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November 1, 2023

VIA EMAIL ONLY

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

Dear Counsel,

In compliance with paragraph 15 of the *Murray et al. v. County of Santa Barbara et al.* Stipulated Judgment, enclosed please find the County of Santa Barbara and Santa Barbara County Sheriff's Office's ("County") November 2023 Status Report.

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

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

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

The County continues to make progress in most Remedial Plan areas, but has yet to complete certain components of the Remedial Plan. The County has prioritized preliminary tasks that are foundational for successful implementation of other provisions. To that end, the County developed a majority of its policies and procedures—including an extensive ADA policy and Sanitation Plan—and implemented standardized forms to aid in implementing a number of provisions. The County also spent extensive efforts initiating behavioral health units with a current capacity to serve up to fifty-six (56) incarcerated persons, permanently closing several restrictive housing units, significantly modifying its disciplinary procedures, training staff regarding improved processes, and increasing out-of-cell time. The County has worked collaboratively to increase the communication and coordination of client care amongst the County's contracted healthcare provider, the Sheriff's Office, and the County Departments of Public Health, Behavioral Wellness and Probation. The County has also worked to design the renovation of the Main Jail yard to increase out-of-cell time, and has begun working on the design of the Main Jail remodel, which will increase treatment space and address accessibility requirements.

During this reporting period, the County experienced COVID-19 outbreaks, the opioid overdose epidemic, staffing shortages and vacancies, and managed the logistics of sharing resources and coordinating compliance efforts between the Main Jail and Northern Branch Jail—facilities that are 70 miles apart. All the while, staff has spent significant hours facilitating tours, responding to requests for information, records, and data from the experts and class counsel and in developing systems and processes to demonstrate compliance with a number of Remedial Plan provisions. Despite these

¹ As you know, when the County was setting forth the factors contributing to non-implementation in the body of the report, the County's Status Report exceeded 350 pages in length.

obstacles, the County has made significant strides in various categories and is committed to continue its progress implementing the Remedial Plan provisions.

As you know, the parties entered a Stipulation Re: Implementation of the Remedial Plan in August of 2023. As discussed, the County will be reporting on the interim measures identified in that Stipulation in the upcoming weeks and on an ongoing basis as the deadlines stated therein arise.

Thank you for your attention to this November 2023 Status Report and for your continued collaboration. Please let me know if you have any questions.

Very truly yours,

Rana Warren

Rana Warren
Senior Deputy County Counsel

Enclosure
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November 2023 Status Report

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
	-	
2. Medical Care	-	
2.A.1 County Monitoring of Private Medical Contract (pg. 3)	+ The County shall appoint a County employee or consultant with adequate expertise to provide ongoing monitoring and oversight of the private Jail health care provider contract.	The County is in the process of fully implementing this requirement. The County currently reviews the quality reports generated by the County’s contracted medical provider, California Forensic Medical Group, Inc. (commonly and hereinafter referred to as “Wellpath”) at the monthly Medical Advisory Committee/ Continuous Quality Improvement (hereinafter “MAC/CQI”) meetings. The County Department of Behavioral Wellness (commonly and hereinafter referred to as “BWell”) has expanded its quarterly monitoring tool to incorporate contractual provisions, Remedial Plan provisions and recommendations, and clinical best practices to provide meaningful oversight of the jail healthcare provider contract. BWell will continue to monitor on a quarterly basis with clear corrective actions and follow up. The County is discussing options related to increased medical oversight of the jail healthcare provider. The County will present those options to the Board of Supervisors in the upcoming months. Based on the Board of Supervisor’s direction, the County will update these provisions accordingly.
2.A.2 County Monitoring of Private Medical Contract (pg.4)	+ 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.	The County is in the process of fully implementing this requirement. The County Department of Public Health (hereinafter referred to as "Public Health") and BWell currently complete audits quarterly and review of the quality reports generated by Wellpath at the monthly MAC/CQI meetings. These reviews will be utilized to guide ongoing monitoring and oversight. The County has made significant strides toward improved monitoring and inter-departmental coordination to address the requirements of the Remedial Plan. Such improvements include: Monthly cross-departmental coordination meetings which include discussion and coordination regarding monitoring the jail health care contract; Public Health and BWell involvement in mortality reviews; Public Health and BWell involvement in MAC/CQI meetings; and ongoing meetings regarding data sharing and system integration. The County is also in the process of formalizing an MOU between Public Health and the Sheriff’s Office and between BWell and the Sheriff’s Office regarding contract monitoring of the jail health care provider. The County has edited the Custody Operations Health Care Policy (section 240), which is pending approval. Consistent with the Medical Care Expert’s past recommendation, BWell continues to track behavioral health referrals for clients that have been in a safety cell for more than 12 hours within the EMR through the quarterly monitoring reviews and will be reporting this data quarterly at the MAC/CQI meetings. Public Health is conducting quarterly record reviews and relaying results with recommendations to the contractor and the Sheriff’s Office. The Wellpath CQI Coordinator is initiating quarterly meetings to review audit results, address recommendations for improvement, and provide data generated by Wellpath. The County and Wellpath are reviewing the audits and creating improvement plans based on these quarterly audits. The Wellpath CQI Coordinator is responsible for any corrective actions that stem from these quarterly audits. The County and Wellpath will be sharing policies with Public Health for their review. Public Health and BWell will review all Wellpath policies as they are updated. The County is discussing options related to increased medical oversight of the jail healthcare provider. The County will present those options to the Board of Supervisors in the upcoming months. Based on the Board of Supervisor’s direction, the County will update these provisions accordingly.
2.B.1 Policies and Procedures (pg.4)	+ The County will develop and implement policies and procedures related to the delivery of medical care specific to the County’s Jail system. The County will have ownership and control over the final policies that are created from this process.	The County is in the process of fully implementing this requirement. The County has edited the Custody Operations Health Care Policy (section 240). The County continues to work with Wellpath to edit policies and incorporate the requirements of the Remedial Plan provisions. The County anticipates completing this requirement when all Wellpath and County policies are updated and reviewed by Public Health and BWell; the County anticipates that will occur in the next eight months.

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
2.C.1 Health Care Records (Page 4)	The County shall implement an integrated electronic health records system and provide ongoing IT support.	Completed. As indicated in the County's last report this provision is complete and the Medical Care Expert found the County in Substantial Compliance.
2.C.2 Health Care Records (Page 4)	The County shall implement policies and procedures to ensure that health care staff adequately document health care contacts and treatment intervention information, including: a) Patient housing location, type of health care service, and setting where the services were delivered; b) Time of the health care encounter and time the note is generated in the system.	Completed. As indicated in the County's last report this provision is complete and the Medical Care Expert found the County in Substantial Compliance.
2.C.3 Health Care Records (Page 4)	The County shall implement policies and procedures to ensure that the electronic health record system is modified, maintained, and improved as needed on an ongoing basis.	Completed. As indicated in the County's last report this provision is complete and the Medical Care Expert found the County in Substantial Compliance.
2.C.4 Health Care Records (Page 4)	+ The County shall implement and utilize Jail health care forms that the County owns.	Completed. As indicated in the County's last report, this provision is complete and the Medical Care Expert found the County in Substantial Compliance.
2.D.1 Space for Health Care Service Delivery (Page 4)	+ 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.	The County is in the process of fully implementing this requirement. The County's Northern Branch Jail has sufficient space to meet this requirement. As previously reported, the Main Jail has reassigned space in the Main Jail central area to medical and mental health treatment space. These spaces have solid doors with windows in the door that allow for the deputy to observe health and mental health encounters from outside of the physical space, which allow for patient confidentiality. The County is considering options to enhance these spaces through a proposed jail remodel project. Treatment rooms are currently available in the following modules for the delivery of medical and mental health treatment: Northwest, West, East, Central, South and the Inmate Reception Center (IRC). Treatment can be provided in these areas in a secure and private environment. The County has also allocated three additional offices for medical and mental health staff in the Inmates Services Building at the Main Jail. The County is having ongoing discussions to address increasing confidential health visits and Wellpath will be conducting a CQI related to confidential visits. Additionally, the County is proceeding with remodel of the Inmate Receiving Center of the Main Jail to increase treatment space, which is scheduled to be complete by Summer of 2027. Full compliance with this provision will likely follow remodel, reconfiguration, renovation, or new construction of the facilities as contemplated in paragraph 10 of the Stipulated Judgement.
2.D.2 Space for Health Care Service Delivery (Page 4)	+ 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.	Please see 2.D.1. above.

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
<p>2.E.1</p> <p>Screening on Intake (Page 5)</p>	<p>✚ The County shall develop and implement an Intake Screening Implementation Plan that specifies standards and timelines to ensure that arriving prisoners are promptly screened for urgent health care needs (within minutes of a prisoner’s arrival when possible, and in all cases within two hours of arrival), with adequate confidentiality, timely follow-up, and disability accommodations. The standards and timelines shall include medical clearance on arrival at the Jail to determine whether the prisoner must be excluded from the Jail or housed in a special placement based on medical or mental health condition, initial health screening, and an initial health assessment within timeframes based on the individual’s conditions and acuity.</p>	<p>The County is in the process of fully implementing this requirement. As acknowledged by the expert, the County's intake screening form and timing of such screening are within the prescribed requirements of this provision. The County has initiated a pilot program of mental health units and as the pilot expands, the County will have a process to allow for special placement based on mental health needs as required by this provision. The County has revised the Custody Operations Health Care Policy (section 240) to include patient confidentiality. The County acknowledges the expert's recommendations regarding inmates experiencing substance withdrawal, and is in the process of incorporating the Department of Justice, Guidelines for Managing Substance Withdrawal in Jails, which was released in June of 2023. In accordance with those guidelines, the County is housing inmates who are on withdrawal management together. The County is in the process of updating the health care policy to include withdrawal management protocols, additionally, Wellpath is presently working on a global policy to incorporate the DOJ recommendations, both of which will be circulated for expert and class counsel review. The County is in compliance with the remaining portions of this provision. To address the Expert's concern regarding 24/7 mental health coverage, the County is discussing the use of its BWell Mobile Crisis Unit to facilitate indicated mental health and substance use disorder and co-occurring disorder interventions at the jail after hours. The County anticipates completing the outstanding requirements of this provision in the next eight to twelve months.</p>
<p>2.E.2</p> <p>Screening on Intake (Page 5)</p>	<p>✚ The Intake Screening Implementation Plan shall include the following:</p> <ul style="list-style-type: none"> a) Standards and procedures to ensure Medication Continuity, either through outside verification or on-site physician medication order; b) Procedures to ensure adequate review of individual health care records maintained by the County or otherwise available as part of the intake process; c) Infectious disease screening and follow-up; d) Initial Health Assessment for all incoming prisoners with chronic illnesses; e) Psychological Evaluation for persons with signs of development disability; f) Psychological Evaluation for persons with signs and/or histories of mental illness; g) Clinical evaluation of persons in need of detoxification with clinical determinations for any use of sobering, safety or isolation cells; h) Use of a suicide risk assessment tool, with Psychological Evaluation for those with positive findings on the suicide assessment. 	<p>The County is in the process of implementing this provision. All elements of this provision are built into Wellpath’s current intake screening process delineated in Wellpath’s Receiving Screening Policy (E-2). The intake form also identifies inmates with intellectual disability as well as those in withdrawal or acute intoxication, which in part addresses the Medical Care Expert's recommendations regarding implementing an intellectual disabilities workflow and ensuring adequate withdrawal monitoring. Wellpath is in the process or redeveloping its pilot program for identifying intellectual and developmental disabilities and estimates that this program will return in the next six to eight months. To address the Expert's concerns regarding tuberculosis (TB) screening, Wellpath's infections disease prevention and control policy HCD-110-B02, and Infectious Disease Control Program Manual was provided to Public Health for review. Public Health determined that its review of NCCHC guidelines and Title 15 indicate that the current TB screening process at the County's jail facilities is well within the recommended timeframe. The County Department of Public Health continues to conduct quarterly audits of treatment records, including monitoring the intake form, which discusses requests for information for medical records and medications for reconciliation, to assure accurate reporting during the Receiving Screening. The County is also conducting regular meetings regarding data sharing and system integration. The County presently maintains an audit related to intake screening, which is reported to Public Health as part of the monthly MAC/CQI meetings. In the next three months, Public Health will provide an expanded monitoring tool and protocols for the Experts' review. In the next three months, the County will consult with the Expert to ensure the audit sufficiently addresses his concerns regarding intake timeliness and adequacy. The County anticipates completing this requirement in the next eight to twelve months.</p>
<p>2.E.3</p> <p>Screening on Intake (Page 5)</p>	<p>Registered Nurses (RN's) shall perform the intake health screening and shall receive annual training on intake policies and procedures.</p>	<p>Completed. The Medical Care Expert found the County in Substantial Compliance for this provision.</p>
<p>2.F.1</p> <p>Access to Care (Page 6)</p>	<p>✚ The County shall develop and implement a Health Care Implementation Plan to provide all necessary levels of care for prisoners with health care needs and to ensure that they receive timely treatment appropriate to the acuity of their conditions, consistent with established standards of care and clear timelines for routine, urgent and emergent cases.</p>	<p>The County is in the process of fully implementing this requirement. The County has edited Custody Operations Health Care Policy (section 240) to reflect the necessary levels of care. The Wellpath policy will be revised to incorporate level of control and acuity for patients to be seen, per the Medical Care Expert's recommendation. The policy will be reviewed by Public Health. Once the policy is reviewed and approved by all stakeholders, training will be developed and implemented. Presuming timely review by all stakeholders, the County anticipates completing this requirement in the next four months.</p>

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
<p>2.F.2 Access to Care (Page 6)</p>	<p>✦ All non-emergent health care requests or referrals shall be reviewed by the triage RN within 12 hours of receipt and assigned a triage level for a Provider appointment of urgent or routine.</p>	<p>The County is in the process of fully implementing this requirement. An RN reviews and triages all health care requests or referrals within 12 hours of receipt. Wellpath's CQI Coordinator is in the process of creating a CQI to track this provision, which will be provided to the expert to demonstrate tracking and reporting of this data per the expert's recommendation. The County anticipates completing this provision in the next four months.</p>
<p>2.F.3 Access to Care (Page 6)</p>	<p>✦ For all health care requests or referrals, the following timelines and procedures shall apply: a) Patients with emergent medical conditions shall be treated or sent out for emergency treatment immediately. b) Patients with urgent medical conditions shall be seen by the Provider within 12 hours of review by the triage RN. For urgent referrals that occur on the weekend when a Provider is not on-site, medical staff shall complete a phone consultation with the Provider within 12 hours of review by the triage RN, with any clinically indicated treatment or other follow-up provided. The Provider will conduct a face-to-face appointment with the patient on the next business day. c) Patients with routine medical concerns shall be seen by the Provider within five (5) days of review by the triage RN, or sooner if clinically indicated. d) All health care requests or referrals that are received shall be seen by the RN or a Provider. The County affirms that it does not utilize a written response only process for medical care requests and referrals. e) The County shall inform patients of the above timelines for urgent and routine care by including that information in the inmate orientation manual and on the medical request forms.</p>	<p>The County is in the process of fully implementing this requirement. All healthcare requests or referrals are made and seen within the timelines set forth in the provision. Wellpath's CQI Coordinator is in the process of creating a CQI to track this provision, which will be provided to the expert to demonstrate tracking and reporting of this data per the Medical Care Expert's recommendation.</p>
<p>2.F.4 Access to Care (Page 7)</p>	<p>The RN or Provider shall: a) conduct a brief face-to-face visit with the patient in a confidential, clinical setting; b) take a full set of vital signs, if appropriate; c) conduct a physical exam, if appropriate; d) assign a triage level for a Provider appointment of emergent, urgent, or routine; e) provide over-the-counter medications pursuant to protocols; and f) consult with Providers regarding patient care pursuant to protocols, as appropriate.</p>	<p>Completed. The Medical Care Expert found the County in Substantial Compliance for this provision.</p>
<p>2.F.5 Access to Care (Page 7)</p>	<p>✦ The County shall ensure timely access to appropriate medical care based on the community standard, including with respect to medication practices, treatment, clinical and administrative treatment space, access to specialty care and hospitalization, emergency response, chronic care, infirmary or intermediate level of care, follow-up medical attention for prisoners discharged from the hospital, and supervision of medical staff.</p>	<p>The County is in the process of completing this requirement. Medications are initiated at intake. Patients with medical, mental health, or chronic care issues are seen within five days of intake and then routinely at intervals of 30, 60, and 90 days. Emergency response averages less than two minutes. Follow-up for inmates returning from the hospital is scheduled for the next provider sick-call day. The provisions of this requirement are delineated in Wellpath policies, including Medication Verification (E-9) and Timely Initiation of Medication Upon Arrival (E-9- B). The experts report refers to the need for housing units for patients who require enhanced surveillance but may not meet criteria for inpatient hospitalization. The County does not have many patients that meet this criteria, however, such patients are housed in M Unit at the Northern Branch Jail. Each patient is provided clinical assessments and services based on their individualized needs and as indicated by their medical provider. The County will provide records and proof of practice documentation to the Medical Care Expert for review and will meet with the Expert as needed to discuss what remains to attain Substantial Compliance.</p>

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
<p>2.F.6 Access to Care (Page 7)</p>	<p>✚ The County shall staff and schedule dental clinics to ensure timely access to clinically indicated dental care.</p> <p>a) A qualified or appropriately trained clinician shall triage dental care requests to identify emergent or urgent dental issues that require treatment of infection or pain.</p> <p>b) Patients with emergent dental conditions shall be treated or sent out for emergency treatment immediately.</p> <p>c) Patients with urgent dental conditions shall be seen by a dentist within one (1) week, or sooner if clinically indicated.</p> <p>d) Patients with routine dental concerns shall be seen by a dentist within two (2) weeks, or sooner if clinically indicated.</p>	<p>Completed. As noted in the Medical Care Expert's report, the County's current dentist and dental assistant are meeting the timelines set forth in this provision. Per the Expert's recommendation, the County intends to maintain the dental staff hours and will provide supporting documents so that it may be found in Substantial Compliance when next reviewed by the Medical Care Expert.</p>
<p>2.F.7 Access to Care (Page 7)</p>	<p>✚ The County shall permit patients, including those who are illiterate, non-English speaking, or otherwise unable to submit written health care requests, to verbally request care. Such verbal requests shall immediately be documented by the staff member who receives the request on an appropriate form and transmitted to a qualified medical professional for response consistent with the above provisions.</p>	<p>The County is in the process of fully implementing this requirement. The sick call slip has been updated and implemented approximately three months ago. As acknowledged by the expert, his review found that almost all patients requiring language services received the necessary accommodation. Per the expert's recommendation, Wellpath will complete a CQI regarding this provision within the next three months to establish Substantial Compliance over the coming review period.</p>
<p>2.F.8 Access to Care (Page 8)</p>	<p>The County shall not prohibit patients from reporting or inquiring about multiple medical needs in the same appointment.</p>	<p>Completed. As indicated in our last report, Wellpath addresses all needs at every appointment as per Wellpath's Nonemergency Health Care Requests and Services Policy (E-7). The Medical Care Expert found the County in Substantial Compliance for this provision.</p>
<p>2.F.9 Access to Care (Page 8)</p>	<p>✚ The County shall designate and provide sufficient custody escorts to facilitate timely delivery of health care.</p>	<p>The County is in the process of fully implementing this requirement. This requirement is being met at the Northern Branch Jail as most visits are being completed in the treatment rooms attached to each housing unit. The County is making available the MET records to all experts for monitoring. Consistent with the Custody Operations Expert's recommendation, the County regularly supplements escort staffing with personnel with other assignments. In the upcoming months, the County will also work on a MET Policy and will work with Wellpath to create a tracking mechanism to track medical appointments that were completed, missed, and rescheduled. The County and Wellpath will work on the manner in which refusals are documented and reviewed by health care. The County is considering a system to uniformly code tracking related to medical appointments, and once complete, will train on the tracking system. Tracking will occur at both facilities and will be reviewed as part of the MAC/CQI process. The County updated the Orientation Handbook to reflect the expectation that inmates are to attend appointments or sign a Health Care Refusal Form. The County is presently undergoing a staffing analysis which will also assist in determining the needs to meet this provision. Following completion of the staffing analysis, the County will develop an appropriate staffing plan and timeline for implementation thereof. Such staffing plan will be subject to Board of Supervisors' approval. The County anticipates completing the requirements of this provision within six months of such approval.</p>

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
<p>2.G.1 Chronic Care (Page 8)</p>	<p>✦ The County shall develop and implement a Chronic Disease Management Program for the management of chronic conditions, including but not limited to diabetes mellitus, asthma and other respiratory conditions, hypertension, HIV, and hepatitis C.</p>	<p>The County is in the process of fully implementing this requirement. Per the Medical Care Expert's recommendation, Wellpath will be revising their policies to include documentation of level of control at chronic care encounters. All Wellpath policies will be reviewed by Public Health to meet the Expert's concerns regarding County oversight. In the next five months, the County will develop an audit tool for chronic care visits that allows tracking of the adequacy and timeliness of these encounters. With respect to the Expert's concerns regarding Hepatitis C treatment, the Public Health Officer reviewed Wellpath's Hepatitis C protocols and deemed them appropriate, particularly given the relatively short duration of stay of inmates. The County acknowledges the Expert's recommendations regarding MOUD. The County will update its policy to reflect the MAT program. The County and Wellpath continue to grow their MOUD program and are working with Health Management Associates (HMA) to do so. The County and Wellpath are currently exploring available resources to continue to grow the MAT program. To that end, the County recently revised the medication utilized to improve medication pass efficiencies with the goal of increasing MAT program capacity. The County is presently undergoing a staffing analysis which may also include recommendations related to staffing for the MAT program. Following completion of the staffing analysis, the County will develop an appropriate staffing plan and timeline for implementation thereof. Such staffing plan will be subject to Board of Supervisors' approval. The County anticipates completing the requirements of this provision within six months of such approval.</p>
<p>2.G.2 Chronic Care (Page 8)</p>	<p>✦ The Chronic Disease Management Program shall include provision of written individual treatment plans, case tracking, adherence to community standards, and routine scheduled follow up with Qualified Health Professionals including specialists.</p>	<p>The County is in the process of fully implementing this requirement. Per the Medical Care Expert's recommendation, the County will finalize implementation of the the MOUD/SUD treatment plans. The County and Wellpath continue to grow their MOUD program and are working with Health Management Associates (HMA) to do so. The County and Wellpath are currently exploring available resources to continue to grow the MAT program. To that end, the County recently revised the medication utilized to improve medication pass efficiencies with the goal of increasing MAT program capacity. The County is presently undergoing a staffing analysis which may also include recommendations related to staffing for the MAT program. Following completion of the staffing analysis, the County will develop an appropriate staffing plan and timeline for implementation thereof. Such staffing plan will be subject to Board of Supervisors' approval. The County anticipates completing the requirements of this provision within six months of such approval.</p>

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
<p>2.G.3 Chronic Care (Page 8)</p>	<p>The Chronic Disease Management Program shall include, at a minimum, the following protocols, which will be regularly evaluated through quality management processes:</p> <p>a) A Comprehensive Asthma Protocol: The protocol shall ensure that patients with significant asthma histories are regularly evaluated by physicians. Medical staff shall use appropriate diagnostic tool(s) to assess a patient's ability to breathe. The County will allow patients to keep prescribed rescue inhalers on their person, consistent with individualized clinical and security input.</p> <p>b) A Comprehensive Hypertension Management Protocol: The protocol shall ensure that patients with hypertension receive complete initial exams, including but not limited to lab tests and EKG's per clinical input, and medication at the appropriate times and intervals.</p> <p>c) A Comprehensive Diabetes Management Protocol: The protocol shall ensure regular testing of blood sugar and hemoglobin A1C levels for patients with diabetes, at clinically appropriate intervals. Patients shall have access to the types of insulin and dosing frequency consistent with the treatment they were receiving prior to detention or most appropriate to their individual treatment goals and correctional setting, including multiple daily injection therapy using long-acting and rapid-acting insulins and insulin pump therapy, as clinically appropriate. The County will provide a diabetes-appropriate diet, compiled by a qualified registered dietician, to prisoners with diabetes.</p>	<p>Completed. The Medical Care Expert found the County in Substantial Compliance for this provision.</p>
<p>2.G.4 Chronic Care (Page 9)</p>	<p>✚ The County shall develop policies and procedures to ensure that labs ordered by clinicians are drawn in a timely manner, that the results are reviewed by nurses and clinicians in a timely manner, that the results are communicated to patients in a timely manner, and that the results are placed in the patient's health care record in a timely manner.</p>	<p>The County is in the process of fully implementing this requirement. Per the Medical Care Expert's recommendation, Wellpath will create a quarterly report on the percentage of timely laboratory reviews and reports of results to patients, including response to abnormal and critical results. The County anticipates conducting the first quarterly report in the next four months and anticipates being able to demonstrate full compliance with this provision over the next monitoring period.</p>
<p>2.H.1 Pharmacy Services (Page 9)</p>	<p>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.</p>	<p>Completed. The Medical Care Expert found the County in Substantial Compliance for this provision.</p>
<p>2.H.2 Pharmacy Services (Page 9)</p>	<p>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.</p>	<p>Completed. The Medical Care Expert found the County in Substantial Compliance for this provision.</p>
<p>2.H.3 Pharmacy Services (Page 9)</p>	<p>✚ The County shall revise its Keep on Person medication policies and procedures for common over-the-counter medications, including but not limited to rescue inhalers for asthma treatment.</p>	<p>The County is in the process of fully implementing this requirement. The County and Wellpath are discussing expanding the KOP program to include additional medications and when finalized, will revise its policies accordingly. The County is also considering a policy or system to clarify how custody staff are notified that an inmate is in possession of an approved KOP medication. Per the expert's recommendation, the County will consider prioritizing patients in the chronic care program when considering expansion of the KOP program. The County anticipates completing this provision in the next eight months.</p>

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
<p>2.H.4</p> <p>Pharmacy Services (Page 9)</p>	<p>✦ The County shall develop and implement policies and procedures to ensure that all medications are appropriately prescribed, stored, controlled, dispensed, and administered in accordance with applicable laws and through the following:</p> <p>a) ensuring that initial doses of prescribed medications are delivered to patients within 48 hours of the prescription, unless it is clinically indicated to deliver the medication sooner;</p> <p>b) ensuring that medical staff who administer medications to patients document in the patient's Medical Administration Record (1) name and dosage of each dispensed medication, (2) each date and time medication is administered, (3) the date and time for any refusal of medication, and (4) in the event of patient refusal, documentation that the prisoner was made aware of and understands any adverse health consequences by medical staff.</p>	<p>The County is in the process of fully implementing this requirement. Wellpath's pharmacy manual and policies, including the Medication Services Policy (D-2,) the Pharmaceutical Operations Policy (D-1), and the Medication Continuation Policy (E-9-A) meet the requirements of this provision. Proof of practice supporting this provision are contained in the Title 15 audit as well as the Pharmacy audit and will be provided to the expert for review. While the Medical Care Expert rated the County at partial compliance for the entirety of the Pharmacy Services section of the remedial plan, specific deficiencies related to this provision were not noted. The CQI Coordinator and DON are working on a process to capture missed medications and times medications are delivered outside of the expected timeframes. The County anticipates completing this provision in the next six months.</p>
<p>2.H.5</p> <p>Pharmacy Services (Page 10)</p>	<p>✦ 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.</p>	<p>The County is in the process of implementing this provision. The CQI Coordinator and DON are working on a process to capture missed medications and instances where medications are delivered outside of the expected timeframes. Per the expert's recommendation, this report will be reported during MAC/CQI meetings to ensure sufficient County oversight. The County will work on a process to track, and audit missed and delayed medications and expects to have this provision completed in the next six months.</p>
<p>2.H.6</p> <p>Pharmacy Services (Page 10)</p>	<p>✦ The County shall provide sufficient nursing and custody staffing to ensure timely delivery and administration of medication.</p>	<p>The County is in the process of fully implementing this requirement. The County is presently undergoing a staffing analysis which will aid in understanding what is necessary to meet the provisions of this requirement. The County's plans to track and audit missed medications and expansion of the KOP medications will also aid in obtaining compliance. The County is presently undergoing a staffing analysis which will also assist in determining the needs to meet this provision. Following completion of the staffing analysis, the County will develop an appropriate staffing plan and timeline for implementation thereof. Such staffing plan will be subject to Board of Supervisors' approval. The County anticipates completing the requirements of this provision within six months of such approval.</p>
<p>2.I.1</p> <p>Transgender and Gender Nonconforming Health Care (Page 10)</p>	<p>✦ 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.</p>	<p>The County is in the process of fully implementing this requirement. The County and Wellpath are editing current policies to reflect the requirements of this provision. The County anticipates completing this requirement in the next four months.</p>
<p>2.J.1</p> <p>Drug/Alcohol Withdrawal (Page 10)</p>	<p>✦ The County shall develop and implement drug/alcohol withdrawal policies and procedures that include specific guidelines as to the frequency and documentation of patient assessment.</p>	<p>The County is in the process of fully implementing this requirement. is in the process of incorporating the Department of Justice, Guidelines for Managing Substance Withdrawal in Jails, which was released in June of 2023. In accordance with those guidelines, the County is housing inmates who are on withdrawal management together. The County is in the process of updating the health care policy to include withdrawal management protocols, additionally, Wellpath is presently working on a global policy to incorporate the DOJ recommendations, both of which will be circulated for expert and class counsel review. The County anticipates completing the requirements of this provision in the next eight to twelve months.</p>
<p>2.K.1</p> <p>Utilization Management (Page 10)</p>	<p>✦ The County shall develop and implement a utilization management (UM) system that ensures that health decisions about patient care are made with sufficient input from Providers and meaningful consideration of patients' health history and needs.</p>	<p>The County is in the process of fully implementing this requirement. Wellpath's Care Management Program, covered in the Corporate Policy and Procedure (A-1), meets this requirement. To meet the Medical Care Expert's concern regarding County oversight, Public Health will be reviewing Wellpath's policies related to utilization management. The County is exploring auditing UM decisions as part of its quarterly audit or as part of the MAC/CQI monthly meetings. The County anticipates completion of this requirement in the next six months.</p>

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
2.K.2 Utilization Management (Page 10)	<p>✦ The UM process shall ensure that Providers and patients are promptly informed about decisions made through the UM process, including with respect to specialist referral requests.</p>	<p>The County is in the process of completing this requirement. Wellpath implemented a Patient Communication Form that will be used to meet this requirement. To address the Medical Care Expert's recommendations related to identified gaps in Wellpath's UM process, Wellpath will develop an audit tool related to timely notifying patients of key decisions regarding specialty assessments and disability accommodations. The County is discussing options related to increased medical oversight of the jail healthcare provider. The County will present those options to the Board of Supervisors in the upcoming months. Based on the Board of Supervisor's direction, the County will update these provisions accordingly.</p>
2.K.3 Utilization Management (Page 10)	<p>The UM process shall include an appeal process to enable patients and Providers to appeal a decision denying a referral request.</p>	<p>Completed. The Medical Care Expert found the County in Substantial Compliance for this provision.</p>
2.L.1 Review of Inmate Deaths (Page 11)	<p>✦ 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.</p>	<p>The County is in the process of fully implementing this provision. The County timely and adequately conducts death reviews within 30 days of death. This requirement is documented in the mortality log/attendance sheets and Wellpath's policies, including the Morbidity Policy (A-9-A), along with Custody Operations Significant Incident and In-Custody Deaths Policy (section 206). Per the Medical Care and Mental Health Expert's recommendations the County and Wellpath have collaborated to create a shared death review report inclusive of root cause analysis, findings, and measurable corrective action plans. The County and Wellpath recently revised their mortality reviews to increase information sharing, include joint presenters, and increase staff involvement as well as incorporated the requested inquiries noted in the Medical Care Expert's report. BWell was present at the most recent mortality review. Per the Medical Care Expert's recommendation, Public Health and BWell will be participating in all future mortality reviews and will be reviewing all materials and providing feedback. Additionally, a Public Health physician has been added to the multidisciplinary mortality review team. In the upcoming months, the County intends to provide proof of practice documentation related to these mortality reviews and will engage with the Experts to address any outstanding components to obtain substantial compliance.</p>
2.L.2 Review of Inmate Deaths (Page 11)	<p>✦ 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.</p>	<p>The County is in the process of fully implementing this requirement. The County has incorporated root cause analysis into the mortality review process. The County and Wellpath develop corrective action plans to identify and address issues as needed. Per the Medical Care Expert's recommendation, Public Health and BWell will be participating in all mortality reviews and will be reviewing and providing feedback, including on any necessary root cause analysis. In the next four months, the County will discuss the Medical Care Expert's additional recommendations related to this provision.</p>

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
<p>2.M.1</p> <p>Discharge Planning (Page 11)</p>	<p>✚ The County shall implement an in-custody discharge/reentry planning program, described in a written policy, with emphasis on prisoners who suffer from chronic mental health and medical conditions, including addiction.</p>	<p>The County is in the process of fully implementing this requirement. As previously reported, the County was actively recruiting for a Multi-Agency Assessment, Case Planning and Re-entry Coordinator (“Re-Entry Coordinator”) to oversee development of structures for collaboration and connection of the various discharge planning and re-entry efforts. In the interim, a cross agency stakeholder group was established to map out the current discharge planning flow as well as a delineation of roles and responsibilities of the various entities involved in discharge planning, including but not limited to the programs manager, Wellpath, custody, probation, eligibility workers, public health and public defender discharge planning staff. On August 31, 2023, the County Probation department announced the utilization of existing probation resources (a Supervising Deputy Probation Officer) to temporarily fill the vacant Re-Entry Coordinator position. The Re-Entry Coordinator immediately began meeting with all entities involved in discharge planning to advance coordination efforts and was focused on several key areas which included: finalizing the universal discharge planning form, creating a new discharge planning flow chart, and working with Probation IT to enhance the Discharge Planning Database. This enhanced database should allow greater flexibility and capabilities to connect to the existing jail management system. The enhanced database should be able to utilize information input by discharge planning members to automatically create a discharge planning form upon client discharge. The database should be able to note outpatient referrals and appointments, public benefits, inpatient treatment, and other appropriate re-entry services. The County is also in the process of developing the required discharge planning policies, which among other things, designate necessary BWell staff to be part of the discharge planning teams to help assess and link clients with behavioral health needs, specifically needs for clients with Severe Mental Illness (SMI), Co-Occurring Mental Health and Substance Use Disorders (COD) and or Severe Substance Use Disorders (SUD). Additionally, Public Health intends to review inmates with chronic care needs to help determine a workflow to identify Public Health patients for follow up. During this rating period, the discharge planning stakeholders have initiated discussion regarding a pilot project to provide re-entry services to a targeted population including a subset of MAT patients, with expansion to patients being discharged from the Specialized Mental Health Units, SMI patients, and chronic care patients. The County also created a uniform discharge planning form to aid in uniformity and consistency among the various discharge planners and to allow for enhanced discharge planning to the above-identified patient populations. The written discharge plan includes identification of needs, including outpatient referrals and appointments, medical insurance, housing, substance abuse treatment, parenting and family services, inpatient treatment, and other re-entry services. While the enhanced database is finalized, paper copies of the universal discharge planning form will be utilized and tracked. The County also recently hired a discharge planner to provide discharge planning services to participants in the BHU programs at both jail facilities. The County anticipates completing the requirements of this provision in the next twelve months.</p>
<p>2.M.2</p> <p>Discharge Planning (Page 11)</p>	<p>The reentry services program shall include the provision of assistance to chronic care patients, including outpatient referrals and appointments, public benefits, inpatient treatment, and other appropriate reentry services.</p>	<p>Please see response to 2.M.1 above.</p>
<p>2.N.1</p> <p>Quality Management (Page 11)</p>	<p>The County shall develop a Quality Management program to regularly assess and take necessary measures to ensure quality and efficiency of care.</p>	<p>The County is in the process of fully implementing this requirement. This requirement is currently part of the CQI meetings and is included in the monthly MAC/CQI meetings, which include Public Health and BWell. Wellpath also hired a CQI coordinator who is solely responsible for CQI and corrective action plans. Public Health and BWell will continue to participate in these meetings and will provide analysis, feedback and corrective action plans as necessary. The County will be discussing more robust review to meet the requirements of this provision. The County is discussing options related to increased medical oversight of the jail healthcare provider. The County will present those options to the Board of Supervisors in the upcoming months. Based on the Board of Supervisor’s direction, the County will update these provisions accordingly.</p>

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
2.N.2 Quality Management (Page 11)	<p>⊕ The County shall establish a Continuous Quality Improvement (CQI) Unit to develop tracking mechanisms and to monitor the timeliness and effectiveness of care, to be reviewed at least quarterly and with corrective action plans employed where issues are identified.</p>	<p>The County is in the process of fully implementing this requirement. The County presently maintains a Continuous Quality Assurance (CQA) unit that meets the requirements of this provision. Wellpath also hired a CQI coordinator who is solely responsible for CQI. Going forward, the Director of Nursing, Mental Health Supervisor and Medical Director will be more involved in the CQI process. BWell has updated the quarterly monitoring review to include timeliness tracking of psychiatry, medication efficacy and side effects, and sick calls. This monitoring will be incorporated in the MAC/CQI meetings. Public Health staff track timeliness of services in the electronic medical record through quarterly record review. In the next six months, the County will develop tracking mechanisms to document effectiveness of care to meet this requirement. In the upcoming months, the County also intends to implement a more robust MAC/CQI structure. The County anticipates completing this requirement in the next eight to ten months.</p>
2.N.3 Quality Management (Page 11)	<p>⊕ The County shall track and document all completed, delayed, and canceled medical appointments, including reasons for delays and cancelations. Such documentation shall be reviewed as part of the quality management process.</p>	<p>The County is in the process of fully implementing this requirement. In the next two months, the County will work on a MET Policy and will work with Wellpath to create a tracking mechanism to document and track medical appointments to include those that were completed, delayed, and canceled. The County and Wellpath will work on the manner in which refusals are documented and reviewed by health care. The County is considering a system to uniformly code tracking related to medical appointments. Once the tracking system is complete, the County will then begin developing policies and training. Tracking will occur at both facilities and will be reviewed by clinical leadership and presented at MAC/CQI meeting, which includes participation by Public Health and BWell. The Orientation Handbook has been updated to inform inmates that they are expected to attend clinical appointments. The County will also update all relevant policies, procedures, and forms. The County anticipates completing this requirement in the next six months.</p>
2.N.4 Quality Management (Page 11)	<p>The County shall track compliance with the Chronic Disease Management Program requirements for timely provision of appointments, procedures, and medications.</p>	<p>The County is in the process of fully implementing this provision. Per the Medical Care Expert's recommendation, Wellpath will develop a tracking mechanism for missed appointments that will be reviewed by clinical leadership and presented at MAC/CQI meetings. The County anticipates completing this requirement in the next six months.</p>
2.N.5 Quality Management (Page 12)	<p>The County shall incorporate a systematic review of prisoner grievances related to health care into its Quality Management program.</p>	<p>The County is in the process of fully implementing this requirement. The County is working with Wellpath to review the grievance tracking system presently in place to identify system improvements. The MAC/CQI meetings include review of prisoner grievances related to health care. In the next six months, the County and Wellpath will update Wellpath's Grievance Mechanism for Health Complaints Policy (A-10) and the Administrative Meetings and Reports Policy (A-4), to meet this requirement, including incorporating systematic review of prisoner grievances into the CQI process. The County will work with the Custody Operations Expert to ensure necessary review of grievances and incorporate the expert's recommendations and will incorporate those changes in the next three months. The County anticipates completion of this provision in the next six months.</p>
3. Mental Health Care	<p>⊖</p>	
3.A.1 Policies and Procedures (Page 12)	<p>⊕ The County shall develop its own county- and site-specific policies and procedures related to its jail mental health care system. Jail mental health policies and procedures shall be reviewed at least annually and updated as necessary.</p>	<p>The County is in the process of fully implementing this requirement. Both the County and Wellpath have site specific policies related to mental health care. The County will continue to update its policies as additional programs come on line and additional changes to treatment and discharge planning occur. Wellpath has updated global policies and is continuing to update site-specific policies. Consistent with the Mental Health Expert's recommendation, Wellpath's Vice President of Mental Health is currently working on site-specific policies so that the staff at the facilities are not inundated with that work. Training will occur thereafter. The County anticipates completing this requirement in the next six months.</p>

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
<p>3.A.2</p> <p>Policies and Procedures (Page 12)</p>	<p>✦ The County shall develop policies and procedures regarding mental health care committees that clearly describe structure, membership, and minimum meeting frequencies.</p>	<p>The County is in the process of fully implementing this requirement. The County has edited the Custody Operations Mental Health Policy (section 241) to document multidisciplinary meetings that are occurring weekly. Wellpath is currently working on adding this to policy F-03 Mental Health Services. The target population of these multidisciplinary meetings will be revised as the County continues to open and develop specialized mental health units ("BHU"). BHU/MDT meetings are conducted weekly, one for each site. Membership includes the Mental Health Coordinator, BHU Deputy, Mental Health Clinician assigned to unit, STP coordinator, STP counselor assigned to unit, Classification. A separate BHU Referral Committee is being created, which will include the mental health Coordinator and Classification staff. A Discharge Planning Committee is being developed for BHU/mental health discharge planning (Weekly Meeting). Behavioral Health Coordination Committee, membership includes Wellpath, Custody, Behavioral Wellness, PHF, County Leadership (Monthly Meeting). Suicide Prevention Workgroup will be meeting quarterly. The County will be updating the appropriate policies, including the Behavioral Health Unit Policy (248) and Suicide Prevention Policy (242) to include the structure, membership, and meeting frequencies of the committees, consistent with this requirement and the Mental Health Expert's recommendation. The County anticipates completing this requirement in the next six months.</p>

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
<p>3.A.3</p> <p>Policies and Procedures (Page 12)</p>	<p>✚ The County shall ensure that its policies and procedures are consistent with the provisions of this Remedial Plan and include the following:</p> <ul style="list-style-type: none"> a) A written document reflecting the spectrum of mental health care programming and services provided to prisoners; b) Reasonable timeframes for completion of each type of mental health care-related task or service, consistent with community and professional standards; c) An intake and referral triage system to ensure timely and effective resolution of inmate requests and 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. 	<p>The County is in the process of fully implementing this requirement. A working group has been assigned to revise and develop policies and procedures consistent with the provisions of this Remedial Plan. The County has begun implementation of the subsections of this requirement as follows:</p> <ul style="list-style-type: none"> a) In process. Mental health care programs will be added to Wellpath's Health Services Handbook and the Custody Operations Orientation Handbook. This process will be completed once site-specific policies are developed. b) In progress. These timeframes are delineated in Wellpath Mental Health Screening and Evaluation Policy (E-5) and are compliant with community standards. Per the Mental Health Expert's recommendation, Wellpath will revise Policy E-5 such that it is site specific. c) In progress. The County maintains an intake and referral triage system (see Wellpath Receiving Screening Policy (E-2)) and timely and effectively resolves inmate requests and referrals at intake and in referral triage. Per the Mental Health Expert's recommendation, Wellpath will revise Policy E-2 such that it is site specific. d) In progress. Clinical monitoring occurs by way of restrictive housing rounds and suicide watch rounds. Per the Mental Health Expert's recommendation, Wellpath will revise Policy B-05 such that it is site specific. e) In progress. The County has a description related to admitting and discharging criteria and is working on specialized mental health housing. This process will be completed once policies have been made site specific. f) Completed. Staff members receive CIT training and suicide prevention training. <p>As an update, the County has developed mental health units at the Main Jail and at the Northern Branch Jail and is working on expanding those programs into additional housing units at both facilities. The County has a multidisciplinary group that continues to develop these specialized mental health units and the programming for these inmates. Programming in A module at Main Jail and F-unit at Northern Branch Jail have been fully implemented and are running smoothly. Admission and Discharge criteria is being developed and discussed with the Mental Health Expert regularly and is pending approval. The County expanded the BHU to an additional 24 male beds at Northern Branch Jail on October 30th, for a system-wide total capacity of 56 beds (up to 16 females and 40 males).</p> <p>Once the policies are complete, Wellpath will train its staff and develop an audit consistent with the Mental Health Expert's recommendations. The County anticipates completing this requirement in the next six to eight months.</p>
<p>3.A.4</p> <p>Policies and Procedures (Page 12)</p>	<p>✚ 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.</p>	<p>The County is in the process of fully implementing this requirement. The sick call slip to reflect the emergent, urgent and routine timeframes for mental health, medical, and dental referrals is complete and in circulation. Wellpath currently maintains documentation on emergent, urgent, or routine referrals, and Wellpath's policy (F-03) reflects such triage system. The County has updated the Custody Operations Health Care Policy (section 240) and the Custody Operations Orientation Handbook to reflect the requirements of this provision. Ongoing training is being provided to intake nurses and mental health clinicians to label tasks from intake and sick calls as emergent, urgent, or routine. Designated level of urgency is based on clinical judgement as well as criteria listed in the receiving screening. In light of the Mental Health Expert's recommendations, Wellpath is in the process of developing a system where staff can identify referrals as required by this provision in CorEMR. The County will be developing an audit of this process to ensure that referrals are appropriately triaged. The County anticipates completing this requirement in the next six months.</p>

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
<p>3.A.5</p> <p>Policies and Procedures (Page 13)</p>	<p>✦ The County shall ensure that there is a licensed mental health professional on-site at the Jail facilities who, working in collaboration with the health care services administrator, shall be responsible for supervising the clinical aspects of the following functions:</p> <p>a) Treatment programming that meets the needs of the inmate population and is consistent with individualized treatment plans.</p> <p>b) Supervision of mental health staff to ensure appropriate in-service training, development of treatment plans, and health care record documentation.</p> <p>c) Treatment programming provided by outside mental health agencies.</p>	<p>The County is in the process of fully implementing this requirement. The on-site Mental Health Supervisor handles all aspects of this provision and will be submitting his licensure application in the upcoming months. In the interim, Wellpath's Regional Mental Health Director, has been on-site at the facilities for multiple days on a near monthly basis. Per the Mental Health Expert's recommendation, until the mental health Supervisor obtains his licensure, the Regional Director will be on-site on a monthly basis to assist with compliance with this provision. The County anticipates completing in the next six months.</p>
<p>3.A.6</p> <p>Policies and Procedures (Page 13)</p>	<p>✦ The County shall develop policies and procedures to ensure that all clinical interactions (other than rounds) be conducted in a private and confidential manner, absent a specific, current risk that necessitates the presence of custody staff. Custody and mental health staff shall be trained accordingly.</p>	<p>The County is in the process of fully implementing this requirement. The County revised the Custody Operations Health Care Policy (240) and has incorporated this provision into its Mental Health Policy (241) to ensure interactions are conducted in a private and confidential manner. Wellpath Privacy of Care Policy (A-07) includes the requirements of this provision. Wellpath recently re-trained its staff regarding this provision and will provide proof of practice to the Mental Health Expert. The County will conduct training on these policies and should complete this requirement in the next three months.</p>
<p>3.A.7</p> <p>Policies and Procedures (Page 13)</p>	<p>✦ The County shall develop policies and procedures on the use of de-escalation techniques and early involvement by Qualified Mental Health Professionals in situations involving an inmate with SMI.</p>	<p>The County is in the process of fully implementing this requirement. The County has updated Custody Operations Mental Health Care Policy (section 241) and Pre-Planned Use of Force Policy (section 320). Wellpath's Mental Health Services Policy (F-3) will be updated to meet the requirements of this provision. Once approved, training will occur prior to implementation and tracking. Per the Custody Operations Expert's recommendation, the County will work with the Expert to determine appropriate processes for expert monitoring of and reporting on implementation. To address the Expert's concern regarding 24/7 mental health coverage, the County is discussing the use of its BWell Mobile Crisis Unit to facilitate indicated mental health and substance use disorder and co-occurring disorder interventions at the jail after hours. Custody staff receive crisis intervention training at the Core Academy and will work with the Expert to determine what else is required to complete this requirement. The County anticipates completing this provision in the next four to six months.</p>
<p>3.A.8</p> <p>Policies and Procedures (Page 13)</p>	<p>When utilizing trainees, such as psychiatric interns, the County shall have a memorandum of agreement with the provider that addresses supervision and other appropriate requirements.</p>	<p>Completed. The Mental Health Expert found the County in Substantial Compliance for this provision. Monitoring will be discontinued pursuant to paragraph 52 of the Remedial Plan.</p>
<p>3.B.1</p> <p>Intake (Page 13)</p>	<p>The County shall ensure implementation of a screening tool to identify individuals with mental illness, at risk of self-injury, or vulnerable to predation secondary to a mental illness. The screening tool shall:</p> <p>a) Identify risk factors or medication that require a mental health referral.</p> <p>b) Recommend housing and referrals based on the individual's diagnosis, strengths, and weaknesses.</p> <p>c) Refer inmates to mental health staff for any positive finding of mental illness, and triage all referrals as urgent, emergent, or routine.</p> <p>d) Describe signs and symptoms of conditions which justify the assignment of a DSM1 diagnosis.</p>	<p>The County is in the process of fully implementing this requirement. The County has completed sections (a) through (d). To address the Mental Health Expert's concerns regarding section (c), ongoing training is being provided to intake nurses and mental health Clinicians to label tasks from intake and sick calls as emergent, urgent, or routine. Designated level of urgency is based on clinical judgement as well as criteria listed in the receiving screening. In light of the Mental Health Expert's recommendations, Wellpath is in the process of developing a system where staff can identify referrals as required by this provision in CorEMR. Per the Expert's recommendation, Wellpath will conduct additional training regarding intake screening, including the screening tool referenced in this provision. The County anticipates completing this requirement in the next four months.</p>

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
3.B.2 Intake (Page 14)	<p>✦ 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.</p>	<p>The County is in the process of fully implementing this requirement. For inmates who refuse intake screening, an intake RN will follow-up after refusal in order to complete the intake process. Despite the patient's refusal to participate in the intake screening, appropriate referrals to psychiatry and mental health professionals are made when warranted. Wellpath will be training staff regarding the necessary documentation required by this provision. Wellpath's Receiving Screening Policy (E-2) will be revised to include the requirements of this provision and Wellpath will develop an audit tool as recommended by the Mental Health Expert. The County anticipates completing this requirement in the next three to five months.</p>
3.B.3 Intake (Page 14)	<p>✦ Refusal to give consent at intake will not be considered an indication of refusal of any treatment and evaluation at a later time.</p>	<p>The County is in the process of fully implementing this requirement. The County presently meets the requirements of this provision in practice, but Wellpath's Receiving Screening Policy (E-2) will be updated with their current procedures which meet this requirement. The County and Wellpath will work with the Mental Health Expert to develop an audit tool to reflect compliance with this provision. The County anticipates competing this requirement in the next three to five months.</p>
3.B.4 Intake (Page 14)	<p>✦ 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.</p>	<p>The County is in the process of fully implementing this requirement. This requirement is part of the intake process. Presently, RN's are tasking directly to psychiatry at intake, whether or not meds are verified. Wellpath's Receiving Screening Policy (E-2) will outline the procedures for medication continuity so that it is site specific per the Mental Health Expert's recommendation. Wellpath has created an audit that addresses the requirements of this provision, and following the Mental Health Expert's review of such audit, anticipates conducting the audit in the next three months.</p>
3.C.1 Patient Privacy and Confidentiality (Page 14)	<p>✦ The County shall provide sufficient private interviewing spaces for all clinical contacts for evaluation and/or treatment (other than rounds).</p>	<p>The County is in the process of fully implementing this requirement. The County revised the Custody Operations Health Care Policy (240) and has incorporated this provision into its Mental Health Policy (241) to ensure interactions are conducted in a private and confidential manner. Wellpath Privacy of Care Policy (A-07) includes the requirements of this provision. The County currently conducts clinical interactions in a private and confidential manner at the Northern Branch Jail. At the Main Jail, when possible, the County conducts clinical contacts confidentially with the deputy standing outside of the treatment room, supervising the appointment, and observing through a window in the door at the Main Jail. The County is limited by treatment space at the Main Jail and full compliance of this provision may require remodel, renovation, or new construction of the Main Jail and/or the Northern Branch Jail. In the interim, the County has identified additional treatment space for these clinical contacts to occur confidentially and is exploring options to increase use of such space. However, the County is having ongoing discussions and will consult with the Mental Health Expert to address increasing confidential visits. Additionally, Wellpath will be conducting a CQI related to confidential visits. The County is assessing its MET needs and the County is presently undergoing a staffing analysis which will also assist in determining the needs to meet this provision. Following completion of the staffing analysis, the County will develop an appropriate staffing plan and timeline for implementation thereof. Such staffing plan will be subject to Board of Supervisors' approval. The County anticipates completing the requirements of this provision within six months of such approval.</p>
3.C.2 Patient Privacy and Confidentiality (Page 14)	<p>✦ 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.</p>	<p>Please see response to 3.C.1 above.</p>
3.C.3 Patient Privacy and Confidentiality (Page 14)	<p>✦ 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.</p>	<p>The County is in the process of fully implementing this requirement. Wellpath clinicians are documenting clinical visits in accordance with this provision. However, to ensure consistency in documentation, Wellpath is performing ongoing training regarding the requirements of this provision during monthly mental health staff meetings, or more frequently if needed. Wellpath will be conducting audits to monitor compliance with this provision and will be reporting the results of this audit in the MAC/CQI meetings consistent with the Mental Health Expert's recommendation.</p>

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
3.C.4 Patient Privacy and Confidentiality (Page 15)	<p>✚ The County shall implement a confidential mental health service request system that does not require patients to share confidential health information with custody or other non-health care staff.</p>	<p>Completed. The Mental Health Expert found the County in substantial compliance with this provision.</p>
3.D.1 Mental Health Services, Housing, and Access to Care (Page 15)	<p>✚ Mental health staff shall respond to mental health referrals and requests within the following timelines:</p> <ul style="list-style-type: none"> a) Four (4) hours for emergent cases, and sooner if clinically indicated, except that during the hours of 11:00 p.m. and 7:00 a.m., medical staff shall respond to emergent cases; b) Twenty-four (24) hours for urgent cases, and sooner if clinically indicated; c) One week for routine cases, and sooner if clinically indicated. 	<p>The County is in the process of fully implementing this requirement. The County updated the Custody Operations Health Care Policy (section 240) to reflect the requirements of this provision. The County is currently meeting this requirement in practice. Clinicians respond immediately to emergent cases (intakes, crisis, suicidal ideation, etc.) and Wellpath currently maintains documentation for emergent, urgent, or routine referrals. To address the Expert's concern regarding 24/7 mental health coverage, the County is discussing the use of its BWell Mobile Crisis Unit to facilitate indicated mental health and substance use disorder and co-occurring disorder interventions at the jail after hours. Consistent with subsection (a) of this provision, during the hours of 11:00pm and 7:00 am, medical staff respond to emergent cases. In the next six months, Wellpath will begin auditing the requirements of this provision through the CQI process and assess the County's needs as recommended by the Mental Health Expert. The County is presently undergoing a staffing analysis which will also assist in determining the needs to meet this provision. Following completion of the staffing analysis, the County will develop an appropriate staffing plan and timeline for implementation thereof. Such staffing plan will be subject to Board of Supervisors' approval. The County anticipates completing the requirements of this provision within six months of such approval.</p>
3.D.2 Mental Health Services, Housing, and Access to Care (Pge 15)	<p>✚ The County shall implement a policy to place and treat all prisoners on the mental health caseload in the least restrictive setting appropriate to their needs.</p>	<p>The County is in the process of fully implementing this requirement. The County has revised and finalized the Custody Operations Inmate Classification Policy (301) and the Classification Plan to reflect the provisions of this requirement, and is in the process of obtaining Classification Validation. The County presently houses inmates on the mental health caseload at the Main Jail in Northwest A,C, and D modules and at the Northern Branch Jail in F and J Unit in an effort to house these inmates in the least restrictive setting. In July, the County initiated a pilot for the specialized mental health unit (BHU), which was expanded in October. The County has a multidisciplinary group that is developing these specialized mental health units and the programming for these inmates. The County has closed a significant portion of its restrictive housing units and the BHU pilot has further reduced the use of restrictive housing for the mental health population that do not pose a safety or security risk. The County continues to work with the Mental Health Expert to ensure adequate clinical and programming support as well as updating policies and training to meet the needs of the mental health population at the facilities. The County presently aims to place prisoners on the mental health case load in the least restrictive setting, and will be better equipped to do so once additional designated mental health units are in place.</p>

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<p>3.D.3</p> <p>Mental Health Services, Housing, and Access to Care (Pge 15)</p>	<p>✚ The County shall develop and designate specialized mental health units, with provision of the appropriate levels of programming and treatment for each mental health care service level.</p> <p>a) The County shall provide a sufficient number of beds at all necessary levels of clinical care and levels of security, to meet the needs of the Jail population of people with SMI.</p> <p>b) The County shall develop referral criteria and policies regarding management, treatment, and placement of inmates with SMI.</p> <p>c) Mental health staff shall recommend appropriate placement in and discharge from the specialized mental health units and programs for inmates with mental illness based on clinical judgment.</p> <p>d) The County shall develop policies and procedures to house and treat inmates with mental illness at the clinically appropriate level of care.</p>	<p>The County is in the process of fully implementing this requirement. The July, the County initiated a pilot program of specialized mental health units at the Main Jail (A-unit) and at the Northern Branch Jail (F-Unit). The County has a multidisciplinary group that continues to develop these specialized mental health units and the programming for these inmates. Programming in A module at Main Jail and F-unit at Northern Branch Jail have been fully implemented and are running smoothly. The County expanded the BHU to an additional 24 male beds at Northern Branch Jail on October 30th, for a system-wide total capacity of 56 beds (up to 16 females and 40 males).</p> <p>a) The County is engaging with the Mental Health Expert to conduct a needs assessment to assess the BHU capacity necessary to meet the needs of the population with SMI.</p> <p>b) The County preliminarily established referral criteria which is under review by the Mental Health Expert and Class Counsel. Wellpath created a draft BHU policy and the County will work with the Mental Health Expert to further refine the policies regarding management, treatment and placement of inmates with SMI.</p> <p>c) Mental health staff are an integral part of the BHU multidisciplinary group and such staff recommend placement and discharge from the BHU. The Mental Health Coordinator and classification confer regularly regarding appropriate placement in the BHU.</p> <p>d) The County has developed a draft BHU custody policy and Wellpath is presently drafting policies relevant to the BHU to meet the requirements of this provision. The County is working with the Mental Health Expert regarding these polices and once approved will provide full training on these policies.</p> <p>The County will continue to confer with the Mental Health Expert regarding his recommendations related to this provision. The County will provide a reasonable deadline for full implementation of this provision by February 1, 2024.</p>
<p>3.D.4</p> <p>Mental Health Services, Housing, and Access to Care (Pge 15)</p>	<p>✚ Staff shall conduct regular multidisciplinary team meetings to discuss the treatment and management of each inmate with SMI who is incapable of functioning in a general population setting or who is housed in a specialized mental health unit, to coordinate individual health, mental health, classification and discharge needs.</p> <p>a) The County shall include the line officer, whenever possible, in the multidisciplinary treatment team meeting. The line officer shall provide day-to-day observations on an inmate's functioning and receive input from the professional staff in management approaches.</p> <p>b) The multidisciplinary treatment team shall determine which privileges and property shall be available to inmates. The treating clinician shall provide input as to privileges and property for inmates on psychiatric observation or suicide watch.</p> <p>c) Treatment staff shall provide all inmates on specialty units an enhanced individualized treatment plan documented on a medical record treatment plan form and completed within the first seven days of placement on that unit. These treatment plans shall be regularly reviewed and updated as needed by the multidisciplinary treatment team, with participation of the inmate.</p>	<p>The County is in the process of fully implementing this requirement. The County continues to work with the Mental Health Expert to ensure adequate clinical and programming support as well as updating policies and training to meet the needs of the mental health population at the facilities.</p> <p>a) The County has established regular multidisciplinary meetings which occur weekly at each facility. The meeting is led by the Mental Health Coordinator and participants included are but not limited to: mental health clinicians working the unit, line officers working the unit, STP counselors, and classification staff.</p> <p>b) The County has created a form (Suicide Watch/Mental Health Observation Notification Form), approved by the Mental Health Expert, which will be utilized by mental health staff to provide clinical input regarding property and privileges allowed during psychiatric observation or suicide watch. The County also utilizes the MDT meeting to discuss the property and privilege for those housed in the Specialized Mental Health Housing Unit.</p> <p>c) The County has created individualized treatment plans for patients in the BHU; all patents in F-unit currently have an enhanced individualized treatment plan and the County is working on completing them for the patients in A-mod. Treatment plans are created by the mental health clinicians working at the BHU, with collaboration and participation from inmate. Treatment plans are regularly reviewed, discussed. and if needed, updated, at the weekly MDT meetings.</p>

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<p>3.D.5</p> <p>Mental Health Services, Housing, and Access to Care (Pge 16)</p>	<p>✦ The County shall provide a minimum of 6 hours per week, of Structured Out-of-Cell Time for therapeutic group and/or individual programming, and twelve (12) hours per week of Unstructured Out-of-Cell time (including dayroom, outdoor/recreation time, and other self-directed activities) for people with mental illness housed in specialized mental health units. The County will also provide in-cell structured programming – i.e., electronic tablets – to people in these units equivalent to that provided in the general population (at least four (4) hours per day, on at least three (3) separate days per week).</p> <p>a) It is recognized that not all inmates can participate in and/or benefit from 6 hours per week of structured treatment programming. For those individuals with mental health treatment needs housed in the specialized mental health units and for whom fewer hours of treatment services is clinically indicated, the treating clinician will present the case and recommended treatment program to the multidisciplinary treatment team for approval. Such a Modified Individualized Treatment Plan will include a description of the diagnosis, problems, level of functioning, medication compliance, and rationale for scheduling fewer hours of treatment services.</p> <p>b) The Modified Individualized Treatment Plan will be reviewed by the multidisciplinary treatment team at least monthly, with consideration of an increase in treatment activities and referral to a higher level of care as clinically indicated.</p> <p>c) The County shall establish an additional, less intensive mental health program for individuals with mental health treatment needs who are stable. Such a program shall provide a minimum of four (4) hours per week of Structured Out-of-Cell Time for therapeutic group and/or individual programming, subject to the Modified Individual Treatment Plan provisions described above.</p>	<p>The County is in the process of fully implementing this requirement. While full compliance with this provision may require remodel, renovation, or new construction of the Main Jail and/or the Northern Branch Jail, the County is working within the confines of the present physical plant to increase out-of-cell time. The BHU inmates from the initial pilot are exceeding this out-of-cell requirements of this provision as they are permitted out of their cells all hours of the day, except at night, when lock down is required. The inmates are provided with structured programming that exceeds the 6 hours per week, and unstructured programming that exceeds 12 hours per week. Inmates are provided tablets 7 days per week and thus exceed the in-cell structured programming requirements.</p> <p>a) The County modifies the individualized treatment plan as needed as required by this provision.</p> <p>b) Individualized programming needs are discussed and agreed upon during the MDT meetings and carried out by the clinician and custody in the unit. The treatment plan is reviewed weekly and updated as needed.</p> <p>c) The County will identify the patient population that requires the programming identified in section (c) as part of the needs assessment. The County intends to establish additional mental health programs for stable individuals not housed in the specialized mental health housing units.</p> <p>The County anticipates completion with this requirement once full implementation of the BHU program is complete.</p>
<p>3.D.6</p> <p>Mental Health Services, Housing, and Access to Care (Pge 17)</p>	<p>✦ The County shall not house inmates with SMI meeting criteria for placement in specialized mental health units in a segregation or isolation unit, except as outlined below.</p> <p>a) In rare cases where such an inmate presents an immediate danger or serious danger for which there is no reasonable alternative, such an inmate may be housed separately for the briefest period of time necessary to address the issue, and only with written justification for the placement that is approved by a jail commander or designee.</p> <p>b) The County shall continue to provide supervision, treatment, and out-of-cell time consistent with the inmate’s Modified Individualized Treatment Plan.</p>	<p>The County is in the process of fully implementing this requirement. The County's BHU program has significantly reduced the County's use of restricted housing cells for SMI inmates and inmates are not housed in segregation based on their SMI condition. Segregation housing has been greatly reduced at Main Jail. Wellpath will be training mental health staff to create modified treatment plans for any individual on the mental health caseload that may be housed in segregation and will utilize the Mental Health Special Needs program to provide ongoing treatment. Out of cell time will be determined by the treatment team with classifications input and discussed during the restrictive housing meeting weekly. In the next six months, the County will update Wellpath Mental Health Services Policy (F-3) and Segregated Inmate Policy (G-2) and continue to open additional specialized mental health units to meet this requirement.</p> <p>Consistent with the Custody Operations Expert's recommendation, the County is tracking out-of-cell activities for inmates in the BHU and they are exceeding the out-of-cell time required in the above provision. Per the Expert's recommendation, the County will continue to provide proof of practice related to this provision. The County anticipates completion with this requirement once full implementation of the BHU program is complete.</p>

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<p>3.D.7</p> <p>Mental Health Services, Housing, and Access to Care (Pge 17)</p>	<p>✚ The County shall develop and provide comparable and separate services and treatment programs for male and female inmates meeting criteria for placement in specialized mental health units.</p>	<p>The County is in the process of fully implementing this requirement. The County has developed a draft BHU custody policy and Wellpath is presently drafting policies relevant to the BHU to meet the requirements of this provision. The County is working with the Mental Health Expert regarding these policies and once approved will provide full training on these policies. The County's BHU pilot included an equal number of beds for males and females, and the expansion of the BHU will be considering the overall needs of the male and female populations. All inmates in the BHU are provided comparable treatment programs. Although the County presently provides comparable services and programming for male and females, full implementation will occur once the BHU program is complete.</p>
<p>3.D.8</p> <p>Mental Health Services, Housing, and Access to Care (Pge 17)</p>	<p>✚ 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.</p>	<p>The County is in the process of fully implementing this requirement. Inmates see the psychiatrist at 30-days, 60-days, and again at 90-days, or sooner as clinically indicated. Counseling services are provided along with an individualized treatment plan as required by this provision. This requirement is included in Wellpath's policies, including Mental Health Services Policy (F-3). In the next six months, the County and Wellpath will continue to work towards developing and implementing more individualized treatment plans for inmates with mental illness. Wellpath is currently providing treatment plans for the MAT program. Those that are listed as SMI or in the Mental Health Special Needs Program receive enhanced treatment plans and are seen by psychiatry (if taking med) at least every 90 days. Counseling services for these individuals are scheduled to occur at a minimum of every 30 days, more frequently if clinically indicated. Consistent with the Mental Health Expert's recommendation, to meet the workload and staffing needs to meet this provision, the County is undergoing a staffing analysis which will also assist in determining the needs to meet this provision. Following completion of the staffing analysis, the County will develop an appropriate staffing plan and timeline for implementation thereof. Such staffing plan will be subject to Board of Supervisors' approval. The County anticipates completing the requirements of this provision within six months of such approval.</p>
<p>3.D.9</p> <p>Mental Health Services, Housing, and Access to Care (Pge 17)</p>	<p>✚ Mental health staff shall provide a behavioral management plan and regularly scheduled counseling services to inmates with severe personality disorders and/or frequent episodes of suicidal ideation or self-harm.</p>	<p>The County is in the process of fully implementing this requirement. The County and Wellpath will work with the Mental Health Expert to further develop the format of the behavioral management plans. Individuals diagnosed with severe personality disorders or that have frequent episodes of self-harm or suicidal ideation, are labeled as mental health Special Needs and will be provided with treatment planning and counseling services will be provided at a minimum of every 30 days. Treatment plans will be updated every 6 months or more frequently if clinically indicated. Per the Mental Health Expert's recommendation, following completion of the updated form, the County will begin auditing this provision. The County anticipates completing this requirement in the next six months.</p>
<p>3.D.10</p> <p>Mental Health Services, Housing, and Access to Care (Pge 18)</p>	<p>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.</p>	<p>The County is in the process of fully implementing this requirement. As acknowledged by the Mental Health Expert, Wellpath's clinical contact record entries often meet the requirements of this provision and staff have been trained in accordance with these requirements. Per the Mental Health Expert's recommendation, in the next six months Wellpath will complete the audit developed with the Mental Health Expert to determine whether additional training is needed as well as to assess compliance with this provision. The County anticipates auditing this requirement in the next four months and if warranted, will train thereafter. The County anticipates completing this requirement in the next six months.</p>
<p>3.E.1</p> <p>Psychiatric Medication Practices (Page 18)</p>	<p>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.</p>	<p>The County is in the process of fully implementing this requirement. Per the Mental Health Expert's recommendation, Wellpath will be updating its policies to ensure that they are site specific. The County anticipates completing this requirement in the next six months.</p>

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3.E.2 Psychiatric Medication Practices (Page 18)	Any inmate requesting psychiatric evaluation or treatment shall receive a timely comprehensive mental health assessment to determine clinical need for medication or other treatment.	The County is in the process of fully implementing this requirement. Wellpath maintains site-specific policies that meet this requirement. Nurses have been trained to refer directly to psychiatry at intake if any psychiatric services are reported or requested. Mental Health Clinicians complete an initial mental health assessment based on the requisite timelines for emergent, urgent, or routine referrals. At any point if inmate is requesting psychiatric services they shall be evaluated and referred to psychiatry if clinically indicated. If psychiatric services are not clinically recommended, the individual will be offered alternative treatment such as counseling or psychoeducation. In the next four months, Wellpath will work with the Mental Health Expert to develop an audit responsive to this provision.
3.E.3 Psychiatric Medication Practices (Page 18)	No verified or prescribed psychiatric medication will be terminated or significantly changed without in-person consultation with a psychiatrist, absent clinical justification that is documented. Mental health staff shall see patients who receive significant changes in prescriptions or initiation of new medications within 30 days, unless earlier requested by patient or clinically indicated, to assess efficacy, side effects, and other follow-up as appropriate.	The County is in the process of fully implementing this requirement. As previously reported, the psychiatrist conducts an in-person consult with an individual prior to discontinuing medications. The Psych RN is able to follow up with individuals that receive medications changes, discontinuations, or additions. Psychiatry schedules a 2 week follow up for in-person review/consultation regarding the changes in medications. Per the Mental Health Expert's recommendation, in the next seven months, Wellpath will be revising its policies to meet the timelines set forth in this provision, will develop an audit tool, and will complete an initial audit to assess whether changes need to be made to achieve compliance with this provision.
3.E.4 Psychiatric Medication Practices (Page 18)	The County shall implement policies and procedures to ensure that patients are provided medications at therapeutically appropriate times (e.g., sedating medications administered at bedtime).	The County is in the process of fully implementing this requirement. As acknowledged by the Mental Health Expert, the County and Wellpath policies include the necessary language of this provision and specific medication delivery times. Consistent with the Mental Health Expert's recommendation, the County is presently undergoing a staffing analysis which will also assist in determining the needs to meet this provision. Following completion of the staffing analysis, the County will develop an appropriate staffing plan and timeline for implementation thereof. Such staffing plan will be subject to Board of Supervisors' approval. The County anticipates completing the requirements of this provision within six months of such approval. In the interim, the County will develop and implement an audit related to medication administration in the next two months. Following an initial audit, the County will work with the Mental Health Expert to discuss strategies to improve medication administration.
3.F.1 Mental Health and Disability Input in the Jail Disciplinary Process (Page 18)	<p>✚ The County shall adopt policies and procedures that require meaningful consideration of the relationship of an inmate's behavior to a mental health or intellectual disability, the appropriateness of disciplinary measures versus clinical or other interventions, and the impact of disciplinary measures on the health and well-being of inmates with disabilities.</p>	The County is in the process of fully implementing this requirement. The County currently implements this process informally during the review process of disciplinary reports. The County is utilizing the Rules Violation Mental Health Review Form that was approved by all stakeholders to allow mental health staff input in the disciplinary process. The County also created the Staff Assistant Worksheet, which ensures effective communication is utilized, and the Hearing Officer Worksheet to formalize and standardize the disciplinary process. Such forms were recently approved and the County will begin training on such forms in the next three months. The County will be updating the disciplinary log to incorporate the Custody Operations Expert's recommendations. The County will also be working with the Mental Health Expert to further refine the process related to mental health input in the disciplinary processes. Staff meaningfully consider the Qualified mental health Professional's findings and input on minimizing the deleterious effective disciplinary measures as part of the disciplinary process and rarely, if ever, deviate from such findings. In the event that staff deviate from the mental health professional's input regarding the criteria included in provision III.F.6, below, staff document the reasons for such deviation. The County has updated the Custody Operation Inmate Discipline Policy (section 363) and Mental Health Care Policy (section 241) to meet the requirements of this provision. In the next five months, Wellpath will update the Mental Health Services Policy (F-3), Segregated Inmate Policy (G-2), and Medical Diets Policy (D-5) to meet the requirements of this provision. Per the Custody Operations Expert's recommendation, the County will be designating and training a supervisory level custody deputy to oversee the disciplinary practices and procedures. This supervisory level deputy will audit consistency in the disciplinary practice. The County will continue to work with the Custody Operations Expert to complete the recommendations in her report. The County anticipates completing this requirement in the next three months.




Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
<p>3.F.2</p> <p>Mental Health and Disability Input in the Jail Disciplinary Process (Page 18)</p>	<p>✚ The County shall develop policies and procedures on the consideration of mental health input in the disciplinary process.</p>	<p>Please see response to III.F.1 above.</p>
<p>3.F.3</p> <p>Mental Health and Disability Input in the Jail Disciplinary Process (Page 19)</p>	<p>In cases where an inmate with SMI, with an intellectual disability, or who is exhibiting unusual or bizarre behavior may face a disciplinary sanction, including denial of property or privileges, placement in restrictive housing, or lockdown for any period of time, a Qualified Mental Health Professional shall complete a Mental Health/Disciplinary Recommendation Form and provide written findings as to:</p> <p>a) Whether or not the reported behavior was related to mental illness, adaptive functioning deficits, or other disability;</p> <p>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.</p>	<p>The County is in the process of fully implementing this requirement. The County has created a form to allow mental health staff input in the disciplinary process and the requirements of this provision have been added to this form. As recommended by the Mental Health Expert, the County is refining the process related to mental health input in the disciplinary processes. In the next three months, the County will also create an audit of the process as recommended by the Mental Health Expert.</p>
<p>3.F.4</p> <p>Mental Health and Disability Input in the Jail Disciplinary Process (Page 19)</p>	<p>Staff shall meaningfully consider the Qualified Mental Health Professional's findings and any other available disability information when deciding what, if any, disciplinary action should be imposed.</p>	<p>Please see response to III.F.1 above.</p>
<p>3.F.5</p> <p>Mental Health and Disability Input in the Jail Disciplinary Process (Page 19)</p>	<p>Staff shall meaningfully consider the Qualified Mental Health Professional's input on minimizing the deleterious effect of disciplinary measures on the prisoner in view of his or her mental health or adaptive support needs.</p>	<p>Please see response to III.F.1 above.</p>
<p>3.F.6</p> <p>Mental Health and Disability Input in the Jail Disciplinary Process (Page 19)</p>	<p>If custody staff do not follow the mental health input regarding whether the behavior was related to symptoms of mental illness or intellectual disability, whether any mitigating factors should be considered, and whether certain sanctions should be avoided, staff shall explain in writing why it was not followed.</p>	<p>Please see response to III.F.1 above.</p>

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
3.F.7 Mental Health and Disability Input in the Jail Disciplinary Process (Page 19)	Inmates shall not be subjected to discipline in any manner that prevents the delivery of mental health treatment or adaptive support needs.	Completed. The Custody Operations Expert found the County in Substantial Compliance and recommended discontinuation of monitoring for this provision.
3.F.8 Mental Health and Disability Input in the Jail Disciplinary Process (Page 19)	Inmates shall not be subject to discipline for refusing treatment or medications, or for engaging in self-injurious behavior or threats of self-injurious behavior.	Completed. The Custody Operations Expert found the County in Substantial Compliance and recommended discontinuation of monitoring for this provision.
3.F.9 Mental Health and Disability Input in the Jail Disciplinary Process (Page 19)	The County shall provide reasonable accommodations during the disciplinary process for inmates with mental health or intellectual disabilities.	Please see response to III.F.1 above.
3.F.10 Mental Health and Disability Input in the Jail Disciplinary Process (Page 20)	The County shall take reasonable steps to ensure the provision of effective communication and necessary assistance to inmates with disabilities at all stages of the disciplinary process.	Please see response to III.F.1 above.
3.F.11 Mental Health and Disability Input in the Jail Disciplinary Process (Page 20)	The County shall designate a supervisory-level custody staff member who shall be responsible for ensuring consistency in disciplinary practices and procedures. The County shall track and monitor this process, including the frequency that the recommendation of the Qualified Mental Health Professional was followed.	Please see response to III.F.1 above.
3.G.1 Seclusion and Restraint (Page 20)	The County affirms that it will not utilize clinical restraints or clinical seclusion at the Jail, except as consistent with involuntary medication court orders for people adjudicated to be Incompetent to Stand Trial who participate in any implemented in-jail restoration of competency treatment services program.	The County is in the process of fully implementing this requirement. The County affirms that it does not and will not utilize clinical restraints. Involuntary medication orders are only administered with court order. During the Mental Health Expert's last visit, Wellpath and the Expert developed the required data points to audit this provision. In the next four months Wellpath will provide its first audit of the provision and will update Wellpath policies.

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3.H.1 Discharge and Reentry Services (Page 20)	Inmates on the mental health caseload shall receive discharge planning that is documented. Such planning will be enhanced, as defined by policy, for inmates with SMI and/or meeting criteria for placement in the specialized mental health units.	The County is in the process of fully implementing this requirement. Please see response at 2.M.1. above. The County is actively working with the Mental Health Expert to establish the SMI caseload. The enhanced discharge planning database referenced in 2.M.1 will be utilized to flag inmates on the mental health caseload and noted as SMI. While the database is being enhanced, the Re-Entry Coordinator will be working with SBSO command staff and the SBSO program manager to develop a method to track discharge plans completed on the mental health caseload and SMI clients. As indicated in 2.M.1, the County anticipates completing this provision in the next twelve months.
3.H.2 Discharge and Reentry Services (Page 20)	Discharge plans shall include assistance with application for public benefits and social services, outpatient referrals and appointments, medical insurance, housing, substance abuse treatment, parenting and family services, inpatient treatment, and other reentry services.	Please see response to 2.M.1 above.
3.H.3 Discharge and Reentry Services (Page 20)	The County will ensure that inmates taking prescribed psychiatric medications have continuity of medications, and arranging follow-up appointments with providers.	The County is in the process of fully implementing this requirement. Please see response at 2.M.1. above. The County presently ensures that inmates taking prescribed psychiatric medications are continued upon discharge. BWell's revised monitoring tool which is used for the quarterly audits, will include monitoring that Wellpath has provided all inmates two weeks of psychiatric medications upon discharge. The discharge planning committee is developing a process to make referrals and schedule appointments with providers. As part of the planning team, BWell will work to ensure that follow up appointments are scheduled. Additionally, when a client is released on supervised probation, pretrial or alternative sentencing, the discharge plan will be provided to the assigned probation staff to assist with follow-up for appointments and medications. The discharge planners can also assist with reducing transportation barriers while conducting outreach, case planning, and case management. Wellpath will be updating the Discharge Planning and Release Medications Policy (E-10) to reflect site specific procedures. Per the Mental Health Expert's recommendation, the County will be addressing bridging psychiatric medications as part of the discharge planning policies. As indicated in 2.M.1, the County anticipates completing this provision in the next twelve months.
3.H.4 Discharge and Reentry Services (Page 20)	The County shall track the elements of discharge planning for Continuous Quality Improvement purposes. Data shall include at least the following: a) The total number of inmates with SMI and/or meeting criteria for placement in the specialized mental health units who are eligible for discharge planning per month. b) The number of those inmates with SMI and/or meeting criteria for placement in the specialized mental health units who have received referrals for outpatient appointments, discharge medications, 5150 referrals, and other aspects of reentry services completed by the mental health care staff.	The County is in the process of fully implementing this requirement. Please see response at 2.M.1. above. The County is working with the Mental Health Expert to establish the SMI caseload. The enhanced discharge planning database referenced in 2.M.1 will be utilized to flag inmates on the mental health caseload and noted as SMI. The County will work on the tracking delineated in this provision for Continuous Quality Improvement purposes. As indicated in 2.M.1, the County anticipates completing this provision in the next twelve months.
3.I.1 Cross-Agency Coordination of Mental Health Treatment and Service Need (Page 21)	The County has begun to conduct monthly Medical Administration Committee meetings, with a portion of such meetings dedicated to discussion of the treatment of Jail inmates with mental illness, to include other relevant county agencies (e.g. Behavioral Wellness). The County agrees to continue such meetings, with additional cross-agency coordination as needed to address individual and systemic issues related to inmates with mental health treatment and service needs.	The Mental Health Expert found the County in Substantial Compliance for this provision.

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
3.1.2 Cross-Agency Coordination of Mental Health Treatment and Service Need (Page 21)	<p>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.</p>	<p>The County is in the process of fully implementing this requirement. The County has established a cross-departmental meeting to address behavioral health coordination. The County strives to provide timely notification and referral to BWell for any individual whose level of needs exceeds the ability of jail mental health. Consistent with this provision, the County is drafting policies and procedures which includes a process to ensure timely referrals to and placement in inpatient care and other higher-level mental health care outside the facility. The County is currently working on a Smartsheet to track compliance with this provision. The County will engage with the Custody Operations and Mental Health Experts regarding this tracker to ensure that it meets the requirements of this provision. The County anticipates completing this requirement in the next eight months.</p>
3.1.3 Cross-Agency Coordination of Mental Health Treatment and Service Need (Page 21)	<p>The County shall make best efforts to expedite court referrals to the State Hospital system or other treatment facilities.</p>	<p>The County is in the process of fully implementing this requirement. The County will refine its tracking system to incorporate the Mental Health Expert's recommendations and will provide proof of practice to establish compliance with this provision. The County anticipates completing this provision in the next three months.</p>
3.1.4 Cross-Agency Coordination of Mental Health Treatment and Service Need (Page 21)	<p>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.</p>	<p>The County is in the process of fully implementing this requirement. The County will refine its tracking system to incorporate the Mental Health Expert's recommendations and will provide proof of practice to establish compliance with this provision. The County anticipates completing this provision in the next three months.</p>
3.1.5 Cross-Agency Coordination of Mental Health Treatment and Service Need (Page 21)	<p>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.</p>	<p>The County's is in the process of fully implementing this requirement. All mental health patients returning from PHF or DSH are referred to mental health and medications are bridged upon returning. Upon return to the jail, mental health patients are assessed based upon current level of functioning and will be placed in the appropriate least restrictive setting. Patients will be added to the referral list for the BHU if warranted. Per the Mental Health Expert's recommendation, Wellpath will be revising policies toe meet the requirements of this provision. Wellpath will incorporate auditing of this provision in the CQI process. The County anticipates completing this provision in the next four months.</p>
3.J.1 Continuous Quality Improvement (Page 21)	<p>The County has implemented a Continuous Quality Improvement meetings, which are modeled after J-A-06 Continuous Quality Improvement Program Standard2 or a similar standard.</p>	<p>The County is in the process of fully implementing this requirement. Audits are completed and are covered in the monthly MAC/CQI meetings modeled after J-A-06, which are attended by Wellpath management, Sheriff's Office management, BWell, and Public Health. Per the Mental Health Expert's recommendation, the County will expand the substance of the meetings and will be distributing materials in advance to allow for meaningful discussion. Additionally, BWell and Public Health's quarterly audits will be incorporated into the MAC/CQI meetings. The County anticipates completion with this requirement in the next three months.</p>

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
<p>3.J.2</p> <p>Continuous Quality Improvement (Page 22)</p>	<p>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.</p>	<p>The County is in the process of fully implementing this requirement. BWell completes audits quarterly and provides an annual report as part of the Service Level Agreement between Wellpath and the Sheriff's Office. Bwell has expanded its quarterly monitoring tool to incorporate contractual provisions, Remedial Plan provisions and recommendations, and clinical best practices to provide meaningful oversight of the jail healthcare provider contract. BWell will continue to monitor on a quarterly basis with clear corrective actions and follow up. Per the Mental Health Expert's recommendation, the County will discuss increasing the scope and frequency of the audits, as well as development of a tracker in order to review all mental health performance indicators. The County is discussing options related to increased medical oversight of the jail healthcare provider. The County will present those options to the Board of Supervisors in the upcoming months. Based on the Board of Supervisor's direction, the County will update these provisions accordingly.</p>
<p>3.J.3</p> <p>Continuous Quality Improvement (Page 22)</p>	<p>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.</p>	<p>The County is in the process of fully implementing this requirement. This requirement is completed monthly and reported on monthly at MAC/CQI meetings. When specific areas of non-compliance are identified through the CQI process, a corrective action plan is developed and the area is audited again. As the County improves this process to include the site-specific audits reflected in the remedial plan, the County will provide proof of compliance. The County anticipates completing this requirement in the next four months.</p>
<p>3.J.4</p> <p>Continuous Quality Improvement (Page 22)</p>	<p>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.</p>	<p>The County is in the process of fully implementing this requirement. Public Health and BWell complete these audits quarterly and provide an annual report as part of the Service Level Agreement between Wellpath and the Sheriff's Office. BWell has updated their auditing tool to include more comprehensive review and analysis of the intake process and will be using this tool in the upcoming November quarterly audit. BWell will be reporting on these new data points at the MAC/CQI meetings. Public Health also monitors intake forms during its quarterly audits and is regularly sharing these review results at the MAC/CQI meeting as well. Per the Mental Health Expert's recommendation, Wellpath will develop an audit for the County's intake process, to include corrective actions and follow-up when low compliance is found. The County will provide the Expert monitoring documentation that reflects the quality review of the intake process. The County anticipates completing this requirement in the next four months.</p>
<p>3.J.5</p> <p>Continuous Quality Improvement (Page 22)</p>	<p>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.</p>	<p>The County is in the process of fully implementing this requirement. The County is in the process of creating a comprehensive list of all inmates referred to a higher level of care. The County will be developing a tracking system for this information and will develop a process so that it is regularly updated and shared with the Mental Health Expert. The County anticipates completing this requirement in the next three months.</p>
<p>3.J.6</p> <p>Continuous Quality Improvement (Page 22)</p>	<p>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.</p>	<p>The County is in the process of fully implementing this requirement. The County presently tracks 1) inmates on the mental health caseload via CorEMR; 2) the number of inmates with SMI, but is working with the Mental Health Expert to ensure all appropriate inmates are captured on the SMI list; 3) the number awaiting court-ordered placement via the JBCT list and IST list; 4) those referred to inpatient and residential treatment via the PHF list, EASS list, and JBCT list; and 5) the number of SMI in restrictive housing via the daily restrictive housing log. Per the Mental Health Expert's recommendation, the County will be further refining and updating these lists as well as appropriately tracking these inmates and anticipates completing this requirement in the next six to eight months.</p>
<p>3.J.7</p> <p>Continuous Quality Improvement (Page 22)</p>	<p>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.</p>	<p>Completed. Per the Mental Health Expert, the County maintains information that meets the requirements of this provision and enables appropriate auditing of this provision. Per his recommendation, the County will provide the Expert with this information on a monthly basis to ensure maintained compliance with this provision.</p>

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
3.J.8 Continuous Quality Improvement (Page 23)	The County shall conduct periodic quality reviews to assess whether: a) Health service requests are retrieved in a timely manner; b) Health service requests are triaged within the established timeframe; c) A proper level of triage is assigned, based on the nature of the request; d) Mental health staff appropriately resolved the request; and e) Mental health staff resolved the request in a timely fashion.	The County is in the process of fully implementing this requirement. The County conducts quality reviews of all items in this provision and has developed an audit tool to provide proof of compliance for future monitoring. The County and Wellpath will work with the Mental Health Expert to increase auditing of this provision in a manner consistent with his recommendations. The County anticipates completing this requirement in the next five months.
3.J.9 Continuous Quality Improvement (Page 23)	The County shall monitor the frequency of psychiatric follow-up appointments as a quality measure to ensure that inmates have adequate access to the prescriber.	The County is in the process of fully implementing this requirement. BWell monitors prescriber access through the updated quarterly monitoring tool. BWell will be conducting the first quarterly monitoring using this updated tool in November and will be reporting on these new data points at the MAC/CQI meetings. Wellpath will be revising its Psychiatric Services CQI per the Mental Health Expert's recommendation. The County anticipates completing this requirement in the next six months.
3.J.10 Continuous Quality Improvement (Page 23)	Continuous Quality Improvement studies, data, and related materials will be made available to Plaintiffs and the subject matter expert during the period of implementation and monitoring.	The County is in the process of fully implementing this requirement. Public Health and Behavioral Wellness complete these audits quarterly and provide an annual report as part of the Service Level Agreement between Wellpath and the Sheriff's Office. The County and Wellpath will work with the Mental Health Expert to develop more robust auditing in a manner consistent with his recommendations.
4. Suicide Prevention		
4.A.1 Overview (Page 23)	 The County shall develop and implement its own Suicide Prevention Policy, which shall set forth clear procedures consistent with the provisions set forth below.	The County is in the process of fully implementing this provision. The County has completed development of its Suicide Prevention Policy and is awaiting expert review/comments of the policy. Per the Mental Health Expert's recommendation, Wellpath is currently editing their Suicide Prevention and Intervention Program Policy (B-5) to ensure consistency with the County Policy. Wellpath anticipates completing that policy in the five months. Following completion of the policies, the County will initiate training on the policies and will meet with the Mental Health expert to determine what else is needed to obtain substantial compliance. The County anticipates completing this requirement in the next seven to nine months.
4.B.1 Screening for Suicide Risk (Page 23)	 The County shall ensure that its intake assessment procedures timely identify acute and high-risk mental health conditions, including: a) Review of suicide risk notifications in relevant medical, mental health, and custody records, including as to prior suicide attempts, self-harm, and/or mental health needs; b) Any prior suicidal ideation or attempts, self-harm, mental health treatment, or hospitalization; c) Current suicidal ideation, threat, or plan, or feelings of helplessness and/or hopelessness; d) Other relevant suicide risk factors, such as: (1) Recent significant loss (job, relationship, death of family member/close friend); (2) History of suicidal behavior by family member/close friend; (3) Upcoming court appearances; e) Transporting officer's impressions about risk.	The County is in the process of fully implementing this requirement. The County is working on updating the intake screening and suicide risk assessment to address concerns with upcoming court appearances. The County has edited relevant policies to meet the procedures required by this provision. Per the Mental Health Expert's recommendation, in the next five months Wellpath will be editing their relevant policies to align with the County's policy and the requirements of this provision. Per the Expert's Recommendation, Wellpath will perform a CQI on the intake process in the next five months. The County anticipates completing this requirement in the next eight months.
4.B.2 Screening for Suicide Risk (Page 24)	Regardless of the prisoner's behavior or answers given during intake screening, a mental health referral shall always be initiated if there is a history related to suicide or self-harm.	The County is in the process fully implementing this provision. Wellpath's Receiving Screening Policy (E-2) covers this provision and the County's policies include the requirements of this provision. Wellpath has incorporated this into its CQI program and this is reflected in the CQI minutes. This CQI audit is completed twice a year and reported at the MAC/CQI meetings. During this rating period, the County will provide audits to demonstrate compliance with this provision.

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
4.B.3 Screening for Suicide Risk (Page 24)	<p>⊕ 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.</p>	<p>The County is in the process of fully implementing this requirement. The requirements of this provision are included in Wellpath's Receiving Screening Policy (E-2) and the Custody Suicide Prevention Policy (242). Per the Mental Health Expert's recommendation, Wellpath will incorporate this requirement and monitoring into its CQI program. The County anticipates completing this requirement in the next six to eight months.</p>
4.B.4 Screening for Suicide Risk (Page 24)	<p>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.</p>	<p>Completed. This provision is complete and the Mental Health Expert found the County in Substantial Compliance for this provision. While the County has been in substantial compliance for the last two rating periods, per the Mental Health Expert's recommendation, the County will continue its audit for two additional quarters and employ a larger sample in future audits.</p>
4.B.5 Screening for Suicide Risk (Page 24)	<p>⊕ 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.</p>	<p>The County is in the process of fully implementing this requirement. Per the Mental Health Expert's recommendation, the County is creating laminated cards with the risk standardized risk assessment tool, which will be posted at the Safety Cells and carried by clinicians to ensure that the tool is utilized during the requisite assessments. The County anticipates utilizing these cards in the next month. Wellpath will be creating an audit to meet the Mental Health Expert's recommendations for this provision. The County anticipates completion of this provision in the next six to eight months.</p>
4.C.1 Housing of Prisoners on Suicide Precautions (Page 24)	<p>⊕ 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.</p>	<p>The County is in the process of fully implementing this requirement. The County has updated the Custody Operations Suicide Prevention Policy (section 242) to reflect this requirement. The County has implemented specialized mental health units at both facilities (BHUs), which provide additional clinical services to those suffering from mental illness and those at greater risk of suicide. The County is expanding those units in the upcoming months, which will further aid in meeting this provision. The County has created a form (Suicide Watch/Mental Health Observation Notification Form) which will be utilized by mental health staff to provide clinical input regarding appropriate housing placement, as well as the return and removal of property and privileges for individuals at risk for suicide. This form was approved by the Mental Health and Custody Operations Expert. In the next six months, the County will train all staff regarding this process. Per the Mental Health Expert's recommendation, the County will work with Wellpath to ensure that Wellpath's revised policies align with the County's policies. The County will work with the Custody Operations and Mental Health Experts to develop a tracker that meets this provision. The County anticipates completing this provision once all BHU units are fully established.</p>
4.C.2 Housing of Prisoners on Suicide Precautions (Page 24)	<p>⊕ Prisoners on psychiatric observation for suicide risk shall be housed and monitored in a setting appropriate for their clinical needs.</p>	<p>The County is in the process of fully implementing this requirement. The County is working with Wellpath to revise its suicide housing protocols to house inmates on observation for suicide risk in observation cells rather than safety cells unless safety/or security concerns warrant placement in a safety cell. The County is in the process of addressing all suicide risks in all observation cells. Thereafter, policy will be edited and training will occur. The County will work with Wellpath to ensure that Wellpath's revised policies align with the County's policies. The County will work with the Custody Operations and Mental Health Experts to develop a tracker that meets this provision. The County anticipates completing the requirements of this provision in the next six to eight months.</p>
4.C.3 Housing of Prisoners on Suicide Precautions (Page 24)	<p>⊕ 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.</p>	<p>The County is in the process of fully implementing this requirement. The County has established a cross-departmental meeting to address behavioral health coordination. The County strives to provide timely notification and referral to BWell for any individual whose level of needs exceeds the ability of jail mental health. Consistent with this provision, the County is drafting policies and procedures which includes a process to ensure timely referrals to and placement in inpatient care and other higher-level mental health care outside the facility. The County is currently working on a Smartsheet to track compliance with this provision. The County will engage with the Custody Operations and Mental Health Experts regarding this tracker to ensure that it meets the requirements of this provision. The County anticipates completing this requirement in the next eight months.</p>

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
<p>4.C.4</p> <p>Housing of Prisoners on Suicide Precautions (Page 24)</p>	<p>✦ The County shall ensure that prisoners who require psychiatric inpatient care as clinically indicated are placed in an acute care unit as soon as possible. A patient showing no improvement or continuing deterioration after 12 hours shall be transferred to an inpatient mental health facility or hospital for evaluation and treatment. In all other cases, after 24 hours of being housed in a safety cell, the patient shall be transferred to an appropriate inpatient mental health setting or hospital, absent exceptional circumstances documented by clinical and custody staff.</p>	<p>Please see response to 4.C.3 above.</p>
<p>4.D.1</p> <p>Treatment and Conditions for Individual Prisoners on Suicide Precautions (Page 25)</p>	<p>✦ The County shall provide at least one daily mental health professional contact, or more as clinically indicated, for any prisoner who is identified as a current suicide risk. The clinical contact shall be conducted in a space with sound privacy unless there are current, specific safety concerns that are documented, with supervisory-level review and approval.</p>	<p>The County is in the process of fully implementing this requirement. The County has updated relevant policies to include the requirements of this provision. Per the Mental Health Expert's recommendation, the County will work with Wellpath to ensure that their policies align. Inmates identified as a current suicide risk are seen three times a day. Due to the current layout of the facility, for those inmates in observation and safety cells, clinical contact has been conducted at the cell. The County is working on ensuring that all clinical contacts are conducted privately for prisoners identified as a suicide risk and is having ongoing discussions to address increasing confidential health visits. Wellpath will audit this requirement through the CQI process in the next four months. Additionally, the County is proceeding with remodel of the Inmate Receiving Center of the Main Jail to increase treatment space, which is scheduled to be complete by Summer of 2027. Full compliance with this provision will likely follow remodel, reconfiguration, renovation, or new construction of the facilities as contemplated in paragraph 10 of the Stipulated Judgement.</p>
<p>4.D.2</p> <p>Treatment and Conditions for Individual Prisoners on Suicide Precautions (Page 25)</p>	<p>✦ The Jail's qualified mental health professionals shall provide input with respect to the provision of property and privileges for prisoners on suicide precautions. Custody staff may remove property/privileges, if necessary, prior to the mental health staff evaluation of a prisoner identified as at risk. Once the mental health evaluation occurs, the qualified mental health professional and custody staff shall determine, based on clinical judgment and on a case-by-case basis, the removal and/or return of property (e.g., clothing, books, footwear, eyeglasses) and privileges. The removal of property/privileges shall be documented with clinical justification in the health record, and shall be reviewed on a regular basis to ensure restoration of property/privileges as soon as appropriate.</p>	<p>The County is in the process of fully implementing this provision. The County has created a form (Suicide Watch/Mental Health Observation Notification Form) which will be utilized by mental health staff to provide clinical input regarding appropriate housing placement, as well as the return and removal of property and privileges for individuals at risk for suicide. This form was approved by the Mental Health and Custody Operations Expert. In the next six months, the County will train all staff regarding this process. Per the Mental Health Expert's recommendation, in the next five months Wellpath will be editing their relevant policies to align with the County's policy and the requirements of this provision. The County will work with the Custody Operations and Mental Health Experts to develop a tracker that meets this provision. The County anticipates completing this requirement in the next eight months.</p>
<p>4.D.3</p> <p>Treatment and Conditions for Individual Prisoners on Suicide Precautions (Page 25)</p>	<p>Safety cells shall be sanitized after every use and the sewer grate inspected to ensure cleanliness and appropriate conditions.</p>	<p>Completed. The Custody Operations Expert found the County in Substantial Compliance for this provision.</p>

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
<p>4.D.4</p> <p>Treatment and Conditions for Individual Prisoners on Suicide Precautions (Page 25)</p>	<p>✚ The County shall provide clinically-indicated therapeutic services, including psychiatric services, to prisoners on suicide precautions or otherwise identified as at elevated risk of suicide. The County shall provide prisoners on suicide precautions or otherwise identified as at elevated risk of suicide with appropriate individual counseling and medication review in a confidential setting.</p>	<p>The County is in the process of fully implementing this requirement. The County has implemented specialized mental health units at both facilities (BHUs), which provide additional clinical services to those suffering from mental illness and those at greater risk of suicide. The County is expanding those units in the upcoming months, which will further aid in meeting this provision. Inmates identified as a current suicide risk are seen two times a day by mental health staff and every four hours by medical staff. Due to the current layout of the facility, for those inmates in observation and safety cells, clinical contact has been conducted at the cell. Wellpath is presently providing individual counseling and medication review to these inmates during their psychiatric visits with this patient population. Wellpath is also providing individual counseling with these inmates during mental health rounds which occur twice a day. The County has created a form (Suicide Watch/Mental Health Observation Notification Form) which will be utilized by mental health staff to provide clinical input regarding appropriate housing placement, as well as the return and removal of property and privileges for individuals at risk for suicide. This form was approved by the Mental Health and Custody Operations Expert. In the next six months, the County will train all staff regarding this process. The County will work with the Mental Health Expert to develop strategies to provide additional programming opportunities per his recommendation. The County is working on ensuring that all clinical contacts are conducted privately for prisoners identified as a suicide risk. Full compliance of this provision may require remodel, renovation, or new construction of the Main Jail and/or the Northern Branch Jail. However, in the interim, the County has made reasonable steps to add clinical space to conduct visits privately and will continue this to ensure that as many clinical appointments as possible are conducted in private locations.</p>
<p>4.E.1</p> <p>Supervision/Monitoring of Suicidal Prisoners (Page 26)</p>	<p>✚ The County shall revise its policies regarding the monitoring of prisoners on suicide precautions to provide for at least the following two levels of observation:</p> <p>a) Close observation shall be used for prisoners who are not actively suicidal but require enhanced observation to ensure safety. Staff shall observe the prisoner at staggered intervals not less than every 15 minutes and shall document the observation as it occurs.</p> <p>b) Constant observation shall be used for prisoners who are actively suicidal, either threatening or engaging in self-injury, and considered a high risk for suicide. An assigned staff member shall observe the prisoner on a continuous, uninterrupted basis. The observation should be documented at 15-minute intervals. Staff should be physically stationed outside of the prisoner's cell to permit continuous, uninterrupted observation.</p>	<p>Completed. The Mental Health Expert has found the County in substantial compliance with this provision.</p>
<p>4.E.2</p> <p>Supervision/Monitoring of Suicidal Prisoners (Page 26)</p>	<p>For any prisoner requiring suicide precautions, a qualified mental health professional shall assess, determine, and document the clinically appropriate level of monitoring based on the prisoner's individual circumstances. Placement in a safety cell shall not serve as a substitute for the clinically-determined level of monitoring.</p>	<p>The County is in the process of fully implementing this requirement. Per the Mental Health Expert's recommendation, Wellpath will train staff regarding availability of close and constant monitoring as well as documenting in the the rationale for the type of monitoring selected. The County will work with the Custody Operations and Mental Health Experts to develop a tracker that meets this provision. The County anticipates completing this requirement in the next eight months.</p>
<p>4.E.3</p> <p>Supervision/Monitoring of Suicidal Prisoners (Page 26)</p>	<p>Video monitoring of prisoners on suicide precaution shall not serve as a substitute for the clinically indicated level of observation.</p>	<p>Completed. The Mental Health Expert has found the County in substantial compliance with this provision and that monitoring of this provision will be discontinued pursuant to Section 52 of the Remedial Plan.</p>

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
<p>4.F.1</p> <p>Discharge from Suicide Precautions and Follow-Up (Page 26)</p>	<p>⊕ A qualified mental health professional shall complete and document a suicide risk assessment prior to discharging a prisoner from suicide precautions. Such assessment shall be conducted in a space with sound privacy unless there are current, specific safety concerns that are documented.</p>	<p>The County is in the process of fully implementing this requirement. Per the Mental Health Expert's recommendation, the County is creating laminated cards with the risk standardized risk assessment tool, which will be posted at the Safety Cells and carried by clinicians to ensure that the tool is utilized during the requisite assessments. The County anticipates utilizing these cards in the next month. Wellpath will be creating an audit to meet the Mental Health Expert's recommendations for this provision. The County is working on ensuring that these clinical contacts are conducted privately. The County has made reasonable steps to add clinical space to conduct visits privately and will continue this to ensure that as many clinical appointments as possible are conducted in private locations. The County anticipates completion of this provision in the next six to eight months, however, confidentiality concerns may not be fully remedied until completion of the remodel, renovation, or new construction of the Main Jail and/or the Northern Branch Jail.</p>
<p>4.F.2</p> <p>Discharge from Suicide Precautions and Follow-Up (Page 26)</p>	<p>⊕ 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.</p>	<p>The County is in the process of fully implementing this requirement. The County, in collaboration with Wellpath, creates a Collaborative Safety Plan, which is individualized and includes mental health check-ins at intervals of 24 hours, 3-days and 7-days for inmates discharged from suicide precautions. Per the Mental Health Expert's recommendation, Wellpath will provide training on the Collaborative Safety Plan in the next two months. Per the Mental Health Expert's recommendation, the County Suicide Prevention Policy (242) has been updated to meet the requirements of this provision; Wellpath will also update its policy to reflect that the Collaborative Safety Plan is completed for inmates released from suicide watch. Wellpath will initiate an audit to reflect the Mental Health Expert's recommendations related to this provision. The County anticipates completing this requirement in the next six to eight months.</p>
<p>4.F.3</p> <p>Discharge from Suicide Precautions and Follow-Up (Page 27)</p>	<p>⊕ 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.</p>	<p>The County is in the process of fully implementing this requirement. The County has created a form (Suicide Watch/Mental Health Observation Notification Form) which will be utilized by mental health staff to provide clinical input regarding appropriate housing placement, as well as the return and removal of property and privileges for individuals at risk for suicide. This form was approved by the Mental Health and Custody Operations Expert. In the next six months, the County will train all staff regarding this process. The County has updated its Safety Cell Policy (304) and Suicide Prevention Policy (242) to reflect use of this Form. Wellpath will update its policy and initiate an audit to reflect the Mental Health Expert's recommendations related to this provision. The County anticipates completing this requirement in the next six to eight months.</p>
<p>4.F.4</p> <p>Discharge from Suicide Precautions and Follow-Up (Page 27)</p>	<p>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.</p>	
<p>4.G.1</p> <p>Emergency Response (Page 27)</p>	<p>⊕ The County shall keep an emergency response bag that includes appropriate equipment, including a first aid kit, CPR mask or Ambu bag, and emergency rescue tool in close proximity to all housing units. All custody and medical staff shall be trained on the location of this emergency response bag and shall receive regular training on emergency response procedures, including how to use appropriate equipment.</p>	<p>Completed. The Custody Operations Expert found the County in Substantial Compliance for this provision.</p>
<p>4.G.2</p> <p>Emergency Response (Page 27)</p>	<p>⊕ The County shall ensure that all emergency response equipment at the jail is inspected monthly and after each use and is repaired and replaced as needed. The County shall ensure that the jail maintains a service log for all emergency response equipment.</p>	<p>Completed. The Custody Operations Expert found the County in Substantial Compliance for this provision.</p>

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
4.G.3 Emergency Response (Page 27)	It shall be the policy of the County that any staff who discovers a prisoner attempting suicide shall immediately respond and alert other staff to call for medical personnel. Trained staff shall immediately begin to administer standard first aid and/or CPR, as appropriate.	Completed. The Custody Operations Expert found the County in Substantial Compliance for this provision.
4.H.1 Continuous Quality Improvement (Page 28)	The County shall track all critical incidents which include prisoner suicides, attempted suicides, and incidents involving serious self-harm. The County shall review critical incidents and related data through its quality assurance and improvement processes.	The County is in the process of fully implementing this provision. All critical incidents are documented and tracked through monthly statistics and reviewed at the monthly MAC/CQI meeting. In the next four months, the County and Wellpath will work with the Mental Health Expert to incorporate his recommendations for more robust review. The timeline for completion of this provision will depend on those discussions.
4.H.2 Continuous Quality Improvement (Page 28)	<p>+</p> For each serious suicide attempt (e.g., requiring hospital admission), the County shall conduct a multidisciplinary (mental health, medical, and custody) review of: 1) the circumstances surrounding the incident; 2) the procedures relevant to the incident; 3) relevant training received by involved staff; 4) pertinent medical and mental health services/reports involving the victim; and 5) possible precipitating factors that may have caused the victim to commit suicide or make a serious suicide attempt. The review team shall generate written recommendations (as appropriate) for changes in policy, training, physical plant, medical or mental health services, and operational procedures.	The County is in the process of fully implementing this provision. All critical incidents are documented and tracked through monthly statistics and reviewed at the monthly MAC/CQI meeting. In the next four months, the County and Wellpath will work with the Mental Health Expert to incorporate his recommendations for more robust review. The timeline for completion of this provision will depend on those discussions.
4.H.3 Continuous Quality Improvement (Page 28)	The County shall implement a continuous quality assurance/quality improvement plan to periodically audit suicide prevention procedures that include, but are not limited to: intake screening (to include audits to ensure that staff ask and record all suicide screening questions), mental health and suicide risk assessments, crisis response, treatment plans/behavior management plans, and post-suicide watch clinical follow-up assessment and contacts.	The County is in the process of fully implementing this provision. All critical incidents are documented and tracked through monthly statistics and reviewed at the monthly MAC/CQI meeting. In the next four months, the County and Wellpath will work with the Mental Health Expert to incorporate his recommendations for more robust review. The timeline for completion of this provision will depend on those discussions.
5. American's with Disabilities Act (ADA)	<p>-</p>	
5.A.1 Policy (Page 28)	<p>+</p> It is the County's policy to provide access to its programs and services to incarcerated people with disabilities, with or without reasonable accommodations, consistent with legitimate penological interests. No person with a disability, as defined in 42 U.S.C. § 12102, shall, because of that disability, be excluded from participation in or denied the benefits of services, programs, or activities or be subjected to discrimination. It is the County's policy to provide reasonable accommodations or modifications, consistent with 28 C.F.R. §§ 35.150 & 35.152, and other applicable law.	Completed. The ADA Expert found the County in Substantial Compliance for this provision.
5.B.1 ADA Coordinator (Page 29)	<p>+</p> The County shall have a designated Americans with Disabilities Act (ADA) Coordinator whose position is dedicated to coordinating efforts to comply with and carry out ADA-related requirements and policies. The ADA Coordinator shall have sufficient authority to carry out such duties, and shall work with the executive management team regarding ADA compliance, training, and program needs.	Completed. The County has further designated CDII Cohen to coordinate efforts to comply with and carry out ADA-related requirements and policies at the Main Jail and the Northern Branch Jail. CDII Cohen is exclusively dedicated to coordinating efforts to comply with and carry out ADA-related requirements and policies. The County has also identified Aaron Gray as the designated staff member on site at Main Jail who monitors day-to-day ADA compliance and reports to the ADA Coordinator. The County has also developed a duty statement under which the ADA coordinator works. The ADA Coordinator has sufficient authority to carry out the requisite duties and work with the executive team as required by this provision.

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
5.B.2 ADA Coordinator (Page 29)	The County intends for the ADA Coordinator to be based at the Main Jail. Any County jail facility that does not have the ADA Coordinator on site shall have a designated staff member on site at that facility who will have responsibility to monitor day-to-day ADA compliance and will report to the ADA Coordinator.	Completed. The ADA Expert found the County in Substantial Compliance for this provision. Monitoring will be discontinued pursuant to paragraph 52 of the Remedial Plan.
5.B.3 ADA Coordinator (Page 29)	The County shall clearly enumerate the job duties and training requirements for the ADA Coordinator position.	Completed. The ADA Expert found the County in Substantial Compliance for this provision.
5.B.4 ADA Coordinator (Page 29)	The County will ensure that the name of and the method for people to contact the ADA Coordinator (or facility designee) are clearly posted in the intake area and in every jail housing unit. The County will also ensure that the name and contact information (address, phone, email) of the ADA Coordinator (or facility designee) are available to the public, including posting in each jail's main lobby and online.	Completed. The ADA Expert found the County in Substantial Compliance for this provision. Monitoring will be discontinued pursuant to paragraph 52 of the Remedial Plan.
5.C.1 ADA Notice to Prisoners (Page 29)	<ul style="list-style-type: none"> ✦ The County shall ensure that people with disabilities held at the Jail are adequately informed of their rights, including but not limited to: <ul style="list-style-type: none"> a) The right to receive reasonable accommodations; b) The process for requesting a reasonable accommodation; c) The role of the ADA Coordinator (and designee) and method to contact them; d) The grievance process, location of relevant forms, and process for getting assistance in completing request and grievance forms; e) Instructions on how to request and access health care services, including the provision of Effective Communication and other accommodations in accessing those services. 	Completed. The ADA Expert found the County in Substantial Compliance for this provision.
5.C.2 ADA Notice to Prisoners (Page 30)	<ul style="list-style-type: none"> ✦ Within 6 hours of processing and classification, the County will provide all incarcerated people a Custody Operations Orientation Handbook in an accessible format, containing a designated section with ADA-related policies, procedures, and other information. The Orientation Handbook shall be made available in large print (at least 18-point font) in English and Spanish to accommodate people with visual impairments. 	Completed. The County provides all incarcerated people a Custody Operations Orientation Handbook within the timelines set forth in this requirement. The Handbook is available in 18-point font in English and Spanish. The County notates JMS when an inmate is provided a copy of the Handbook. Additionally, the County has initiated a New Inmate Orientation Card which includes notation that the inmate received the Orientation Handbook, which will be provided to the ADA Expert for proof of compliance.
5.C.3 ADA Notice to Prisoners (Page 30)	<ul style="list-style-type: none"> ✦ The County will provide an accessible video that presents the contents of the Orientation Handbook, including the ADA-related policies, procedures and information. The County will, as appropriate, provide an SLI to interpret the contents of the Orientation Handbook to persons who are deaf or hard of hearing who use American Sign Language as their primary means of communication. 	The County is in the process of fully implementing this requirement. The County is working towards creating a video that meets the requirements of this provision. The County anticipates completing this requirement in the next six months.
5.D.1 Staff Training (Page 30)	<ul style="list-style-type: none"> ✦ The County shall ensure all custody, health care, facility maintenance, and other Jail staff receive ADA training appropriate to their position. The County shall provide training to all staff during the academy and at least bi-annually thereafter on: <ul style="list-style-type: none"> a) Disability awareness, including the use and purpose of accommodations and modifications in accordance with the ADA; b) Use of force when interacting with people with disabilities. 	The County is in the process of fully implementing this requirement. The County's Crisis Intervention and De-escalation Training addresses use of force when interacting with people with disabilities. The County has completed ADA training in the academy for Custody Deputies and is working on developing training for health care staff, facility maintenance, and civilian staff at the jail, as well as bi-annual training. The County has reviewed training provided by the ADA Expert and is in the process of developing the training, which will meet the requirements of this provision. Additionally, the CQA unit is working on a lesson plan with the Pacific ADA Center to provide the required training, which will be submitted to the ADA Expert for review. The County anticipates completing this requirement in the next ten months.

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
<p>5.D.2</p> <p>Staff Training (Page 30)</p>	<p>✚ Staff ADA training shall include formalized lesson plans and in-classroom or virtual training for all staff provided by qualified ADA instructors.</p>	<p>The County is in the process of fully implementing this requirement. The CQA unit is working on a lesson plan with the Pacific ADA Center to provide the required training. Once provided the CQA Unit and other selected staff will attend a 'Train the Trainer' curriculum. The County is has verified the training can be deployed via the Corrections One website and will incorporate as soon as it is received from Pacific ADA. The County ADA Coordinator (CDII Cohen) has completed the certification process and will be taking the certification test in the next month. Thereafter, the County anticipates completing the lesson plans to meet this requirement in the next six months.</p> <p>As a supplement to CDII Cohen as ADA Coordinator, CDII Gray (facility designee) and Sgt. Falfal have completed all required training through the University of Missouri, and are certified ADA Coordinators.</p>
<p>5.E.1</p> <p>ADA Tracking System (Page 30)</p>	<p>✚ The County shall, in consultation with Plaintiffs' counsel, develop and implement a comprehensive, standardized electronic system ("ADA Tracking System") to track people with disabilities and their accommodation and Effective Communication needs.</p>	<p>The County is in the process of fully implementing this requirement. The County has developed an ADA tracking system ("Tracker") which incorporates tabs for transgender and effective communication needs to address the ADA Expert's concerns. Additions have also been made to capture individuals with Intellectual Disabilities and to ensure effective communication. In the next three months, the County will be updating JMS to include all flags and sub-flags recommended by the ADA Expert. In the next six months, the County will coordinate with the ADA Expert to discuss the necessary components of the ADA Tracking System and consulting with ATIMS to have 'real time' tracking incorporated to the Tracker and any later JMS iterations. Formal training on the ADA Tracking System will occur during the requisite ADA training and at all future Custody Academies. Training will be specific to the individual job class. As previously reported, the County created a process to improve intake procedures to better identify and track individuals with disabilities. At the completion of medical intake, Wellpath inputs disability, assistive devices, effective communication and accommodation information into the Classification Input Form (CIF) and generates a Medical Treatment Order (MTO) as needed. The CIF and MTO are transferred to the Classification Deputy who then inputs all ADA flag information into the JMS tracking system and emails the ADA Coordinators. Additionally, the ADA Coordinator reviews all entries on the ADA Tracker for completeness on a daily basis. During this rating period, the County further refined this process, in part due to having an ADA Coordinator dedicated to ADA coordination, including updating the ADA Tracker on a daily basis. Since further refining the process, a recent sampling of ADA Tracker documents and data demonstrate a 95% success rate when comparing the MTO information and the ADA tracker. The County contends that the current tracking system will be in compliance with this provision once the additional flags and sub-flags are incorporated in the upcoming months. However, the County has been meeting regularly with ATIMS to move toward an updated ADA System that will include improved functionality as requested by the ADA Expert, although not required by this provision. The County anticipates the updated system will be in place by summer 2024.</p>

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
<p>5.E.2</p> <p>ADA Tracking System (Page 30)</p>	<p>The ADA Tracking System shall identify for each prisoner, as appropriate:</p> <ul style="list-style-type: none"> a) Any disabilities and related health conditions; b) Disabilities that may pose a barrier to communication, including but not limited to learning, intellectual, or developmental disabilities, and hearing, speech, or vision impairments; c) Accommodation needs, including as to housing, classification, transportation, Effective Communication, adaptive supports, and health care appliances, assistive devices, and/or durable medical equipment (HCA/AD/DME); d) Class membership in <i>Armstrong v. Newsom</i> (N.D. Cal. No. 94-cv-02307) (i.e., people held in the Jail related to a parole revocation proceeding or term), with their applicable disability classification(s) and accommodation need(s). 	<p>The County is in the process of fully implementing this requirement. The County is continuing to refine the ADA Tracking information. The County has developed a robust ADA tracking system that includes alert tabs for dementia, intellectual disabilities, Armstrong Notifications, pain, can't walk long distances, crutches, developmental disabilities, effective communication, mental health IDR review, and severe mental illness. The Tracker is distributed for the modules on a daily basis. The list of alerts and flags is currently being update with Classification, CQA and SBSO Systems and Technology Unit. The accommodation required due to a specified disability is included in the alert. The ADA active alerts list is also accessible to staff and posted in module offices. The County has trained Classification and CQA deputies and has created a process to improve intake procedures to better identify and track individuals with disabilities. Wellpath has also implemented an Adaptive Support Needs Assessment Form to identify possible ADA inmates during receiving, as well as a "learning disability" check box on the Medical Treatment Order (MTO). Per the ADA Expert's recommendation, the County worked with Wellpath to ensure there there was consistency between all ADA flags and MTO categories, including communication disability-related categories. The County has also implemented the ADA Expert's other recommendations. For example, the ADA Tracker, ADA Alert List, and MTO identifies the preferred method of communication. Additionally, the County is in the process of implementing the Expert's recommended modifications to JMS and the ADA Active Alert List by creating specific disability categories and associated accommodation needs per the MTO. The County anticipates completing these additions in the next month, and will implement the modifications following review by the ADA Expert.</p>
<p>5.E.3</p> <p>ADA Tracking System (Page 31)</p>	<p>The ADA Tracking System's prisoner disability information will be readily available to custody, medical, mental health, and other staff at the Jail to ensure appropriate accommodations and adequate program access for people with disabilities. Health care staff, the ADA Coordinator, and any ADA Coordinator-designee shall have the ability to input information into the ADA Tracking System in real time.</p>	<p>The County is in the process of fully implementing this requirement. The County ADA Tracking system's prisoner disability information is readily available to custody, medical, mental health and other staff at the jail. Medical and mental health staff have access to the disability information as such is input into CorEMR by way of the MTO. Custody and other jail staff also have access to disability information. The ADA Tracker and ADA Active Alert List is distributed and posted in the the module offices on a daily basis. Additionally, the ADA Coordinator reviews all entries on the ADA Tracker for completeness on a daily basis. The updated ADA tracking system referenced above should have the ability to fully meet this provision and the County will work with the ADA Expert to address this provision. The County anticipates that the updated system will be in place by summer 2024.</p>
<p>5.E.4</p> <p>ADA Tracking System (Page 31)</p>	<p>The County will print a prisoner's disability accommodation need(s) on the person's wristband.</p>	<p>The County is in the process of fully implementing this requirement. In the next six months, the County will be exploring options to print a prisoner's disability accommodation needs on an inmate's wristband. This option is currently being explored with an upgrade to the current ATIMS JMS system. Thereafter, the County will perform the necessary training and implementation of this provision. However, full implementation may be deferred until a new ADA tracking or JMS system is in place. The County anticipates the updated system will be in place by summer 2024.</p>
<p>5.E.5</p> <p>ADA Tracking System (Page 31)</p>	<p>Staff shall check the ADA Tracking System for each prisoner, and document that check, immediately prior to:</p> <ul style="list-style-type: none"> a) Intake screening; b) Classification interview; c) Assignment of housing; d) Assignment of programs; e) Medical and mental health encounters; f) All due process proceedings, including but not limited to, resolving grievances and disciplinary infractions; g) All trips to court or outside health care appointments. 	<p>The County is in the process of fully implementing this provision. While the County is partially completing the requirements of this provision, full compliance is pending the upgraded ADA Tracking System which the County anticipates will be complete in summer 2024. Training on the new system, including the requirements of this provision will occur within three months of implementation of the revised system. In the interim, the County will train Classification staff to meet sections (b) and (c) of this requirement. The County programs team is provided ADA Active Alerts List and will be providing that list with all outside program providers. Sections (a) and (e) are performed via CorEMR and effective communication or other disability related information is documented. Additional training regarding the appropriate documentation is pending. As acknowledged by the ADA Expert, the transportation staff are checking and documenting as required by this provision. The County is working on improving compliance with this remainder of this provision, however, full compliance will occur with implementation of the new ADA Tracking System.</p>

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
<p>5.F.1 Screening for Disability and Disability-Related Needs (Page 31)</p>	<p>The County shall take steps to identify and verify each person's disability and disability-related needs, including by screening them for disabilities during medical intake and classification. The County shall ensure that all private health care and other service providers implement any policies and procedures needed to facilitate full implementation of these provisions.</p>	<p>The County is in the process of fully implementing this requirement. The County is taking steps to identify and verify inmates' disabilities and disability related needs and coordinating with Classification, CQA deputies and the ADA Coordinators so that they are aware of inmates' effective communication needs and accommodations. The intake process identifies inmates with disabilities, including intellectual disability. Wellpath is in the process of redeveloping its pilot program for identifying intellectual and developmental disabilities and estimates that this program will return in the next six to eight months. Wellpath also implemented an Adaptive Support Needs Assessment Form to identify possible ADA inmates during receiving, as well as a "learning disability" check box on the MTO. The County has also updated the Custody Operations ADA Policy (section 209) to meet the provisions of this requirement. In the next six months, the County will be incorporating the ADA Expert's additional intake questions that are not already achieved in the medical intake process. Per the ADA Expert's recommendation, these additional questions will be asked during the Classification Interview. The County anticipates completing this requirement in the next ten months.</p>
<p>5.F.2 Screening for Disability and Disability-Related Needs (Page 32)</p>	<p>The County, in consultation with subject matter experts and Plaintiffs' counsel, shall revise its ADA screening process to ensure consideration of:</p> <ul style="list-style-type: none"> a) The individual's self-identification or claim to have a disability; b) Documentation of a disability in the individual's health, custody, and any other available records; c) Staff observation that the individual may have a disability that affects placement, program access, or Effective Communication; and d) The request of a third party (such as a family member) for an evaluation of the individual for a possible disability. 	<p>Completed. The ADA Expert found the County in Substantial Compliance for this provision. Monitoring will be discontinued pursuant to paragraph 52 of the Remedial Plan.</p>
<p>5.F.3 Screening for Disability and Disability-Related Needs (Page 32)</p>	<p>The County shall ensure that ADA screening results are promptly entered in the ADA Tracking System.</p>	<p>The County is in the process of fully implementing this requirement. The County has developed an ADA tracking system ("Tracker") which incorporates tabs for transgender and effective communication needs to address the ADA Expert's concerns. Additions have also been made to capture individuals with Intellectual Disabilities and to ensure effective communication. In the next three months, the County will be updating JMS to include all flags and sub-flags recommended by the ADA Expert. In the next six months, the County will coordinate with the ADA Expert to discuss the necessary components of the ADA Tracking System and consulting with ATIMS to have 'real time' tracking incorporated to the Tracker and any later JMS iterations. Formal training on the ADA Tracking System will occur during the requisite ADA training and at all future Custody Academies. Training will be specific to the individual job class. As previously reported, the County created a process to improve intake procedures to better identify and track individuals with disabilities. During this rating period, the County further refined this process, in part due to having an ADA Coordinator dedicated to ADA coordination, including updating the ADA Tracker on a daily basis. Since further refining the process, a recent sampling of ADA Tracker documents and data demonstrate a 95% success rate when comparing the MTO information and the ADA tracker. The County has been meeting regularly with ATIMS to move toward an updated ADA System that will include improved functionality as requested by the ADA Expert, although not required by this provision. The County anticipates the updated system will be in place by summer 2024.</p>
<p>5.G.1 Disability-Related Requests and Grievances (Page 32)</p>	<p>The County shall revise its ADA Request Form to contain an explanation of how to appeal a denial of accommodations.</p>	<p>Completed. The ADA Expert found the County in Substantial Compliance for this provision. Monitoring will be discontinued pursuant to paragraph 52 of the Remedial Plan.</p>

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
<p>5.G.2</p> <p>Disability-Related Requests and Grievances (Page 32)</p>	<p>✦ The County shall provide a grievance procedure for people with disabilities to appeal any denial of an accommodation, and to report any disability-based discrimination or violation of the ADA, this Remedial Plan, or Jail ADA-related policy.</p>	<p>Completed. The County has implemented a grievance procedure which is outlined in the Custody Operations ADA Policy (section 209) and Grievance Procedures Policy (section 361). The County revised the policies to incorporate the language recommended by the ADA Expert.</p> <p>Since February, 2023 the County has initiated a Grievance Tracker which (daily) annotates and reports grievances received in the previous 24 hour period. The Grievance tracker includes a section specifically enumerated for ADA responses which must be answered within 72 hours.</p>
<p>5.G.3</p> <p>Disability-Related Requests and Grievances (Page 32)</p>	<p>✦ The County shall ensure that people who are Deaf or hard of hearing are interviewed and provided a qualified SLI as part of the grievance/appeal process.</p>	<p>Completed. The County has obtained a VRS and VRI account with Purple Communications, so that deaf and hard of hearing inmates have access to contact outside parties and to further ensure that deaf/ hard of hearing inmate are provided effective communication as part of the grievance/appeal process. Additionally, an on-call SLI can be utilized for effective communication for deaf or hard of hearing inmates in the interim. The County has revised the Custody Operations ADA Policy Section (section 209) ADA to incorporate the language recommended by the ADA Expert.</p>
<p>5.G.4</p> <p>Disability-Related Requests and Grievances (Page 32)</p>	<p>✦ To ensure that ADA accommodations requests and ADA grievances are promptly addressed, the County shall: a) Respond to an individual's Request for Accommodations within 72 hours of receipt; b) Respond to an ADA-related grievance within 72 hours of receipt; c) Establish an expedited process for urgent ADA requests and grievances (e.g., situations in which a person's safety or physical well-being is at risk); and d) Allow each person to retain accommodation(s) they possess at the time of arrival at the Jail, or that they have been previously provided by the Jail, pending review of a grievance/appeal regarding the denial or removal of such accommodation(s), absent an individualized security concern that is documented.</p>	<p>The County is in the process of implementing this requirement. The County has created an ADA Request for Accommodations Log to track the timeframe within which the County and Wellpath respond to accommodation requests. This log is updated daily. The ADA Coordinator responds to accommodation requests within 72 hours of receipt and will be annotating the ADA Request for Accommodations Log to reflect such response. The County is also updating that Log to include tracking of urgent accommodation requests. The County revised the Custody Operations Grievance Procedures Policy (section 361) to address inmate related ADA requests and Grievances including the ADA Expert's recommended additions related to urgent grievances. Since February, 2023 the County has initiated a Grievance Tracker which (daily) annotates and reports grievances received in the previous 24 hour period. The Grievance tracker includes a section specifically enumerated for ADA responses which must be answered within 72 hours. The County is auditing compliance during the quarterly grievance reviews. Absent security concerns, the County allows inmates to retain accommodations they possess upon arrival at the jail in accordance with this provision. The County also revised the Custody Operations ADA Policy (section 209) to include the Expert's recommended additions related to retention of accommodations upon arrival at the jail. In the next six months, the County will conduct training regarding policy 209 and 361 and the procedures associated with those policies.</p>
<p>5.G.5</p> <p>Disability-Related Requests and Grievances (Page 33)</p>	<p>✦ The County shall ensure that grievance forms contain an "ADA" box to indicate that a particular grievance relates to a disability-related issue. The County will ensure that disability-related grievances are so identified by the reviewing supervisor, even if the individual who submitted the grievance does not check the "ADA" box.</p>	<p>The County is in the process of fully implementing this requirement. The County has implemented a grievance form containing the ADA box to meet this requirement. A reviewing supervisor checks grievances to ensure that they are identified as disability-related, even if the box is not checked. The County revised Custody Operations Policies 209 and 361 to incorporate the requirements of this provision. The County has also provided supervisor training regarding this provision, and managers are auditing all grievances quarterly. Based on those audits, the County has shown improvement in categorizing ADA grievances appropriately, even if the box is not checked. In the next six months, the County will re-train regarding this provision.</p>
<p>5.G.6</p> <p>Disability-Related Requests and Grievances (Page 33)</p>	<p>The County will ensure that grievance forms are readily available and accessible to all prisoners at all times. Grievance forms shall be made available in large print (minimum 18-point font) to accommodate people with vision impairments.</p>	<p>Completed. The ADA Expert found the County in Substantial Compliance for this provision.</p>
<p>5.G.7</p> <p>Disability-Related Requests and Grievances (Page 33)</p>	<p>✦ The County shall provide to the person with a disability a written grievance response, including the resolution, the basis for a denial (if applicable), and the process for appeal.</p>	<p>The County is in the process of fully implementing this requirement. The County provides a written grievance response in accordance with the requirements of this provision. The County recently updated the grievance form to include the process for appeal as required by this provision. Managers audit all grievances quarterly to ensure compliance with this provision. The County anticipates implementing the new grievance form and completing this requirement in the next two months.</p>

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
5.G.8 Disability-Related Requests and Grievances (Page 33)	<p>✦ The County shall take steps to ensure all prisoners are aware of the disability grievance procedures, including the availability of accommodations and staff assistance to submit a grievance and/or appeal.</p>	<p>Completed. The County has revised the Custody Operations Orientation Handbook and grievance section of the Custody Operations Policy 209 - ADA Policy to incorporate the revisions recommended by the Expert related to this provision. Additionally, the ECM has created a New Inmate Orientation Card which documents provision of the Orientation Handbook. These cards are routinely scanned and placed in the Box share file.</p>
5.G.9 Disability-Related Requests and Grievances (Page 33)	<p>✦ The County shall implement a specific tracking system regarding the submission, processing, and responses for disability-related grievances and complaints, and regularly review such information for quality assurance purposes.</p>	<p>The County is in the process of implementing this requirement. The ADA Coordinators track ADA related grievances on a daily Grievance Tracker. When the County receives ADA related grievances, the County regularly reviews such information for quality assurance purposes. Managers are auditing all grievances quarterly. The County is now flagging ADA grievances per the ADA Expert's recommendation and is in the process of creating a specific tracking system for disability-related grievances. In the next six months, the County will conduct additional training regarding grievance categorization to ensure that all ADA grievances are tracked, even if the ADA box is not checked. The County anticipates completing this requirement in the next six months.</p>
5.H.1 Housing Placements (Page 33)	<p>✦ The County shall implement a housing assignment system that includes an individualized assessment to be completed by health care staff, the results of which shall be documented in the ADA Tracking System, of each person's functional limitations and restrictions, including but not limited to:</p> <ul style="list-style-type: none"> a) The need for a lower bunk; b) The need for grab bars in the cell and/or shower; c) The need for accessible toilets; d) The need for no stairs in the path of travel; and e) The need for level terrain. 	<p>Completed. As acknowledged by the ADA expert, the County has a process to an inmate's need for all items included in this provision apart from level terrain. The County has updated the ADA Tracking System to include a flag for level terrain. Likewise, Wellpath also revised the MTO to include the need for level terrain. The County presently implements a housing assignment system that includes an individualized assessment by health care staff and maintains the following flags in the ADA tracking system: Low Bunk, No stairs, Level Terrain, Grab Bar, ADA housing (which includes accessible toilets). The County has trained Classification and CQA deputies and has created a process to improve intake procedures to better identify and track individuals with disabilities. At the completion of medical intake, Wellpath inputs disability, assistive devices, effective communication and accommodation information into the Classification Input Form (CIF) and generates a Medical Treatment Order (MTO) as needed. The CIF and MTO are transferred to the Classification Deputy who then inputs all ADA flag information into the JMS tracking system and emails the ADA Coordinators. The County has updated the ADA Policy (209) to meet the requirements of this provision.</p>
5.H.2 Housing Placements (Page 34)	<p>✦ People with disabilities shall be housed in the Jail consistent with their individual security classification. Classification staff shall not place prisoners with disabilities in: (a) inappropriate security classifications because no ADA-accessible cells or beds are available; (b) designated medical areas unless the prisoner is currently receiving medical care requiring such placement; or (c) any location that does not offer the same or equivalent programs, services, or activities as facilities where they would be housed absent a disability.</p>	<p>The County is in the process of fully implementing this requirement. The County presently houses people with disabilities consistent with their security classification at the Northern Branch Jail. The County does so at Main Jail, subject to the structural constraints of that facility. Given the current Main Jail population, the County presently houses inmates consistent with their security classification regardless of disability. During COVID-19 outbreaks or quarantine, the County ensures that inmates with disabilities are housed in areas where they have access to ADA showers, even if the quarantine cells are not ADA compliant. If the Main Jail population requires additional ADA housing, the County will work within the confines of the structural barriers of the facility to provide accommodations to those with disabilities that cannot be ADA cells. Additionally, all locations within the Main Jail offer the same or equivalent programs, services, or activities as facilities where they would be housed absent a disability. To address the ADA Expert's concerns, the County is in the process of ensuring employment opportunities to inmates in South Dorm. Inmates in South Dorm utilize the Main Jail Yard and are engaged in in-person programs. This requirement has yet to be completed due to structural building issues. The County anticipates fulfilling this requirement once the proposed Main Jail renovation, remodel or reconstruction is complete.</p>
5.I.1 Visitation (Page 34)	<p>✦ The County shall ensure that family/personal and professional visitation areas are accessible for people with disabilities and visitors.</p>	<p>The County is in the process of fully implementing this provision. The Northern Branch Jail is in compliance with this provision. The County is proceeding with remodel of the Inmate Receiving Center of the Main Jail, which will address accessibility requirements including visitation space. This remodel is scheduled to be complete by Summer of 2027.</p>

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
<p>5.I.2</p> <p>Visitation (Page 34)</p>	<p>The County shall perform an individualized assessment as needed and shall ensure that people with disabilities have full access to visitation at the Jail.</p>	<p>The County is in the process of completing this requirement. Individuals with disabilities presently have full access to visitation at the jail. The County has worked towards remedying the ADA Expert's concerns related to effective communication with this population by adapting the Adaptive Needs Assessment Form to incorporate effective communication. The individualized assessment is initiated with the Medical Treatment Order, which is provided to custody staff to ensure accommodations are provided. In the next six months, the County will train staff regarding the provisions of this requirement. The County anticipates completing this requirement in the next six months.</p>
<p>5.J.1</p> <p>Access to Programs, Services, and Activities (Page 34)</p>	<p>✦ The County shall ensure people with disabilities, including those housed in specialty health care units, have equal access to programs, services, and activities available to similarly situated people without disabilities, consistent with their health and security needs. The County shall ensure that staff provide appropriate assistance to people with disabilities as needed to ensure equal access to programs, services, and activities provided at the Jail. Such programs, services, and activities include, but are not limited to:</p> <ul style="list-style-type: none"> a) Educational, vocational, reentry and substance abuse programs b) Work Assignments c) Dayroom and other out-of-cell time d) Outdoor recreation (including accessible exercise equipment) e) Structured programming (including in-cell activities) f) Showers g) Telephones and/or videophones h) Reading materials (including easy reading, large print books and other materials accessible to people with a vision-related disability) i) Religious services j) Family/personal and professional visits k) Medical, mental health, and dental services and treatment 	<p>Completed. The County offers inmates the Sheriff's Treatment Program, a partnership with Santa Barbara City College, and tablets. These programs are available to all individuals regardless of ADA status. The County also has outdoor exercise equipment and audio books and magnifiers to meet this requirement. The County currently provides auxiliary aids, large print, and easy reading material during programs for individuals needing those accommodations. The County is in the process of obtaining pocket talkers per the ADA Expert's recommendation. The County also offers work assignments to ADA inmates and is in the process of further expanding work assignments for this population. The County provides program facilitators with a list of inmates with disabilities and their accommodation needs. The County currently provides equal access to all components of this provisions, including, showers, telephones, videophones, religious services, visitation, medical services, mental health services, etc. Per the ADA Expert's recommendation, the County installed accessible exercise equipment at both facilities. Per the ADA Monitor's Recommendation, the County updated the Custody Operations ADA Policy (section 209) to include language related to equal access in accordance with this provision. The Expert noted concern regarding access to programming opportunities for inmates in the Main Jail South Dorm and Northwest housing units. The County has restructured housing in the Northwest, including housing inmate workers in Northwest upper tier, closing the lower tier restrictive housing units, and piloting the BHU in A-module. The County presently offers in-person programming to inmates in South Dorm, Northwest Upper Tier, Northwest A and B Modules. The County will be expanding in-person programming as the BHU units continue to expand. In the next six months, the County will be rotating in-person programming through all housing units in both facilities. With respect to the Expert's concerns regarding ADA compliant showers, the County escorts inmates with disabilities to an accessible shower. However, full compliance with this component of the provision will occur when the remodel of the Main Jail is complete. The County is proceeding with remodel of the Inmate Receiving Center of the Main Jail, which will address accessibility requirements. This remodel is scheduled to be complete by Summer of 2027.</p>
<p>5.J.2</p> <p>Access to Programs, Services, and Activities (Page 35)</p>	<p>✦ The County's policy shall include the provision of assistance in reading or scribing legal documents, sick call requests, grievances, documents related to disciplinary procedures, and documents related to health care encounters.</p>	<p>The County is in the process of fully implementing this requirement. The County has revised the Custody Operations ADA Policy (section 209) and Healthcare Policy (section 240) to include the provisions of this requirement. This requirement has been incorporated into the Custody Operations Orientation Handbook. The County is currently assisting inmates if they request scribing and reading assistance. The County will be training on this process in the next six months and is otherwise in full compliance with this provision.</p>
<p>5.J.3</p> <p>Access to Programs, Services, and Activities (Page 35)</p>	<p>✦ The County shall ensure equitable work opportunities for people with disabilities, including by ensuring: (a) clear job duty statements, with essential functions and specific criteria, for each worker position; and (b) that health care and other relevant staff conduct an individualized assessment to identify work duty restrictions and/or physical limitations to facilitate appropriate work/industry assignments, to ensure reasonable accommodations, and to prevent improper exclusions from work opportunities.</p>	<p>The County is in the process of fully implementing this requirement. ADA inmates are presently offered work opportunities. The CQA unit is currently working with Classification to create job assignments within each housing unit at the Main Jail. The County will finalize clear job duty statements with essential functions and limitations to complete this requirement. Wellpath has begun outlining a process for identifying specific disabilities that will affect job duties and anticipates completing that process within the next four to six months. Per the ADA Expert's request, the County is in the process of generating a list of all all work assignments/positions available for inmates including housing locations of workers, and a list of all incarcerated persons currently assigned to work positions. The County will be revising the Inmate Orientation Handbook to include all available work assignments to address the Expert's recommendation to ensure inmates are informed of available assignments. The County anticipates completing this provision in the next eight months.</p>

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<p>5.K.1</p> <p>Health Care Appliances, Assistive Devices, Durable Medical Equipment (Page 35)</p>	<p>The County shall establish a written policy to ensure the timely provision of safe and operational HCA/AD/DME to people with a disability based on an individualized assessment by medical staff, with a process for timely repair and replacement of such devices as needed.</p>	<p>Completed. The ADA Expert found the County in Substantial Compliance for this provision. Monitoring will be discontinued pursuant to paragraph 52 of the Remedial Plan.</p>
<p>5.K.2</p> <p>Health Care Appliances, Assistive Devices, Durable Medical Equipment (Page 35)</p>	<p>✚ A person's request for a particular device or other accommodation shall be given primary consideration and shall be granted unless the request is unreasonable for specific, articulated reasons allowable under the ADA, or unless other effective accommodations are available.</p>	<p>The County is in the process of fully implementing this requirement. The County is further updating the Custody Operations ADA Policy (section 209) to meet the provisions of this requirement. The ADA Coordinators are considering an inmate's request for accommodation and granting the request absent specific, articulated reasons for denial allowable under the ADA or unless another effective accommodation is available. Requests for ADA accommodations are tracked and the reason for denial is documented accordingly. In the upcoming months the County will work with the ADA expert to ensure the ADA policy is revised and to determine what else needed to obtain substantial compliance with this provision.</p>
<p>5.K.3</p> <p>Health Care Appliances, Assistive Devices, Durable Medical Equipment (Page 35)</p>	<p>The County shall allow people to retain personal HCAs/Ads/DME (including mobility devices, glasses, and hearing aids), unless there is an individualized determination that doing so would create an articulated safety or security risk.</p> <p>a) Where Jail staff determine it is necessary to remove personal HCA/AD/DME for security reasons, the County shall provide an equivalent Jail-issued device unless custody staff, with ADA Coordinator approval, determine and document, based on an individualized assessment, that the device constitutes a risk of bodily harm or threatens the security of the facility.</p> <p>b) If such a determination is made, the ADA Coordinator shall document the decision and reasons for it and shall consult with medical staff to determine an appropriate alternative accommodation.</p>	<p>The County is in the process of fully implementing this requirement. The County presently allows inmates to retain HCAs/Ads/DME unless there is a security risk identified during an individualized assessment of the inmate, consistent with this provision. The County has updated the Custody Operations ADA Policy (section 209) to meet the requirements of this provision. The ADA Expert recently approved the County's Safety and Security Assessment Form, which aids in meeting the requirements of this provision. The County will be providing staff training regarding this provision and anticipates completing this requirement in the next ten months.</p>
<p>5.K.4</p> <p>Health Care Appliances, Assistive Devices, Durable Medical Equipment (Page 36)</p>	<p>The County shall implement a written policy governing the release of people who need assistive devices. a) The County will ensure that any personal mobility device belonging to a person is returned prior to release.</p> <p>b) If a person does not have a personal mobility device, but is ambulatory with the assistance of a cane, crutch, or walker, the prisoner will be permitted to retain such device that was used while in custody upon release, or will be provided a comparable device, upon release.</p> <p>c) If a person who is due for release requires a wheelchair, but does not have a personal wheelchair, Jail staff shall coordinate with the prisoner, family or friends, and other County agencies as needed to secure a wheelchair or take other steps to address the individual's needs upon release. The County shall document this process in the ADA Tracking System for purposes of individual tracking and quality assurance.</p>	<p>The County is in the process of fully implementing this requirement. The County has updated the Custody Operations ADA Policy (section 209) to meet the requirements of this provision and will work with the ADA Expert to incorporate any recommended revisions. The County will be providing staff training regarding this provision and anticipates completing this requirement in the next ten months.</p>
<p>5.L.1</p> <p>Transportation (Page 36)</p>	<p>The County shall provide reasonable accommodations for people with disabilities when they are in transit, including during transport between facilities, to and from court, or to and from outside health care services.</p>	<p>Completed. The ADA Expert found the County in Substantial Compliance for this provision. Monitoring will be discontinued pursuant to paragraph 52 of the Remedial Plan.</p>

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5.L.2 Transportation (Page 36)	Prescribed HCAs/ADs/DME for people with disabilities, shall be available to them at all times during the transport process, including in temporary holding cells.	Completed. The ADA Expert found the County in Substantial Compliance for this provision.
5.L.3 Transportation (Page 37)	The County shall maintain a sufficient number of accessible vehicles to ensure timely transport of people with disabilities that require special transportation. The County intends for all transport vehicles to be accessible.	Completed. The ADA Expert found the County in Substantial Compliance for this provision. Monitoring will be discontinued pursuant to paragraph 52 of the Remedial Plan.
5.L.4 Transportation (Page 37)	Staff will provide assistance to people with mobility or other disabilities where necessary to ensure safe access on and off of transport vehicles.	Completed. The ADA Expert found the County in Substantial Compliance for this provision.
5.M.1 Effective Communication (Page 37)	The County shall develop and implement a Custody Operations policy to ensure that people with disabilities receive accommodations and services necessary to provide Effective Communication, consistent with the provisions set forth herein.	The County is in the process of fully implementing this requirement. The ADA Expert recently approved the County's Effective Communication Form which the County will be included in the ADA Tracking system for proof of practice. The Form will be implemented following training. The County utilizes Purple Communications VRS and VRI for effective communication. The County has issued an informational briefing on how to utilize Purple Communications and will conduct training on Purple and the Effective Communication Form in the next three months. Wellpath has incorporated an Adaptive Needs Assessment screening at intake to identify possible effective communication issues as well. The County has updated the Custody Operations ADA Policy (section 209) to meet the requirements of this provision and will work with the ADA Expert to incorporate any recommended revisions. The County anticipates completing this requirement in the next four months.
5.M.2 Effective Communication (Page 37)	<p>✦ The County shall assess all people detained at the Jail for any period of time for Effective Communication needs and take steps to provide Effective Communication based on individual need. The County shall ensure that Jail custody and health care policies and procedures contain sufficient guidance on the provision of Effective Communication.</p>	The County is in the process of fully implementing this requirement. The ADA Expert recently approved the County's Effective Communication Form which the County will be included in the ADA Tracking system for proof of practice. The Form will be implemented following training. Wellpath is presently screening for effective communication needs, including intellectual and developmental disabilities, at intake and at the 14-day Health Appraisal. As indicated in prior provisions, the County has trained Classification and CQA deputies and has created a process to improve intake procedures to better identify and track individuals with disabilities. Wellpath also implemented an Adaptive Support Needs Assessment Form to identify possible ADA inmates during receiving, as well as a "learning disability" check box on the Medical Treatment Form. Wellpath will be training staff on use of this form and will incorporate this process into Wellpath' site specific policy. For inmates identified with intellectual and developmental disabilities, Wellpath refers such inmates for additional assessment. Wellpath is in the process of redeveloping its pilot program for identifying intellectual and developmental disabilities and estimates that this program will return in the next six to eight months. The County presently takes steps to provide effective communication based on identified needs using simple language, SLI, Purple Communications VRS and VRI, written communication etc. As acknowledged by the ADA Expert, the County has updated the Custody Operations ADA Policy (section 209) to meet the requirements of this provision. The County will train and implement this policy in the next ten months.
5.M.3 Effective Communication (Page 37)	The County shall ensure that appropriate staff assess individual Effective Communication needs at the beginning of the medical intake screening and at the beginning of the classification screening, to facilitate Effective Communication throughout those and all subsequent processes.	The County is in the process of fully implementing this requirement. Please see response to 5.M.2 above. Consistent with the ADA Experts' recommendation, Wellpath and Classification will be trained to ensure an inmate's effective communication needs are screened at the beginning of the medical intake screening and classification screening and to ensure that effective communication is used in all subsequent processes. Staff will also be trained on appropriate documentation related to effective communication. In the next ten months, the County will conduct training to comply with this provision.

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<p>5.M.4 Effective Communication (Page 37)</p>	<p>Enhanced procedures for the provision of Effective Communication, as described in the paragraph below, shall apply in the following situations:</p> <ul style="list-style-type: none"> a) Due Process Events, including the following: <ul style="list-style-type: none"> i. Classification processes ii. Disciplinary hearing and related processes. iii. Service of notice (to appear and/or for new charges) iv. Release processes v. Probation encounters/meetings in custody b) Clinical Encounters, including the following: <ul style="list-style-type: none"> i. Determination of medical history or description of ailment or injury ii. Diagnosis or prognosis iii. Medical care and medical evaluations iv. Provision of mental health evaluations, rounds, group and individual therapy, counseling and other therapeutic activities v. Provision of the patient's rights, informed consent, or permission for treatment vi. Explanation of medications, procedures, treatment, treatment options, or surgery vii. Discharge instructions 	<p>The County is in the process of fully implementing this provision. The County has updated the Custody Operations ADA Policy (section 209) to meet the provisions of this requirement. Currently the County tracks effective communications on disciplinary logs. The County will be utilizing the ADA Effective Communication Form to allow for greater tracking of effective communication in all instances required by this provision. In the next ten months, the County will conduct training to ensure effective communication is used and documented in all situations as required by this provision. The County will work with the ADA Expert to provide proof of practice in compliance with this provision.</p>
<p>5.M.5 Effective Communication (Page 38)</p>	<p>In the situations described in the previous paragraph, Jail staff shall:</p> <ul style="list-style-type: none"> a) Identify each person's disability where there may be a barrier to comprehension or communication requiring reasonable accommodation(s); b) Provide effective reasonable accommodation(s) to overcome the communication barrier; and c) Document the method used to achieve Effective Communication and how the staff person determined that the person understood the encounter, process, and/or proceeding. 	<p>Please see response to 5.M.4. above.</p>
<p>5.M.6 Effective Communication (Page 38)</p>	<p>In determining what auxiliary aid or service to provide, the County shall give primary consideration to the request of the person with Effective Communication needs. Such aids may include bilingual aides, SLIs, readers, sound amplification devices, captioned television/video text displays, Videophones and telecommunication services for deaf persons, audiotaped texts, Braille materials, large print materials, writing materials, and signage.</p>	<p>The County is in the process of completing this requirement. The County presently documents an inmate's request on the Classification Input Form and provides SLI, bilingual aids, TTY/TDD and video phones and Purple Communications VRS/VRI including 24/7 SLI services. The County and Wellpath also currently offer translation services via the Language Line. Per the ADA Expert's recommendation, the County has purchased amplification devices for phone calls. Large font and audio books are offered to visually impaired inmates. Presently, the County has very few inmates that requires the services identified in this provision but will work with the Expert to provide proof of compliance with this provision. In the next ten months, the County will conduct training to ensure effective communication is used and documented in all situations as required by this provision. The County will also capture this information in the current ADA tracking system.</p>
<p>5.M.7 Effective Communication (Page 38)</p>	<p>The County shall ensure that all outside education, program, and service providers at the Jail provide Effective Communication for people participating in such programs.</p>	<p>The County is in the process of fully implementing this requirement. The County has updated the Custody Operations ADA Policy (section 209) to meet the provisions of this requirement, including the process for notifying and ensuring that outside providers are informed of those inmates that require effective communication. The County programs team is provided the ADA Active Alerts List which will be provided to all outside program providers. In the next ten months, the County will conduct training on this provision.</p>

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<p>5.N.1</p> <p>Access for Individuals with Hearing Impairments (Page 39)</p>	<p>✦ The County shall develop and implement a policy for newly arrived and newly identified people with hearing disabilities to determine each person's preferred method of communication.</p>	<p>The County is in the process of fully implementing this provision. The County has updated the Custody Operations ADA Policy (section 209) to meet the provisions of this requirement. As acknowledged by the ADA Expert, the MTO includes the effective communication accommodations necessary to meet this requirement. In the next two months, the County will work with the ADA Expert to determine any screening tools that remain outstanding and will update them accordingly.</p>
<p>5.N.2</p> <p>Access for Individuals with Hearing Impairments (Page 39)</p>	<p>✦ Qualified Sign Language Interpreters (SLIs), on-site or through a VRI service, will be provided during intake and for due process functions, health care encounters, and Jail programming, when sign language is the person's primary means of Effective Communication, unless the person waives the assistance of an interpreter and/or delay would pose an urgent safety or security risk.</p>	<p>The County is in the process of fully implementing this requirement. The County has contracted with Purple Communications to provide SLI services at both facilities. The County revised Custody Operations ADA Policy (section 209) to include language advising that if an inmate's preferred method of communication is via an SLI it will be provided for all due process encounters. In the next three months, the County will train staff on use of Purple Communications and documentation within the ADA Tracking System. The County will provide the ADA Expert proof of compliance during the upcoming rating period. The County anticipates completing this requirement in the next four months.</p>
<p>5.N.3</p> <p>Access for Individuals with Hearing Impairments (Page 39)</p>	<p>✦ The County will maintain a log of (a) when, for whom, and for what purpose an SLI was used; and (b) when, for whom, and why an SLI was not used for a person with an identified need for SLI services (e.g., waived or delay would have posed urgent safety or security risk).</p>	<p>The County is in the process of fully implementing this requirement. Currently, SLI encounters are logged in JMS under the 'notes' section. Additionally, The County has contracted with Purple Communications to provide SLI services at both facilities. The County revised Custody Operations ADA Policy (section 209) to include language advising that if an inmate's preferred method of communication is via an SLI it will be provided for all due process encounters. In the next three months, the County will train staff on use of Purple Communications and documentation within the ADA Tracking System. The County will provide the ADA Expert the Purple Communications usage log as proof of compliance during the upcoming rating period. The County anticipates completing this requirement in the next four months.</p>
<p>5.N.4</p> <p>Access for Individuals with Hearing Impairments (Page 39)</p>	<p>✦ When a prisoner waives an SLI, the log must document (a) the method of communication of the waiver, and (b) the method staff used to determine that the waiver was knowing and freely given.</p>	<p>Sabot has approved the ADA Effective Communication Form for use in the facilities which specifies the manner of effective communications encounter. The County has developed a documentation section (ADA-SLI) in the ADA tracking system to log all required documentation. The County has revised the Custody Operations ADA Policy (section 209) to contain verbiage indicating that all due process encounters that require an SLI will be documented in the ADA Tracking System. The County is also in the process of developing a training class to teach staff how to properly log any inmate waiver of SLI within the ADA Tracking System. The County anticipates completing this requirement in the next six to eight months.</p>
<p>5.N.5</p> <p>Access for Individuals with Hearing Impairments (Page 39)</p>	<p>The County shall maintain a contract or service agreement with interpreter services, including a VRI service, in order to provide such services for deaf or hard of hearing prisoners. The County will ensure that appropriate Jail staff have sufficient guidance regarding use of such services.</p>	<p>Completed. The ADA Expert found the County in Substantial Compliance for this provision. Monitoring will be discontinued pursuant to paragraph 52 of the Remedial Plan.</p>
<p>5.N.6</p> <p>Access for Individuals with Hearing Impairments (Page 39)</p>	<p>✦ Lip reading will not be the sole method of Effective Communication used by staff, unless the person indicates that is their preferred method of communication.</p>	<p>Completed. The County updated the Custody Operations ADA Policy (section 209) to include language advising that if an inmate's preferred method of communication is SLI, written communication, lip reading or any other type of effective communication device or service, it will be provided for all encounters. The County has created the ADA Tracking system which provides notice of inmate's preferred effective communication requests, which is provided to housing units daily. As acknowledged by the ADA Expert the County has an appropriate process to meet the requirements of this provision. While the County has very few inmates who utilize lip reading, the County will work with the Expert to provide proof of compliance with this provision.</p>

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

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<p>5.O.1</p> <p>Prisoners with Intellectual/Developmental Disabilities (Page 40)</p>	<p>The County shall develop and implement a comprehensive written policy and procedure regarding people with Intellectual and/or Developmental Disabilities, including:</p> <ul style="list-style-type: none"> a) Screening; b) Identification of their adaptive support needs and adaptive functioning deficits; and c) Monitoring, management, and accommodations for people with Intellectual or Developmental Disabilities. 	<p>The County is in the process of fully implementing this requirement. As acknowledged by the ADA Expert, the County's Custody Operations ADA Policy (section 209) includes the requirements of this provision. Wellpath is in the process of redeveloping its pilot program for identifying intellectual and developmental disabilities and estimates that this program will return in the next six to eight months. Wellpath will be revising its policies to include the requirements of this provision. In the next ten months, the County will provide comprehensive ADA training to all staff, including training on this provision.</p>
<p>5.O.2</p> <p>Prisoners with Intellectual/Developmental Disabilities (Page 40)</p>	<p>If a person is known to have or suspected of having an Intellectual or Developmental Disability, the County shall contact the appropriate Regional Center within the next business day of the person's arrival at the Jail. The County shall request the prisoner's current IPP (Individualized Program Plan), with the individual's authorization. Once received, medical and custody staff shall review the IPP to ensure that all communications and services being provided are appropriate. If the person is not a Regional Center client, the County shall request that the Regional Center (or other appropriate agency) perform an evaluation. Whenever possible, Jail staff will work with the Regional Center and any relevant County agencies to move a person with an identified Intellectual or Developmental Disability out of custody and into a setting with appropriate supports to meet the person's individual needs.</p>	<p>Completed. Wellpath's Mental Health Coordinator communicates with Tri-Counties Regional Center staff regarding the identified inmates and appropriate treatment plans as required by this provision. The County has provided Wellpath (approved) documentation to record interactions with Tri-County Regional Center. The County will provide the ADA Expert with proof of practice to demonstrate compliance with this provision.</p>
<p>5.O.3</p> <p>Prisoners with Intellectual/Developmental Disabilities (Page 41)</p>	<p>People identified as having an Intellectual or Developmental Disability will be provided with accommodations tailored to their needs, which may include but are not limited to communications at the appropriate comprehension level, more time to complete directions, and specific behavioral supports.</p>	<p>The County is in the process of fully implementing this requirement. The Custody Operations ADA Policy (section 209) includes the requirements of this provision. Wellpath implemented an Adaptive Support Needs Assessment Form to identify possible ADA inmates during receiving, as well as a "learning disability" check box on the Medical Treatment Form. Additionally, ID/DD accommodations are incorporated into the JMS active alerts and the daily ADA Tracker. Wellpath is in the process of redeveloping its pilot program for identifying intellectual and developmental disabilities and estimates that this program will return in the next six to eight months.</p>
<p>5.O.4</p> <p>Prisoners with Intellectual/Developmental Disabilities (Page 41)</p>	<p>A multidisciplinary team that includes appropriate health care staff will monitor and ensure appropriate care for people with an Intellectual or Developmental Disability. The multidisciplinary team will develop an individualized plan for each person with an Intellectual or Developmental Disability, which addresses: (1) safety, vulnerability, and victimization concerns, (2) adaptive support needs, and (3) programming, housing, and accommodation needs. The multidisciplinary team's plan will be regularly reviewed and updated as needed.</p>	<p>The County is in the process of fully implementing this requirement. In the next month, the County will establish a multidisciplinary team to address the requirements of this provision. The County will confer with the ADA Expert in the next three months to ensure compliance with this provision.</p>

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
<p>5.P.1</p> <p>Physical Accessibility Requirements (Page 41)</p>	<p>✚ The County shall implement an ADA transition plan to remedy Main Jail physical plant features that could result in access barriers for people with disabilities.</p>	<p>The County is in the process of fully implementing this requirement and has begun the ADA transition plan, including proposed remodel plans and the County's request for participation. In 2018, the County commissioned Vanir Construction to identify ADA deficiencies and develop an ADA transition plan for the Main Jail. On November 9, 2021, a contract was awarded to Nacht and Lewis for redesign of the main jail campus to bring it in compliance with ADA requirements. In 2022, Nacht and Lewis began holding a series of workshops with the County's project team to develop detailed program requirements for renovating the existing facilities. As a result of those meetings, the County is proceeding with remodel of the Inmate Receiving Center of the Main Jail to address accessibility concerns, which is scheduled to be complete by Summer of 2027. Intake Improvements will include accessibility compliance of cells, showers, public restrooms, visiting (for public and incarcerated population), and toilets for the incarcerated population, as well as an ADA path-of-travel to public parking. The County will also remedy accessibility issues in the main recreation yard at the Main Jail.</p> <p>Per the terms of the parties' 2023 Stipulation Re: Implementation of the Remedial Plan, the County intends to achieve compliance with the Remedial Plan through addition of ADA-compliant housing capacity at the Northern Branch Jail. Upon activation of the additional unit(s) at the Northern Branch Jail (expected by 2029), the County will cease housing class members in the Main Jail's South, West, East, Central, and Back Central housing units. Per the parties agreement, the housing units in West, East, Central, Back Central, and Northwest need not undergo physical plant remediation of existing ADA accessibility deficiencies as part of interim or long-term remedial measures set forth in the Remedial Plan. In the interim, the County will cease housing class members with ADA accessible housing needs in any of the housing units in West, East, Central, Back Central, and Northwest by December 2022, and will ensure that all class members with ADA accessible housing needs are provided accessible housing and equitable access to the Jail's programs, services, and activities. The County has initiated interim accessibility measures, including installing ADA-accessible workout equipment in the recreation yards at both facilities, ensuring equal access to programming and mental health housing, and initiating discharge planning protocols to ensure accommodations and accessible transportation is provided on discharge.</p> <p>Full compliance of this provision will likely follow remodel, reconfiguration, renovation, or new construction of the facilities as contemplated in paragraph 10 of the Stipulated Judgement.</p>
<p>5.P.2</p> <p>Physical Accessibility Requirements (Page 41)</p>	<p>✚ The above ADA transition plan will be implemented in the timeframe set forth in the Stipulated Judgment. The County and the Sheriff's Office agree that, during the period of implementation of the ADA transition plan at the Main Jail, they will take all reasonable steps to promote and ensure accessibility for people with disabilities to the maximum extent possible. This includes the use of interim measures to address existing access barriers in order to ensure safety and program access for people with disabilities.</p>	<p>Please see response to 5.P.1 above.</p>
<p>5.P.3</p> <p>Physical Accessibility Requirements (Page 41)</p>	<p>✚ The County shall ensure that the North Branch Jail provides adequate accessibility for people with disabilities, consistent with accessibility requirements under federal and state law.</p>	<p>The County is in process of fully implementing this requirement. The Northern Branch jail was built in compliance with current ADA standards and has been approved by the Board of State and Community Corrections (BSCC). The ADA Expert identified videophone accessibility issues, which the County is working towards remedying. The County is coordinating with ViaPath to install Purple Communications on the County issued tablets, which will provide equal access to videophones. The County anticipates completing this requirement in the next three months.</p>

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
5.Q.1 Alarms/Emergencies (Page 41)	<p>✦ The County shall implement written policies regarding the expectations of staff as to persons with disabilities during emergencies and alarms, including as to disabilities that may affect their ability to comply with orders or otherwise respond to emergencies and alarms. For example, the policies shall ensure appropriate handling of people with mobility-related disabilities who are unable to prone out or take a seated position on the ground during an alarm or emergency. Such policies shall be communicated to staff, incorporated into the relevant policies, and communicated to people with disabilities using Effective Communication.</p>	<p>The County is in the process of fully implementing this requirement. As acknowledged by the ADA Expert, the County has updated the Custody Operations ADA Policy (section 209) includes language to meet the requirements of this provision. In order to facilitate appropriate accommodations during alarms or emergencies, the County has placed the ADA Tracker in all modules so that staff are aware of inmates that need assistance in accordance with this provision. In the next ten months, the County will provide comprehensive ADA training to all staff, including training on this provision.</p>
5.Q.2 Alarms/Emergencies (Page 42)	<p>✦ In order to facilitate appropriate accommodations during alarms or emergencies, the County shall offer, but shall not require, individuals who have disabilities visible markers to identify their disability needs (e.g., wristbands). The County shall maintain a list, posted in such a way to be readily available to Jail staff in each unit, of people with disabilities that may require accommodations during an alarm or emergency.</p>	<p>As previously reported and acknowledged by the ADA Expert, the County has completed this requirement with respect to the ADA Tracker. The ADA Tracker is provided to every module daily, and lists all ADA inmates and any accommodations or assistance that inmate would need to be provided with in an emergency. Additionally, the inmate's names and accommodations are included for easy recognition in case of an emergency situation. The list has been updated to include inmates with Intellectual or Developmental Disabilities ID/DD and inmates with Learning Disabilities are identified during the Adaptive Needs Assessment. The County has revised the Custody Operations ADA Policy 209 to address this provision. The County is in the process of fully implementing this requirement. In the next six months, the County will be exploring options to print a prisoner's disability accommodation needs on an inmate's wristband. This option is currently being explored with an upgrade to the current ATIMS JMS system. Thereafter, the County will perform the necessary training and implementation of this provision. In the interim, the County is considering use of identification vests, which will be offered, but not required. However, full implementation may be deferred until a new ADA tracking or JMS system is in place. The County anticipates the updated system will be in place by summer 2024.</p>
5.Q.3 Alarms/Emergencies (Page 42)	<p>The County shall install visual alarms appropriate for people who are deaf or hard of hearing.</p>	<p>The County is in the process of fully implementing this requirement. The Northern Branch Jail presently has the alarms required by this provision. The County is reviewing potential alarm installation at the Main Jail, but implementation will likely occur as part of the remodel, reconfiguration, renovation, or new construction plans.</p>
5.Q.4 Alarms/Emergencies (Page 42)	<p>All housing units shall post notices for emergency and fire exit routes.</p>	<p>Completed. The ADA Expert found the County in Substantial Compliance for this provision.</p>
5.R.1 Quality Assurance (Page 42)	<p>The County shall develop and implement written policies and procedures regarding monitoring compliance with ADA requirements and Jail ADA policies, including (but not limited to) the following: a) Requests for ADA accommodations; b) ADA-related grievances; c) ADA-related training; d) Use of the ADA Tracking System.</p>	<p>The County is in the process of fully implementing this requirement. The County has revised the Custody Operations ADA Policy (section 209) to include the requirements of this provision. In the next ten months, the County will provide comprehensive ADA training to all staff, including training on this provision.</p>
5.R.2 Quality Assurance (Page 42)	<p>The County shall develop an ADA accountability plan that will ensure quality assurance, track violations of the ADA and the Jail's ADA policies, and establish staff accountability for egregious, serious, or repeated violations of the ADA and Jail ADA-related policies and procedures.</p>	<p>The County is in the process of fully implementing this requirement. The County has revised the Custody Operations ADA Policy (section 209) to include the requirements of this provision. In the next two months, the County will consult the ADA Expert regarding development of an ADA accountability plan as required by this provision.</p>
6. Environmental Health and Safety	<p>☐</p>	

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
<p>6.A.1 Environmental Health and Safety Monitor (Page 43)</p>	<p>The County shall designate an environmental health and safety monitor (“Environment of Care Monitor”) responsible for ensuring compliance with this Remedial Plan and other environmental health and safety policies and procedures. The duties of the Environment of Care Monitor will be established in writing consistent with this remedial plan. The Environment of Care Monitor will have sufficient authority to carry out such duties.</p>	<p>Completed. Sheriff’s Service Technician James Zandona was appointed as the Environment of Care Monitor (hereinafter “ECM”) on 7/7/21. CDII Petterson has been assigned as the ECM at the Northern Branch Jail. The County also created the ECM Duty Statement, which includes the job descriptions for both the Main Jail and NBJ ECM’s, The County incorporated the ECM appointment order and Duty Statement into the Custody Operations Inspection and Operations Review Policy (section 102). The Environmental Health and Safety Expert found the County in Substantial Compliance for this provision.</p>

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
<p>6.B.1</p> <p>Cleanliness and Sanitation of Jail Facilities (Page 43)</p>	<p>✦ The County shall establish a sanitation plan to ensure that all Jail facilities maintain appropriate cleanliness. The plan shall provide for any cleaning issues requiring an established cleaning schedule and written documentation of such cleaning, including, at a minimum:</p> <p>a) Daily access to supplies and equipment for prisoners to conduct cleaning and disinfection of housing units, including floors, toilets, sinks, and showers, with a cleaning chemical that sufficiently eliminates pathogens found in living and common areas;</p> <p>b) Weekly inspections of housing units, including floors, toilets, sinks, and showers by jail staff, with prompt steps to address identified cleaning and disinfection needs.</p> <p>c) Daily cleaning of intake, health care clinics, kitchen, laundry, and other common areas, such as hallways and the tunnel.</p> <p>d) Weekly cleaning of visitation rooms and classrooms, and more frequently as needed;</p> <p>e) Biweekly (i.e., every other week) power washing of shower areas;</p> <p>f) Weekly cleaning of cell bars, windows, and lights;</p> <p>g) Quarterly cleaning of fans and air vents, and more frequently as necessary to ensure that they are clean and free of mold, mildew, and/or accumulation of dirt and dust.</p>	<p>1.(1) & 1.(2). The County is in the process of fully implementing this requirement.</p> <p>a) Completed. As previously reported, the County currently ensures inmates are given cleaning supplies by their module deputy every morning that consist of mops, brooms, dust pans, foxtail sweepers, sponges, bottles of Oxivir Five cleaning solution for cleaning tables, bunks, sinks, showers, and jugs of Virex II for mopping the floors. Every evening prisoners are given bottles of Oxivir Five cleaning solution by property officers for additional cleaning in the evenings. Consistent with the Environmental Health and Safety Expert's recommendations, the County issued a directive related to providing supplies on the weekend. This is documented on the module deputy and property officers' daily recap. Logs have been provided to the Environmental Health and Safety Expert.</p> <p>b) Completed. The County revised the Sanitation Plan to incorporated the Expert's recommendations and to implement those recommendations at both jail facilities.</p> <p>c) Completed pending Expert's review. The County revised the Sanitation Plan to incorporate the Expert's recommendations and to implement those recommendations at both jail facilities. The County anticipates Sanitation Plan training for custody staff in the next two months. Presently, the kitchen is cleaned twice a day; the kitchen crew submits a weekly cleaning document to the ECM documenting such cleaning. Big Green is contracted to clean the health care clinics weekly in the evening hours. The laundry department conducts cleaning at the end of each day, which includes wiping down counter tops and washing machines, sweeping, mopping floors, and vacuuming dryer lint traps. This cleaning is documented on a Laundry Department Daily Cleaning Checklist and provided to the ECM. The County incorporated the Main Jail cleaning schedule into the Sanitation Plan per the Expert's recommendation These documents were provided to the Environmental Health and Safety Expert for review.</p> <p>d) Completed. The County's lobby crew cleans the visitation rooms and classrooms at least once per week and as needed. Documents reflecting this cleaning schedule were provided to the Environmental Health and Safety Expert for review.</p> <p>e) Completed. A County maintenance utility worker supervises inmate workers who power wash the module shower areas during the modules scheduled yard time. This is documented in the biweekly shower power washing log. The County incorporated the Expert's recommended edits to the shower power washing log and maintains a power washing schedule independent of the yard schedules.</p> <p>f) Completed. A County maintenance utility worker supervises inmate workers who clean cell bars, windows, and lights during the modules scheduled yard time. This is documented in the weekly cleaning log for cell bars, windows, and lights. The County incorporated the Expert's recommended edits to the log for these areas. These documents were provided to the Environmental Health and Safety Expert for review. Per the Expert's recommendation, the County maintains a cleaning schedule independent of the yard schedules and incorporated cleaning schedule into the Sanitation Plan.</p> <p>g) Completed. A County maintenance utility worker supervises inmate workers who clean fans and air vents quarterly. This is documented in the quarterly cleaning log for air vents and fans. These documents were provided to the Environmental Health and Safety Expert for review. The County will update the Sanitation Plan to reflect this requirement.</p> <p>As indicated above, the County anticipates completing this provision in the next two months.</p>

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
6.B.2 Cleanliness and Sanitation of Jail Facilities (Page 43)	<p>⊕ Upon intake, the County shall provide prisoners an orientation regarding the Jail's expectations and procedures for cleanliness, elimination of clutter, and proper use of personal property containers.</p>	<p>The County is in the process of fully implementing this requirement. In March 2022 and again in September 2022, the County revised the Inmate Orientation Handbooks. These documents are provided to every inmate prior to housing at both facilities and notated in JMS when provided. These documents have been provided to the Expert for review. The County is working on creating an orientation video which reinforces the components of this requirement. The County anticipates completing the orientation video within the next four months.</p>
6.B.3 Cleanliness and Sanitation of Jail Facilities (Page 44)	<p>⊕ The County shall establish a procedure to maintain cleanliness in housing areas where a prisoner is unable or unwilling to adequately clean. Where prisoners are expected to participate in cleaning, staff shall ensure appropriate assistance to people with mental illness, intellectual and developmental disabilities, or other special needs.</p>	<p>The County is in the process of fully implementing this requirements. The County is currently creating a viable tracking system to monitor inmates that are unable or unwilling to maintain sanitary living conditions, or where staff has provided assistance. Proof of practice in restrictive housing logs and ADA tracking systems have been provided to the Environmental Health and Safety Expert for review. The County anticipates completing the components of this requirement within three months.</p>
6.B.4 Cleanliness and Sanitation of Jail Facilities (Page 44)	<p>⊕ The County shall develop and implement a policy and procedure for effective cleaning, disinfection, distribution, and repair of mattresses. The policy shall provide a process for inspection and replacement of all frayed and cracked mattresses that cannot be disinfected sufficiently to eliminate harmful bacteria.</p>	<p>Completed. The Environmental Health and Safety Expert found the County in Substantial Compliance.</p>
6.B.5 Cleanliness and Sanitation of Jail Facilities (Page 44)	<p>⊕ The County shall ensure that newly arrived prisoners receive a clean and serviceable mattress. Mattresses shall be cleaned and disinfected anytime they are assigned to a different prisoner or when there is a biohazardous or bloodborne incident involving the mattress.</p>	<p>Completed. The County has developed cleaning procedures for mattresses, property boxes, and the cleaning of empty cells. The ECM has developed training for staff to implement and document these procedures. Training material was sent to all squads for training of all staff, with instruction to document attendance. This information will be provided to the Environmental Health and Safety Expert for review. The County has incorporated these requirements into the Custody Operations Inmate Clothing and Personal Hygiene Policy (section 362). These procedures were covered in the PowerPoint training on this topic; staff attendance was documented on training logs. Additionally, records of mattress cleaning are maintained in the daily property recaps, and the training video has been provided to the Environmental Health and Safety Expert. Additionally, the County has updated its policies to include a process for incarcerated persons to be provided a clean and serviceable mattress. Per policy, when an inmate is initially housed within a jail facility, they will be provided with a new inmate orientation card in which they will acknowledge they received a clean mattress. If the inmate advises a deputy that their mattress is not clean, the deputy shall ensure a clean and serviceable mattress is provided.</p>
6.B.6 Cleanliness and Sanitation of Jail Facilities (Page 44)	<p>⊕ The County shall establish procedures so that a cell is cleaned prior to a prisoner's placement in that cell.</p>	<p>Completed. The County has established procedures to ensure a cell is cleaned prior to a prisoner's placement in that cell, which will be incorporated into the Sanitation Plan. Compliance is audited through weekly collection of new inmate orientation card.</p>
6.B.7 Cleanliness and Sanitation of Jail Facilities (Page 44)	<p>The County has committed to ensuring that each prisoner is assigned and provided a bed, as set forth in the Custody Operations/Segregation Remedial Plan. Until such remedial provision is fully implemented, where the County uses plastic beds, or "boats," the County shall ensure that they are cleaned and disinfected anytime they are assigned to a different prisoner or when there is a biohazardous or bloodborne incident involving the mattress or boat.</p>	<p>Completed. The Environmental Health and Safety Expert found the County in Substantial Compliance.</p>

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
<p>6.C.1 Laundry (Page 44)</p>	<p>Clothing and linen exchange shall occur for all prisoners at least weekly, and more frequently when circumstances warrant. Kitchen workers shall be provided a clean kitchen uniform daily. Whenever a prisoner presents to jail staff clothing or linen that are soiled and/or reasonably requests a clothing/linen exchange, jail staff will ensure a prompt exchange, in all cases by the end of the shift.</p>	<p>Completed. The Environmental Health and Safety Expert found the County in Substantial Compliance.</p>
<p>6.C.2 Laundry (Page 44)</p>	<p>✚ The County shall provide, document and maintain records of training provided to prisoner-workers and staff assigned laundry duties on chemical safety, biohazardous and bloodborne contaminated clothing and linens, use of personal protective equipment, and Material Safety Data Sheets.</p>	<p>Completed. All inmate workers assigned to work within the laundry department are provided personal protective equipment and instructed by the Laundry Coordinator on how to recognize and handle possible biohazardous and bloodborne contaminated laundry and the proper use of personal protective equipment. All inmate workers are provided with the Laundry Department Inmate Worker Orientation document and have access to: Material Safety Data Sheets covering all chemicals used within the laundry department, an OSHA approved 2' x 3' chemical safety poster, and an eyewash station. Signed copies acknowledging understanding of the Laundry Department Inmate Worker Orientation document have been provided to the Environmental Health and Safety Expert for review. The County has formalized the training via PowerPoint and is providing the training for all inmate workers, Custody Deputies, Sheriff Service Technicians SST's and Utility Workers.</p>
<p>6.C.3 Laundry (Page 45)</p>	<p>✚ Staff shall make reasonable efforts to ensure that all prisoners have clean linens at all times. Staff will make a health care referral for any prisoner refusing to exchange linens if there is reason to believe such refusal relates to the person's mental health condition. Mental health staff shall assist in resolving the situation, as appropriate.</p>	<p>Completed. Linen exchange is conducted weekly for every housing module. An inmate may make a reasonable request for clean linen at any time with their housing module deputy. The County is presently utilizing a Mental Health Referral Form, which has been adjusted to allow all staff to make a healthcare referral to Wellpath in the event that an inmate refuses clean linen, and it appears there may be an underlying mental health issue. Per the Expert's recommendation, the County is tracking such referrals. Staff has been provided training on this requirement through squad/unit briefing.</p>
<p>6.D.1 Food Service and Kitchen Operations (Page 45)</p>	<p>Prisoners assigned to kitchen duties shall be provided with clean outer clothing daily. If during a prisoner's work shift the clothing becomes soiled, it should be replaced promptly.</p>	<p>Completed. The Environmental Health and Safety Expert found the County in Substantial Compliance for this provision.</p>
<p>6.D.2 Food Service and Kitchen Operations (Page 45)</p>	<p>✚ The County shall perform a weekly inspection of kitchen operations, with a report submitted to the Environment of Care Monitor, and shall ensure actions are taken to correct any identified issues.</p>	<p>The County is in the process of fully implementing this requirement. The County's Food Services Supervisor performs a weekly inspection of kitchen operations and as recommended by the Environmental Health and Safety Expert, completes a report that identifies rooms, locations, equipment etc. that are inspected. The County also tracks work orders as requested by the Expert. While this position was vacant, the County recently hired a new Food Services Supervisor who will be performing the weekly inspection and filling out the requisite report for review by the ECM as required by this provision. The County anticipates providing proof of compliance within the upcoming months.</p>
<p>6.D.3 Food Service and Kitchen Operations (Page 45)</p>	<p>The County shall develop and implement policies and procedures for food service and kitchen operation as required in Section 1246 of California Code of Regulations Title 15. The policy shall include provisions for tool control, roles and responsibilities of Jail staff and the food service Contractor, employee and prisoner-worker training in food safety, and temperature monitoring. The policy shall provide that prisoner-workers are medically screened prior to being assigned to work in the kitchen.</p>	<p>Completed. The Environmental Health and Safety Expert found the County in Substantial Compliance for this provision.</p>
<p>6.D.4 Food Service and Kitchen Operations (Page 45)</p>	<p>The County shall provide prisoner-workers with training and education regarding kitchen operations.</p>	<p>Completed. The Environmental Health and Safety Expert found the County in Substantial Compliance for this provision.</p>

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
6.D.5 Food Service and Kitchen Operations (Page 45)	<p>✦ The County shall conduct periodic temperature monitoring of food and take steps to ensure that food prepared as hot is served hot to the greatest extent practicable.</p>	<p>The County is in the process of fully implementing this requirement. The County recently hired a Food Services Supervisor who will assist in ensuring compliance with this provision. Presently, the County maintains a temperature log for monitoring food at the time that it is trayed. In the next two months, the County will initiate a method to monitor whether food is served as hot as practicable as required by this provision. Per the Expert's recommendation, County is in process of procuring warming carts to assist in compliance with this provision. The County anticipates completing the components of this requirement within the next four months.</p>
6.E.1 Work Order System and Preventative Maintenance (Page 45)	<p>The County shall train staff on the process of submitting work orders.</p>	<p>Completed. The Environmental Health and Safety Expert found the County in Substantial Compliance for this provision.</p>
6.E.2 Work Order System and Preventative Maintenance (Page 45)	<p>✦ The County shall utilize the work order reporting system to schedule preventative maintenance and repairs. The system shall provide for any cleaning or maintenance requiring an established schedule, including, at a minimum:</p> <ul style="list-style-type: none"> a) Regular maintenance of plumbing. b) Quarterly cleaning of fans and ventilation grills. c) Quarterly replacement of ventilation filters. d) Regular external contractor monitoring of negative pressure cells and gauges. e) Monthly fire extinguisher inspections; and f) Monthly fire and life safety inspections. 	<p>The County is in the process of implementing this requirement. The County utilizes a preventative maintenance work order system to auto-populate work orders on a routine basis. Presently, the system auto-populates preventative maintenance work orders for all items other than items (c) and (f) of this provision, and General Services anticipates incorporating those items in the next three months. Per the Expert's recommendation, the County maintains a work order report, which the County will provide to the Expert for his review. The County anticipates completing this requirement in the next four to six months.</p>
6.E.3 Work Order System and Preventative Maintenance (Page 45)	<p>✦ The County shall develop and implement an environmental inspection policy with procedures that include an assessment of maintenance issues for every housing unit, including for plumbing, electrical, ventilation, painting, cleanliness, lighting, and storage of personal belongings.</p>	<p>Completed. Per the Expert's recommendation, the County revised the Custody Operations Inspections and Operations Policy (section 102) to include the provisions of this requirement.</p>
6.F.1 Chemical Control and Biohazardous Materials (Page 46)	<p>✦ The County shall develop and implement chemical control policies and procedures for safe storage, dilution, and distribution of chemicals used at the Jail.</p>	<p>The County is in the process of fully implementing this requirement. The County has developed training regarding chemical control and procedures for safe storage, dilution, and distribution of chemicals used at the jail. The County is in the process of developing policies and procedures in compliance with this requirement, which the County will provide to the Expert for his review. The County anticipates completing this requirement in the next month.</p>
6.F.2 Chemical Control and Biohazardous Materials (Page 46)	<p>✦ The County shall develop and implement a chemical safety training for all staff and prisoners assigned the responsibility of cleaning. The County or County's contract provider shall maintain documentation that demonstrates evidence of training for all staff and prisoner-workers involved in cleanup.</p>	<p>The County has implemented this requirement. The County developed chemical safety training which has been approved by the Environmental Health and Safety Expert. The County provided the training via PowerPoint viewing. The County is in the process of implementing the Expert's recommendation regarding the training documentation. Per the Expert's recommendation, the County will be re-issuing the training. The County anticipates completing this requirement in the next four to six months.</p>

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
6.F.3 Chemical Control and Biohazardous Materials (Page 46)	The County shall revise and ensure implementation of its Communicable Disease policy, including to ensure appropriate use and concentration of pyrethrum spray.	Completed. The County revised Custody Operations Inmate Clothing and Personal Hygiene and Policy (section 362) and Communicable Disease Policy (section 244) to meet the requirements of this provision. The County's policy references use of permethrin spray rather than pyrethrum spray, which is consistent with the Assessment of Environmental Health and Safety Operations Report, which was the basis for this provision. The policy includes the appropriate use and concentration of this spray.
6.F.4 Chemical Control and Biohazardous Materials (Page 46)	The County shall develop and implement policies and procedures for cleaning, handling, storing, and disposing of biohazardous materials, including waste. The County shall ensure that Material Safety Data Sheets ("MSDS") are accessible anywhere chemicals are stored, mixed, or diluted.	4.1) The County is in the process of completing this requirement. The County has an orientation for inmates to cover handling, storing, and disposing of biohazardous materials. The County has developed the requisite training which has been approved by the Environmental Health and Safety Expert. Training has been provided to Custody staff and inmate workers. The County is in the process of developing policies and procedures in compliance with this requirement, which the County will provide to the Expert for his review. The County anticipates completing this requirement in the next month. 4.2) Completed. MSDS sheets have been placed in all areas (SBJ and NBJ) where chemicals are stored, mixed or diluted.
6.F.5 Chemical Control and Biohazardous Materials (Page 46)	+ The County shall ensure that staff and prisoner-workers responsible for cleaning biohazardous materials or areas suspected of being contaminated by pests (e.g. lice or scabies) are outfitted with protective equipment and receive appropriate supervision.	Completed. Currently, the County jail staff ensures inmate workers are outfitted with protective equipment and receive appropriate supervision when cleaning areas suspected of being contaminated. The County has created training approved by the Environmental Health and Safety Expert which meets this requirement. This training has been provided to custody staff and inmate workers. In accordance with the Expert's recommendation, staff document when staff or incarcerated persons are utilized to clean biohazardous incidents in the property recap as well as the custody deputy recap.
6.G.1 Negative Pressure Monitoring and Recording (Page 47)	The magnehelic gauges located outside the housing area to any negative airflow cell shall be checked once per shift to ensure the cells remain in a negative airflow state. When non-conformities are identified, the cell shall not be used for people with circumstances requiring a negative airflow cell, and a work order shall be submitted for prompt repair.	Completed. Module Deputies check the gauge reading once per shift and note findings on daily module recaps. The County has provided training on negative airflow cells and has a work orders system that can address issues found in negative airflow cells. Work orders are submitted to the County General Services department and are maintained in their preventative maintenance system. The County has issued a directive and posted instructions on-site per the Environmental Health and Safety Expert's recommendation. The County has also initiated a review process to ensure the Post Recap reports are completed properly.
6.G.2 Negative Pressure Monitoring and Recording (Page 47)	+ The County shall provide and document training regarding acceptable gauge readings and the steps to take if the readings are outside the acceptable range for all staff assigned to housing areas with negative airflow cells.	The County is in process of fully implementing this requirement. Wellpath is presently monitoring the gauge readings when the negative airflow cells are in use for patients that require negative airflow cells. Per the Expert's recommendation, supervisors will be monitoring whether gauged readings are within the acceptable range and ensuring proper documentation is complete. The County has updated the PowerPoint per the Expert's recommendations. The County will initiate training in the next three months. The County anticipates completing this requirement in the next four months.
6.G.3 Negative Pressure Monitoring and Recording (Page 47)	+ Negative pressure cells and gauges shall be tested by an external contractor on a regular schedule as part of the Jail's preventive maintenance schedule.	Completed. The Environmental Health and Safety Expert found the County in Substantial Compliance for this provision.
6.H.1 Emergency Response and Fire/Life Safety (Page 47)	+ The County shall inspect fire extinguishers monthly and hold drills to ensure all jail staff are trained consistent with NCCHC standards on emergency response. Drill documentation shall include start and stop times, the number and location of any prisoners moved as part of the drill, any noted deficiencies, and any corrective actions taken.	Completed. The fire extinguisher inspection is documented in a monthly fire prevention log. The deficiencies are annotated in the notes section of the log sheets. At Northern Branch Jail emergency response drills are conducted in accordance with NCCHC standards and documentation is maintained as required by this provision. The County has incorporated the Environmental Health and Safety Expert's recommendations related to the Fire Inspection Log.

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
<p>6.I.1</p> <p>Environment of Care Monitor Inspections, Corrective Action, and Process for Prisoners to Raise Concerns (Page 47)</p>	<p>+</p> <p>The Environment of Care Monitor shall conduct bimonthly (i.e., every other month) Environmental Health and Safety inspections in every housing unit. The inspections shall include a documented assessment of and (as needed) corrective action plans for:</p> <p>a) Cleanliness of floors, walls, ceilings, bed and bedding, toilet and lavatory, cells and dayrooms surfaces.</p> <p>b) Cleanliness and disinfection of common areas and furnishings, including showers, shower chairs, plastic chairs, wheelchairs, stretchers, beds/bunks and personal property containers.</p> <p>c) Cleanliness of fans, exhaust and return ventilation grills, and the need for any maintenance repairs such as painting, broken tiles, blocked lighting, and plumbing.</p>	<p>Completed. The County's ECMs conducts a bi-monthly inspection that includes an assessment of maintenance issues for every housing unit for the areas required by this provision. The County includes the requisite information related to corrective action plans.</p>
<p>6.I.2</p> <p>Environment of Care Monitor Inspections, Corrective Action, and Process for Prisoners to Raise Concerns (Page 48)</p>	<p>+</p> <p>The County shall provide a system through which class members are able to raise sanitation matters of concern. The grievances shall be reviewed by the housing unit supervisors before each shift change. Where a maintenance issue is identified, a work order shall be submitted before the end of the following shift.</p>	<p>Completed. The County updated the Custody Operations Grievance Procedures Policy (section 361) to specifically reference grievances and concerns related to sanitation and maintenance in compliance with this provision. Grievances are reviewed by the housing supervisors before the end of shift change, and where a maintenance issue is identified, a work order is submitted as required by this provision. The County is presently conducting quarterly grievance meetings, which includes tracking grievances related to sanitation issues.</p>
<p>7. Custody Operations / Segregation</p>	<p>-</p>	
<p>7.A.1</p> <p>General Principles (Page 48)</p>	<p>+</p> <p>Prisoners shall be housed in least restrictive setting necessary to ensure for their own safety as well as safety of staff and other prisoners.</p>	<p>The County is in the process of implementing this requirement. The County has retained Dr. James Austin as a subject matter expert for Classification validation to assist the County with this requirement. Dr. Austin will work with the County to validate the classification system including reclassification as necessary. The County, working with assigned Experts, is continuing to refine its population management strategy and refining its restrictive housing practices and policies. The County is restructuring the weekly multidisciplinary meetings to focus on individuals in restrictive housing, to include review for less restrictive housing placement and coordination for discharge planning. Currently, the County has created and opened A Mod (SBJ) and F Unit (NBJ) as Behavioral Health Units ("BHU's"), which has further reduced the County's reliance on restricted housing cells. The County is expanding those units in the upcoming months. Per the expert's recommendations, the County intends to modify the out of cell and program offerings in New East, IRC 100 and 400. In the next six months, the County will refine the restrictive housing tracker, work towards auditing restrictive housing placement, and will initiate further programs that maintains designated male and female mental health units with the requisite programming at each facility. The County has yet to complete this provision, and the following related provisions due to the need to phase in of preliminary tasks related to this provision, prioritizing efforts to establish the BHU program, and efforts to obtain validation of the Classification system. The County intends to complete this requirement in the next six months.</p>

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
<p>7.A.2 General Principles (Page 48)</p>	<p>✦ The County shall not place prisoners in more restrictive settings, including Segregation, based on a mental illness or any other disability. Prisoners will be housed in the most integrated setting appropriate to their individual needs.</p>	<p>The County is in the process of implementing this requirement. The County has retained Dr. James Austin as a subject matter expert for Classification validation to assist the County with this requirement. Dr. Austin will work with the County to validate the classification system including reclassification as necessary. The County is working with the Experts to further refine its population management strategy and restrictive housing practices and policies. The County is restructuring the weekly multidisciplinary meetings to focus on individuals in restrictive housing, to include review for less restrictive housing placement and coordination for discharge planning. Currently, the County has created and opened A Mod (SBJ) and F Unit (NBJ) as BHUs, which has further reduced the County's reliance on restricted housing cells. The County is expanding those units in the upcoming months and will work with the Mental Health and Custody Operations Experts to develop policies and procedures for the BHU. Per the expert's recommendations, the County intends to modify the out of cell and program offerings in New East, IRC 100 and 400. In the next six months, the County will refine the restrictive housing tracker, work towards auditing restrictive housing placement, and will initiate further programs that maintains designated male and female mental health units with the requisite programming at each facility. Per the recommendation of the Custody Operations Expert, the County revised the restrictive housing tracker, which documents those inmates in restrictive housing as well as the reasons for restrictive housing. This tracker is reviewed regularly by the Classification Sergeant and inmates are reviewed and rehoused if appropriate. The County is working on increasing programming to individuals in restrictive housing. The County has yet to complete this provision due to the need to phase in of preliminary tasks related to this provision and efforts to obtain validation of the Classification system. The County intends to complete this requirement in the next six months.</p>
<p>7.A.3 General Principles (Page 48)</p>	<p>✦ The County shall not place a prisoner in Segregation units without first determining that such confinement is necessary for security reasons and/or the safety of the staff or other prisoners. The County shall maintain a system by which it documents in writing the specific reason(s) for a prisoner's placement and retention in Segregation housing. The reason(s) shall be supported by clear, objective evidence.</p>	<p>The County is in the process of fully implementing this requirement. The County has updated the Classification Plan, the Custody Operations Classification Policy (section 301) and Restrictive Housing Policy (section 306) to incorporate these requirements. The County worked with the Custody Operations Expert to revise the Restrictive Housing Notification Form, which is provided to the inmates and explains why they were placed in restrictive housing. The County worked with Wellpath to create a process for mental health input prior to placement in restrictive housing cells and for the 30-day restrictive housing review process. In the next three months, the County will complete policies related to multidisciplinary meetings and following review and approval by all stakeholders, will establish all associated documents and training. The County has worked with the Custody Operations Expert to further refine the restrictive housing tracker per her recommendation. The County has, and will, continue to provide initial placement documents and 30-day restrictive housing notification. The County anticipates completion of this requirement in the next four to six months.</p>

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
<p>7.A.4</p> <p>General Principles (Page 48)</p>	<p>⊕ Prisoners will remain in Segregation housing for no longer than necessary to address the reason(s) for such placement.</p>	<p>The County is in the process of fully implementing this requirement. The County has updated the Classification Plan, Classification Policy (section 301) and Restrictive Housing Policy (section 306) to incorporate these requirements. The County provides Restrictive Housing Notification Forms to inmates at the time of initial housing in segregation or rehousing into segregation, which explains the reason for their placement. Inmates are evaluated at least every 30 days to determine whether they should remain in segregation housing. These reviews are documented in the Jail Management System and provided to the inmates on the Restrictive Housing Notification Form. The County has created BHU's (A Mod and F Unit) and is working to expand specialized mental units, training associated with placement of inmates to mental health units, 30-day restrictive housing review, and monitoring and tracking of placement in restrictive housing. The County's BHU housing has further reduced the County's reliance on restricted housing cells. The County is expanding those units in the upcoming months and will work with the Mental Health and Custody Operations Experts to develop policies and procedures for the BHU. Per the expert's recommendations, the County intends to modify the out of cell and program offerings in New East, IRC 100 and 400. The County is working with Wellpath to ensure mental health involvement in restrictive housing placements and placement in specialized mental health units. Per the Custody Operations Expert's recommendation, in the next month, the County will begin referring all restricted housing inmates to be reviewed by a multidisciplinary team, among other things, to evaluate the need for continued placement in restrictive housing. In the next three months, the County will complete policies related to multidisciplinary meetings, including the referral mechanism, and following review and approval by all stakeholders, will establish all associated documents and training. The County anticipates completing this requirement in the next six to eight months.</p>
<p>7.B.1</p> <p>Classification Procedures (Page 48)</p>	<p>⊕ The County shall implement a validated Classification System consistent with the provisions of this remedial plan.</p>	<p>The County is in the process of implementing this requirement. The County has retained Dr. James Austin as a subject matter expert for Classification validation to assist the County with this requirement. Dr. Austin will work with the County to validate the classification system including reclassification as necessary. Following completion of Dr. Austin's work, the County will establish a plan and timeline to implement the validated Classification System consistent with his recommendation. The County anticipates that the Classification System will be validated in the next four months, and will implement the recommendations in the months thereafter. The County intends to complete this requirement in the next six to eight months.</p>
<p>7.B.2</p> <p>Classification Procedures (Page 48)</p>	<p>⊕ The Classification System shall be based on clear criteria and procedures for placing prisoners in and removing prisoners from Segregation units. Placement in and removal from Segregation units shall be documented for all prisoners.</p>	<p>The County is in the process of completing this requirement. Please see above response at VII.A.(3) and (4).</p>
<p>7.B.3</p> <p>Classification Procedures (Page 48)</p>	<p>⊕ The Classification System shall facilitate the following:</p> <p>a) Housing placements based on the behavior and clinical needs of prisoners who are identified as having Serious Mental Illness. Mental health staff shall provide input regarding the classification and placement of people with Serious Mental Illness.</p> <p>b) Screening to determine whether a prisoner should be separated from other prisoners for safety purposes. Where a prisoner is found to require separation from other prisoners for safety, placement will be in the least restrictive setting appropriate, and will allow for out-of-cell and recreation time consistent with the provisions herein.</p>	<p>The County is in the process of fully implementing this requirement. The County has worked closely with its contracted mental health care provider to ensure that inmates with SMI are evaluated promptly and that mental health staff provide input on Classification and placement of people with SMI. The County and Wellpath are presently conducting a needs assessment to identify those inmates that would benefit from placement in the BHUs, including the SMI population, and are working with the Mental Health Expert to more closely track the SMI population in real-time. The County and Wellpath will be expanding these units in the upcoming months. The County has created a procedure/policy manual for the specialized mental health units and has consistent deputies staffing each of the units. Wellpath is also working on their policies and procedures. The County has developed procedures to ensure mental health involvement in restrictive housing placements and placement in mental health units. The County is working with the Experts to establish a referral system to allow mental health clinicians, custody deputies, and inmates to refer inmates for placement in the BHU. The County holds weekly specialized mental health unit meetings which include deputies, mental health staff, programs staff and the Classification Unit to discuss program participation, placement and treatment for these inmates. The County is working with Wellpath to integrate data elements relative to ADA and mental health needs into the Jail Management System to more quickly and efficiently share data. The County anticipates completing this requirement in the next eight to ten months.</p>

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
<p>7.B.4</p> <p>Classification Procedures (Page 49)</p>	<p>✦ The Classification System shall include a Classification Review Process.</p> <p>a) The Classification Review Process shall include clear, written criteria by which prisoners in a Segregation Unit can secure placement in a less restrictive setting as well as restoration of property or privileges. This review will include a private, out-of-cell interview (unless individual security issues prevent such an interview and are documented). The review shall occur at least every 30 days or sooner if circumstances warrant.</p> <p>b) If a prisoner is retained in a Segregation unit following the Classification Review, the reasons for retention and the specific steps to be taken to achieve restoration of property/privileges and transfer to a less restrictive setting will be documented.</p> <p>c) Prisoners in Segregation units will be provided an oral and written statement of the reasons for the outcome of each review, including what steps are necessary to gain restoration of property/privileges and to be moved to a less restrictive setting.</p>	<p>The County is in the process of implementing this provision. The County has revised the Restrictive Housing Notification Form to include the reasons for placement/retention in segregation (Restrictive Housing), the specific steps to be taken to achieve restoration of property/privileges and transfer to a less restrictive setting. This Form has been updated to document the name of the deputy that delivers the Form to the inmate and other changes recommended by the Custody Operations Expert. The County has updated the Custody Operations ADA Policy (section 209) to ensure effective communication during the Classification Review Process. The County is in the process of revising the multidisciplinary meetings to review all inmates housed in Restrictive Housing and to review their housing, property and privileges more expediently when warranted. The County is working towards a review plan to include an out-of-cell interview with the inmate as required by this provision. Per the Custody Operations Expert's recommendation, in the next month, the County will begin referring all restricted housing inmates to be reviewed by a multidisciplinary team, among other things, to evaluate the need for continued placement in restrictive housing. In the next three months, the County will complete policies related to multidisciplinary meetings and following review and approval by all stakeholders, will establish all associated documents and training. The County anticipates completing this requirement in the next five to seven months.</p>
<p>7.B.5</p> <p>Classification Procedures (Page 48)</p>	<p>✦ County shall perform PREA screenings in private location.</p>	<p>Completed. The Custody Operations Expert found the County in Substantial Compliance and recommended discontinuation of monitoring for this provision.</p>
<p>7.C.1</p> <p>Elimination of Dangerous or Improper Physical Plant Features (Page 49)</p>	<p>✦ The County shall conduct an assessment of all Segregation cells and develop a plan to address structural suicide hazards, such as tie-off points within the cells, to the maximum extent feasible.</p>	<p>The County is in the process of implementing this provision. The County completed a structural suicide hazard review of the Main Jail segregation cells. The County has held several meetings with facilities maintenance staff to develop a plan to address the structural suicide hazards present in segregation cells. The County has eliminated numerous segregation cells including South RH 1-21, East RH 11-22, West RH 18-29, C-7 and C-8 which had significant suicide hazards and is no longer utilizing those cells. The County has closed NWRH-1 through NWRH-10 and reclassified Northwest NWRH-11 through NWRH-24 as inmate worker housing, further limiting the use of restrictive housing. The County completed a thorough assessment along with the Board of State and Community Corrections of the Northern Branch Jail and any potential suicide hazards during all phases of construction and has found the facility does not have any structural suicide hazards in any of the segregation cells within the Northern Branch Jail. While the County has completed this provision by conducting an assessment and developing a plan, as discussed with the Custody Operations Expert, the County will update the Corrective Action Plan in the next 90 days and continue to correct the structural suicide hazards that have been identified. The County's General Services Maintenance Division is working to correct structural suicide hazards identified within the Main Jail. The County is working to hold Suicide Prevention Committee meetings regularly to discuss pertinent physical plant issues. The County is working on integration between the electronic medical record and the jail management system to share data identifying patients that are at risk of suicide. Thereafter, the County will create a system to flag those individuals to ensure that they are not placed in cells with any structural suicide hazards. The County anticipates completion of this requirement in the next six to eight months.</p>

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
<p>7.C.2</p> <p>Elimination of Dangerous or Improper Physical Plant Features (Page 49)</p>	<p>⊕ The County shall ensure that prisoners with serious mental illness or otherwise at elevated risk of suicide will not be housed in a cell that contains attachment points or other structural suicide hazards, as follows.</p> <p>a) The County shall maintain a list of Segregation cells containing structural suicide hazards.</p> <p>b) The County shall not place any person in a Segregation cell containing structural suicide hazards if the person has a diagnosed Serious Mental Illness.</p> <p>c) The County shall assess all cells used to hold prisoners awaiting intake screening or post-intake housing placement, including as intake “overflow,” and shall ensure that they are suicide-resistant and do not contain structural blind spots, to the maximum extent feasible.</p>	<p>The County is in the process of fully implementing this requirement. The County has completed the risk assessment review of suicide hazards in segregation housing and developed a plan to remedy noted deficiencies. The County is continuing to mitigate the risk in the areas identified by the risk assessment in order to meet the requirements of this provision. The County is working on integration between the electronic medical record and the jail management system to share data identifying patients that are at risk of suicide. Thereafter, the County will create a system to flag those individuals to ensure that they are not placed in cells with any structural suicide hazards. Specifically, the County is working on creating an override function in which inmates with suicide history flags cannot be housed in cells that contain suicide risks absent an articulated override by our Classification Unit. The County has updated the Suicide Prevention Policy (section 242) and Bed Assignment Policy (section 305) as well as the Suicide Prevention Lesson Plan. The County was delayed in implementing this provision due to utilizing some of the segregation cells within the Main Jail for COVID-19 housing. The County is evaluating alternative housing locations to the current cells that have identified structural suicide hazards. The County anticipates completing this provision within the next nine to twelve months.</p>
<p>7.C.3</p> <p>Elimination of Dangerous or Improper Physical Plant Features (Page 50)</p>	<p>⊕ No later than January 1, 2021, the County shall discontinue its use of the Main Jail’s “double door” or other extreme isolation cells, including Central 7 and Central 8.</p>	<p>Completed. The Custody Operations Expert found the County in Substantial Compliance and recommended discontinuation of monitoring for this provision.</p>
<p>7.C.4</p> <p>Elimination of Dangerous or Improper Physical Plant Features (Page 50)</p>	<p>⊕ No later than January 1, 2021, the County shall discontinue its use of Segregation housing units that lack access to a dayroom, including South 1-16, West 18-29, and East 11-22. The County may retrofit such units to ensure that they provide access to a dayroom and outdoor recreation areas and that they comply with contemporary correctional standards.</p>	<p>Completed. The Custody Operations Expert found the County in Substantial Compliance and recommended discontinuation of monitoring for this provision.</p>

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
<p>7.D.1</p> <p>Minimum Out-of-Cell Time (Page 50)</p>	<p>✚ Absent exigent circumstances or exigent security concerns that are documented, the County shall offer each prisoner not subject to discipline (except in the Northwest unit), at a minimum, 18 hours out of their cell each week, and other structured programming, as follows:</p> <p>a) At least six (6) hours per week outdoors for exercise/recreation</p> <p>b) At least twelve (12) hours per week in a dayroom or other common area</p> <p>c) At least four (4) hours per day, on at least three (3) separate days per week, of in-cell structured programming – i.e., programming on electronic tablets.</p>	<p>The County is in the process of fully implementing this requirement. The County is presently meeting the out-of-cell time requirements for the majority of our population. The County has increased out-of-cell time for inmates in restrictive housing and intake quarantine units and has reclassified several restrictive housing cells and areas to accommodate larger groups to allow for increased out-of-cell time. The County has begun tracking out-of-cell time utilizing excel workbooks for many of the housing units in order to quantify what is presently provided and assess how to improve. Per the expert's recommendation, the County will be auditing this tracking in the next rating period. At the recommendation of the Custody Operations Expert, the County is documenting exceptional circumstances where programming is cancelled as well as the County's efforts to return to normal operations, where possible. The County has developed master schedules for yard and dayroom time to ensure the out-of-cell requirements of this provision. For structured programming, the County has created monthly programming calendars through the Sheriff's Treatment Programs for both facilities. The County is presently tracking in-cell programming. During this rating period, the County increased tablet access significantly, such that all inmates have tablet access everyday, thereby exceeding the requirement for in-cell structured programming. The County will continue to provide reports related to tablet usage to the Custody Operations Expert. Jail staff is working with County General Services to identify potential options for additional out-of-cell space for the restrictive housing units. The County is proceeding with remodel of the Main Jail main yard, which will further increase out-of-cell time. During this rating period, the County increased out-of-cell time significantly by reclassifying a portion of segregation cells and increasing the number of inmates in each yard or dayroom group. Per the expert's recommendations, the County intends to modify the out of cell and program offerings in New East, IRC 100 and 400. The County will be utilizing multidisciplinary team meetings to address those inmates that are consistently refusing out-of-cell time when offered. While full compliance with this provision may require remodel, renovation, or new construction of the Main Jail and/or the Northern Branch Jail, the County is in the process of developing interim strategies to maximize out-of-cell time within the present facility constraints and us working towards full compliance of this provision. The County anticipates carrying out such interim strategies in the next twelve months.</p>
<p>7.D.2</p> <p>Minimum Out-of-Cell Time (Page 50)</p>	<p>✚ For those prisoners housed in the Northwest unit, absent exigent circumstances or exigent security concerns that are documented, the County shall offer each prisoner not subject to discipline at a minimum, 15 hours out of their cell each week, and other structured programming, as follows:</p> <p>a) At least six (6) hours per week outdoors for exercise/recreation</p> <p>b) At least nine (9) hours per week in a dayroom or other common area</p> <p>c) At least four (4) hours every other day (i.e., 3 or 4 times per week, on an alternating basis), of in-cell structured programming – i.e., programming on electronic tablets.</p>	<p>The County is in the process of fully implementing this requirement. The County closed the lower tier restrictive housing tier (NWRH-1 through NWRH-10) and reclassified the upper tier (NWRH-11 through NWRH-24) to house inmate workers. The County is presently meeting the out-of-cell time requirements for the upper tier Northwest Unit, A-module, C-module, and D-module. The County designated Northwest A-module as a specialized mental health unit which can accommodate up to sixteen (16) male inmates. The County currently utilizes Northwest B-module as a jail based competency treatment program (JBCT) in partnership with the Department of State Hospitals and Wellpath. This unit meets the requirements for out-of-cell time in accordance with this provision. The County has begun tracking out-of-cell time utilizing excel workbooks for many of the housing units in order to quantify what is presently provided and assess how to improve. Per the expert's recommendation, the County will be auditing this tracking in the next rating period. At the recommendation of the Custody Operations Expert, the County is documenting exceptional circumstances where programming is cancelled as well as the County's efforts to return to normal operations, where possible. The County has developed master schedules for yard and dayroom time. For structured programming, the County has created monthly programming calendars through the Sheriff's Treatment Programs for both facilities. During this rating period, the County increased tablet access significantly, such that all inmates have tablet access everyday, thereby exceeding the requirement for in-cell structured programming. The County will continue to provide reports related to tablet usage to the Custody Operations Expert. In the upcoming months, the County intends to demonstrate full compliance with this provision by providing adequate monitoring of documentation relative to out-of-cell and structured programming. The County anticipates completing this requirement in the next six months.</p>

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
<p>7.D.3</p> <p>Minimum Out-of-Cell Time (Page 51)</p>	<p>The County shall provide prisoners out-of-cell time daily, at appropriate times of the day – i.e., not during normal sleeping hours.</p>	<p>Completed. The County has implemented a policy of keeping dayrooms operational and utilized by incarcerated people without interruption throughout each day from 0600-2200 at Main Jail and 0700-2100 at Northern Branch Jail, except in cases of emergency and as necessary for particular events related to the safety and security of the institution. The County also operates recreation yards and dayroom in a manner that meets the out-of-cell requirements of this provision. The County is also offering showers to inmates everyday.</p>
<p>7.D.4</p> <p>Minimum Out-of-Cell Time (Page 51)</p>	<p>The County shall implement a system of documenting the amount of out-of-cell time each prisoner is offered for each of the above categories.</p>	<p>The County is in the process of fully implementing this requirement. The County is currently tracking out-of-cell time by way of yard recaps and/or excel workbooks. The County recognizes that improvements can be made in tracking and documenting out-of-cell time and is exploring technological advancements such as RFID/GPS tracking to accurately collect and report out-of-cell tracking data in tandem with plans for remodel, renovation, or new construction at the facilities. In the interim, the County has begun auditing out-of-cell time and is working on improving the auditing process. The County anticipates completion of this requirement when an RFID system is procured.</p>
<p>7.D.5</p> <p>Minimum Out-of-Cell Time (Page 51)</p>	<p>✦ The County shall conduct monthly audits to ensure that required out-of-cell time with respect to each of the above categories is made available to the jail population. Supervisory staff shall regularly review this data for quality assurance, and take steps to address any deficiencies.</p>	<p>The County is in the process of fully implementing this requirement. The County has begun auditing inmate out-of-cell time as of December 2022, however this process has proved to be very time intensive. The County is exploring methods to review this data and is working with the Custody Operations Expert to identify a better means to accomplish this and a standardized internal monitoring tool. The County is also exploring the use of RFID/GPS technology to better track and report out-of-cell usage and offerings. The County intends to continue meetings monthly to review out-of-cell usage. The County provided training to jail supervisory staff on how to audit these tracking sheets and ensure staff are allocating out-of-cell time appropriately. The County updated Policy Section 367 - Inmate Recreation to include the requirements of this provision. The County anticipates completing this requirement in the next eight months.</p>
<p>7.D.6</p> <p>Minimum Out-of-Cell Time (Page 51)</p>	<p>✦ In cases where a prisoner refuses out-of-cell time repeatedly and the reason for such refusals may be related to their mental health condition, Jail staff shall make a mental health referral for assessment and appropriate clinical follow-up.</p>	<p>The County is in the process of fully implementing this requirement. The County has completed the Restrictive Housing Policy (section 306), which will help guide the County's compliance with this requirement. This policy includes the process for inmate refusal of out-of-cell time and the process for documenting and submitting mental health referrals. For refusals that appear to be related to a mental health condition, the County has determined that "repeated refusal" occurs after two (2) days of refusals of out-of-cell activity. Each Squad/Unit supervisor conducted a briefing on the instructions for use of the mental health referral form with the relevant procedures. The County intends to utilize the multidisciplinary team meetings to review activity logs of out-of-cell time for restrictive housing units so that they can make referrals as needed as well as develop strategies to improve out-of-cell time for those inmate. The County anticipates completing this requirement in the next four months.</p>
<p>7.E.1</p> <p>Disciplinary Procedures (Page 51)</p>	<p>A prisoner may be housed in Segregation for disciplinary purposes only after the prisoner has received notice of the charges against him/her, a supervisor has conducted a disciplinary hearing at which the prisoner is given an opportunity to rebut the charges, and the prisoner is adjudicated guilty of the alleged violation(s). Where there is a serious and immediate safety risk and no other housing unit is sufficient to protect the inmate from harm, staff may place a prisoner in Segregation for the shortest period of time necessary. In such cases, supervisory custody staff will promptly review the case and must approve in writing continued retention in Segregation.</p>	<p>Completed. The County does not utilize segregation for discipline purposes. The Custody Operations Expert found the County in Substantial Compliance for this provision.</p>
<p>7.E.2</p> <p>Disciplinary Procedures (Page 52)</p>	<p>✦ Prisoners serving a disciplinary term in Segregation may be subject to a reduction in out-of-cell time, including in-cell confinement not to exceed twenty-two (22) hours per day.</p>	<p>Completed. The Custody Operations Expert found the County in Substantial Compliance for this provision and has recommended discontinuation of monitoring for this provision.</p>

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
7.E.3 Disciplinary Procedures (Page 52)	The County shall implement a 30-day maximum term in Segregation for any single or set of disciplinary violations stemming from the same incident.	Completed. The County does not utilize segregation for discipline purposes. The County has removed the use of segregation for discipline from its Custody Operations Inmate Discipline Policy (section 363; revision February 2022), and the Classification Plan. The County has updated the Inmate Handbooks at both facilities to reflect this change. The County has begun providing the Custody Operations monitoring expert with detailed disciplinary logs that demonstrate that inmates are not housed in segregation as a result of disciplinary actions.
7.E.4 Disciplinary Procedures (Page 52)	<input checked="" type="checkbox"/> The County shall not use safety cells for punishment.	Completed. The Custody Operations Expert found the County in Substantial Compliance for this provision and recommended discontinuation of monitoring for this provision.
7.E.5 Disciplinary Procedures (Page 52)	<input checked="" type="checkbox"/> The County shall not use the denial or modification of food as punishment. The County shall not use the "prison loaf" as a disciplinary diet.	Completed. The Custody Operations Expert found the County in Substantial Compliance for this provision and recommended discontinuation of monitoring for this provision.
7.F.1 Safeguards for Prisoners Placed in Segregation (Page 52)	<input checked="" type="checkbox"/> Prior to Segregation placement of any person with Serious Mental Illness, with an intellectual disability, or who is exhibiting unusual or bizarre behavior, the County shall ensure completion of the mental health review process detailed in Section VII of the Mental Health Remedial Plan.	The County is in the process of implementing this provision. The County has worked with the Custody Operations and Mental Health experts to develop a procedure in which mental health staff review the intended placement of each inmate into restrictive housing prior to them being housed. The County has revised the Restrictive Housing Notification Form to include the reasons for placement/retention in segregation (Restrictive Housing), the specific steps to be taken to achieve restoration of property/privileges and transfer to a less restrictive setting. The County has updated the Intake Classification Policy (Section 301) and the Restrictive Housing Policy (Section 306) to include the requirements of this provision. In the next four months, Wellpath will be updating its Segregated Inmates Policy (G-02) to meet the requirements of this provision. The County has developed specialized mental health units and plans to expand these units within the next several months. The County anticipates completing this requirement in the next four to six months.
7.F.2 Safeguards for Prisoners Placed in Segregation (Page 52)	The County shall conduct visual cell checks (to ensure that prisoners are safe and breathing) for all prisoners in Segregation at least every 30 minutes, at staggered intervals. Completion of safety checks shall be timely documented and audited regularly by supervisory staff for quality assurance purposes.	The County is in the process of fully implementing this requirement. The County has significantly decreased the number of segregation cells at the Main Jail. The County has ensured that all staff conducting security checks received a refresher video training on conducting cell checks. Supervisory staff routinely monitor all security checks for timeliness with video review and management staff audits these checks routinely. Per the Custody Operation Expert's recommendation, the County has modified the safety check review form to a standardized form between the Main Jail and NBJ. The County has provided additional training to supervisors to document the security check deviation reports and how to designate deviations for any missed or late safety checks. The County ensures that staff are counseled when missed safety checks are documented. The County is working to create a matrix to ensure all staff are aware of the units that are subject to the requirements of this provision. The County anticipates completing this requirement in the next three months.
7.F.3 Safeguards for Prisoners Placed in Segregation (Page 52)	Health care staff shall conduct check-ins three times per week to assess and document the health status of all prisoners in Segregation, and shall make medical and mental health referrals as necessary.	Completed. The County has updated the Restrictive Housing policy (Section 306) to include the requirements of this provision. Health Care rounds are documented by Wellpath and available for review. The County has added this provision to the Inmate Handbook.

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
<p>7.F.4</p> <p>Safeguards for Prisoners Placed in Segregation (Page 52)</p>	<p>A Qualified Mental Health Professional shall conduct check-ins at least three times per week to assess and document the mental health status of all prisoners in Segregation and shall make referrals as necessary. The check-in shall include the following:</p> <ul style="list-style-type: none"> a) Conversation with each prisoner; b) Visual observation of the prisoner’s cell, including the cleanliness of the prisoner’s clothing and bed linens; and c) Inquiry into whether the prisoner would like to request a confidential meeting with a mental health or medical provider. 	<p>The County is in the process of fully implementing this requirement. The County is working to create a matrix to ensure all staff are aware of the units that are subject to the requirements of this provision. Wellpath has trained staff regarding section (c) of this provision and will continue to remind staff of that requirement during monthly staff meetings. Per the Mental Health Expert's recommendation, Wellpath will begin auditing compliance with this provision. The County has updated the Restrictive Housing policy (Section 306) to include the requirements of this provision. In the next four months, Wellpath will be updating its Segregated Inmates Policy (G-02) to meet the requirements of this provision. The County anticipates completing this requirement in the next six months.</p>
<p>7.F.5</p> <p>Safeguards for Prisoners Placed in Segregation (Page 52)</p>	<p>⊕ If a prisoner in Segregation requests a confidential health care contact or staff identify a mental health or medical need warranting follow-up, staff shall arrange for evaluation and treatment of the prisoner in an appropriate confidential setting.</p>	<p>The County is in the process of fully implementing this requirement. The County has updated its Inmate Handbook which provides instruction for the inmates to request a confidential space to meet with healthcare staff. The County currently utilizes confidential treatment rooms for clinician visits, but is working to improve use of confidential space for all health care visits. If a private space is requested, staff will make best efforts to ensure that the inmate is moved to a confidential location to conduct the contact. The County revised the Restrictive Housing Policy to include the requirements of this provision. Wellpath trained staff regarding the need to document the request for and provision of confidential treatment in the electronic medical record. As indicated above, the County's Northern Branch Jail has sufficient confidential space to meet this provision and the County has identified additional space at the Main Jail for such visits. The County is having ongoing discussions to address increasing confidential health visits and Wellpath will be conducting a CQI related to confidential visits. Additionally, the County is proceeding with remodel of the Inmate Receiving Center of the Main Jail to increase treatment space, which is scheduled to be complete by Summer of 2027. Full compliance with this provision will likely follow remodel, reconfiguration, renovation, or new construction of the facilities as contemplated in paragraph 10 of the Stipulated Judgement. In the interim, the County is considering its MET needs and exploring efficiencies identified in the initial staffing analysis to improve access to care and confidential treatment space. Completion of the full staffing analysis will also assist in determining the needs to meet this provision. Following completion of the staffing analysis, the County will develop an appropriate staffing plan and timeline for implementation thereof. Such staffing plan will be subject to Board of Supervisors’ approval. The County anticipates completing the requirements of this provision within six months of such approval.</p>
<p>7.F.6</p> <p>Safeguards for Prisoners Placed in Segregation (Page 53)</p>	<p>⊕ If health care staff observe a prisoner’s medical or mental health condition deteriorate in Segregation, they shall promptly confer with supervisory level custody staff to discuss the need for higher level of care or alternative placement to address the prisoner’s condition. This conference will be documented in the prisoner’s record. The County shall not place the following prisoners in Segregation unless necessary to address current, specific safety concerns that are documented, with supervisory-level review and approval, and in such cases only for the minimum time necessary to identify an alternative appropriate placement:</p> <ul style="list-style-type: none"> a) Prisoners with acute medical or mental health needs that require an inpatient level of care and/or daily nursing care; b) Prisoners who are pregnant, post-partum, who recently had a miscarriage, or who recently had a terminated pregnancy. 	<p>The County is in the process of fully implementing this requirement. The County is currently in compliance with this provision with respect to the population addressed in subsection (b). The County revised its Restrictive Housing Policy (306) to meet the requirements of this provision with respect to the mental health population. In the next four months, Wellpath will be updating its Segregated Inmates Policy (G-02) to meet the requirements of this provision. The County has developed specialized mental health units and plans to expand these units within the next several months which will also assist in meeting the requirements of this provision. The County anticipates completing this requirement in the next four to six months.</p>

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
<p>7.F.7</p> <p>Safeguards for Prisoners Placed in Segregation (Page 53)</p>	<p>✦ The County shall avoid the release of prisoners from custody directly from Segregation to the maximum extent possible.</p>	<p>The County is in the process of implementing this provision. The County has significantly decreased its use of restrictive housing units and has developed specialized mental health units with additional programming options, with expansions pending. The County has created a restrictive housing daily discharge tracking report to better identify the release date for those inmates in restrictive housing to aid in meeting this requirement. This daily tracker includes inmate name, date in, sentence date, R/H housing assignment, next court date and scheduled release date. The County has implemented the Custody Operations Expert's recommendations relating to the tracker. The County has also included the release date of inmates in the multidisciplinary meetings. The County has revised the restrictive housing policy to include the requirements of this provision. The County is formalizing the discharge planning requirements relative to release from segregation. The County will be increasing cross-agency involvement in the multidisciplinary meetings, to include representatives from the discharge planning team to address these inmates. The County anticipates completing this requirement in the next four to six months.</p>
<p>7.F.8</p> <p>Safeguards for Prisoners Placed in Segregation (Page 53)</p>	<p>✦ If a prisoner has an expected release date in less than 60 days, the County shall take and document steps to move the prisoner to a less restrictive setting, consistent with safety and security needs. Should Segregation become necessary during this time period, the County shall provide individualized discharge planning to prepare the prisoner for release to the community, including in light of the prisoner's Jail housing placement and status.</p>	<p>Please see 7.F.7 above.</p>
<p>7.G.1</p> <p>Grievances, Inmate Request Forms, Property/Privileges in Segregation (Page 53)</p>	<p>The County shall provide grievance forms and inmate request forms in each housing unit for prisoners to readily access and use.</p>	<p>Completed. The Custody Operations Expert found the County in Substantial Compliance for this provision and recommended discontinuation of monitoring for this provision.</p>
<p>7.G.2</p> <p>Grievances, Inmate Request Forms, Property/Privileges in Segregation (Page 53)</p>	<p>✦ Prisoners housed in Segregation units shall have equal access to grievance and inmate request forms and procedures as compared to general population prisoners.</p>	<p>Completed. The County has installed wall mounted file holders to store forms that are most utilized by the inmate population in the restrictive housing tiers, including the grievance and inmate request forms, so that deputies can more promptly provide these forms to inmates upon request or inmates can retrieve them during their dayroom program. Per the Custody Expert's recommendation, the County regularly reviews grievances and discusses lack of access to grievances at its quarterly grievance review meetings. The County has also included a checkbox to indicate that grievance forms were refilled on the Daily Module Recap which is checked twice a day. While the County believes it is in full compliance with this provision, the County is working on providing inmate grievances on the tablets, which are available to inmates daily.</p>

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
<p>7.G.3</p> <p>Grievances, Inmate Request Forms, Property/Privileges in Segregation (Page 53)</p>	<p>✦ The County shall allow reasonable access to the following for all prisoners, including those in Segregation, absent a specific safety or security issue that is documented:</p> <p>a) Personal phone calls on a daily basis during normal business hours.</p> <p>b) Education, rehabilitation, and other materials (e.g., books, magazines, radios, writing implements, art supplies, tablets) for in-cell activities.</p>	<p>The County is in the process of fully implementing this provision. The County allows all inmates in all housing areas to utilize the telephone during normal business hours. The County also distributes newspapers, tablets and other items for in-cell activities daily to all inmates and has created a tracking mechanism for provision of tablets. The Programs Unit is also offering books, via the book cart, once a week to all housing units at both facilities. The County is working on a tracking mechanism to provide proof of practice. The County is also working on creating a viable strategy for additional in-cell activities and increased access to education, rehabilitation, and other materials. The County has implemented new tablets at both facilities which allow for each inmate to be issued a tablet daily. The County is working to create a unit-by-unit schedule and record of each item that has been issued to housing units. The County has updated Policy Section 383 - Telephone Calls to incorporate the requirements of this provision. The County conducts regular grievance review meetings and identifies lack of access to programs, activities and/or services in its grievance review meetings and makes adjustments as warranted. The Environment of Care monitors are monitoring work orders to ensure telephones are timely repaired. The County anticipates completing this provision in the next six months.</p>
<p>7.H.1</p> <p>Other Custody Operations (Page 54)</p>	<p>✦ Capacity of Jail Facilities</p> <p>a) No later than January 1, 2021, the number of prisoners placed in a particular housing unit shall be limited to no more than the rated capacity.</p> <p>b) No later than January 1, 2021, the County shall assign a bed to all prisoners.</p> <p>c) The County shall establish procedures to ensure that no prisoner is placed in any cell or housing unit without a mattress and appropriate bedding, unless there are individualized clinical or security concerns that are documented.</p> <p>d) Female prisoners shall be separated by sight and sound from male prisoners.</p>	<p>The County is in the process of fully implementing this requirement. The County does not house inmates in excess of rated capacity of housing units. The County has assigned a number to each bed/bunk at the Main Jail in the JMS system in order to meet this requirement. The County has updated Custody Operations Inmate Clothing and Personal Hygiene Policy (Section 362) to reflect this provision. The County is working with the Mental Health Expert to develop a suicide watch property and privilege form. Female inmates are separated by sight and sound at both facilities and the County has updated its Bed Assignment Policy (section 305) to meet this requirement. In the next three months, the County will work with the Custody Operations Expert to address site and sound requirements. The County anticipates completing this requirement in the next three months.</p>
<p>8. Staffing for Health Care Services</p>	<p>☐</p>	
<p>8.1</p> <p>Staffing for Health Care Services (Page 54)</p>	<p>The County shall establish and maintain appropriate Qualified Health Professional staffing levels and sufficient custodial staff to provide timely escorts for inmates to health care appointments.</p>	<p>The County is in the process of fully implementing this requirement. This requirement is being met at the Northern Branch Jail as most visits are being completed in the treatment rooms attached to each housing unit. The County is working towards establishing appropriate staffing levels for health professional staff and custody deputies to provide timely escorts for inmates to health care appointments at the Main Jail. The County will work on a MET Policy and will work with Wellpath to create a tracking mechanism to track medical appointments that were completed, missed, and rescheduled. The County and Wellpath will work on the manner in which refusals are documented and reviewed by health care. The County is considering a system to uniformly code tracking related to medical appointments, and once complete, will train on the tracking system. Tracking will occur at both facilities and will be reviewed as part of the MAC/CQI process. The County updated the Orientation Handbook to reflect the expectation that inmates are to attend appointments or sign a Health Care Refusal Form. The County will be developing a process for the review of these refusals. Additionally, the County is presently undergoing a staffing analysis which will also assist in determining the needs to meet this provision. Following completion of the staffing analysis, the County will develop an appropriate staffing plan and timeline for implementation thereof. The County anticipates working with Wellpath to develop such plan and to adjust staffing allocations, as needed, or to identify appropriate efficiencies or make adjustments to operations to ensure that healthcare and mental healthcare staffing levels are appropriate to provide the levels of care identified within the Remedial Plan. Such staffing plan will be subject to Board of Supervisors' approval and the County will confer with Class Counsel and the Remedial Plan Experts regarding the staffing plan. The County anticipates completing the requirements of this provision within six months of such approval.</p>

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
<p>8.2</p> <p>Staffing for Health Care Services (Page 54)</p>	<p>✚ The County shall perform the following analyses:</p> <p>a) Comprehensive staffing analysis based on needs assessment, to include medical and mental health care providers and clinical staff, office and technological support, Quality Assurance staff, supervisorial staff, and custody staff for escorts and transportation;</p> <p>b) Determination of the number of positions required in each discipline for health care needs at each facility, based on current populations;</p> <p>c) Timeline for implementation of the staffing analysis (including authorization, funding, and hiring).</p>	<p>The County is in the process of fully implementing this requirement. The County has contracted with a healthcare consulting company who has expertise within correctional facilities and with National Commission on Correctional Healthcare (NCCHC) standards to provide a healthcare and mental health care staffing analysis. The County was provided with an initial report which made several recommendations to increase efficiencies. Following this report, the County contracted again with this company to provide a more robust staffing analysis with specific recommendations relative to this Remedial Plan provision. Following completion of the staffing analysis, the County will develop an appropriate staffing plan and timeline for implementation thereof. The County anticipates working with Wellpath to develop such plan and to adjust staffing allocations, as needed, or to identify appropriate efficiencies or make adjustments to operations to ensure that healthcare and mental healthcare staffing levels are appropriate to provide the levels of care identified within the Remedial Plan. Such staffing plan will be subject to Board of Supervisors' approval and the County will confer with Class Counsel and the Remedial Plan Experts regarding the staffing plan. The County anticipates completing the requirements of this provision within six months of such approval.</p>
<p>8.3</p> <p>Staffing for Health Care Services (Page 55)</p>	<p>The County shall regularly monitor, and adjust, as needed, staffing in order to ensure timely access to care.</p>	<p>The County is in the process of fully implementing this requirement. The County currently monitors staffing at the Main Jail and, when possible, adjusts staffing to facilitate access to care. The design and staffing levels of the Northern Branch Jail are in compliance with this provision. As mentioned in the above provision, the County has contracted with a healthcare consulting company who has expertise within correctional facilities and with National Commission on Correctional Healthcare (NCCHC) standards to provide a healthcare and mental health care staffing analysis. Following completion of the staffing analysis, the County will develop an appropriate staffing plan and timeline for implementation thereof. The County anticipates working with Wellpath to develop such plan and to adjust staffing allocations, as needed, or to identify appropriate efficiencies or make adjustments to operations to ensure that healthcare and mental healthcare staffing levels are appropriate to provide the levels of care identified within the Remedial Plan. Such staffing plan will be subject to Board of Supervisors' approval and the County will confer with Class Counsel and the Remedial Plan Experts regarding the staffing plan. The County anticipates completing the requirements of this provision within six months of such approval.</p>
<p>9. Training Related to Treatment of Prisoners with Special Needs</p>	<p>⊖</p>	
<p>9.1</p> <p>Training Related to Treatment of Prisoners with Special Needs (Page 55)</p>	<p>The County shall develop and implement training, through various mediums including memorandums, briefings, online presentations, and/or classroom presentations, for Jail custody staff on the provisions described in this remedial plan, as well as general correctional health care issues, including crisis intervention techniques, recognizing different types of medical and mental health conditions and appropriate responses, developmental/intellectual disability, de-escalation and crisis intervention, suicide/self-harm prevention, cultural diversity, health care referral practices, and confidentiality standards</p>	<p>Completed. The Mental Health Expert has found the County in substantial compliance with this provision. Per the Expert's recommendation, and consistent with paragraph 52 of the Remedial Plan, monitoring of this provision will be discontinued and the future training requirements will be monitored through specific provisions to which the trainings apply.</p>
<p>9.2</p> <p>Training Related to Treatment of Prisoners with Special Needs (Page 55)</p>	<p>Jail custody staff training on implementation of remedial plan provisions shall be completed within 90 days of the effective date of this remedial plan. Jail custody staff shall receive at least eight (8) hours of training on all other topics described above on a bi-annual basis. The County shall keep records documenting all such trainings and training participants.</p>	<p>Completed. The Mental Health Expert has found the County in substantial compliance with this provision. The County has been found in substantial compliance with this provision for two consecutive rating periods and requests discontinuation of monitoring with this provision in accordance with paragraph 52 of the Remedial Plan.</p>

Citation to Remedial Plan	Remedial Plan Provision	November 2023 Status Report
<p>9.3</p> <p>Training Related to Treatment of Prisoners with Special Needs (Page 55)</p>	<p>Jail custody staff assigned to specialized units that house people with serious mental illness shall receive four (4) additional hours of pre-service training, and on a bi-annual basis thereafter, on working with people with mental health needs, special medico-legal considerations, de-escalation and specialized management techniques, and the Jail's mental health treatment programs.</p>	<p>Completed. The County has established the requisite training consistent with this provision and all staff working within the specialized mental health units have received this training. The County will provide the Mental Health Expert with the lesson plans and rosters demonstrating compliance with this provision.</p>
<p>9.4</p> <p>Training Related to Treatment of Prisoners with Special Needs (Page 55)</p>	<p>The County shall ensure that the health care services provider develops and implements training for health care staff to ensure timely implementation of and ongoing adherence to the provisions described in this remedial plan. The County shall keep records documenting all such trainings and training participants.</p>	<p>The County is in the process of fully implementing this provision. The County in conjunction with Wellpath created training on the Remedial Plan provisions at its inception. The County and Wellpath will be updating this training and Wellpath will provide the updated training to all healthcare staff in the next six months. In the interim, Wellpath has been conducting ongoing training regarding various components of the Remedial Plan. The County will provide the Mental Health Expert with rosters demonstrating compliance with this provision once training is complete.</p>
<p>9.5</p> <p>Training Related to Treatment of Prisoners with Special Needs (Page 55)</p>	<p>The County shall review and revise (as necessary) suicide prevention training for custody, health care, and other relevant staff, and ensure that it adequately covers the following topics:</p> <ul style="list-style-type: none"> a) avoiding obstacles (negative attitudes) to suicide prevention; b) why facility environments are conducive to suicidal behavior; c) identifying suicide risk; d) predisposing factors to suicide; e) high-risk suicide periods; f) suicide risk warning signs and symptoms; g) components of the County's jail suicide prevention program; h) liability issues associated with prisoner suicide; and i) crisis intervention. 	<p>The County is in the process of fully implementing this provision. The County has finalized the Custody Operations Suicide Prevention Policy (242) and will begin training in accordance with this provision in the next three months. The County will provide the Mental Health Expert with the lesson plans and rosters demonstrating compliance with this provision following completion of such training.</p>
<p>9.6</p> <p>Training Related to Treatment of Prisoners with Special Needs (Page 56)</p>	<p>The County shall provide all custody staff with at least eight hours of initial training and at least two to four hours of annual training, through various mediums including memorandums, briefings, online presentations, and/or classroom presentations, regarding suicide prevention and the identification and approach to prisoners with mental illness.</p>	<p>Completed. The Mental Health Expert found the County in substantial compliance with this provision.</p>
<p>9.7</p> <p>Training Related to Treatment of Prisoners with Special Needs (Page 56)</p>	<p>All health care staff shall receive at least two hours of training annually on suicide prevention and related mental health treatment and management issues. Annual training shall include a review of the current Jail suicide prevention policy and program.</p>	<p>The County is in the process of fully implementing this requirement. All health care staff are to receive at least two hours of training annually on suicide prevention/mental health treatment. Wellpath has been providing training to staff consistent with the requirements of this provision and will be providing the Mental Health Expert with rosters demonstrating compliance with this provision following completion of such training. The County anticipates completing this requirement in the next five months.</p>
<p>9.8</p> <p>Training Related to Treatment of Prisoners with Special Needs (Page 56)</p>	<p>All custody and medical staff shall be trained in first aid and CPR.</p>	<p>Completed. The Mental Health Expert found the County in substantial compliance with this provision.</p>