: The County indicated implementation of this provision is complete based on the contents having been incorporated into the Suicide Prevention Policy. However, the policy is still in the process of being updated and has not been implemented. The County is having monthly MAC/CQI meeting but the meeting minutes were not provided. Presentations for the September/October 2022 data were provided. The presentations included data on suicide attempts. However, there was no analysis or CAPs to accompany the raw data. Discussion points were no included in the presentation. Critical incident review dates were included for future reviews but no information on any discussions about these reviews. Therefore, verification that the County is reviewing these critical incidents is not possible. The Wellpath CQI audits that were provided did not track data for this provision.

Recommendations for achieving compliance: Provide P&P and evidence that the CQI process (e.g., meeting minutes where suicides or suicide attempts were discussed) per this provision is occurring in a collaborative manner between the County and Wellpath.

IV.H.2. For each serious suicide attempt (*e.g.*, requiring hospital admission), the County shall conduct a multidisciplinary (mental health, medical, and custody) review of: 1) the circumstances surrounding the incident; 2) the procedures relevant to the incident; 3) relevant training received by involved staff; 4) pertinent medical and mental health services/reports involving the 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.

MH Compliance Status: Non-compliance

Activities/Analysis: The County is still in the process of implementing this provision per the last status report. The County has indicated this provision will be implemented in the next three months. No documentation was provided to demonstrate compliance with the specific data requirements of this provision. See IV.H.1.

Recommendations for achieving compliance: See IV.H.1.

IV.H.3. The County shall implement a continuous quality assurance/quality improvement plan to periodically audit suicide prevention procedures that include, but are not limited to: intake screening (to include audits to ensure that staff ask and record all suicide screening questions), mental health and suicide risk assessments, crisis response, treatment plans/behavior management plans, and post-suicide watch clinical follow-up assessments and contracts.

MH Compliance Status: Non-compliance

Activities/Analysis: See IV.H.1.

Recommendations for achieving compliance: See IV.H.1.

VII. CUSTODY OPERATIONS/SEGREGATION

Compliance Designation Assigned by Custody Operations Expert (Second Round: Partial Compliance)

F. Safeguards for Prisoners Placed in Segregation

VII.F.1. Prior to Segregation placement of any person with Serious Mental Illness, with an intellectual disability, or who is exhibiting unusual or bizarre behavior, the County shall ensure completion of the mental health review process detailed in Section VII of the Mental Health Remedial Plan.

MH Compliance Status: Non-compliance

Activities/Analysis: During the last site visit custody staff reported they considered MH input prior to placing inmates with mental illness in segregation. However, in the last status report the County indicated they are still in the process of implementing this provision. No documentation supporting MH staff participation to demonstrate compliance with this provision was provided. See the Custody Monitor's report and findings for this provision as well.

Recommendations for achieving compliance: The Monitor will work with the Custody Monitor to assist the County in developing a P&P and practice to meet the requirements of this provision.

VII.F.4. A Qualified Mental Health Professional shall conduct check-ins at least three times per week to assess and document the mental health status of all prisoners in Segregation and shall make referrals as necessary. The check-in shall include the following:

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

MH Compliance Status: Substantial Compliance

Activities/Analysis: This provision remains in substantial compliance and EMR documentation, as documented in the last report, continues to support all elements of this provision. The County indicates it has included this provision in policy, but a matching policy was not provided. The corresponding Wellpath policy is not site specific and does not reflect this (and other related) provision.

Recommendations for achieving compliance: Update site-specific Wellpath policy for this provision and provide the County's policy for this provision. Align the Wellpath and County policy.

VIII. STAFFING FOR HEALTH CARE SERVICES

VIII.1. The County shall establish and maintain appropriate Qualified Health Professionals staffing levels and sufficient custodial staff to provide timely escorts for inmates to health care appointments.

MH Compliance Status: Non-compliance

Activities/Analysis: No data was provided describing any analysis to demonstrate sufficient MH staff and custody staff to escort inmates to MH appointments. MH staff have indicated they are understaffed for all of their responsibilities at both jail facilities. Telepsychiatry services appear to be filling the gap for in-person, onsite psychiatry coverage. However, the gold standard of care remains onsite treatment, especially for inmates with symptomatic SMI.

The staffing analysis should take this into account. Without sufficient staffing, Wellpath and the County will be unable to meet the requirements of the RP. A staffing analysis is needed to ascertain current staffing needs and should also include expected staffing needs for any specialized MH housing units with programming that are created in the next six to 12 months. Please see the Custody Monitor's report for input on custody staffing related to escorts.

Recommendations for achieving compliance: Perform a staffing analysis to fully ascertain MH staffing needs for current and future MH responsibilities (e.g., specialized MH housing units with programming). Ensure inmates are seen in a private setting for MH visits with sufficient and timely escorts. Coordination of Monitors to provide input for this provision should be structured and documented clearly so that consensus is reached on the future compliance status as the needs for medical, mental health, and custody staff varies.

VIII.2. The County shall perform the following analyses:

a) Comprehensive staffing analysis based on a needs assessment, to include medical and mental health care providers and clinical staff, office and technological support, Quality Assurance staff, supervisorial staff, and custody staff for escorts and transportation;
b) Determination of the number of positions required in each discipline for health care needs at each facility, based on current populations;
c) Timeline for implementation of the staffing analysis (including authorization, funding, and hiring).

MH Compliance Status: Non-compliance

Activities/Analysis: A staffing analysis was not provided for MH staff at the jail. The County has indicated they have contracted a company to perform a staffing analysis.

Recommendations for achieving compliance: Conduct a staffing analysis for MH staff at the jail using a process that recognizes shift relief factors for positions to assure coverage for required posts.

VIII.3. The County shall regularly monitor and adjust, as needed, staffing in order to ensure timely access to care.

MH Compliance Status: Non-compliance

Activities/Analysis: See VIII.2.

Recommendations for achieving compliance: VIII.2.

IX. TRAINING RELATED TO TREATMENT OF PRISONERS WITH SPECIAL NEEDS

IX.1. The County shall develop and implement training, through various mediums including memorandums, briefings, online prescriptions, 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 confidentially standards.

MH Compliance Status: Substantial Compliance

Activities/Analysis: N/A

Recommendations for achieving compliance: N/A.

IX.2. Jail custody staff training on implementation of remedial plan provisions shall be completed within 90 days of the effective date of this remedial plan. Jail custody staff shall receive at least eight (8) hours of training on all other topics described above on a bi-annual basis. The County shall keep records documenting all such trainings and training participants.

MH Compliance Status: Substantial Compliance

Activities/Analysis: See IX.1.

Recommendations for achieving compliance: See IX.1.

IX.3. 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.

MH Compliance Status: Non-compliance

Activities/Analysis: The County has not created any mental health treatment programs for their MH housing units.

Recommendations for achieving compliance: Develop mental health treatment programs for the MH housing units and then implement this training for custody officers assigned to those units.

IX.4. The County shall ensure that the health care services provider develops and implements training for health care staff to ensure timely implementation of and ongoing adherence to the provisions described in this remedial plan. The County shall keep records documenting all such trainings and training participants.

MH Compliance Status: Non-compliance

Activities/Analysis: The County indicated in its last status report that health care services staff have received the DRC training. However, the DRC training rosters that were provided only included Santa Barbara Sheriff's Office employees, not Wellpath employees. Consistent with the Remedial Plan, all health care staff providing services at the Jail must receive appropriate training on all aspects of the Remedial Plan relevant to their roles and responsibilities, with proof of practice provided.

Recommendations for achieving compliance: Provide evidence of training for Wellpath staff.

IX.5. 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:

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.

MH Compliance Status: Partial Compliance

Activities/Analysis: This provision has been met by custody staff but not Wellpath staff based on the documentation provided. The County stated that

they are working on collecting this information for Wellpath employees. See IX.4.

Recommendations for achieving compliance: See IX.4.

IX.6. The County shall provide all custody staff with at least eight hours of initial training and at least two to four hours of annual training, through various mediums including memorandums, briefings, online presentations, and/or classroom presentations, regarding suicide prevention and the identification and approach to prisoners with mental illness.

MH Compliance Status: Partial Compliance

Activities/Analysis: The County has indicated in its status report that it is still in the process of implementing this provision. The County reports having provided eight hours of initial training on working with inmates with mental illness and that they have trained some staff for two to four hours for the annual training. However, the County did not provide documentation (e.g., training rosters) in support of this claim. This provision is being tentatively placed in partial compliance pending production of the training logs for staff that have received the initial and annual training thus far.

Recommendations for achieving compliance: Provide training logs to support the County's report of having provided initial training to all staff and the annual training to some staff.

IX.7. All health care staff shall receive at least two hours of training annually on suicide prevention and related mental health treatment and management issues. Annual training shall include a review of the current Jail suicide prevention policy and program.

MH Compliance Status: Partial Compliance

Activities/Analysis: The County has indicated in its status report that it has completed implementation of this provision. The County reports they have provided two hours of annual training in conjunction with this provision. However, the County did not provide documentation (e.g., training rosters) in support of this claim. Wellpath is working to obtain this information per the County. This provision is being tentatively placed in partial compliance pending production of the training logs for staff that have received the annual training thus far.

Recommendations for achieving compliance: Provide training logs to support the County's report of having provided initial training to all staff and the annual training to some staff.

IX.8. All custody and medical staff shall be trained in first aid and CPR.

MH Compliance Status: Partial Compliance

Activities/Analysis: The County indicated in its last status report that they have completed the requirements for this provision. The County provided training logs for custody staff as evidence of completion of training. The Monitor was unable to locate proof of Wellpath staff training in The Box or in what was directly provided in response to the document request. This provision is being tentatively placed in partial compliance pending production of evidence of CPR and first aid training for Wellpath.

Recommendations for achieving compliance: Provide proof of first aid and CPR training for all custody and medical staff.