

Remedial Plan Status Report

Murray v. County of Santa Barbara
Case No. 2:17-cv-08805

October 2025

PREPARED BY:

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INTRODUCTION

This is the third report of this Mental Health Expert regarding Santa Barbara County's Remedial Plan progress, although it is the fourth overall report. It reflects the status of progress and efforts the County has made in achieving compliance with some of the provisions of the Remedial Plan as well as challenges that impact the County's ability to fully comply with all aspects of the Remedial Plan as of July 1, 2025.

I am pleased that this report reflects continued progress in multiple areas and both the County and Wellpath should be commended for their efforts. Although significant work remains to be done in order to achieve substantial compliance with all of the mental health related provisions of the Remedial Plan, the County has made a practical investment in attaining compliance through the funding and hiring of County positions to provide oversight of health care, allocating additional health care resources through its contractor, and ensuring County stakeholders are involved in the development of solutions to address the provisions of the Remedial Plan since many of these provisions cannot be solved solely by SBSO and its health care vendor but require larger County investment.

In addition to reviewing the mental health and suicide prevention provisions included in this report, I provided information on several crossover provisions that are included in the Custody and Medical Experts' reports.

This report utilizes three categories of compliance:

SC	SUBSTANTIAL COMPLIANCE	Indicates compliance with all or most components of the relevant provision of the Remedial Plan, and no significant work remains to accomplish the goal of that provision.
PC	PARTIAL COMPLIANCE	Indicates compliance with some components of the relevant provision of the Remedial Plan, and work remains to reach Substantial Compliance.
NC	NON-COMPLIANCE	Indicates non-compliance with most or all components of the relevant provision of the Remedial Plan, and work remains to reach Partial Compliance.
DC	DISCONTINUED MONITORING	Indicates the provision is no longer being monitored due to sustained substantial compliance and agreement by the parties.

The report will review the mental health provisions of the Remedial Plan which will include a compliance rating, the previous compliance rating from my September 2024 report, the County's summary of the status of the provision from its November 2024 Remedial Plan Status Report, Expert review and analysis of the available data, and relevant recommendations for achieving substantial compliance.

This report reflects policy review; review of documentation provided by the County in response to my document request; review of the electronic medical record (EMR); on-site tours of the Santa Barbara

Main Jail and Northern Branch Jail from December 12-13, 2024, and May 6-9, 2025; interviews with custody staff, Wellpath staff, and incarcerated persons; and regular working meetings with the County, Wellpath, and the Mental Health Expert and Custody Expert. The County supplied documentation prior to site visits as well as in response to inquiries as this report was being prepared. Please note that throughout the report I refer to "the County" which should be considered the County of Santa Barbara or its contracted health care provider, Wellpath.

I would like to thank the County and Wellpath staff for their professionalism and responsiveness throughout this process. I appreciate the enthusiasm and commitment that all whom I've interacted with have demonstrated and their willingness to thoughtfully engage in making improvements to their system. Substantial compliance on all provisions of the Remedial Plan will take time but I look forward to the continued progress the County will achieve before the end of the next monitoring period.

Respectfully,

A handwritten signature in blue ink that reads "Timothy Belavich Ph.D.".

Timothy Belavich, Ph.D.

Enclosure

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The following are excerpts from the Remedial Plan provisions assigned to Timothy Belavich for monitoring. The specific provision language is followed by the current and prior compliance ratings, the Expert's summary of the County's status as reflected in the County's November 1, 2024, Status report and the Expert's findings and recommendations.

PROVISION	REQUIREMENT	CURRENT RATING	PRIOR RATING
III.A.1.	<i>MENTAL HEALTH CARE Policies and Procedures</i> County and site-specific policies	PC	PC
III.A.2.	Policies for mental health committees	PC	PC
III.A.3.	Policies consistent with provisions of the Remedial Plan	PC	PC
III.A.4.	Policy for emergent, urgent, and routine referrals	PC	PC
III.A.5.	Licensed mental health professional on-site supervising clinical care	SC	SC
III.A.6.	Policy on private and confidential clinical interactions	PC	PC
III.A.8.	Supervision of trainees	DC	DC
III.B.1.	<i>Intake</i> Intake screening tool	PC	PC
III.B.2.	Process for refusal of intake screening	SC	PC
III.B.3.	Refusal of consent not considered refusal of future treatment	SC	PC
III.B.4.	Individuals arriving on medications will receive psychiatry referral	PC	PC
III.C.1.	<i>Patient Privacy and Confidentiality</i> Sufficient private interview space	PC	PC
III.C.2.	Clinical contacts do not occur at cell front	PC	PC

III.C.3.	Documentation of confidentiality of contact occurs in medical record	SC	PC
III.C.4.	Confidentiality of mental health services requests	SC	SC
III.D.1.	<i>Mental Health Services, Housing, and Access to Care</i> Response to mental health referrals	PC	PC
III.D.2.	Least restrictive setting for mental health incarcerated persons	PC	PC
III.D.3.	Specialized mental health units	PC	PC
III.D.4.	Multidisciplinary teams for mental health units	PC	PC
III.D.5.	Mental health structured and unstructured out-of-cell time	PC	PC
III.D.7.	Comparable mental health units for males and females	SC	SC
III.D.8.	Individualized treatment plans	PC	PC
III.D.9.	Behavioral management plans	SC	SC
III.D.10.	Clinical contact record entries	SC	SC
III.E.1.	<i>Psychiatric Medication Practices</i> Policy on non-formulary requests, refusals, and prescribing practices	PC	PC
III.E.2.	Timely psychiatric evaluations	PC	PC
III.E.3.	Significant medication changes	SC	PC
III.E.4.	Timing of medication administration	PC	PC
III.F.3.	<i>Mental Health and Disability Input in the Jail Disciplinary Process</i> Mental health input in the disciplinary process	SC	PC
III.G.1.	<i>Seclusion and Restraint</i> Use of clinical restraints	PC	PC
III.H.1.	<i>Discharge and Reentry Services</i> Discharge planning	PC	PC
III.H.2.	Assistance with application for services outside of the jail	PC	PC
III.H.3.	Continuity of medications upon release	SC	PC
III.H.4.	Discharge and reentry services data tracking	PC	PC
III.I.1.	<i>Cross-Agency Coordination of Mental Health Treatment and Service Need</i> Monthly Medical Administration Committee (MAC) meetings	DC	SC
III.I.2.	Referral and placement in higher level of mental health care outside the facility	PC	PC

III.I.3.	Expedite of referrals to State Hospitals	PC	PC
III.I.4.	Tracking of mental health referrals to services outside of the jail	SC	SC
III.I.5.	Incarcerated persons returning from outside facilities	SC	SC
III.J.1.	Continuous Quality Improvement Continuous Quality Improvement (CQI) meetings	SC	SC
III.J.2.	Quality indicators for monitoring health care contract	SC	SC
III.J.3.	Quality improvement studies	SC	PC
III.J.4.	Quality improvement reviews of intake process	SC	PC
III.J.5.	List of incarcerated persons referred to a higher level of care	PC	PC
III.J.6.	Tracking incarcerated persons on mental health caseload and with Serious Mental Illness (SMI)	SC	SC
III.J.7.	Logging incarcerated person requests and those referred for mental health caseload placement	DC	SC
III.J.8.	Quality review of health service requests	PC	PC
III.J.9.	Monitoring frequency of psychiatric contacts	SC	PC
III.J.10.	Availability of quality improvement studies and data	SC	PC
IV.A.1.	SUICIDE PREVENTION Overview County suicide prevention policy	PC	PC
IV.B.1.	Screening for Suicide Risk Screening for suicide at intake	SC	PC
IV.B.2.	Mental health referral at intake for history of suicide	SC	PC
IV.B.3.	Completion of intake assessment for incarcerated persons who refuse	SC	PC
IV.B.4.	Emergent referral for currently suicidal incarcerated persons	SC	SC
IV.B.5.	Suicide risk assessment	SC	SC
IV.C.1.	Housing of Prisoners on Suicide Precautions Least restrictive housing	PC	PC
IV.C.2.	Appropriate housing for suicide observation	PC	PC
IV.C.3.	Safety cell time limits	PC	PC
IV.C.4.	Inpatient unit referral	PC	PC

IV.D.1.	<i>Treatment and Conditions for Individual Prisoners on Suicide Precautions</i> Daily contact for those with suicide risk	PC	PC
IV.D.2.	Clinical input on property restrictions	PC	PC
IV.D.4.	Clinically appropriate services for those on suicide precautions	PC	PC
IV.E.1.	<i>Supervision/Monitoring of Suicidal Prisoners</i> Policy on suicide precautions and observation	SC	SC
IV.E.2.	Clinician assessment and documentation of suicide precautions	PC	PC
IV.E.3.	Video monitoring	DC	DC
IV.F.1.	<i>Discharge from Suicide Precautions and Follow-Up</i> Suicide risk assessment at discharge from suicide precautions	PC	PC
IV.F.2.	Individualized treatment plan for those discharged from suicide precautions	PC	PC
IV.F.3.	Clinical input into housing after discharge from suicide precautions	PC	PC
IV.F.4.	Clinical follow-up after discharge from suicide precautions	PC	PC
IV.H.1.	<i>Continuous Quality Improvement</i> Tracking of suicides and self-harm	PC	PC
IV.H.2.	Multidisciplinary review of suicide attempts	PC	PC
IV.H.3.	Auditing of suicide prevention procedures	PC	PC
VII.F.4.	<i>CUSTODY OPERATIONS/SEGREGATION</i> <i>Safeguards for Prisoners Placed in Segregation</i> Check-ins on all incarcerated persons in segregation	SC	PC
VII.F.5.	Safeguards for Prisoners Placed in Segregation	SC	PC
VIII.1.	<i>STAFFING FOR HEALTH CARE SERVICES</i> Appropriate mental health and custody staffing levels	PC	PC
VIII.2.	Staffing Analysis	PC	PC
VIII.3.	Monitoring and adjusting staffing	PC	PC
IX.1.	<i>TRAINING RELATED TO TREATMENT OF PRISONERS WITH SPECIAL NEEDS</i> Training on Remedial Plan	SC	SC
IX.2.	Initial and bi-annual training of custody staff	DC	SC

IX.3.	Mental health training for custody staff on mental health units	SC	SC
IX.4.	Training for health care staff on Remedial Plan	PC	PC
IX.5.	Suicide prevention training	PC	PC
IX.6.	Custody training on suicide prevention	DC	SC
IX.7.	Suicide prevention training for health care staff	PC	PC
IX.8.	First aid and CPR	DC	SC

NC = Non-Compliance | **PC** = Partial Compliance | **SC** = Substantial Compliance | **DC** = Discontinued Monitoring

Commonly Used Acronyms

NBJ	Northern Branch Jail	DSM	Diagnostic and Statistical Manual of Mental Disorders
SMI	Seriously Mentally Ill	CQI	Continuous Quality Improvement
SBJ	Santa Barbara County Main Jail	SBSO	Santa Barbara Sheriff's Office
MAC	Medical Administration Committee	BHU	Behavioral Health Unit
BWell	Santa Barbara County Behavioral Wellness	NERH	New East Restrictive Housing

PROVISIONS

III. MENTAL HEALTH CARE

III.A. Policies and Procedures

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

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. 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. A project team consisting of on-site and regional support is revising these Wellpath policies. It is expected to be completed by spring 2025.

Expert Review:

The previous report acknowledged that the County had shared, and the Experts had provided feedback on multiple Custody Operations policies and that these policies incorporated detailed information regarding mental health care. Examples of these include Health Care (policy 240), Mental Health Care (policy 241), and Suicide Prevention (policy 242). These policies also appropriately refer to information or expectations of what is required in a corresponding policy or procedure to be provided by the health care contractor. The Custody policies have not yet been finalized but once finalized, and approved, are expected to reflect compliance with this provision for Custody Operations.

The County's health care contractor (Wellpath) reports having worked internally on these policies and sharing them with the County for feedback and internal approval. With the successful addition of County health care staff to provide oversight, the vendor's health care policies now have an additional required review that is a welcome and needed change. The County has developed a process for Wellpath and County staff to jointly review and develop policies to ensure compliance with the health care contract. The County and Wellpath will also provide the Experts and Class Counsel an opportunity to review and provide input on the draft revised policies. However, these will not be finalized during this reporting period.

The County and Wellpath report that they expect to have all policies revised and approved by the next reporting period.

Recommendations:

The Custody and Wellpath policies need to be finalized and trained on with documented proof of practice, and must be reviewed at least annually and updated as necessary.

III.A. Policies and Procedures

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

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. The County has edited the Custody Operations Mental Health Policy (241) to document multidisciplinary meetings that are occurring weekly. The County has updated the appropriate policies, including the Custody Operations Mental Health Policy (241), 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. Wellpath has updated its Mental Health Services Policy (F-03) to include the BHU multidisciplinary meetings as required by this provision. Wellpath will be updating its Suicide Prevention Policy (B-05) to include the Suicide Prevention Workgroup as required by this provision. The County anticipates completing the requirements of this provision by spring 2025.

Expert Review:

As reported previously, the County provided several draft policies that reflect compliance with this provision. These include the Behavioral Health Unit Policy (248) and the Behavioral Health Unit Manual that contains sections on membership, meeting frequency, and expectations of the committees overseeing the Behavioral Health Units (BHU) which are internal meetings to the jail and reflect direct patient care and program development.

The Custody Operations Suicide Prevention Policy (242) also includes detailed information regarding suicide prevention committee membership, expectations, meeting frequency and the provision of information to County stakeholders through the Medical Administration Committee (MAC). The MAC meetings are held monthly with representation from SBSO, Wellpath, Behavioral Wellness, and Public Health. Additionally, there is a monthly Behavioral Health Coordination Meeting attended by SBSO, Wellpath, BWell, Public Health, and the CEO that should be reflected in policy. These are meetings that include County stakeholders and reflect both patient care as well as oversight activities.

Recommendations:

The County needs to finalize these policies. Staff also need to be trained, and proof of training tracked and maintained. The County must ensure that the information in its Custody Operations policies is included in the Santa Barbara Jail site-specific Wellpath policies currently under revision.

III.A. Policies and Procedures

- 3.** The County shall ensure that policies and procedures are consistent with the provisions of this Remedial Plan and include the following:
- a) A written document reflecting the spectrum of mental health care programming and services provided to prisoners;
 - b) Reasonable timeframes for completion of each type of mental health care related task or service, consistent with community and professional standards;
 - c) An intake and referral triage system to ensure timely and effective resolution of incarcerated person requests and staff referrals for mental health care;
 - d) Clinical monitoring of incarcerated persons, 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 incarcerated persons in specialized mental health housing;
 - f) Relevant mental health-related training for all staff members who are working with incarcerated persons with mental illness.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. The County has begun implementation of the subsections of this requirement as follows:

a) In process. Wellpath updated the Mental Health Services Policy (F-03) to include mental health programming and services. The Custody Operations Behavioral Health Units Policy (248) also contains this information.

b) In process. These timeframes are delineated in Wellpath Mental Health Services Policy (F03) and 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 process. The County maintains an intake and referral triage system (see Wellpath Receiving Screening Policy (E-2)) and timely and effectively resolves incarcerated person 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 process. Clinical monitoring occurs by way of restrictive housing rounds and suicide watch rounds. Per the Mental Health Expert's recommendation, Wellpath will revise its Suicide Prevention Policy (B-05) such that it is site specific.

e) Completed. Wellpath updated the Mental Health Services Policy (F-03) to include the specialized mental health programming as required by this provision. This information is also included in the Custody Operations Behavioral Health Units Policy (248) and the BHU Manual.

f) Completed. Staff members receive CIT training and suicide prevention training.

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 the policies by spring 2025 and will conduct training thereafter.

Expert Review:

The previous report reflected that the County Custody Operations policies Mental Health Care (241), Suicide Prevention (242), Behavioral Health Units (248), and Behavioral Health Units Manual contain the elements required in this provision. They are well documented and consistent across policies. These reflect compliance with this provision and need to be finalized.

The County reports that it has developed a process for annual review of policies and is finalizing drafts of these policies to share with the Experts. The County expects to have this completed by fall 2025.

Recommendations:

Although the County has developed a process for annual review of policies, the County needs to finalize and train on its policies and to ensure that the revised site-specific Wellpath policies align with the Custody Operations policies. Additionally, a program for review of both Custody and Wellpath policies on an annual basis needs to be established.

III.A. Policies and Procedures

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

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. The sick call slip which reflects 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 Mental Health Services Policy (F-03) reflects such triage system. The County has updated the Custody Operations Health Care Policy (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. Wellpath currently uses a program called Zenova, which includes real time auditing of the intake process. Wellpath will also be developing an audit of the referral process to ensure that referrals are appropriately triaged. The County anticipates completion by spring 2025.

Expert Review:

The Custody Operations Health Care policy (240) has been revised to include both intake screening and health service requests. These revisions are sufficient to demonstrate compliance with this provision for the custody policy.

Wellpath is working with the County to revise their policies and develop site-specific policies. The Wellpath intake screening reflects that nursing staff can refer an individual emergently, urgently, or routinely, based on history or the patient's endorsement of symptoms. Health care leadership report and staff interviews confirmed that emergent referrals are seen immediately by a mental health clinician and the patient is under constant observation from the time of referral until the clinician performs a mental health evaluation between the hours of 7am and 11pm when staff is on-site or available via telehealth. Outside of those hours nursing staff are assigned to ensure the patient's safety and can call the County's Mobile Crisis Response if needed. Urgent referrals are scheduled by the nursing staff to be seen within 24 hours. Routine intake referrals are to be seen within 7 days. Data confirming proof of compliance with these timelines will be essential.

The Mental Health Expert previously raised a concern with some of the items that do not trigger a routine intake referral. Wellpath has worked with the Mental Health Expert in reviewing these items, provided staff training and staff are clear that they can refer an individual regardless of whether an endorsement of an item triggers a referral. This was observed during an intake that was performed during the May 2025 tour.

Wellpath has developed an audit to monitor compliance and track whether timelines are being met for intake referrals and expects to implement the audit by fall 2025. Additionally, Health Service Requests are also triaged as emergent, urgent, or routine. Wellpath has developed an audit to monitor compliance with this metric. Data from these audits is expected during the next monitoring period.

Recommendations:

The County needs to finalize their policy and Wellpath's policy. Additionally, Wellpath needs to complete audits to establish compliance with the requirements of this provision and created structures for ongoing quality assurance moving forward.

III.A. Policies and Procedures

- 5.** The County shall ensure that there is a licensed mental health professional on-site at the Jail facilities who, working in collaboration with the health care services administrator, shall be responsible for supervising the clinical aspects of the following functions:
- a) Treatment programming that meets the needs of the incarcerated person population and is consistent with individualized treatment plans.
 - b) Supervision of mental health staff to ensure appropriate in-service training, development of treatment plans, and health care record documentation.
 - c) Treatment programming provided by outside mental health agencies.

Compliance Rating

Substantial Compliance

Prior Compliance Rating

Substantial Compliance

County Response:

Completed. The Mental Health Expert found the County in substantial compliance for this provision.

Expert Review:

In May 2024 this provision came into substantial compliance and has been maintained for over twelve (12) months.

Recommendations:

The Expert finds, and the parties have confirmed their agreement, that the County has been in substantial compliance with this provision for a period of at least six months and suspension of monitoring is warranted under Paragraph 52 of the *Murray* Stipulated Judgment. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

III.A. Policies and Procedures

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

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. 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 revised the Privacy of Care Policy (A-07) in February 2024 and includes the requirements of this provision. All clinical interactions are being held confidentially and if not, staff are documenting the reason for refusals. Per the Mental Health Expert's recommendation, the County will conduct training to ensure staff are communicating the nature of health care appointments in a more confidential manner. The County will conduct training on these policies and should complete this requirement by spring 2025.

Expert Review:

The drafts reviewed of Custody Operations Health Care Policy (240), Mental Health Policy (241), Suicide Prevention (242), and the Behavioral Health Unit Manual included appropriate language to reflect this provision. Wellpath Privacy of Care Policy (A-07) also reflects this expectation and is currently in draft form with the County for review.

Mental health staff meeting minutes continue to reflect the expectations of this provision. This is a topic of regular discussion and reinforced among the mental health staff. During the May 2025 tour, both mental health and custody staff as well incarcerated individuals reported increased effort to have patients seen in a confidential setting.

During previous tours it was observed that custody staff would loudly announce cell front that a patient had a psychiatrist appointment. Feedback during the tours from patients reflected they were at times embarrassed with others knowing the nature of their appointment. Custody leadership agreed this issue would be included in future trainings and that a system for communicating the nature of a health care appointment in a more confidential manner will be developed if needed. During the May 2025 tour the Mental Health Expert observed two instances where a custody officer appropriately approached an incarcerated person and stated it was time for their health care appointment. Incarcerated individuals also reported that staff no longer announce specific types of appointments and utilize general terms such as "health care" or "medical" instead of "psychiatry" or "mental health."

This provision addresses policies and procedures. The issue of whether identified confidential space is utilized is addressed in other provisions.

Recommendations:

The County policies are clear and meet the requirements of this provision. They need to be finalized and trained on along with tracking of completed training. Wellpath must update their policy to ensure this information regarding private and confidential space and its use is included. The County must also audit through their CQI processes to ensure compliance with this requirement.

III.A. Policies and Procedures

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

Compliance Rating

Discontinued Monitoring

Prior Compliance Rating

Discontinued Monitoring

County Response:

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.

Expert Review:

Monitoring Discontinued.

The provision will be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

Recommendations:

N/A

III.B. Intake

1. The County shall ensure implementation of a screening tool to identify individuals with mental illness, at risk of self-injury, or vulnerable to predation secondary to mental illness. The screening tool shall:
 - a) Identify risk factors or medication that require a mental health referral.
 - b) Recommend housing and referrals based on the individual's diagnosis, strengths, and weaknesses.
 - c) Refer incarcerated persons to mental health staff for any positive finding of mental illness, and triage all referrals as urgent, emergent, or routine.
 - d) describe signs and symptoms of conditions which justify the assignment of a DSM diagnosis.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. Wellpath is providing ongoing training to intake nurses and mental health clinicians to label tasks from intake and sick calls as emergent, urgent, or routine. Per the Mental Health Expert's recommendation, Wellpath will continue to audit the quality of the intake screening and will conduct additional training regarding intake screening as required by the results of the audits. To address the Mental Health Expert's concern regarding overnight mental health coverage, BWell procured contracted mobile crisis services that will aid with 5150 evaluations and mental health crises that occur between 11pm and 7am. To address the Mental Health Expert's concern regarding overnight psychiatric consultation, the County will begin tracking data to determine the need for such services. To allow an appropriate audit period, the County anticipates completing this requirement by fall 2025.

Expert Review:

As reported previously, the intake screening form is adequate and includes the required elements to comply with this provision. For over one year Wellpath has utilized an auditing tool that provides feedback on the appropriate completion of intake screenings and allows for training of staff as needed. They report this has been a valuable tool in ensuring complete intakes of satisfactory quality.

The Mental Health Expert previously reported a concern with the quality of the intake process he had observed. During the May 2025 tour an intake was observed. The staff thoroughly completed the intake screening and made appropriate referrals based on the report of the patient being interviewed. This screening form is completed by nursing staff and includes items meeting the requirements of this provision. Based upon responses to the screening questions the nurse makes a referral to mental health for evaluation by a mental health clinician. It is the mental health clinician who then completes an Initial Mental Health Evaluation and assigns a DSM diagnosis if appropriate.

The previous report recommended the County consider the intake process when developing a staffing plan. Wellpath leadership reported that additional nursing staffing has been allocated so

that at each jail there are two registered nurses on each shift when previously staffing only allocated one nurse. This increase in nursing staffing should serve to better support the intake process so that nurses have adequate time to complete the process and do not feel pulled to other critical tasks. Wellpath leadership also reported that positions have been allocated to have a Facility Coordinator at each jail who will be available to oversee the timeliness and quality of the intake process. This is a positive development and the County is commended for this increased staffing commitment.

The previous report also recommended consideration for crisis coverage when mental health staff are not on site between the hours of 11pm and 7am. The County reports that BWell Mobile Crisis is now available during these hours and that nursing staff have the ability to request evaluation during these hours when mental health staff are not on site. The County is developing an audit around the notification of Mobile Crisis and their response to the jail.

In the previous report it was noted that a routine referral to mental health included a 7-day window, and this may be too long for someone newly arriving into the jail, based on the evaluation items that trigger a routine referral. Wellpath has agreed to review these items with the Mental Health Expert and consider which items should appropriately lead to a routine referral and which should be considered for a shorter timeframe for evaluation.

Recommendations:

The Receiving Screening form is adequate and Wellpath needs to continue to audit the quality of the intake screening for current and newly hired staff.

The County needs to audit the role of BWell Mobile Crisis and their availability to respond when mental health staff are not on site between the hours of 11pm and 7am – including as to calls to BWell Mobile Crisis, responses and response times, and outcomes. The County also committed to tracking data regarding the need for psychiatric consultation services during these hours and needs to share the results of their inquiry once completed through its CQI process.

III.B. Intake

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

Compliance Rating
Substantial Compliance

Prior Compliance Rating
Partial Compliance

County Response:

In process. Wellpath will continue to monitor the requirements of this provisions by utilizing Wellpath's Intake-Refusal Audit and will conduct any necessary training following the results of the audits. Wellpath's Receiving Screening Policy (E-2) will be revised to include the requirements of this provision. The County will finalize Custody Operations Health Care Policy (240) and Mental Health Policy (241) by spring 2025.

Expert Review:

The Custody Operations policies Health Care (240) and Mental Health Care (241) include this requirement. Wellpath's Receiving Screening Policy (E-02) is under review with the County and includes this requirement per discussions with County leadership.

The County and Wellpath worked with the Mental Health Expert to develop an audit reflecting the requirements of this provision. Available data from December 2024 through April 2025 are reported below.

	December	January	February	March	April	Total
Record of Presentation	9/10	10/10	10/10	10/10	9/10	48/50 (96%)
Referrals Made	8/10	9/10	10/10	7/9	9/10	43/49 (88%)
Intake Re-Attempted	8/10	9/10	8/10	7/9	10/10	42/49 (86%)

The results reflect that intake nursing staff are consistently making a record of the patient's presentation and current condition as well as making appropriate referrals. Although intakes were re-attempted less frequently, the individuals received a History and Physical Exam by a medical provider within ten days of the refusal if they were still incarcerated and chart review of those cases not receiving an intake re-attempt reflect they were seen in response to self or staff referrals during the period prior to their History and Physical Exam when needed. This data reflects improvement from the initial audit data supplied during the previous reporting period as the goal of this provision is to ensure those needing care receive evaluation and treatment in a timely manner. This data is presented as monthly for this report as it was recently initiated. Future reports will report on these metrics quarterly.

Recommendations:

Although the County has made significant progress it needs to continue auditing this provision to show continued compliance. Additionally, County Custody Operations Policies and Wellpath policies need to be finalized. If the County does not complete these steps by the next reporting period it will revert to a Partial Compliance rating.

III.B. Intake

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

Compliance Rating

Substantial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. The County presently meets the requirements of this provision in practice. Wellpath will update the Receiving Screening Policy (E-2) to reflect their current procedures. Wellpath will continue to utilize the audit tool it developed to reflect compliance with this provision and will conduct any necessary training following the results of the audit. The County will also conduct training on Custody Operations Health Care Policy (240). The County anticipates completing this requirement by spring 2025.

Expert Review:

Wellpath developed an audit in consultation with the Mental Health Expert to evaluate this provision. In the previous reporting period an audit of this provision was developed and initial data showed that care was being provided despite an initial refusal by the incarcerated person. Audit data from December 2024 through April 2025 also confirm this with 50/50 charts reviewed being compliant with this provision. For these individuals who initially refused, referrals for mental health or psychiatric evaluation were placed. These referrals may be based on the presentation of the patient or from chart review of the patient's health history by the staff performing the screening.

The draft of Custody Operations Policy Health Care (240) includes this requirement by stating that attempts to complete the screening must be made until the screening is completed. Wellpath leadership reported that this expectation is in the Receiving Screening Policy (E-2) under review with the County.

Recommendations:

The County needs to continue the audit for this provision, finalize and train on its Custody Operations Policy, and Wellpath policies. If the County does not complete these steps by the next reporting period it will revert to a Partial Compliance rating.

III.B. Intake

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

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. This requirement is part of the intake process. Presently, RNs 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 will continue utilizing its audit that addresses the requirements of this provision and will conduct any necessary training following the results of the audit. Per the Mental Health Expert's recommendation, the County will also conduct training on Custody Operations Health Care Policy (240) and Mental Health Care Policy (241). The County anticipates completing this requirement by spring 2025.

Expert Review:

During the previous monitoring period Wellpath developed an audit to address this provision in consultation with the Mental Health Expert. Audit data collected by Wellpath for December 2024 through April 2025 are reported below.

	December	January	February	March	April	Total
Medications Verified & Bridged	6/7	7/10	6/10	7/9	7/8	33/44 (75%)
Referral to Psychiatry	4/10	6/10	5/10	5/10	5/10	25/50 (50%)

Results reflect that medications were verified and bridged only 75% of the time and referrals to psychiatry for follow-up or when medications could not be verified were made only 50% of the time. Wellpath leadership reports a concern that nurses are verifying and bridging medications at times but failing to place a referral for psychiatry in these instances. They have identified this issue as an opportunity for improvement through this audit process. Wellpath also acknowledges that the current audit will need to be performed regularly to supply more meaningful results and provide opportunities for improvement.

Custody Operations Policy Health Care (240) and Mental Health Care (241) reflect this requirement. Wellpath policies, currently under revision with the County, are reported to reflect this requirement.

Recommendations:

The County needs to finalize and train on the Custody Operations Policies and Wellpath policies. Wellpath needs to continue the audit developed for this provision and implement corrective actions as needed to comply with this provision.

III.C. Patient Privacy and Confidentiality

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

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. 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. 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 Incarcerated Person 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 Incarcerated persons Services Building at the Main Jail. Confidential visits and movement to confidential spaces has improved at the Main Jail with collaboration of medical escorts (METs) and module officers who assist with movement into confidential space. The County is having ongoing discussions to address increasing confidential health visits. Wellpath currently completes audits which track this provision, including the nurse sick call audit, intake screening audit, and clinical documentation audit which include inquiries regarding confidentiality of visits. By summer 2025, the County will assess the reasons confidential space was not utilized to determine whether the County has sufficient confidential space for all clinical contacts. A proposed jail remodel of the Incarcerated person Receiving Center of the Main Jail intends 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.

Expert Review:

Confidential interview space was identified and appropriate at NBJ. At NBJ intakes are performed in a confidential setting. At NBJ staff and patients report that they have access to confidential space for mental health sessions. In addition to individual confidential space, a confidential group treatment space continues to be utilized as it has during previous tours. BHU participants at NBJ also reported that they regularly see their clinician in a confidential space on the BHU.

At SBJ the physical design does not lend itself to providing equally accessible confidential treatment spaces such as NBJ where it is often found on the housing unit. The County reported that in order to create additional and more accessible confidential space they are exploring the conversion of cells into treatment spaces on New East Restrictive Housing (NERH), Northwest, and C7/C8 to better serve the mental health population at the facility. The creation of additional confidential space, particularly in close proximity to the respective housing units, will likely serve the County well as they have added approximately thirteen new positions at the facility within the past year.

The increased use of confidential space is positive, and the County reports it will assess reasons confidential space is not being used as part of its determination of whether they have enough confidential space. Additionally, the county points out that full compliance with this provision will likely be gained after the remodel of the IRC (and closing of other units) at SBJ.

Patients at both facilities reported that when having an appointment with their psychiatric provider, which is usually performed through telepsychiatry, these interactions always occur in a confidential setting due to the location of the equipment.

At both facilities clinical staff reported that they work very well and receive support from custody staff in escorting patients to confidential space. As a change from the previous report where lack of custody staff was most often reported as a reason for sessions not being held in a confidential space, a review of twenty charts reflected that the most frequent reason for an incarcerated person not being seen confidentially was due to their declining the offer of a confidential meeting. The County audit of a larger sample will likely provide a clearer picture of the use of confidential space and challenges to it being used if they exist.

Recommendations:

Although confidential space was both observed and reported as being utilized frequently, the County has committed to developing an audit of confidential space use that also reflects reasons why the space is not or unable to be utilized. This should include auditing of specific housing areas to determine if some housing areas are more impacted than others by the availability of confidential space and will assist the County in determining whether enough confidential space has been identified and where efforts should be focused.

III.C. Patient Privacy and Confidentiality

2. It shall be the policy of the County that mental health clinicians shall not conduct their clinical contacts for evaluation and/or treatment (other than rounds) at cell-front except pursuant to documented refusals or specific, documented security concerns.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. See County response to III.C.1. Custody Operations Health Care (240) and Mental Health Care (241) policies reflect the requirements of this provision. The County will finalize these policies and conduct training. Wellpath's Privacy of Care Policy (A-07) incorporates this requirement. The County anticipates completing the requirements of this provision by spring 2025.

Expert Review:

Review of Custody Operations Policies Health Care (240) and Mental Health Care (241) reflect the requirements of this provision. Wellpath policies are being revised to include this expectation across policies and not solely in Wellpath Privacy of Care Policy (A-07). Mental health staff meeting notes continue to reflect this expectation and whether a patient interaction is held in a confidential setting is regularly reflected in mental health clinician notes.

Staff continue to consistently note whether clinical interactions occur in a confidential setting and the reasons why they do not. Previously, clinical staff reported that there were times when their workload was too large to complete the work and offer all patients a confidential interaction. This should change now that the County has reported additional mental health and health care staff being added with the new vendor contract. The County audit discussed in III.C.1 will also assist in determining what barriers continue to prevent confidential interactions being offered for all mental health interactions with the exception of rounding. The County also reports it is in the process of adding video visitation booths at SBJ which will provide additional opportunities for confidential interactions between clinicians and patients.

Recommendations:

Custody Operations Policies and Wellpath policies need to be finalized and staff require training on the policies. The County has added health care staff which should assist in increasing opportunities for confidential interactions. It is not clear that the County has adequate custody escort staffing to support the added health care staff. Audits/analysis of confidential space use should be used for planning as to both the amount and location of additional confidential treatment space needed, as well as the custody escort staff needed to achieve substantial compliance.

III.C. Patient Privacy and Confidentiality

3. For each clinical contact for evaluation and/or treatment (other than rounds), mental health staff shall document whether the encounter was confidential, including whether it took place at cell-front. If a contact occurs at cell-front or is otherwise non-confidential (i.e., due to patient refusal or specific, documented security concern), the reason(s) shall be clearly documented in the individual patient record and will be reviewed as part of the County's Continuous Quality Improvement review procedures.

Compliance Rating

Substantial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. Wellpath has trained all staff regarding documentation requirements for confidential visits. Clinicians are documenting location, time, duration, and whether a confidential visit was offered and occurred. Per the Mental Health Expert's recommendation, Wellpath has created an auditing tool to monitor compliance with this provision and in the next eight months will expand this audit to assess the reason confidential space was not utilized. Wellpath's Privacy of Care Policy (A-07) incorporates this requirement. The County anticipates completing the requirements of this provision by spring 2025.

Expert Review:

Based on chart reviews and initial audits Mental Health staff are consistently complying with this provision. Health care leadership reports that they have trained clinical staff on this requirement and multiple mental health staff meeting PowerPoints and minutes were reviewed that include this expectation. This requirement is also included in Custody Operations Policies Health Care (240) and Mental Health Care (241). The county reports that the Wellpath policy, currently under review, includes this requirement.

An audit from December 2024 through April 2025 reflects that 50/50 (100%) of charts documented whether a clinical contact was held in a confidential setting or non-confidentially (e.g., at cell-front). The audit also reflects that 21/24 (88%) of the non-confidential encounters included a reason for the contact being held cell front. This audit is a strong start to showing continued compliance with this provision.

Recommendations:

Wellpath needs to continue to audit consistently to ensure this process is occurring. Also, both Custody Operations and Wellpath policy need to be finalized. If the County does not complete these steps by the next reporting period it will revert to a Partial Compliance rating.

III.C. Patient Privacy and Confidentiality

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

Compliance Rating

Substantial Compliance

Prior Compliance Rating

Substantial Compliance

County Response:

Completed. The Mental Health Expert found the County in substantial compliance with this provision.

Expert Review:

This requirement is included in Custody Operations Policies Health Care (240) and Mental Health Care (241). Wellpath policy Nonemergency Health Care Requests (E-07) includes language that nursing staff retrieve health care requests twice per day. Custody staff and incarcerated persons report that health care handles all completed health services requests and custody does not. Incarcerated persons also report regular retrieval of these slips.

During the May 2023 tour of SBJ it was observed that incarcerated persons in dorms placed completed health services requests in the bars of their dorm awaiting pick-up by nursing staff. Since that tour the County utilizes locked boxes in identified areas to ensure the confidentiality of health service requests and this has been observed on several tours. It was also reported during the April 2024 tour that nurse triage was not being held for all incarcerated persons in a confidential setting. During the May 2025 tour incarcerated persons reported that the triage of their sick call requests now occurs in a confidential setting.

Recommendations:

The County agrees to ensure the requirement for nurse triage to occur in a confidential setting is included in both Custody Operations and Wellpath policies. Because the County has not finalized their policies that include this requirement it is recommended that this provision continue to be monitored until such time as the Custody Operations and Wellpath policy are finalized and include the requirement for nurse triage to be held in a confidential setting. If the County does not complete these steps by the next reporting period it will revert to a Partial Compliance rating.

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

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

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. While on shift, mental health clinicians respond to all emergent requests immediately. The Custody Operations Mental Health Policy (241) and Wellpath Mental Health Services Policy (F-03) contain language that meets the requirement of this provision. Per the Mental Health Expert's recommendation, the County will confirm that they align. Wellpath has hired mental health clinicians to be present at the Main Jail until 11:00 pm daily at Northern Branch Jail four days a week, with the goal of hiring someone to cover daily. Wellpath has created an audit to ensure that the timelines included in this provision are met. Wellpath is also currently working on alternative plans to complete overdue tasks.

To address the Mental Health Expert's concern regarding overnight mental health coverage, BWell procured contracted mobile crisis services that will aid with 5150 evaluations and mental health crises that occur between 11pm and 7am. To address the Mental Health Expert's concern regarding overnight psychiatric consultation, the County will begin tracking data to determine the need for such services. The County anticipates completing this requirement by fall 2025.

Expert Review:

The County and Wellpath have continued to make progress on this provision and the County's recent allocation of additional health care staff is evidence of this. The County's Custody Operations Policy Mental Health Care (241) outlines timelines for mental health care referrals and requests. The timelines outlined in this policy reflect that emergent referrals are seen immediately, urgent within twenty-four (24) hours, and routine within one week. The County reports that the draft Wellpath policy Mental Health Services- California (F-03), currently under review, also includes this language.

Significant efforts have been made to increase staffing at both SBJ and NBJ such that there is now daily coverage until at least 11pm. The County reports that the mental health staff on-site until 11pm have access to telehealth psychiatry for referral and consultation. Additionally, for the hours between 11 pm and 7 am when mental health staff are not on-site the County has arranged for BWell Mobile Crisis services to be available and respond as needed to the jail facilities. Additional staffing allocated to Wellpath will also be critical for ensuring the timelines outlined in the provision are consistently met and Wellpath has an audit template developed to monitor this.

During the May 2025 tour the Mental Health and custody Experts received numerous complaints regarding lack of timely response to sick call requests. Wellpath leadership acknowledged this issue and planned to address it through newly allocated on-site leadership at NBJ. The patients at NBJ reported a lack of trust in the sick call system due to long waits or non-responses after initial triage. Wellpath leadership was encouraged by the Experts to hold town halls to reinforce their commitment to their patients and to re-establish trust in the sick-call system. This process is essential for incarcerated individuals to express a health care need, and it is imperative that it is trusted.

Although the County and Wellpath worked with the Mental Health Expert to develop an audit that will monitor compliance with this provision during the previous monitoring round, auditing on this provision has not yet begun. Additionally, the County agrees that auditing of the utilization of BWell services after hours is needed to better understand their role and need during those time periods.

Recommendations:

The County and Wellpath need to ensure their policies align and finalize them.

The County needs to audit the requirements of this provision to demonstrate compliance with the timelines required. The County also needs to audit the activities of BWell and their role in addressing emergent issues between the hours of 11 pm and 7 am as well as the need for emergent psychiatric consultation during those hours. This audit should include frequency of response requests to BWell, timeliness of response, disposition by BWell, and patient outcome.

The County needs to ensure that incarcerated individuals trust that when a health care request is submitted it will be addressed and should engage in regular dialogue on this issue with those impacted.

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

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

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. 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. Additionally, the County retrofitted observation cells at the Main Jail so that they are now suicide resistant and can be used for patients who are on suicide watch. The County will be revising Custody Operations Observation Cell Policy (303) and Suicide Prevention Policy (242) to reflect the plan to place prisoners on suicide watch in these observation cells rather than safety cells. Wellpath has revised the Suicide Prevention and Intervention Policy (B-05) to reflect placing prisoners on suicide watch in suicide resistant cells and to determine the appropriate property and privileges that a prisoner may receive.

The County does not place patients in restrictive housing based on their mental health status, especially if SMI, however there are circumstances where restrictive housing is the least restrictive setting appropriate due to safety and security risks. Since the implementation of the BHUs, the County has been tracking and discussing safety cell and observation cell placements during the Behavioral Health Coordination meetings, which include Wellpath and staff from the County Departments of Public Health, BWell, CEO, and the Sheriff's Office. To address the Mental Health and Custody Operations Experts' concerns for incarcerated persons in IRC 100 and 400 units, the County has also established a Behavioral Management Unit (BMU) in the IRC 100 unit to house incarcerated persons that may not be able to program in a BHU setting, but do not need to be placed in restrictive housing. The BMU also allows for increased out of cell time and programming options. Following this pilot in IRC 100, the County will also consider expanding the BMU pilot to IRC 400 by summer 2025.

Expert Review:

The County has continued to make significant progress in expanding and developing their Behavioral Health Units (BHU) which are specialized mental health units. This has allowed them to place those requiring this level of care in a unit where they have access to programming and increased amounts of unstructured out-of-cell time. The BHUs offer a less restrictive setting than general population, safety cells, or observation cells and patients are allowed out of their cell for 16 hours per day. The BHUs at SBJ currently include Northwest A, C, and D. There is a total capacity of 48 beds among these units although the County has decided to limit the capacity to 40 beds for therapeutic reasons. Having multiple units allows flexibility for placing patients on units where they can program most effectively. In addition, the County initiated a Graduate Dorm for those males who have previously been housed in a BHU but may no longer require the level of structure or treatment offered in a BHU. This unit has a capacity of 32 individuals and was populated and active during the May 2025 tour. The participants reported they were benefitting from the programming and this was observed during the tour. This new dorm increases total capacity to 80 and functional bed capacity at SBJ to 72 beds.

At NBJ the BHUs include F unit for females with a capacity of 16 patients and J unit with a capacity of 24 males. The total current capacity for the system is 120 patients and functional capacity to 112 due to the clinically appropriate decision to only populate half of one unit at SBJ.

The County states that they do not need additional beds at this time as there is a small waitlist for BHU level of programming and individuals are quickly placed in BHU housing when needed. To confirm this the County had developed a plan to flag referrals to and participants in the BHU and Graduate Dorm in the Electronic Medical Record so that this data can be trended over time to better understand total bed need. However, they report this has not been possible yet and they will work with the Mental Health Expert to determine a procedure to track those needing this level of care over time during the next reporting period.

As discussed in previous reports, health care leadership and clinical staff acknowledged that some individuals are placed in safety cells, the most restrictive setting at the jail, because previously there were not suicide resistant cells to safely house the patients. Staff felt that a large number of individuals would more appropriately be placed in a suicide resistant cell that has a bed, sink, and toilet instead of a safety cell if these cells existed. In response to this the County retrofitted observation cells to accommodate this need. The County and Wellpath are in the process of revising policy and training staff on the use of these retrofitted cells and it is expected that the use of safety cells will decline further when a less restrictive option than safety cells are introduced into the system.

Additionally, the County has developed a property and privilege form that will be completed by mental health staff to allow individuals housed in safety and observation cells to have certain property such as clothing and reading materials or privileges such as out of cell recreation or visits.

The County has also made efforts to address concerns discussed in previous reports regarding mentally ill individuals housed in units 100, 400 and NERH at SBJ and K unit at NBJ. With the allocation of additional Wellpath staff, programming has recently been introduced to these units and is expected to increase over time. In addition, when newly allocated clinical staff are hired the County will be better positioned to provide increased clinical services to the units and develop individualized treatment plans for these individuals who require a BHU level of care but are unable to program on a BHU so that these individuals receive treatment consistent with their individualized treatment needs and commensurate to those patients housed on traditional BHUs.

Recommendations:

The County continues to make progress in providing less restrictive housing options through the expansion of BHUs, the Graduate Dorm, Observation cells, and clinical programming on multiple housing units. The County needs to finalize policy, train staff, and implement the property and privilege form. The County has made progress by allocating mental health staff to units including NBJ K unit and SBJ units 100, 400 and NERH. However, these units do not currently provide commensurate services as the BHU and will need continued development. This should include increase programming, out-of-cell opportunities, and individual treatment plans for participants on those units. The County also needs to develop a reliable tracking system to identify those requiring BHU level of care with the ability to trend this over time.

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

- 3.** The County shall develop and designate specialized mental health units, with the provision of the appropriate levels of programming and treatment for each mental health care service level.
 - a) The County shall provide a sufficient number of beds at all necessary levels of clinical care and levels of security, to meet the needs of the Jail population of people with SMI.
 - b) The County shall develop referral criteria and policies regarding management, treatment, and placement of incarcerated persons with SMI.
 - c) Mental health staff shall recommend appropriate placement in and discharge from the specialized mental health units and programs for incarcerated persons with mental illness based on clinical judgment.
 - d) The County shall develop policies and procedures to house and treat incarcerated persons with mental illness at the clinically appropriate level of care

Compliance Rating
Partial Compliance

Prior Compliance Rating
Partial Compliance

County Response:

In process. a) The County and Wellpath have opened a total of five Behavioral Health Units with a capacity of 88, however per the Mental Health Expert's recommendations D Module at Main Jail is kept to a total of 8 patients to provide treatment for more acute patients, therefore reducing the current population being served to 80 patients. Prior to implementation of the BMU pilot in IRC 100 referenced above, the average waitlist for the BHU was 15 to 20 beds systemwide across both facilities. The County anticipates that the BMUs will provide the additional 15 to 20 beds identified, however, the County will be better able to assess the need for additional beds following the BMU pilot presently underway. The County anticipates completing this determination by fall 2025.

b) The County has developed referral criteria and policies that meet the requirements of this provision. The Mental Health supervisor tracks these referrals and coordinates with the classification unit regarding individuals awaiting placement and provides recommendations. The Custody Operations Behavioral Health Units Policy (248) and the BHU manual referenced in Wellpath Mental Health Services Policy (F-03) includes criteria for placement. Criteria includes but is not limited to: patients with SMI diagnosis; patients that are at risk for victimization elsewhere in the facility; patients diagnosed with a developmental or intellectual disability; patients taking psychotropic medications to treat symptoms of psychosis; and patients that have been historically housed in restrictive housing due to difficulties programming in more general population housing settings.

c) Based on admission criteria and reports on current functioning from the referral source, mental health staff take into consideration the most appropriate BHU setting for the individual based on their mental health needs. Discharge from the BHU is not mandatory and typically is initiated by the incarcerated person. If an incarcerated person requests to graduate or to be discharged from the BHU, Mental Health, Custody staff, and the Sheriffs Treatment Program (STP) will collaborate and discuss the possible discharge from the unit and determine the most appropriate course of action.

d) Wellpath and Custody have developed policies regarding appropriate placement in the jail and the BHU specifically. Mental health staff make recommendations to classification for housing placement. The BHU manual also includes procedures to house and treat somebody within the BHU. The County will work with the Mental Health Expert regarding his recommendations related to discharge criteria, involving the patient in the multidisciplinary meetings and treatment plans, interpretation services, and vocational opportunities for the BHU population. The County anticipates completing the requirements of this provision by fall 2025.

Expert Review:

The Mental Health Expert has toured the BHUs on multiple occasions and observed positive developments and progress on each tour. During the most recent May 2025 tour the BHUs and newly created Graduate Dorm have increased the capacity of this specialized programming to up to 120 participants. The participants interviewed on these units reported that they are able to be out of their cells for approximately 16 hours per day and that the County has worked to develop the structured programming on each unit by introducing groups provided by licensed psychiatric technicians in addition to the programming provided by SBSO STP (Sheriff Treatment Programs). In addition, over time the physical plant of the BHUs has developed as the County has introduced furnishings to the units that better reflect an environment of treatment which include softer furniture for group and recreation, plants, area rugs, easy access to books and games, chalkboard paint in individual cells for patients to personalize their living area, and wall art and murals that reflect an environment more conducive to treatment. Since their inception in July 2023 the BHUs have shown significant development, and this positive impact was observed among the patients housed on these units.

Previous reports have raised a concern about staffing, both mental health and custody, for these units. During the May 2025 tour the County reported that recent staffing allocations will allow Wellpath to hire and dedicate clinical staff to this program at both NBJ and SBJ. This is a positive development. The Mental Health Expert has stated, and the County agrees that it is important for the treatment model to allow clinicians to be specifically designated and dedicated to the BHUs, without being called to other duties at the jail (intake, mental health sick call in other units, etc.). The Medical Expert also recommends dedicated nursing staff allocated to the BHUs to address issues with sick call, medication compliance, and health care appointment and treatment compliance for BHU participants. This position would also be included in the treatment team. It is also unclear whether there is adequate custody staffing for this program and the County needs to consider this in their custody staffing analysis. For example, at SBJ for housing units A, C, and D there is one custody staff member assigned to oversee all three BHUs, which has the effect of limiting opportunities for programming if one custody staff is unable to oversee programming on three units at once.

In the previous report, the County and Wellpath reported that several individuals who were formerly in the BHU had progressed to a point where they were able to leave the BHU and obtain jobs within the jail facilities. This is a positive development. The County should also consider the potential for current BHU participants or those in the Graduate Dorm to obtain jobs within the BHU as these opportunities may serve as part of the individuals' individualized treatment plan.

The previous report also discussed the need for consideration of BHU level programming for those participants for whom English is not their preferred language. Although, the May 2025 tour did not observe any participants who were having difficulty participating due to their preferred language, this issue needs to be addressed by the County.

As discussed in provision III.D.2, the County has identified a system that will assist with tracking referrals and participants for the BHU. Once this is implemented it will greatly assist the County in understanding the needed capacity for this program. During the May 2025 tour it was reported that with the addition of the Graduate Dorm there was no longer a waitlist for BHU programming. In

addition, the County has allocated increased clinical staff to provide treatment and programming for individuals in the jail who require BHU level programming and treatment but have been unable to successfully program on a BHU such as some of the incarcerated individuals housed on SBJ 100, 400, NERH, and NBJ K-unit.

Interdisciplinary team meetings occur on a weekly basis both to discuss the status of BHU participants and referrals to the BHU. Meeting minutes and a tracking form reflecting this activity are kept and utilized to track progress and individual changes within the program. These meetings reflect an effective process where both custody and mental health staff discuss progress and challenges for BHU participants and develop plans to address those challenges. However, with the expansion of the BHUs and providing this level of treatment to some individuals housed outside of a BHU it is unlikely this meeting will maintain its effectiveness without modifications. The Mental Health and Custody Experts discussed the development of more localized multidisciplinary teams comprised of clinicians and custody staff, who work on specific BHUs, who can hold regular meetings and discuss, on a more in depth level, each of the participants on a regular basis. If housing unit team meetings are held the current meeting that includes health care and custody leadership should continue with a goal of oversight of the entire BHU program and ensuring overall quality of the program.

Recommendations:

The BHUs continue to reflect an area of significant progress and development during this monitoring period. They have expanded in capacity as well as programming. Both staff and patients report positive impact from their establishment.

Per the Parties' August 2023 Stipulation re: Implementation of Remedial Plan (Docket #104) (hereinafter "August 2023 Stipulation"), the County was required to provide a deadline for full implementation of this provision. The County presented a plan in spring 2025 for tracking referrals and bed need but ran into difficulty with this methodology. The County reports they will continue to work with the Mental Health and Custody Experts determine the actual BHU capacity need by winter 2026 and fully meet that need by October 2026. This would include a determination of the number of BHU beds that are needed at this level of care. At this time the County is not aware of the number of beds it needs, although it has now expanded capacity to 120 participants with no current waitlist and staffing has been allocated to provide BHU level programming to participants who cannot program in a traditional BHU.

As part of full implementation, the County needs to finalize BHU policies and ensure all required custody and health care staff are trained.

As the BHUs continue to develop and staff is added, the County needs to ensure their policy establishes discharge criteria for the program and the inclusion of the patient in treatment planning and the multi-disciplinary meetings where feasible. For example, it may be reasonable to include program participants at NBJ in treatment team meetings where they can be held confidentially on the BHU.

The County needs ensure custody staffing is adequate to support structured treatment and other programming in the BHUs.

Since the County has successfully transitioned some individuals to jobs within the jail it should include this option in its policy as well as consider the ability of BHU participants to hold jobs within the BHU as this can serve as part of an individual's treatment plan and recovery.

The County has initiated a process for identifying individuals who may not currently be appropriate or able to function on the BHU but require this level of care. These individuals are frequently housed in SBJ 100 and 400 and the County has introduced programming in these areas during this monitoring period. However, this programming is not currently commensurate with BHU level of

programming and the County needs to expand its capacity, through the newly allocated clinical staff, in providing this level of care for all who require it even if they cannot be housed in a traditional BHU setting.

The County must also evaluate its process for treating individuals who have a preferred language other than English and ways to ensure they are receiving appropriate services. All of these considerations can only strengthen what is developing as a valuable County resource within the jail.

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

4. Staff shall conduct regular multidisciplinary team meetings to discuss the treatment and management of each incarcerated person with SMI who is incapable of functioning in a general population setting or who is housed in a specialized mental health unit, to coordinate individual health, mental health, classification and discharge needs
 - a) The County shall include the line officer, whenever possible, in the multidisciplinary treatment team meeting. The line officers shall provide day-to-day observations on an incarcerated person's functioning and receive input from the professional staff in management approaches.
 - b) The multidisciplinary treatment team shall determine which privileges and property shall be available to incarcerated persons. The treating clinician shall provide input as to privileges and property for incarcerated persons on psychiatric observation or suicide watch.
 - c) Treatment staff shall provide all incarcerated persons 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 incarcerated person.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process.

a) The BHU multidisciplinary meetings meet this requirement. The meetings are conducted weekly (bi-monthly for each site) and include attendance by custody line staff, classification unit, mental health staff, and STP counselors. Line staff provide reports and observations of incarcerated persons functioning in the unit and receive input from professional staff.

b) Property and privileges in the BHU are only modified if necessary based on client's functioning or lack thereof within the unit. Property and privileges are discussed during the BHU meetings, and when necessary, incorporated into a modified treatment plan for the patient in the BHU. Mental health staff determine and document permissible property and privileges while on suicide precautions. In the next three months, the County will finalize the Property and Privileges Form and will work with the Mental Health Expert regarding his recommended audit related to property and privileges.

c) Wellpath initiates treatment plans once a patient is placed into a BHU. With the increased staff recently hired, Wellpath and Custody will be working on a strategy to ensure that treatment plans are being completed within the timelines specified within this provision. Presently, incarcerated persons participate in the development of their treatment plan and establish personalized goals during their confidential visits with mental health. Mental health clinicians participate in the BHU meetings and relay information regarding patient goals during those meetings. The County will work with the Mental Health Expert to further incorporate involvement and participation of the

incarcerated person as required by this provision. The County anticipates completing the requirements of this provision by summer 2025.

Expert Review:

The County has made progress in this area. Specifically, for the BHUs, as reported in III.D.3, weekly multidisciplinary meetings occur that include custody staff from the BHUs, custody leadership, and mental health care. Minutes from these meetings are detailed and provide information about the status of individuals and recommendations from the team on next steps for each participant. However, as discussed previously, with the expansion of the BHUs and BHU level of care for some housed outside the BHUs, this committee is unlikely to maintain its effectiveness unless it greatly increases the time it has committed to this meeting or changes the membership of the meeting to have the staff and clinicians from the BHUs comprise the team membership.

In addition, these meetings do not include the patients nor the psychiatric prescriber who are both important participants in treatment plan development and monitoring. This concern was discussed in provision III.D.3.

As discussed in prior reports, the treatment plans for those on the BHUs are not consistently individualized or updated regularly. These plans do not always reflect the level of detail that is included in the multidisciplinary meeting nor are they updated with information discussed in the meetings. Additionally, initial treatment plans or updated plans are not provided to the patient, which is required by this provision, and an important part of ensuring patient engagement. These are all concerns that the County expects to be addressed with the additional allocated clinical staff.

For those housed outside of the BHUs, again, the County expects to be able to expand its ability to provide individual treatment plans and share them with the patients in a similar manner as those housed in the BHUs. The County recently designated units 100 and 400 at SBJ as a place to house those with SMI or who need increased treatment opportunities. The county is also working to refine this program as it was newly implemented during spring 2025.

Recommendations:

The meeting minutes and tracker for BHU participants are well-done and regularly maintained. However, this is unlikely to be sustained due to the positive development of the expansion of BHU services to a larger number of participants. The treatment meetings need to include the patient and some form of psychiatric prescriber participation, either by the provider or the treating clinician who has consulted with the provider. The discussion and outcome of the treatment meeting also needs to be reflected in the treatment plans of the individual patients. The County should also consider the recommendation made in III.D.3 to modify the composition of treatment teams to accomplish this goal.

The County needs to expand its development of individual treatment plans for those needing a BHU level of care and the recent allocation of clinical staff should serve to allow this. The County also needs to ensure that individuals placed in a BHU level of care receive an individualized treatment plan within 7 days of placement and that this is regularly updated by the clinical staff. An audit of the quality and timeliness of the treatment plans and their updates needs to be developed.

The County also needs to develop a system to review, as a team, and provide individualized treatment plans for those with SMI residing outside of the BHUs. This process should also incorporate those with SMI housed in Restrictive Housing. The recently added clinical staff should serve to allow these activities to occur.

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

5. The County shall provide a minimum of 6 hours per week, of Structured Out-of-Cell Time for therapeutic group and/or individual programming, and twelve (12) hours per week of Unstructured Out-of-Cell Time (including dayroom, outdoor/recreation time, and other self-directed activities) for people with mental illness housed in specialized mental health units. The County will also provide in-cell structured programming – i.e., electronic tablets – to people in these units equivalent to that provided in the general population (at least four (4) hours per day, on at least three (3) separate days per week).
 - a) It is recognized that not all incarcerated persons can participate in and or benefit from six (6) hours per week of structured treatment programming. For those individuals with mental health treatment needs housed in the specialized mental health units and for whom fewer hours of treatment services is clinically indicated, the treating clinician will present the case and recommended treatment program to the multidisciplinary treatment team for approval. Such a Modified Individualized Treatment Plan will include a description of the diagnosis, problems, level of functioning, medication compliance, and rationale for scheduling fewer hours of treatment services.
 - b) The Modified Individualized Treatment Plan will be reviewed by the multidisciplinary treatment team at least monthly, with consideration of an increase in treatment activities and referral to a higher level of care as clinically indicated.
 - c) The County shall establish an additional, less intensive mental health program for individuals with mental health treatment needs who are stable. Such a program shall provide a minimum of four (4) hours per week of Structured Out-of-Cell Time for therapeutic group and/or individual programming, subject to the Modified Individual Treatment Plan provisions described above

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. The BHU incarcerated persons from the initial pilot are exceeding the out-of-cell requirements of this provision as they are permitted out of their cells all hours of the day, except when lockdown is required from 2200 to 0600. The incarcerated persons are provided with structured programming that exceeds the 6 hours per week, and unstructured programming that exceeds 12 hours per week. Incarcerated persons are provided tablets daily and thus exceed the in-cell structured programming requirements.

- a) Patients that have difficulty participating in 6 hours of structured programming per week are addressed at the BHU meetings, or sooner if clinically indicated, and a modified treatment plan that meets the requirements of this provision is developed and implemented as soon as possible.
- b) The modified treatment plans are discussed at least monthly in compliance with this requirement.
- c) By spring 2025, the County and Wellpath will be identifying the patient population that meet criteria for this aspect of this provision and hopes to implement programming for this population by fall 2025. The County anticipates completing the requirements of this provision by fall 2025.

Expert Review:

Programming on the BHUs meets the time requirements of this provision. At this time at least one group is offered on each BHU for 90-minutes five days per week. With additional clinical staffing the county is now offering structured programming by both clinical staff and the SBSO STP program. In terms of unstructured out-of-cell time BHU participants are offered approximately 16 hours per day and this exceeds the requirements of this provision.

Although most of the participants in most BHUs appeared able to participate in the structured programming there were observed participants who would benefit from a Modified Individualized Treatment Plan during the May 2025 tour. Wellpath leadership agreed with this assessment and offered that the ability to develop and monitor these modified plans is expected with the increased mental health staffing that has been allocated. It was also acknowledged that some individuals housed in SBJ 100, 400, NERH, and K-unit can benefit from a BHU level of programming but, at least initially, may require a Modified Individualized Treatment Plan. The County expects this to improve with the new staffing allocation where Mental Health staff will have more time to evaluate and develop these individualized treatment plans.

In addition, it was observed and reported during the May 2025 tour that program participation seems to be lowest in the J-unit BHU at NBJ. The Custody and Mental Health staff interviewed were aware of this and reported it reflects the acuity of the patients and their ability to participate. These patients would likely benefit from modified treatment plans that take into consideration their ability to fully participate in BHU programming to include the identification of alternative programming that can be offered to ensure they receive the benefits BHU programming. Factors such as clinical staffing, custody staffing, program scheduling, program space, incentives, and patient engagement are important factors to consider with these patients.

The County has also started to focus efforts on programming for those outside of the BHU. For example, dorm W4 at SBJ currently houses males who may have mental health treatment needs less than requiring BHU placement or individuals who have refused BHU placement. The County has begun providing some structured weekly programming for these individuals. The County reported that it understands it needs to work to further identify males and females who require this lower level of programming.

Recommendations:

The County has recently allocated additional staff they believe will serve to satisfactorily meet the requirements of this provision. Wellpath is currently working to recruit and train this staff. The County will have a better understanding of the work required for this provision once the population requiring less intensive programming is identified. The County also needs to consider the resources needed to provide treatment services to those requiring modified treatment plans as this may require increased resources compared to other patients housed on BHUs.

The County also needs ensure adequate custody staff to support structure treatment and other programming on the BHUs.

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

- 7.** The County shall develop and provide comparable and separate services and treatment programs for male and female incarcerated persons meeting criteria for placement and specialized mental health units.

Compliance Rating

Substantial Compliance

Prior Compliance Rating

Substantial Compliance

County Response:

In process. The Mental Health Expert found the County in substantial compliance for this provision. Per the Mental Health Expert's recommendation, the County will monitor the BHU and the BMU pilot and expansion and respond accordingly.

Expert Review:

The initial BHU units included one for males and one for females and the County reports no waitlist for females or males at this time. The County has also identified SBJ unit 400 as a place at SBJ where females will be able to receive a BHU level of care if they are not able to be housed for some reason on the female BHU at NBJ. This program has been recently implemented and will continue to develop with the recent staffing increase in mental health clinicians. The programming observed and the units for males and females are similar and continue to be developed alike.

Recommendations:

The Expert finds, and the parties have confirmed their agreement, that the County has been in substantial compliance with this provision for a period of at least six months and suspension of monitoring is warranted under Paragraph 52 of the *Murray* Stipulated Judgment. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

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

8. The County shall provide psychiatric appointments with incarcerated persons 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.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

Completed. Patients listed as SMI or in the Mental Health Special Needs Program receive enhanced treatment plans. Counseling services for these individuals are scheduled to occur at a minimum of every 30 days, and more frequently if clinically indicated. Any patient taking psychiatric medications have appointments at least every 90 days and sooner if clinically indicated. Psychiatry appointments are on schedule and overdue tasks do not exist for psychiatry. Wellpath has been auditing this provision, and the audit results demonstrate that patients are being seen at least every 90 days or sooner when clinically indicated. The County will share the results with the Mental Health Expert and confer regarding what remains to attain substantial compliance with this provision.

Expert Review:

Wellpath's Mental Health Services Policy (F-03) reflects this requirement and patients report that they consistently see their psychiatric provider at least every 90 days or more frequently at times such as when a new medication is prescribed. Audit data from December 2024 through February 2025 included a review of 30 patient charts. In all cases patients were seen at least every 90 days and many more frequently by psychiatry. Most psychiatric appointments are held via telehealth but the County has continued its requirement for psychiatric providers to be on site for at least one week every other month. This schedule allows for a provider to be on site each month in order to address individuals who may refuse telepsychiatry appointments as well as meet with health care and custody staff and gain a stronger understanding of the jail setting.

The County has shown improvement seeing patients at least every 30 days. Wellpath has begun auditing this requirement and a sample of thirty charts were reviewed between December 2024 and February 2025. Audit results show that 93% of the patients in the sample met with their clinician at least every 30 days if not more frequently in some cases. Although these audit results are positive, it is likely they will improve as additional staff is hired and trained. This audit may also require modification once the County improves the quality of its individual treatment plans as the recommended frequency stated in the treatment plan should be the metric audited instead of simply every 30 days.

Treatment plans have been previously discussed and are expected to improve with the allocated increase in clinical staff.

Recommendations:

The health care staffing plan for clinical staff took this provision into consideration and the County has developed an audit of timeliness that has shown initial positive results. The County will need to continue auditing as well as develop an audit to address quality of individual treatment plans.

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

- 9.** Mental health staff shall provide a behavioral management plan and regularly scheduled counseling services to incarcerated persons with severe personality disorders and/or frequent episodes of suicidal ideations or self-harm.

Compliance Rating

Substantial Compliance

Prior Compliance Rating

Substantial Compliance

County Response:

Completed. The Mental Health Expert found the County in substantial compliance for this provision. Per the Mental Health Expert's recommendation, to establish continued compliance, the County will audit the quality and implementation of the individualized treatment plans.

Expert Review:

The County and Wellpath leadership reported that although they have created what are considered behavioral management plans during this reporting period they are reflected in mental health individual treatment plans and notes kept in the tracker for BHU meetings. The County also expressed they expect to expand their ability to provide needed behavioral management plans/treatment plans due to the increase in staffing that was recently approved for Wellpath. During the December 2024 tour several individuals were observed who could benefit from a behavioral management plan. They were housed in SBJ units 100 and 400 at that time. When these individuals were presented to the County by the Mental Health and Custody Experts, the County responded by developing individual treatment plans or moving the individuals to a higher level of care outside of the jail. Those moved outside of the jail for care were conserved individuals waiting on placement in the community. These individuals remained at the PHF until placement could be secured. Wellpath leadership reports this practice has not occurred since that time and it appears to have been in response to the concerns raised by the Experts. This is an example of a population the County will need to begin tracking under provision III.I.4 in order to maintain substantial compliance with that provision in the future.

During the May 2025 tour, the County and Wellpath had proactively identified patients who require an individual plan. Although they may not be currently able to provide one due to current staffing, it is expected that this will be resolved with the newly added staff. The County and Wellpath report they will continue to focus efforts on developing plans for individuals housed in SBJ units 100, 400 and NERH as well as NBJ K-unit.

The County continues to report that those with frequent self-harm or suicidal ideation would be included in the SMI or Special Needs population. Because of this they would receive treatment planning through their Individualized Treatment Plan as part of the Mental Health Program. Because the County now includes these individuals in mental health programs and is planning to develop individual treatment plans the quality of this provision can be monitored in the future through provision III.D.8.

Recommendations:

The Expert finds, and the parties have confirmed their agreement, that the County has been in substantial compliance with this provision for a period of at least six months and suspension of monitoring is warranted under Paragraph 52 of the *Murray* Stipulated Judgment. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

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

- 10.** The County shall ensure that clinical contact record entries indicate the incarcerated person'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.

Compliance Rating

Substantial Compliance

Prior Compliance Rating

Substantial Compliance

County Response:

Completed. The Mental Health Expert found the County in substantial compliance with this provision. Per the Mental Health Expert's recommendation Wellpath will ensure training and auditing to ensure continued compliance.

Expert Review:

The County was substantially compliant with this provision during the last rating period and has continued efforts in this area to train clinicians on documentation and the required elements of treatment notes. An initial audit presented in the previous report showed strong compliance with this provision. An Audit completed for December 2024 through April 2025 of 50 charts shows at least 95% compliance with each element outlined in this provision except for the clinician documenting the location of the patients' housing unit which reflected 86% compliance. The County reports it will continue this audit through its CQI process to ensure continued compliance and will address, through corrective action plans, and observed future deficiencies.

Recommendations:

The Expert finds, and the parties have confirmed their agreement, that the County has been in substantial compliance with this provision for a period of at least six months and suspension of monitoring is warranted under Paragraph 52 of the *Murray* Stipulated Judgment. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

III.E. Psychiatric Medication Practices

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

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. Per the Mental Health Expert's recommendation, Wellpath will be updating its policies to ensure that they are site specific. Wellpath has begun to provide an on-site psychiatrist monthly to address patients who refuse to exit their cell or may be of an acuity where they do not understand the need to attend their appointment. The County anticipates completing this requirement by spring 2025.

Expert Review:

Wellpath reports that its draft policies include expectations that meet the requirements of this provision. These policies are under review with the County.

To address a concern raised in the previous report around the use of telepsychiatry and re-scheduling patients who are aggressive and decompensating patients who are refusing appointments, Wellpath continues to require a psychiatric provider on-site for one week per month to see patients in-person and to address difficult cases. Wellpath also reports that they can consult with BWell and staff at the PHF on patients who are resistant to treatment recommendations. The county and Wellpath report that patients are also discussed at the monthly Behavioral Health Coordination Meeting attended by SBSO, Wellpath, BWell, County Public Health, and the CEO.

Recommendations:

The County will need to finalize its policy and ensure it includes a procedure for providing psychiatric services to those who refuse to exit their cell or may be of an acuity where they do not understand the need to attend their appointment. When the County reports confidence in approaching substantial compliance with this provision a licensed psychiatrist will be engaged to verify compliance.

III.E. Psychiatric Medication Practices

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

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. Wellpath's Mental Health Services Policy (F-03) contains language that meets this requirement. Nurses 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. If an incarcerated person requests psychiatric services they are 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. By spring 2025 Wellpath will be implementing an audit to meet the requirements of this provision and will engage the Mental Health Expert as needed to ensure substantial compliance.

Expert Review:

Interviews with patients during the December 2024 and May 2025 tours reflect that intake nurses frequently refer directly to psychiatry during the intake process if there is a history of taking medications in the chart or if the patient reports either current or previous medication. The intake process also includes the opportunity for intake nurses to refer emergently, urgently, or routinely to mental health for further evaluation as needed. During the mental health evaluation the clinician can also make a referral to psychiatry for evaluation. Last, any incarcerated person can request mental health services through the health service request process and then be referred to psychiatry if appropriate. There are multiple pathways to seeking psychiatric medication evaluations in the jail, and Wellpath leadership reports that there is no backlog of psychiatric provider appointments.

If the system is working as described the County will be in substantial compliance with the requirements of this provision. The County reports they have developed an audit to evaluate compliance with this provision but has not yet implemented it.

Recommendations:

Wellpath has developed the required audit and needs to implement the tool to better understand compliance with the requirements of this provision. They need to also ensure, as recommended in the previous report, the audit also addresses qualitative attention paid to triage level of referrals to psychiatry.

When the County reports confidence in approaching substantial compliance with this provision a licensed psychiatrist will be engaged to verify compliance.

III.E. Psychiatric Medication Practices

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

Compliance Rating

Substantial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. Psychiatric medication initiations are completed in-person or during a tele-health appointment and include a face-to face assessment and receipt of verbal consent by the patient to initiate medications. Licensed psych techs at Northern Branch Jail obtain a written and signed medication consent form. The County is considering utilizing this procedure at Main Jail. Any changes that occur to medications are completed in-person, unless the patient is requesting a minor change such as a slight increase in dosage and the psychiatrist is very familiar with the patient and has already discussed the potential for increase during a prior visit. If medication changes are made, a follow up appointment with the psychiatrist is typically scheduled for 14 days to address the changes and/or any concerns the patient may have. Wellpath will update its Medication Services Policy (D-02) to reflect the requirements of this provision. Wellpath is presently conducting an audit of this provision and will confer with the Mental Health Expert regarding any necessary changes based on the results of this audit. The County anticipates completing this provision by spring 2025.

Expert Review:

The Wellpath policy Pharmaceutical Operations- California (HCD-110_D-01) includes the recommendation that psychiatry see a patient within 30 days of prescribing medications, however this is not a requirement per the current policy and the policy is under review with the County to ensure this requirement is included in the county specific policy. Wellpath has audited this process and provided data from December 2024 through February 2025. In 14/15 charts reviewed the psychiatrist met with the patient when terminating or adjusting medications. In the case that the provider did not meet with the patient the note contained a justification for not meeting with the patient. In that instance the patient refused to attend the session but both mental health and nursing staff were closely following the patient. In 15/15 instances a clinician met with the patient within 30 days and in multiple instances several times within the 30 day time period.

The County continues its process where patients are scheduled for follow-up two-weeks after medications are initiated or changed. It was also reported that the County utilizes a psychiatric RN to monitor patients who have had medication changes. These are positive practices to include in the revised policies.

Recommendations:

Wellpath will need to finalize their policy and include current practices. Wellpath will also need to continue to audit for continued compliance with the requirements of this provision. This provision will continue to be audited until such time that the County is approaching substantial compliance with provision III.E.2. At that time a licensed psychiatrist will also verify substantial compliance with this provision.

III.E. Psychiatric Medication Practices

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

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. Wellpath has updated the Medication Services Policy (D-02) and will finalize the policy in the upcoming months. Wellpath is currently tracking medication pass timelines and will work with the Mental Health Expert to initiate an audit to ensure that medications are provided at therapeutically appropriate times. The County anticipates completing this provision by spring 2025.

Expert Review:

The Custody Operations Policy Health Care (section 240) includes this language and the draft of Wellpath's Medication Services (D-02) also includes specific medication delivery times. Wellpath leadership reports that recent staffing allocations of nursing staff have ensured medication pass occurs consistently at scheduled times. The recent staffing allocation includes 4.1 Licensed Vocational Nurse (LVN) positions which will be dedicated to providing Medication Assisted Treatment (MAT) thus allowing the other nursing staff dedicated to medication pass to administer all other medications. This change should greatly reduce the burden that was previously placed on the medication pass nurse. Patient interviews indicated that there are instances of medication passes occurring after the appropriate administration time and during the May 2025 tour the Mental Health Expert saw an instance of this at NBJ.

At both facilities logs of medication passes are kept. The Mental Health Expert supplied Wellpath with a set of random dates to evaluate compliance with medication pass times. However, the data for these logs was not always complete and this audit could not be carried out. As an alternative the Mental Health Expert requested Wellpath to audit 30 random medication administration logs that were complete for the period of January through March 2025, including fifteen AM medication passes and fifteen PM medication passes. The results show that the PM pill pass was consistently (100%) on time for this sample and the AM pill passes were less consistently (73%) compliant.

Recommendations:

The County and Wellpath need to finalize their policies and continue to audit this provision for compliance. Wellpath leadership has implemented a process to ensure medication tracker logs are being consistently completed at both MBJ and SBJ. The additional positions allocated to medication pass should assist in addressing any current deficiencies noted in timeliness of medication pass.

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

3. In cases where an incarcerated person with SMI, with an intellectual disability, or who is exhibiting unusual or bizarre behavior may face a disciplinary sanction, including denial of property or privileges, placement in restrictive housing, or lock down for any period of time, a Qualified Mental Health Professional shall complete a Mental Health/Disciplinary Recommendation Form and provide written findings as to:
 - a) Whether or not the reported behavior was related to mental illness, adaptive functioning deficits, or other disability;
 - b) Any other mitigating factors regarding the incarcerated person's behavior, disability, and/or circumstances that should be considered, and whether certain sanctions should be avoided in light of the incarcerated person's mental health or intellectual disability, treatment plan, or adaptive support needs.

Compliance Rating

Substantial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. The pilot program for ensuring mental health input in the disciplinary process has been successfully underway for the last year at Northern Branch Jail. Prior to initiating the disciplinary hearing process, custody personnel meaningfully consider the mental health review and recommendations and do not deviate from the recommendation unless there are extenuating circumstances such as a safety risk or threat, which may result in negating a certain consequence. Mental health reviews all disciplinary reports for individuals that are determined to be SMI. The County recently expanded the pilot to Main Jail. The County utilizes effective communication for those incarcerated persons with effective communication needs, throughout the process. The County has revised Custody Operations Incarcerated person Discipline Policy (363) to reflect the current disciplinary process. Wellpath will update the Mental Health Services Policy (F-03) and Segregated Incarcerated person Policy (G-2) to reflect the process as well. Wellpath will work with the Mental Health Expert to initiate an audit regarding the requirements of this provision. The County anticipates completing this requirement by summer 2025.

Expert Review:

The County has made significant progress in this area and has successfully implemented the mental health disciplinary review process at both NBJ and SBJ. The County developed and implemented a comprehensive form that allows for the Mental Health clinician to provide meaningful feedback on the relationship between the reported behavior and the incarcerated person's mental illness, disability, and adaptive needs. It also includes recommendations on whether certain sanctions should be avoided. Both Custody and Mental Health staff report that the utilization of this form as well as regular communication around individuals receiving disciplinary reports has been helpful. Review of a sample of these forms reflect they are complete, thorough and the clinician is being thoughtful about the decisions and recommendations regarding mitigation of discipline. Of the forms reviewed it is also noted that Custody staff have agreed to follow the recommendations of the Mental Health staff 100% of the time.

Recommendations:

The County needs to continue this process, finalize Custody and Wellpath policies around this process, and it is recommended that additional Mental Health staff receive training in this area so that multiple resources are available to complete the task when needed. If the County does not complete these steps by the next reporting period it will revert to a Partial Compliance rating.

III.G. Seclusion and Restraint

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

Compliance Rating

Substantial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. The County affirms that it does not and will not utilize clinical restraints. Involuntary medication orders are only administered with court order. Wellpath will work with the Mental Health Expert to develop the required data points to audit this provision. Wellpath will update its Restraint and Seclusion Policy (G-01) to meet the requirements of this provision. The County anticipates completing this requirement by spring 2025.

Expert Review:

For several reporting periods both custody and health care staff reported that it does not utilize clinical restraints and Custody Operations Policy Use of Restraints reflects this as well. Wellpath reported that restraints can only be utilized for patients participating in the Jail Based Competency Restoration (JBCT) program and this program reported to Wellpath leadership they have not utilized restraints within the previous twelve months. When an individual is non-compliant or is deemed to require medication they would be referred for placement in an inpatient unit outside the jail facility.

Recommendations:

The County needs to finalize both the Custody Operations and Wellpath policy that reflect this requirement. If the County does not complete these steps by the next reporting period it will revert to a Partial Compliance rating. The County also needs to continue to track the required data to show compliance with the requirements of this provision.

III.H. Discharge and Reentry Services

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

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. Collaborative efforts continue within the jail to meet this provision. The County continues to hold monthly inter-departmental discharge planning meetings. The County has implemented an in-custody discharge/reentry planning program, with a goal to provide a robust discharge/reentry plan for all incarcerated persons prior to release. The County is prioritizing reentry planning for those who suffer from Severe Mental Illness (SMI), medical conditions (chronic care hypertension), and substance use (MAT), with a focus on the clients housed in the Behavioral Health Unit (BHU) who have co-occurring mental health and substance use disorders. The County continues to develop the required discharge planning policies, and modifications are made as workflows and procedures are updated with the enhancement of discharge planning services, and as new resources are added.

New design workflows for discharge/reentry planning that start with admission through discharge will be created for this pilot to ensure the County captures Cal-AIM elements (ECM referrals) as well as the connection/collaboration with jail medical for the provision of medications. The County is enhancing the current Discharge Planning Summary form, which will be renamed to the County of Santa Barbara Jail Reentry Care Plan. Currently, the form 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. The new form will include additional elements such as ECM referrals and Medi-Cal eligibility.

Discharge planning data continues to be tracked via Smartsheet and collaboration continues with the Probation IT department to enhance the Discharge Planning Database. At present, quality assurance of the data collected is being reviewed to assist with the migration of the data to the new database. Once the database is complete, the County will update the procedural manual for users. Additionally, a consultant was hired through Serrano Advisors to assist the previously established cross-agency stakeholder group to further develop the delineation of roles and responsibilities of the various entities involved in discharge planning and intersection with Cal-AIM. The County anticipates completing this provision by spring 2026.

Expert Review:

During the May 2025 tour, the Custody Expert and Mental Health Expert met with County staff regarding release planning services. The County continues to make efforts to develop a robust release planning process and has continued to allocate staff and work with County stakeholders to develop this system. The County reported that as part of a restructuring, the County intends to move away from the current system where jail assessors assign reentry planners and will instead be automating assignment of reentry planners to ensure appropriate division of workload. The County has committed 16.5 FTEs to reentry planning services, including Wellpath discharge planners, to ensure effective continuity of care for incarcerated persons upon release. These

positions reflect an increase from the previous reporting period when the County reported an increase from five to nine reentry planners.

Additionally, the County reports it has engaged a consulting firm to assist with redesign of the reentry program to meet the requirements of the Remedial Plan and to aid in the County's transition to Cal-AIM. With that transition, the County has recognized the importance of shifting the Reentry Coordinator position, previously designated to Probation, to the County Health Department (CHD). The recruitment for the Reentry Coordinator position will have a focus on health care and an emphasis on whole-person care. The County believes that with CHD overseeing reentry services, the County will be better equipped to provide a stronger connection to County health clinics and will also allow effective conversion to Cal-AIM billing requirements.

During the previous reporting period the County had developed a uniform discharge summary form for use with all incarcerated persons receiving discharge planning services in the jail to reflect all the services the individual has been referred to or will require upon release. This form continues to be utilized for reentry planning and will be part of a County developed reentry database. The County reports that the database has been developed and is functional and the county will begin utilizing it when they begin the process of automated assignment of reentry planners.

Per the August 2023 Stipulation, the County was to implement discharge planning services to a subset of the Medication Assisted Treatment (MAT) patients and patients being discharged from a BHU by September 1, 2023. By November 1, 2023, this was to expand to an additional subset of patients with SMI. The County addressed this during the previous reporting period by increasing efforts to track the MAT and SMI population requiring discharge planning and assigning staff members from Wellpath and the County to provide these services for those housed in BHUs. The County reports and incarcerated persons interviews confirm that this has continued.

Recommendations:

Although the County has continued in its efforts at discharge planning and reentry services and continues to make progress it acknowledges that the work is not yet complete. The County appears to have a suitable plan for further development of these services and for complying with the requirements of this provision. An example of this is the decision to move responsibility for oversight of reentry planning from Probation to CHD and the establishment of a discharge database. Cross-agency collaboration is essential to the successful development of this program and is occurring as evidenced by the progress that has occurred this reporting period.

III.H. Discharge and Reentry Services

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

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. See County response for III.H.1.

Expert Review:

The County policy on discharge planning is under development and includes this requirement. The County of Santa Barbara Jail Reentry Care Plan, which was developed during the previous reporting period, and is currently utilized for those receiving discharge planning services in the jail includes the elements required of this provision. As discharge planning is developed, as reported in provision III.H.1, this provision is expected to come into substantial compliance.

Recommendations:

The County has developed and is in the process of implementing its discharge and reentry planning program. If this is accomplished, it is expected that substantial compliance with this provision will be achieved.

III.H. Discharge and Reentry Services

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

Compliance Rating

Substantial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. Wellpath has expanded the duration of medications provided upon release to a 30-day prescription. With the two additional discharge planning positions that Wellpath has added, appointments with outside providers are being scheduled and coordinated prior to discharge. Discharge/Reentry Planners continue to collaborate with Wellpath to confirm a medical discharge addendum is being provided to an individual upon release. The County will be modifying the Santa Barbara Jail Reentry Care Plan to include medication information so that in the future, the addendum is no longer needed, or the process is better streamlined. BWell's quarterly audits monitor that Wellpath completes the medical discharge addendum and that incarcerated persons are provided a 30-day supply of medication upon discharge. Wellpath will be updating policies and will work with the Mental Health Expert to create an audit per his recommendation. The County anticipates completing this requirement by summer 2025.

Expert Review:

Wellpath's Discharge Planning and Release Medications Policy (E-10) is under review with the County and includes the County's requirement of a 30-day prescription upon release. An audit completed by BWell for October 2024 through December 2024 of thirty charts reflect that all (100%) received their 30-day prescription. The County reported they are not aware of any concerns with incarcerated individuals receiving a timely follow-up appointment that allows for the continuation of medications within thirty days of release although this data is not currently tracked. The County has agreed to track this data during the upcoming reporting period to ensure adequate continuity of medications after release from the jail.

Recommendations:

The County needs to finalize its policy and ensure appointments are available within thirty days of release through the audit they are developing around this provision. If the County does not complete these steps by the next reporting period it will revert to a Partial Compliance rating.

III.H. Discharge and Reentry Services

4. The County shall track the elements of discharge planning for Continuous Quality Improvement purposes. Data shall include at least the following:
 - a) The total number of incarcerated persons 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 incarcerated persons 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.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. The County and Wellpath have been implementing a tracking system for discharge planning as well as placements into the BHU or to treatment facilities outside of the jail. The County has developed a centralized tracking system. The County will establish audits thereafter. The County anticipates completing this requirement by summer 2025.

Expert Review:

The County has developed a tracking database they report satisfies the requirements of this provision. They have not yet implemented it but are waiting until the auto-assignment of patients for release planning begins. At that time, they will audit the requirements of this provision to ensure compliance.

Recommendations:

The County has presented a suitable plan for compliance with this provision and plans full implementation during summer 2025.

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

1. The County has begun to conduct monthly Medical Administration Committee meetings, with a portion of such meetings dedicated to discussion of the treatment of Jail incarcerated persons 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 incarcerated persons with mental health treatment and service needs.

Compliance Rating

Discontinue Monitoring

Prior Compliance Rating

Substantial Compliance

County Response:

Completed. The Mental Health Expert found the County in substantial compliance for this provision. Monitoring has been discontinued pursuant to paragraph 52 of the Remedial Plan.

Expert Review:

County staff report that monthly Medical Administration Meetings and Continuous Quality Improvement meetings continue at both NBJ and SBJ and that data for each facility is reviewed with representatives from SBSO, Wellpath, County Public Health, and Behavioral Wellness. PowerPoint files and minutes for meetings held in 2024 were provided. These indicate relevant topics were discussed and attendees from Behavioral Wellness and Public Health were in attendance, in compliance with this provision. The information in these documents also reflects an improvement and enhancement from similar documents provided during the previous monitoring period. The County has shown significant progress in this area during the previous and current monitoring periods and the strengthening relationship between the jail and other relevant county agencies is apparent.

Recommendations:

The Expert finds, and the parties have confirmed their agreement, that the County has been in substantial compliance with this provision for a period of at least six months and suspension of monitoring is warranted under Paragraph 52 of the *Murray* Stipulated Judgment. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

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

- 2.** The County shall develop a process to ensure timely referrals to and placements in inpatient care and other higher level mental health care outside the facility.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. The County continues to coordinate cross-departmentally regarding behavioral health issues for the jail population, including as related to this provision. The County reviews and monitors the use of inpatient beds and troubleshoots issues during the monthly Behavioral Health Coordination meeting. The County updated the Jail Evaluation Protocols as a result of discussions during those meetings. BWell is rounding with Wellpath staff at both jails every evening to monitor individuals in observation and safety cells. As recommended by the Mental Health Expert, the County will be developing a process to consider inpatient care for individuals, regardless of their placement in a safety cell. The County has developed an internal tracking system for incarcerated persons who require a higher level of care and is working to further refine this tracker. 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 by summer 2025.

Expert Review:

The County has made significant progress in this area during the previous reporting period and continues to work on the process during the current reporting period. Wellpath and County agencies continue to have strong communication and work to transfer patients to a higher level of care if needed. During the previous reporting period Wellpath and the County outlined the following process that was developed jointly:

- 1- When an individual is placed in a safety cell BWell is notified and provided information on the patient and plan to de-escalate the patient with BWell offering input.
- 2- SBSO provides a daily list of all patients currently housed in safety cells so that BWell staff are aware of the potential need for future evaluation.
- 3- If the patient shows no improvement at hour 8, BWell is notified.
- 4- BWell then comes to the facility, evaluates the patient and writes a 5150 hold for transport to a psychiatric inpatient facility if the patient needs an inpatient level of care. If the patient is not showing improvement and determined by BWell not to require inpatient level of care SBSO arranges for transport to the local Emergency Department for stabilization.
- 5- If a 5150 hold is written, BWell then contacts the Psychiatric Health Facility (PHF) to determine bed availability.
- 6- BWell completes a hospital placement packet for transfer to PHF or a contracted psychiatric facility.
- 7- BWell then notifies SBSO and Wellpath of the location of the bed that has been secured for the patient.

In addition, BWell and Wellpath have a daily call to notify BWell on the status of patients in safety cells or who they have concerns about. BWell also rounds on all patients at SBJ and NBJ in safety and observation cells on a daily basis.

During this reporting period BWell has now become available for after-hours mental health crisis services at the jail facilities. Last, another positive development highlighted in the previous report was the decision for Wellpath and Behavioral Wellness to have access to each other's medical charts. This decision can significantly improve the care that patients in the jail and those requiring placement in inpatient beds receive. However, this process has not yet been able to be fully implemented with some Wellpath staff not complying with requirements for chart access and BWell leadership reporting limited need to view the Wellpath patient record. The County reported a plan to address these concerns as another step to better communication and collaboration.

The County reports and the Mental Health Expert has observed through chart review that there have been instances where patients sent to the PHF are discharged and sent back to the jail before clinically indicated when they exhibit behaviors that may be difficult to manage (e.g., disrespectful to staff, observed masturbating). The concern of discharging patients from inpatient level of care, because they can return to the jail, before it is clinically indicated to do so remains a concern that must be addressed through the County Behavioral Health Coordination Meetings.

A concern outlined in the previous report was the need for individuals to require a safety cell placement to be considered for the possible need for an inpatient admission. This was raised because there may be individuals who require inpatient admission but are not in need of a safety cell placement as was observed on previous tours. The County and Wellpath have worked to address this and data was shared during the May 2025 tour reflecting that some patients admitted to higher levels of care outside the facility are admitted without having to be placed in a safety cell.

The County tracks data on safety cell, observation cell, and transfers to inpatient care to assist in further understanding the need for inpatient level of care among the jail population. Although the County has this data it has not yet completed an analysis of its inpatient bed needs. The County has not shared data on those needing higher levels of care outside the jail (e.g., conserved individuals, court ordered placements) and it is not clear whether this is currently tracked.

Per the August 2023 Stipulation, the County reported in their March 2024 Mental Health Care Access Plan "the data points analyzed do not indicate a demand for inpatient care for incarcerated persons that is greater than the available inpatient resources within the County continuum" (p.11) but has not presented an update based on data from the current reporting period. The County's plan relies on an inventory of beds across the County but has not included an assessment of whether these beds are appropriate for the incarcerated population that needs them. As an example, it was observed during the December 2024 tour that there were several individuals clearly in need of a higher level of care but unable to be placed there in a timely manner and the County did not have a strategy for their timely placement in an appropriate bed. Although the County has displayed increased collaboration across multiple departments it has yet to fully analyze and determine inpatient bed need and higher level of care bed need based on appropriateness of the patient to be placed in a needed bed.

Recommendations:

The County and Wellpath continue to make improvements in communication and collaboration. The County has also developed an internal tracking system that includes relevant information for incarcerated individuals who require inpatient care but not other types of higher levels of care. The County needs this data to evaluate whether the County is able to ensure timely care and referral to higher levels of care for those housed in the jail. The County has the needed structure and commitment to make this occur. Through this process it is important that the County generate an analysis of bed use and confirm that additional beds are not required as stated in its March 2024 Mental Health Care Access Plan in compliance with the August 2023 Stipulation.

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

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

Compliance Rating

Substantial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. The County will further develop a centralized tracking system to incorporate the Mental Health Expert's recommendations and will work with the Expert to refine the tracker as needed. The County anticipates completing this provision by spring 2025.

Expert Review:

The County has worked with the Mental Health Expert to identify important data points in the process of referral and transfer to the state hospital system. The County has provided a tracker that includes a commitment date and admission dates to programs designed to address the individual's competency (i.e., EASS, JBCT, DSH admission). The County's data for the previous twelve months reflects that individuals are enrolled in EASS treatment programming within one to three days of their commitment and continue to receive these services until they are transferred to the JBCT program or Department of State Hospitals. The data provided shows that from October 2024 through February 2025 individuals wait less than three weeks from their commitment date until they are enrolled in the JBCT program. From the JBCT program they may be returned to jail, transferred to Department of State Hospitals, or released from custody. The data also reflects that those initially enrolled in the EASS program are often transferred to the Department of State Hospitals within thirty days of EASS enrollment if they are not enrolled in the JBCT program. These timelines reflect significant improvement over previous reports of individuals waiting up to several months before receiving restoration services. The tracker provided is a useful tool in understanding patient flow and identifying when an individual may be waiting for needed services. The County has agreed to continue this tracking for internal management practices.

Recommendations:

The County needs to continue the practice of tracking this data and utilizing it to identify challenges with obtaining services expeditiously.

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

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

Compliance Rating

Substantial Compliance

Prior Compliance Rating

Substantial Compliance

County Response:

Completed. The Mental Health Expert found the County in substantial compliance for this provision. Per the Mental Health Expert's recommendation, the County will continue audits and analyze the data to identify any possible efficiencies.

Expert Review:

The County provided a tracking database of all referrals to inpatient facilities. Data included in the database includes date and time of referral, time of admission to the facility, and when there is a delay notes to reflect the reason for delay. Additionally, meeting minutes of the Behavioral Health Coordination Meeting that includes County stakeholders were provided and included discussion of reasons why delays in transfer may occur. During these meetings each instance where a delay occurs is discussed to understand the reason for the delay and identify potential remedies for future transfers. This is a strong process and needs to be extended to individuals needing higher levels of care, other than inpatient care, who may be remaining in the jail due to lack of appropriate bed availability as discussed in provision III.I.2 above.

Recommendations:

The County is in substantial compliance with this provision and has established a system for ongoing monitoring of inpatient referrals to care outside the jail. It needs to extend this practice to those requiring higher levels of care other than inpatient care. Given this need the Mental Health Expert will continue monitoring this provision in the next reporting period.

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

- 5.** The County shall implement a policy that ensures that incarcerated persons 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.

Compliance Rating

Substantial Compliance

Prior Compliance Rating

Substantial Compliance

County Response:

Completed. The Mental Health Expert found the County in substantial compliance for this provision. Per the Mental Health Expert's recommendation, the County will continue audits and policy revisions to ensure continued compliance.

Expert Review:

The County reports and staff interviews confirm that patients returning from outside facilities are evaluated by health care nursing staff to ensure continuity of care. Patient interviews also confirm that health care staff evaluate patients when they return from outside facilities. Custody Operations Policies Health Care (section 240) and Mental Health Care (section 241) reflect this requirement. Wellpath Policy Continuity, Coordination, and Quality of Care During Incarceration (E-09) also reflects that incarcerated persons returning from emergency room visits or hospitalizations are brought to the clinic for review of discharge orders and follow-up. The Custody Operations policies are awaiting finalization and the Wellpath policies are under review with the County.

The initial contact upon return is with nursing staff who receive patients back from outside facilities and bridge medications. Nursing then schedules appointments with mental health and psychiatry to ensure follow-up. An audit of returnees from the PHF and state hospitals during 2024 through March 2025 was provided for 31 patients. The audit reflected that patients were consistently seen 100% of the time upon return to the facility by health care staff, medications were continued 100% of the time, and psychiatric provider appointments were scheduled and completed 100% of the time for these patients within several days. Additionally, Mental Health clinicians consistently met with the returning patients either the same day or within a day of return.

Recommendations:

The County and Wellpath are in substantial compliance with the practices of this provision. It is recommended that monitoring of this provision discontinue once Custody Operations and Wellpath policies are finalized. If the County does not complete these steps by the next reporting period it will revert to a Partial Compliance rating.

III.J. Continuous Quality Improvement

1. The County has implemented Continuous Quality Improvement (CQI) meetings, which are modeled after J-A-06 Continuous Quality Improvement Program Standard or a similar standard.

Compliance Rating

Substantial Compliance

Prior Compliance Rating

Substantial Compliance

County Response:

Completed. The Mental Health Expert found the County in substantial compliance for this provision. Per the Mental Health Expert's recommendation, the County will continue audits and initiate corrective actions as needed to ensure continued compliance.

Expert Review:

The County does reflect this requirement in its Custody Operations Policies Health Care (240) and Mental Health Care (241). Wellpath also has a policy CQI Program (A-06) that includes the required elements of J-A-06 which refers to the National Commission on Correctional Health Care Standards for Health Services in Jails (2018) standard on CQI Programs. The Wellpath policy, currently under review with the County, is reported to be made specific to the County and needs to be finalized.

The County provided PowerPoint presentations of the MAC and CQI meetings for 2024 and early 2025. These included a list of attendees, relevant data, and information on topics covered during the meetings. These materials are thorough, and both reflect issues important to the County and contain re-audits, as recommended in the previous report, of issues that were previously identified through the Quality Improvement system. Additionally, the County identified that in-person meetings would be more helpful than video meetings and initiated these in 2025.

Recommendations:

Although the County has continued to develop in this area, the County and Wellpath need to finalize their policies for CQI. The Mental Health Expert will continue to monitor this provision until policies are finalized. If the County does not complete these steps by the next reporting period it will revert to a Partial Compliance rating.

III.J. Continuous Quality Improvement

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

Compliance Rating

Substantial Compliance

Prior Compliance Rating

Substantial Compliance

County Response:

Completed. The Mental Health Expert found the County in substantial compliance for this provision. Per the Mental Health Expert's recommendation, the County will continue to refine its audit tool as needed to ensure continued compliance.

Expert Review:

The County provided a Behavioral Wellness Quarterly Monitoring Tool and the Mental Health Expert was able to have several meetings with BWell staff who perform these audits. This tool continues to reflect the requirements of the health care contract and is modified, as needed, to reflect changes in contractual expectations. The audit results are shared with SBSO and Wellpath with a requirement for corrective actions for areas not in compliance. The BWell staff responsible for auditing met with the Mental Health Expert to identify ways to increase sample size for some events that occur with lower frequencies so as to provide a more meaningful understanding of how the system is functioning.

During the May 2025 tour it was observed that the newly added County oversight staff, consisting of a quality management nurse and half-time quality management physician to oversee the jail's compliance has had a positive impact in strengthening the relationship between Wellpath and County agencies. This impactful decision has resulted in observed improvement in multiple areas and the County is commended for taking this step to truly enhance care and oversight in the jail facilities.

Recommendations:

The Expert finds, and the parties have confirmed their agreement, that the County has been in substantial compliance with this provision for a period of at least six months and suspension of monitoring is warranted under Paragraph 52 of the *Murray* Stipulated Judgment. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

III.J. Continuous Quality Improvement

3. The Quality Improvement process studies shall include (a) a clearly articulate hypothesis and methodology to determine if standards have been met; (b) data collection; (c) analysis of data to identify trends and patterns; (d) analysis to identify the underlying causes of problems; (e) development of remedies to address problems that are identified; (f) a written plan that identifies responsible staff and establishes a specific timeline for implementation of the remedy; (g) follow-up data collection; and (h) analysis to determine if the remedies were effective.

Compliance Rating

Substantial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. This requirement is completed monthly and reported on monthly at MAC/CQI meetings. The County will continue to audit and identify appropriate corrective actions including training as needed. Per the Mental Health Expert's recommendation, the Public Health Correctional Health Quality Care Improvement team will assist in ensuring procedures are in place to ensure this provision is satisfied. The County anticipates completing this requirement by spring 2025.

Expert Review:

The information supplied by the County reflects continued improvement and development of the Quality Improvement process. The 2025 meeting minutes and presentations present quality improvement studies that meet the requirements of this provision. The County and Wellpath have further developed their auditing and reporting practices and identified corrective actions have a plan and follow-up dates for completion or re-auditing. The previous report noted that the only observed corrective was identified as staff training. For the 2025 materials reviewed the corrective action steps reflect a more robust corrective action process that allows for training, feedback on performance, accountability, and re-auditing. In addition to the Quality Improvement activities carried out by Wellpath in conjunction with the County, the BWell auditing is utilized as a Quality Improvement tool and corrective actions are developed and monitored for improvement through this process as well.

Recommendations:

The County and Wellpath need to finalize their policies and procedures around this program. If the County does not complete these steps by the next reporting period it will revert to a Partial Compliance rating.

III.J. Continuous Quality Improvement

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

Compliance Rating

Substantial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. Wellpath currently utilizes a program called Zenova, which includes real time auditing of the intake process. Additionally, BWell and Public Health both audit intakes and referrals which they report on quarterly during the MAC/CQI meeting, thus, quality reviews of the intake process are happening on multiple levels. The County will work with the Mental Health Expert to determine what remains to reach substantial compliance by spring 2025.

Expert Review:

This area continues to show improvement since the previous monitoring period. Wellpath continues to utilize its Zenova auditing program that provides feedback to local health care leadership on a weekly basis of the intake process. This feedback is shared with staff to improve the quality of the intake process. Wellpath also conducts audits of the intake process that can be utilized to monitor compliance with the Remedial Plan and improve the intake process. These have been described in other provisions pertaining to intake. BWell also conducts an audit of the intake process and supplies data to Wellpath, by facility, as an aid in determining areas of improvement. BWell audit items assess whether intakes are fully completed, whether reported medications were verified, whether verified medications were bridged, and whether referrals were made according to emergent, urgent, and routine guidelines. For the October 2024 through December 2024 audit the BWell data shows that Wellpath has achieved an 80% to 100% compliance with each of these metrics. For metrics that fell in the 80% range performance at one facility was identified as a concern and Wellpath completed a corrective action plan that is monitored by both Wellpath and BWell for compliance. This is a robust system established so that the County can monitor the intake process and be aware of identified areas requiring improvement.

Recommendations:

The County has created a strong system between BWell audits and Wellpath audits to assess multiple aspects of the intake process. These audits need to continue and results shared with the Mental Health Expert to achieve continued Substantial Compliance.

III.J. Continuous Quality Improvement

- 5.** The County shall maintain lists of all incarcerated persons referred to a higher level of mental health care with sufficient information to complete periodic quality reviews.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. The County is in the process of creating a comprehensive centralized list of all incarcerated persons referred to a higher level of care. The County will be developing a tracking system for this information and will analyze the data per the Mental Health Expert's recommendation. The County anticipates completing this requirement by summer 2025.

Expert Review:

The County acknowledged during the May 2025 tour that it needs to identify resources to track and maintain the large amount of data that is required for this provision as well as provision III.J.6. They hope to complete this project in 2025. Although this system is not yet developed, the County was able to provide a current list of incarcerated persons referred to the JBCT, EASS Program, Department of State Hospitals, and PHF. The County also tracks referrals to BHU, Safety cells, and Observation cells but is exploring ways to automate and centralize this information. The work effort that is entailed with manually generating some of this data makes it unlikely that the County currently has it readily available for quality management purposes. With the additional resources the County plans to commit to this project it is they will be in Substantial Compliance during the next rating period.

Recommendations:

The County needs to complete its plan of centralizing and maintaining these lists and utilize data from them for quality improvement studies.

III.J. Continuous Quality Improvement

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

Compliance Rating

Substantial Compliance

Prior Compliance Rating

Substantial Compliance

County Response:

Completed. The Mental Health Expert found the County in substantial compliance for this provision.

Expert Review:

The County has made progress in this area and is able to provide lists reflecting the elements required for this provision. These lists are largely generated by the electronic medical records and require minimal maintenance. With the expansion of BHU housing units the County had planned to create flags in the Electronic Medical Record that would allow for the creation of lists of individuals referred to BHU and accepted for BHU placement. This would greatly aid the County in easily identifying those who are appropriate for enhanced mental health treatment and understanding ongoing treatment bed need. However, Wellpath leadership reports this has not been possible and will work with the Mental Health Expert to develop an alternative way of tracking this data. The County reported during the May 2025 tour that it recognizes the need to centralize and ensure this data is regularly maintained and held in a repository for use in Continuous Quality Improvement studies.

Recommendations:

Although the County is in Substantial Compliance with this provision, it will continue to be monitored until an alternative to the Electronic Medical Record flags is identified and implemented so that BHU data is readily available, and as discussed in III.I.2 and III.I.4, the County needs to include tracking of individuals requiring higher levels of care other than inpatient care (i.e., conserved and court-ordered placements).

III.J. Continuous Quality Improvement

7. The County shall develop a system to log incarcerated person requests, including a log of incarcerated persons 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.

Compliance Rating

Discontinue Monitoring

Prior Compliance Rating

Substantial Compliance

County Response:

Completed. The Mental Health Expert found the County in substantial compliance for this provision. Monitoring has been discontinued pursuant to paragraph 52 of the Remedial Plan.

Expert Review:

Wellpath continues to track all incarcerated person requests and makes this data available. Wellpath also generates a list regularly of individuals referred for mental health evaluation from the intake screening. This includes the level of referral from intake (emergent, urgent, routine) and can be utilized to review charts and perform audits.

Recommendations:

The Expert finds, and the parties have confirmed their agreement, that the County has been in substantial compliance with this provision for a period of at least six months and suspension of monitoring is warranted under Paragraph 52 of the *Murray* Stipulated Judgment. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

III.J. Continuous Quality Improvement

8. The County shall conduct periodic quality reviews to assess whether:
- a) Health service requests are retrieved in a timely manner;
 - b) Health service requests are triaged within the established timeframe;
 - c) A proper level of triage is assigned, based on the nature of the request;
 - d) Mental health staff appropriately resolved the request; and
 - e) Mental health staff resolved the requests in a timely fashion.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. 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 continue to audit quarterly and will conduct any necessary training based on the audit results. Per the Mental Health Expert's recommendation, this information will be included in the CQI process. The County will work with the Mental Health Expert to determine what remains to reach substantial compliance for this provision by spring 2025.

Expert Review:

The County reports and patient interviews confirm that health care staff retrieve and triage health services requests daily. Previous reports included data on audits that had a small sample size. Wellpath leadership reports that it has refined the audit measure around this provision to address each requirement and plans to initiate the audit during summer 2025. It will share the audit data with the Mental Health Expert when it is available.

Both Health Care leadership and patients report that although triage occurs in a timely manner that the response to urgent and routine referrals may take longer than the amount of time required by policy. The newly instituted audit will assist the County in understanding the magnitude of this issue and assist in identifying corrective actions to resolve identified difficulties. A quarterly audit completed by BWell assessed whether urgent referrals are responded to within 24-hours and routine referrals within one week. The results for a sample of 30 charts reflect timely responses to referrals occurred in 21 out of 30 instances for a compliance rate of 70%.

Leadership reports that the increased staffing at both facilities will address these lapses in response time and allow the County to come into compliance with required timelines and appropriate responses by clinical staff.

Recommendations:

The County has developed a plan for complying with the requirements of this provision. It needs to be implemented and the results shared and monitored through their Quality Improvement process.

III.J. Continuous Quality Improvement

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

Compliance Rating

Substantial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. BWell has included the requirements of this provision in its expanded audit. To address the Mental Health Expert's recommendation regarding sample size, BWell rephrased the language of the audit to increase the sample size and ensure compliance. The updated auditing tool was utilized for the August 2024 audit with success. Wellpath will also continue its psychiatry audit. Over the upcoming rating period, the County will provide the audits to the Mental Health Expert and will work with the Expert to determine what remains to reach substantial compliance for this provision.

Expert Review:

BWell audits include the requirements of this provision and has increased the sample size since its previous audit. Quarterly audits completed for October through December 2024 assessed whether psychiatric providers see patients according to timelines outlined in the patient's treatment plan (i.e., every 30, 60, or 90 days or sooner per the treatment plan). The audit of 30 charts reflects that 30/30 (100%) were seen according to the timeline noted in the treatment plan. Wellpath also audits these requirements as part of their Quality Improvement process. Audit data provided by Wellpath for December 2024 through February 2025 for 30 charts reflects 100% compliance as well. Patient reports and chart reviews by the Mental Health Expert also reflect this occurrence.

Recommendations:

The County has made progress in developing their audits and needs to continue auditing to ensure continued compliance.

III.J. Continuous Quality Improvement

- 10.** Continuous Quality Improvement studies, data, and related materials will be made available to Plaintiffs and the subject matter expert during the period of implementation and monitoring.

Compliance Rating

Substantial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. The County has increased its CQI review considerably over the last year. Wellpath, Public Health and BWell complete 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 ensure that these audits are robust and complete and to determine what remains to reach substantial compliance with this provision by spring 2025.

Expert Review:

Audits developed by Wellpath and BWell have sought input and feedback by the Mental Health Expert on a regular basis and results are shared with the Experts. Additionally, the County has continued to develop a strong Quality Improvement process that includes evaluation of processes, corrective action development when needed, ongoing monitoring, and re-auditing to assess impact of corrective actions. The Quality Improvement process has taken root within the County and includes representation from SBSO, Wellpath, County Public Health, BWell, and the CEO. Improvements and development of this system along with the allocation of dedicated County resources for oversight have made the area of Quality Improvement one of the most significant positive changes during this reporting period.

Recommendations:

The County has made significant progress this rating period and needs to continue to refine their Quality Improvement system as issues are identified.

IV. Suicide Prevention

IV.A. Overview

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

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. The County is in the process of finalizing Custody Operations Suicide Prevention Policy (242). Wellpath revised their Suicide Prevention and Intervention Program Policy (B-5) to ensure consistency with the County policy and the Remedial Plan. The Wellpath policy is in the final stages of Wellpath approval and anticipates finalizing this policy in early 2025. Following finalization, the County and Wellpath will initiate training on the policies. Per the Mental Health Expert's recommendation, the County will develop an audit tool for this provision and will incorporate the findings into the CQI process. The County anticipates completing this requirement by summer 2025.

Expert Review:

The County and Wellpath report that both the Custody Operations Policy Suicide Prevention (section 242) and Wellpath's Suicide Prevention and Intervention Program Policy (B-5) are near completion and with the County for final approval before being shared with the Experts. The County will develop required training for Custody and Health Care staff based on these new policies.

Recommendations:

The County will need to finalize both the Custody Operations and Wellpath policies and provide documented training to staff. The County also needs to ensure that an audit tool is developed that reflects aspects of the suicide prevention policies and incorporate their monitoring and discussion into its CQI process.

IV.B. Screening for Suicide Risk

1. The County shall ensure that its intake assessment procedures timely identify acute and high-risk mental health conditions, including:
 - a) Review of suicide risk notifications in relevant medical, mental health, and custody records, including as to prior suicide attempts, self-harm, and/or mental health needs;
 - b) Any prior suicidal ideation or attempts, self-harm, mental health treatment, or hospitalization;
 - c) Current suicidal ideation, threat, or plan, or feelings of helplessness and/or hopelessness;
 - d) Other relevant suicide risk factors, such as:
 - (1) Recent significant loss (job, relationship, death of family member/close friend);
 - (2) History of suicidal behavior by family member/close friend;
 - (3) Upcoming court appearances;
 - e) Transporting officer's impressions about risk.

Compliance Rating
Substantial Compliance

Prior Compliance Rating
Partial Compliance

County Response:

In process. Wellpath's receiving screening includes all elements of this provision with the exception of (d)(3) regarding upcoming court appearances. Wellpath will revise the intake screening and suicide risk assessment to include this inquiry. The County has updated the jail booking record to address item (e) and will be conducting training on the form by the end of 2024. Wellpath worked with the Mental Health Expert to create an audit for this provision and conducts routine audits internally as well as through Zenova to ensure that all questions are being asked and answered during the intake screening. Additionally, Wellpath directs and trains nurses to complete a chart review for any patient that returns to custody to ensure that all information from prior incarcerations is included during intake screening. Per the Mental Health Expert's recommendation, the County will continue to audit this provision and will conduct any necessary training based on the audit results. The County anticipates completing this requirement by spring 2025.

Expert Review:

Wellpath's Receiving Screening form includes the elements of this provision with the exception of specifically asking about upcoming court appearances. The County reported that it is still waiting for the intake to be amended to include that item. Wellpath leadership reported that information regarding court proceedings is included in the suicide risk assessment, but this instrument is administered only to those being evaluated for placement on suicide precautions and is not part of the intake process. During the May 2025 tour an intake was observed. During the intake the nurse did ask the patient if he was concerned about his legal case and court date, which is a positive step in addressing this requirement despite it not currently being included in the intake form. Wellpath leadership reported that they have reinforced this being asked during intake with nursing staff.

During this monitoring period Wellpath continued to audit the intake process for compliance with this provision using the tool developed with the Mental Health Expert and reflecting the elements of this provision. Audit data of forty charts from December 2024 through April 2025 reflect 90-100% compliance with each of the elements of this provision with the exception of inquiring about upcoming court appearances. Wellpath will continue monthly audits to ensure continued compliance with this requirement.

In addition, as discussed in earlier provisions, Wellpath has a new resource that provides data on the intake process and is being utilized to train staff as well as identify if the intake process is occurring appropriately. These audits were provided for February through April 2025. Although these audits do not mirror this provision, the summary data regarding mental health assessment during intake reflects compliance with appropriately completing the mental health items in the intake screening 92% of the time or greater.

Recommendations:

The County needs to continue auditing to ensure compliance with this provision. The County also needs to ensure that, as proposed by the County several years ago, Wellpath's Receiving Screening form includes an item about upcoming court appearances as a risk factor for suicide.

IV.B. Screening for Suicide Risk

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

Compliance Rating

Substantial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. Wellpath will revise the Receiving Screening Policy (E-2) to ensure that it is site specific. Wellpath developed a monthly audit regarding this provision and will expand the sample size per the Mental Health Expert's recommendation. Live audits by Zenova are also occurring on receiving screenings daily to ensure that referrals to mental health are not missed. Mental health referrals have significantly increased since the implementation of live auditing of the receiving screening and ongoing training to nursing staff. The County anticipates completing this requirement by spring 2025.

Expert Review:

The Receiving Screening provided by the County includes items that meet the requirement for this provision and per the directions on the screening, trigger an urgent referral for evaluation by a mental health clinician. Wellpath begun auditing this provision. Data provided for December 2024 and January 2025 on a sample of twenty charts reflect 95% (19/20) compliance with this requirement. Wellpath will continue to audit this provision for compliance. Wellpath has also revised its policy for Receiving Screening and it is with the County for review.

Recommendations:

The County needs to finalize the Wellpath policy on Receiving Screening. If the County does not complete these steps by the next reporting period it will revert to a Partial Compliance rating. The County also needs to continue auditing for compliance with this provision.

IV.B. Screening for Suicide Risk

3. When a prisoner refuses to respond to assessment questions, staff shall complete the intake screening, including the mental health and suicide risk assessments, to the maximum extent possible. For example, staff will still complete the records/history review, if applicable, as well as the assessment of the individual's presentation and behaviors, and shall make appropriate mental health referrals when indicated.

Compliance Rating

Substantial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. Wellpath will revise the Receiving Screening Policy (E-2) to ensure that it is site specific. Wellpath has developed and initiated monthly audits reflecting the requirements of this provision. Per the Mental Health Expert's recommendation, Wellpath will continue to audit this provision and will develop corrective action plans as necessary. The County anticipates completing this requirement by spring 2025.

Expert Review:

During this monitoring period Wellpath began monitoring the requirements of this provision after developing and refining the audit tool last reporting period. Data for December 2024 through April 2025 were provided on a sample of forty charts. The audit assesses several factors described in the chart below.

	December	January	February	March	April	Total
Record Review Completed	9/10	9/10	9/10	9/10	9/9	45/49 (92%)
Mental Health and Suicide Risk Assessment	10/10	7/10	8/10	9/10	10/10	44/50 (88%)
Assessed Current Presentation	9/10	10/10	10/10	10/10	9/10	48/50 (96%)
Appropriate Referral to Mental Health	8/10	9/10	10/10	7/9	9/9	43/48 (90)%

The current data reflects that the County is meeting the requirements of this provision and needs to continue auditing to reflect sustained compliance.

Recommendations:

The County needs to finalize the Wellpath Receiving Screening Policy (E-2) pertaining to this provision and to continue auditing to ensure compliance as well as identify issues that may impact sustained compliance through the Continuous Quality Improvement process.

IV.B. Screening for Suicide Risk

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

Compliance Rating

Substantial Compliance

Prior Compliance Rating

Substantial Compliance

County Response:

Completed. 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.

Expert Review:

This provision has been found to be in substantial compliance previously. Custody and health care staff reported that any incarcerated person expressing current suicidal ideation or self-injurious behavior is seen on an emergent basis by mental health staff and the individual is placed in a safety cell or observation cell until the evaluation can be completed. Patient interviews also verify that when incarcerated persons report current suicidal ideation or self-harm they are treated on an emergent basis.

The Wellpath Receiving Screening includes appropriate referral triggers for emergent referral to mental health. The Wellpath Suicide Prevention and Intervention Policy (B-05), also includes direction that acutely suicidal incarcerated persons are to receive constant observation and immediate referral to mental health for further evaluation. This policy is with the County for review. The Custody Operations Policy Suicide Prevention (242) also includes the information required by this provision.

Audit data was provided for twenty-eight patients expressing suicidal ideation between January 2025 and March 2025. It reflected that all patients (100%) were either immediately evaluated by mental health staff or placed in a safety cell or observation cell until an evaluation could be completed. It has been a concern that during hours when a Mental Health clinician is not on-site the medical staff place the patient in a safety or observation cell because timely mental health evaluation is not available as opposed to the patient receiving an evaluation by Mental Health staff prior to any safety or observation cell placement when they are on-site. The County addressed this by extending BWell Mobile Crisis Services who can be contacted to consult for these patients. The County has agreed to gather data on the frequency with which these services are utilized as one of the goals of having this service is to prevent needless placements in safety or observation cells or to limit them if they are not warranted. Although the County does not provide 24/7 mental health coverage through Wellpath, BWell Mobile Crisis Services have been identified to perform this function. With tracking of their responding this will assist the County in understanding the utility of these services.

Recommendations:

The County will need to finalize their policies, both Custody Operations and Wellpath, around this provision. Although the County has been in Substantial Compliance for multiple rating periods it is recommended that additional audit data be reviewed given BWell's recent introduction to this process and the needed finalization of policies. The tracking of BWell Mobile Crisis Services response needs to ensure they are regularly responding in a timely manner when a Mental Health clinician is not on-site.

IV.B. Screening for Suicide Risk

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

Compliance Rating

Substantial Compliance

Prior Compliance Rating

Substantial Compliance

County Response:

Completed. The Mental Health Expert found the County in substantial compliance for this provision. Per the Mental Health Expert's recommendation, the County will continue to audit this provision to identify any challenges to compliance with this provision if they exist.

Expert Review:

The Mental Health Expert and Wellpath leadership developed an audit to assess compliance with this provision. Initial data, included in the previous report, for two months in 2024 included twenty patients and reflected that these required assessments are occurring both at placement and discharge from suicide watch. Wellpath has supplied additional audits for January 2025 through March 2025. This data is included in the table below.

	January 2025	February 2025	March 2025	Total Percent
Risk Assessment at Placement	9/10	9/10	10/10	93%
Risk Assessment at Discharge	5/10	7/10	10/10	73%

Although the sample is small this does help the County in understanding the need for reinforcement of completing suicide risk assessments for patients being discharged from suicide watch. Ensuring a suicide risk assessment at discharge is occurring does not reflect overall substantial compliance but does reflect a positive trend toward compliance.

BWell also audits some aspects of this provision. The County provided audit data from October 2024 through December 2024 for a sample of thirty charts. Their audit assesses whether a suicide risk assessment is completed upon entry into a safety cell and reflects 29/30 (97%) compliance with this metric. BWell also audits whether those released from safety cells are provided a collaborative safety plan. Their audit from the same time period reflects 29/30 (97%) compliance with this metric although it does not specifically assess for completion of a suicide risk assessment upon release from a safety cell.

Both the Custody Operations Policy Suicide Prevention (section 242) and the Wellpath Suicide Prevention and Intervention Program (B-05) include the requirement that a suicide risk assessment is required prior to any reduction or removal from suicide watch. The Wellpath policy is with the County for review.

Recommendations:

The County needs to finalize its Suicide Prevention Policy (242) and Wellpath needs to revise and finalize their Suicide Prevention and Intervention Program (B-05). If the County does not complete these steps by the next reporting period it will revert to a Partial Compliance rating. The County needs to continue auditing with the recently developed audit tool. This tool has helped identify an issue with completing suicide risk assessment at discharge from suicide watch. The County has continued overall to make progress in this area, namely that the developed audit tool has identified an area of concern. They will remain in Substantial Compliance during this reporting period but will need to address the identified concern as well as finalize policies in order to remain in Substantial Compliance going forward.

IV.C. Housing of Prisoners on Suicide Precautions

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

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. Once the County initiates its plan to place prisoners on suicide watch in observation cells, the County will analyze whether this practice has the positive effect of further reducing use of safety cells. Per the Mental Health Expert's recommendation, the County will include this data through the CQI process. The County anticipates completing this requirement by fall 2025.

Expert Review:

The County has continued to develop their tracking system for safety cell placements, contacts with BWell around safety cell evaluations, completion of 5150 holds, and admissions to inpatient care. The tracking information presented during this monitoring period reflects meaningful progress in developing an established system County stakeholders can rely on and utilize to identify areas of needed improvement. The previous report included data through April 2024 and the two time periods reflected pre- and post-BHU implementation. Additional data was provided from May 2024 through April 2025 for this report. The data is presented below.

Safety Cell Placements

	1/23-8/23	9/23-4/24	5/24-12/24	1/25-4/25*
Total placements	280	243	251	166
12-24 hours	110	117	115	47
Over 24 hours	37	13	14	3

*This time period is only four months while all the others are eight months.

The data reflects that there has been an increase in the use of safety cells during 2025 compared to the previous time periods. However, the number of placements lasting 12-24 hours and over 24 hours has decreased compared to the previous two time periods if the trend of the first four months holds throughout the next four months. The County has noticed the recent increase in safety cell use and it is reflected as a discussion topic in meeting minutes provided. This is useful data for the County in understanding potential reasons for this overall increase in the frequency of safety cell use as it plans to implement the practice of clinicians being able to place an individual on suicide precautions while in an observation cell while also identifying property and privileges the incarcerated person can receive. Having this ability will allow clinicians to identify the least restrictive environment needed to maintain the safety of the individual. It is likely that some of the individuals who are currently placed in safety cells would more appropriately be placed in an observation cell thus decreasing the use of safety cells when this new practice is implemented. The County has reported significantly stronger communication between the jail, BWell, and the PHF. This may be reflected in the decreased number of placements greater than twelve hours that have occurred in 2025. Of note, two of the three instances of an individual remaining in a safety cell for greater than 24 hours occurred in April 2025. One individual exceeded the 24 hour mark by 24

minutes and the second individual exceeded by one hour and 42 minutes. Both of these individuals required a BWell evaluation twice before placement was decided.

Recommendations:

The County has further developed and refined their tracking of safety cell use and will need to also track observation cell use. Once suicide precautions can be implemented in observation cells is implemented the County will need to include these analyses in their regular meetings to better understand whether individuals are being placed in the least restrictive setting possible. The County and Wellpath need to complete their policy revision and training to include these cells.

IV.C. Housing of Prisoners on Suicide Precautions

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

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. Per the Mental Health Expert's recommendation, the County will refine its tracking system for these incarcerated individuals. The County anticipates completing this requirement by fall 2025.

Expert Review:

As stated previously, with the introduction of suicide resistant observation cells and a system for permitting property and privileges, the clinical staff will have a less restrictive and more appropriate place and setting to house individuals on suicide precautions. At this time, the use of safety cells is frequently due to the fact that a safe less restrictive option has not been created in the jail. The suicide resistant observation cells have been retrofitted and the County hopes to implement them by fall 2025.

Recommendations:

Similar to IV.C.1, the County will need to fully develop a tracking system for those identified as needing observation for suicide risk and track their placement, length of placement, and housing dispositions involving safety cells, observations cells, and the mental health housing units. The County needs to ensure that the Custody Operations and Wellpath policies, currently under review with the County, are finalized and that all staff are trained on options for placement for those needing observation.

IV.C. Housing of Prisoners on Suicide Precautions

- 3.** No prisoner shall be housed in a safety cell for more than twenty-four (24) hours, unless there are exceptional circumstances documented by clinical and custody staff. Within twelve (12) hours of safety cell placement, the County shall refer the patient to behavioral health for inpatient placement evaluation.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. The County continues to coordinate cross-departmentally regarding behavioral health issues for the jail population, including as related to this provision. The Sheriff's Office currently provides safety cell and observation cell census data to BWell twice a day and Wellpath participates in a daily morning triage call to discuss incarcerated persons in need of a higher level of care. BWell is also rounding with Wellpath staff at both jails every evening to monitor individuals in observation and safety cells. There are very few cases where an incarcerated person was housed in a safety cell longer than 24 hours. Such cases typically only exceed the 24-hour mark by an hour and are typically pending transport to a higher level of care.

Mental health and nursing staff are notifying behavioral health upon placement in a safety cell and contacting behavioral health at or before the 12-hour mark to request evaluations for a higher level of care. Behavioral health arrives between the 18 and 20-hour mark to provide ample time to organize transportation to a higher level of care. For patients showing no improvement or continued deterioration at the 12-hour mark, behavioral health evaluates the patients as soon as possible, typically within hours, and the patient is transferred.

Monthly review and behavioral health coordination meetings are conducted to determine shortcomings of this process, to analyze any case that may have exceeded the 24-hour mark, and to develop corrective action plans as needed. The County has developed an internal tracking system for this provision as well as to track incarcerated persons who require a higher level of care. The County is working to further refine this tracker and will engage with the Custody Operations and Mental Health Experts to ensure that the tracker meets the requirements of this provision. BWell conducts a quarterly audit of this provision as well. The County anticipates completing this requirement by summer 2025.

Expert Review:

The County continues to engage stakeholders to ensure compliance with the requirements of this provision. The County requires daily contact among providers and monthly meetings that include County leadership in order to ensure a strong process around timely evaluation and transfer of those requiring an inpatient level of care. With daily meetings between Wellpath and Behavioral Wellness, there is stronger awareness of those who may require transfer within the time limits outlined in this provision. Additionally, a system is in place for Behavioral Wellness to be notified at the 8-hour mark so that a timely evaluation can occur. In March 2025 a change in procedure occurred that resulted in increased frequency of contacting BWell for evaluations. In January and February 2025, a total of nine BWell mobile crisis evaluations were completed resulting in zero 5150 holds and thus transfers to the PHF or another outside facility being completed. After the change in call procedure was implemented, this resulted in thirty-five calls in March and April 2025 with thirteen 5150 holds and transfers being completed.

As reflected by the data in IV.C.1, the County has decreased the number of individuals who remain in a safety cell beyond 24 hours such that there have only been three instances of this occurring between January and April 2025, with two instances occurring in April 2025. Each of these instances exceeding 24 hours were discussed at the monthly Behavioral Health Coordination Meetings as reflected by agendas provided.

Data for safety cell use, BWell evaluations, 5150 holds written, and PHF placements was provided and reflect a stronger tracking system that has developed during this reporting period. The County has not provided information on reasons for those who remain in safety cells greater than 12 hours but are not transferred to a higher level of care and what clinical decisions are made for their care and the housing decisions that are made as a result. This data on the referral at 12 hours and placement decision for those who are not transferred to a higher level of care is also important information the County needs to evaluate the care provided in the jail.

The continued collaboration between SBSO, Wellpath, and BWell has a positive impact, and the addition of County Public Health staff dedicated to working with SBSO and Wellpath has been effective in the progress on this provision.

Recommendations:

Significant progress has been made in this area during this reporting period. The tracking has improved and includes reasons for exceeding the 24 hour limit. The County needs to collect and analyze data on those who exceed the 12-hour limit but do not transfer to an outside facility and where they are housed as a result. This data should be discussed regularly at the CQI meetings and shared with the Mental Health Expert for the next reporting period.

IV.C. Housing of Prisoners on Suicide Precautions

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

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. See County response IV.C.3. Additionally, the County has made significant strides in reducing patients' duration in a safety cell by successfully stepping patients down to less restrictive housing within the time prescribed by these provisions. Per the Mental Health Expert's recommendation, the County will collect data regarding those patients showing no improvement or continued deterioration at the 12-hour mark. While the County believes its inpatient capacity is sufficient to meet the needs of the jail population, BWell, through a contractor, has opened a LPS designated Crisis Stabilization Unit (CSU) that will accept individuals from the jail requiring a higher level of care when placement in a PHF bed may not be needed. The County anticipates completing this requirement by spring 2025.

Expert Review:

While other provisions address timelines for safety cell placement and decisions about need for placement in an inpatient unit, this provision addresses the availability of inpatient beds when needed by the jail. The County has made progress in the timely evaluation and transfer of those placed in a safety cell. Although monthly data on PHF admits and the number of admits exceeding 24 hours was provided, only one month of data was provided that included information on individuals admitted to an inpatient bed and the amount of time and reason they waited for admittance. Although more data will be needed to fully understand the issue, in April 2025, seven individuals were admitted to the PHF from the jail. Two were recorded as waiting over forty-four hours for placement with one reason being that the individual waited at the Crisis Stabilization Unit (CSU) until a bed a PHF became available and the other being that the individual's placement was delayed by Cottage Hospital. In April 2025 the other five admissions were for two individuals with one having two admissions and the other individual having three. This raises the question of whether those individuals were appropriate for return to the jail after their initial discharge since they were each quickly re-admitted to the PHF after their initial discharge.

The monthly data provided, that did not include patient specific reasons, reflects that between July 2024 and March 2025 there were 124 placements in the PHF with thirteen (10%) exceeding 24 hours in a safety cell. It did not include the disposition of those individuals that exceeded 12 hours in a safety cell and did not receive transfer to an outside facility.

Per the August 2023 Stipulation, the County reported in their March 2024 Mental Health Care Access Plan "the data points analyzed do not indicate a demand for inpatient care for incarcerated persons that is greater than the available inpatient resources within the County continuum" (p.11) but has not presented an update based on data from the current reporting period. In light of this

data the County needs to re-evaluate this plan to achieve compliance with the requirements of this provision

Recommendations:

The County needs to better understand data around the time it takes to place an individual in an inpatient bed and share this analysis with the Mental Health Expert. This will assist in determining whether the County has access to an adequate number of beds. The County also needs to collect and analyze data around those who exceed twelve hours in the safety cell and their clinical disposition to determine whether these decisions were reasonable or whether placement in an inpatient bed, either by 5150 hold or voluntarily, would have been appropriate.

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

1. The County shall provide at least one daily mental health professional contact, or more as clinically indicated, for any prisoner who is identified as a current suicide risk. The clinical contact shall be conducted in a space with sound privacy unless there are current, specific safety concerns that are documented, with supervisory-level review and approval.

Compliance Rating
Partial Compliance

Prior Compliance Rating
Partial Compliance

County Response:

In process. The County has updated relevant policies to include the requirements of this provision and will finalize such policies in the upcoming months. Per the Mental Health Expert's recommendation, the County will work with Wellpath to ensure that their policies align. Incarcerated persons identified as a current suicide risk are seen at least once daily. Wellpath developed an audit with the Mental Health Expert and will continue to audit this requirement through the CQI process. 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.

Expert Review:

This provision requires that at least one daily clinical contact for those presenting with current suicide risk occurs in a sound confidential setting and appropriate documentation and notification of a supervisor in specific instances. Working with the Mental Health Expert, Wellpath developed an audit to monitor compliance with this provision and audit data for January 2025 through March 2025 are provided below. For this audit ten charts are reviewed each month. Daily contacts are greater than ten because some patients remain on suicide precautions for more than one day. Compliance with receiving confidential appointments is measured per patient such that an individual on suicide precautions for three days is considered a compliant case if they are offered a confidential contact on each of the three days or if a safety concern is noted as the reason for a non-confidential contact.

	January	February	March	Total Percent
Sample size	10	10	10	
Daily Contacts Occurred	26/27	21/21	25/25	99%
Confidential Offered or Safety Concern Noted	2/10	8/10	9/10	63%
Supervisor Review Occurred	0/1	1/1	0/2	N/A

Audit data for this three month period reflects that daily contacts are occurring and that the offering of confidential contacts has improved over time with the overall compliance of 63% reflecting poor performance on this metric in the early phase of auditing. Wellpath leadership reported they utilized this audit data to reinforce the expectation with staff and to work with Custody leadership to remove barriers to confidential contacts occurring as required. Although the recording of safety concerns as a reason for not conducting a confidential contact is an infrequent occurrence the data does reflect an area of needed improvement for the County.

Mental health staff report that their practice is to house those with current suicide risk in safety cells or observation cells and to evaluate them at least twice per day. This is a good practice and can serve to remove individuals from suicide watch more quickly when appropriate. Audit data provided by BWell for October 2024 through December 2024 for thirty patients reflects that Wellpath staff are compliant in 22/30 cases for a compliance rate of 73% with this metric of assessment by Mental Health at least every twelve hours.

Recommendations:

The County needs to continue to audit this provision as well as finalize both the Custody Operations and Wellpath policy that include this expectation.

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

2. The Jail's qualified mental health professionals shall provide input with respect to the provision of property and privileges for prisoners on suicide precautions. Custody staff may remove property/privileges, if necessary, prior to the mental health evaluation of a prisoner identified as a risk. Once the mental health evaluation occurs, the qualified mental health professional and custody staff shall determine, based on clinical judgment and on a case-by-case basis, the removal and/or return of property (e.g., clothing, books, footwear, eyeglasses) and privileges. The removal of property/privileges shall be documented with clinical justification in the health record, and shall be reviewed on a regular basis to ensure restoration of property/privileges as soon as appropriate.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. The County has created a 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 Experts. In the upcoming months procedures will be finalized, policies will be updated, and training will occur. The County will work with the Mental Health Expert to initiate a pilot to allow property and privileges, develop a tracker that meets this provision, and initiate an audit regarding the requirements of this provision. The County anticipates completing this requirement by summer 2025.

Expert Review:

The County has developed a form to assist clinicians in making determinations about allowable property and privileges for those on suicide precautions and this is expected to be implemented by fall 2025. The Custody Operations Policy Suicide Prevention (section 242) includes appropriate language outlining the requirements of this provision. Policy currently under revision by Wellpath also includes this requirement. Both Custody and Wellpath leadership are aware and supportive of this expectation. Mental Health staff will be expected to review and update this form each time they evaluate an individual on suicide precautions. The County has a sound plan for this process and is now needing to implement it.

Recommendations:

The County needs to finalize both the Custody Operations and Wellpath policies. The County will also need to develop an audit around this provision and will meet with the Mental Health Expert on its development. Since this is a new practice in the jail the County will need to ensure all staff are trained on this expectation.

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

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

Compliance Rating
Partial Compliance

Prior Compliance Rating
Partial Compliance

County Response:

In process. Incarcerated persons identified as a current suicide risk are seen two times a day by mental health staff and every four hours by medical staff. Wellpath is presently providing individual counseling and medication review to these incarcerated persons during their psychiatric visits. Wellpath is also providing individual counseling with these incarcerated persons during mental health rounds which occur twice a day. Full compliance with this provision will follow remodel, reconfiguration, renovation, or new construction of the facilities as contemplated in paragraph 10 of the Stipulated Judgement.

Expert Review:

Mental health staff report and patient interviews confirm that individuals on suicide watch in a safety cell are seen twice daily by mental health clinicians and daily when on suicide precautions in an observation cell. Telepsychiatry visits do occur for some of these patients, based on referrals, and are completed in confidential space. Wellpath staff report increased efforts to offer and see patients housed in safety or observation cells in a confidential setting and an audit of this is provided below. These efforts have also increased with the addition of Mental Health staff who report they have more ability to comply with this expectation due to more manageable workloads with increased clinical staffing. These individual contacts are currently the only types of activities offered to those in observation or safety cells but the county has reported that the introduction of the property and privileges form will change this practice to allow those in these cells more opportunities for out of cell time and activities.

	January	February	March	Total
Charts reviewed	10	10	10	30
Number of Confidential Contacts Offered/Total Contacts	16/30	23/26	29/33	68/89 (76%)
Number Accepted	10	13	12	35/68 (51%)
Non-Confidential Offered with Safety Concerns Documented	0	1	2	3

Recommendations:

The County needs to implement the allowable property and privileges form and continue to audit the requirements of this provision.

IV.E. Supervision/Monitoring of Suicidal Prisoners

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

Compliance Rating
Substantial Compliance

Prior Compliance Rating
Substantial Compliance

County Response:

Completed. The Mental Health Expert found the County in substantial compliance with this provision. Per the Mental Health Expert's recommendation, monitoring will continue to allow finalization of policies and to ensure tracking of the use of constant observation.

Expert Review:

Both the Custody Operations Policy Suicide Prevention (section 242) and the Wellpath policy Suicide Prevention and Intervention Program (B-05), currently under review with the County, include these two levels of monitoring. Clinical and Custody staff both reported an awareness of these two levels and that they can be and had been utilized during this reporting period. Mental Health staff training materials also include these two levels of observation. The County provided a list of individuals who had received constant observation within the previous twelve months. Although only three individuals received constant observation, they were individuals with acute mental health needs as reflected by review of their charts.

Recommendations:

The County needs to finalize its Custody Operations Policy and Wellpath policies and continue regular tracking of the use of constant observation. The County needs to evaluate its utilization of constant observation to determine if it is being employed correctly or if there are individuals who should be receiving it but are not, given the low frequency of use during this monitoring period. Although in substantial compliance for two monitoring periods, this provision will continue to be monitored for the recommendations listed above.

IV.E. Supervision/Monitoring of Suicidal Prisoners

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

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. The County retrofitted observation cells at the Main Jail so that they are now suicide resistant and can be used for patients on suicide watch. Per the Mental Health Expert's recommendation, Wellpath trained Mental Health staff on the availability of close and constant observation, as well as the upcoming availability of suicide resistant cells that allow patients to be placed on varying levels of monitoring. As the suicide resistant cell policy and procedures come online, more options will be available for clinicians to determine the most appropriate and safest level of placement and monitoring for a patient at risk for suicide. Per the Mental Health Expert's recommendation, the County will train staff regarding documenting the rationale for the type of monitoring selected. Wellpath will continue to audit this provision and will conduct any necessary training based on the audit results. 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 by summer 2025.

Expert Review:

Both constant and close observation are included in policy and have been trained with health care staff. During the previous review period close observation had been exclusively utilized based on interviews with staff and a tracking mechanism for identifying anyone placed on constant observation had not been developed. Wellpath worked with the Mental Health Expert to develop an audit around the requirements of this provision. The results are reported below.

	January	February	March	Total
Appropriate Level of Monitoring Documented	10/10	10/10	10/10	30/30 (100%)
Safety Cell Utilized Appropriately	3/10	5/10	4/10	12/30 (40%)

The result are similar to the previous reporting period. Clinical staff are documenting the directed level of observation consistently and safety cells are being utilized for placement and monitoring of suicidal individuals. However, safety cells continue to be utilized due to a lack of other types of suicide resistant cells, thus causing patients to be placed in a more restrictive setting than needed due to lack of appropriate alternatives. The County plans on addressing this with the introduction of additional Observation Cells and retrofitted suicide resistant cells which will allow for monitoring of suicidal individuals in less restrictive settings.

Recommendations:

The County needs to develop a tracking tool for when each type of observation is ordered. Additionally, the rationale for which type of monitoring needs to be included in clinical notes and included in the audit. The County needs to continue their audit of the types of monitoring and the appropriateness of the order as proof of compliance with this provision. The County has spent significant time and resources to retrofit cells for safety and to identify additional Observation cells. Improvement in this provision is expected once those resources are utilized.

IV.E. Supervision/Monitoring of Suicidal Prisoners

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

Compliance Rating

Discontinue Monitoring

Prior Compliance Rating

Discontinue Monitoring

County Response:

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.

Expert Review:

Both County policy and Wellpath policy reflect that video monitoring may occur but is not a substitute for constant or close observation. Additionally, review of safety cell and observation cell logs reflect that individuals are regularly performing the required observations. This was also observed throughout the May 2023 tour.

Recommendations:

The Expert finds, and the parties have confirmed their agreement, that the County has been in substantial compliance with this provision for a period of at least six months and suspension of monitoring is warranted under Paragraph 52 of the *Murray* Stipulated Judgment. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

IV.F. Discharge from Suicide Precautions and Follow-up

1. A qualified mental health professional shall complete and document a suicide risk assessment prior to discharging a prisoner from suicide precautions. Such assessment shall be conducted in a space with sound privacy unless there are current, specific safety concerns that are documented.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. Per the Mental Health Expert's recommendation, the County created laminated cards with the risk standardized risk assessment tool, which are posted at the safety cells and carried by clinicians to ensure that the tool is utilized during the requisite assessments. Wellpath worked with the Mental Health Expert to create an audit for this provision. Per the Mental Health Expert's recommendation, the County will continue to audit this provision and will conduct any necessary training based on the audit results. The County and Wellpath will also finalize relevant policies. The County anticipates completion of this provision by summer 2025, 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 as contemplated in paragraph 10 of the Stipulated Judgement.

Expert Review:

Wellpath policy Suicide Prevention and Intervention Program (B-05), currently under review with the County, includes this requirement and staff consistently report they are aware that a suicide risk assessment is required prior to discharge from suicide precautions. Custody Operations Policy Suicide Prevention (section 242) includes this requirement as well. During the previous reporting period the County worked with the Mental Health Expert to develop an audit reflecting the requirements of this provision. Results of recent audits are presented below.

	January	February	March	Total
Suicide Risk Assessment Completed	5/10	7/10	10/10	22/30 (73%)
Seen Confidentially	3/10	9/10	9/10	21/30 (70%)
Safety Concern Documented	0	0	1	1

Data for this quarter reflects improvement over time in completing suicide risk assessments at discharge from suicide precautions although overall compliance was only 73%. Similarly, although overall compliance seeing the patient confidentially was only 70% the data shows improvement over time. Wellpath leadership points to this metric trending in a positive direction due to reinforcement of the requirement with staff, increased availability of confidential space, and increased clinical staffing.

Recommendations:

The County and Wellpath need to finalize their policies around this provision. The audit developed for this provision should continue and assist the County in identifying challenges that must be addressed in order to achieve substantial compliance.

IV.F. Discharge from Suicide Precautions and Follow-up

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

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. The County, in collaboration with Wellpath, creates a Collaborative Safety Plan, which meets the requirements of this provision and was approved by the Mental Health Expert. Wellpath provided training on the Collaborative Safety Plan. The County Suicide Prevention Policy (242) contains the requirements of this provision and Wellpath also updated its policy to reflect the Collaborative Safety Plan and the requirements of this provision; both policies will be finalized in the upcoming months. Wellpath worked with the Mental Health Expert to initiate an audit related to this provision. Per the Mental Health Expert's recommendation, the County will continue to audit this provision and will conduct any necessary training and corrective actions based on the audit results. The County anticipates completing this requirement by spring 2025.

Expert Review:

The County Custody Operations Policy Suicide Prevention (242) and Wellpath policy are under review with the County for finalization.

The County worked with the Mental Health Expert to develop an audit reflecting the requirements of this provision during the previous reporting period. Wellpath provided data for this audit utilizing a sample of thirty charts between January 2025 and March 2025. The results reflect 24/30 (80%) cases included the required Collaborative Safety Plan. Wellpath leadership reports that increased clinical staffing will greatly assist the County with coming into compliance with the requirements of this provision.

BWell also audits this provision with an item assessing whether the clinician completes a Collaborative Safety Plan or treatment plan prior to discharge from a safety cell. Their audit from October 2024 through December 2024 with a sample of thirty charts reflects 29/30 (97%) compliance with this requirement. Although these audits report different compliance percentages it may be due to the fact that one month of the Wellpath audit included significantly decreased compliance, likely impacting the overall compliance percentage.

Recommendations:

The County will need to continue its audit and analyze the data through their CQI system to identify corrective actions that may need to occur for compliance with this provision. The County also needs to finalize policies pertaining to the requirements of this provision.

IV.F. Discharge from Suicide Precautions and Follow-up

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

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. Per the Mental Health Expert's recommendation, the County will formalize and document mental health staff's housing recommendations for this patient population. Once finalized, the County and Wellpath will update their policies to reflect this process and will train staff accordingly. Per the Mental Health Expert's recommendation, the County and Wellpath will work with the Mental Health Expert to initiate an audit regarding the requirements of this provision. The County anticipates completing this requirement by summer 2025.

Expert Review:

The County has developed a "Mental Health Input on Housing Upon Discharge" form to be completed by Mental Health staff to include a recommendation for housing as well as a rationale for the recommendation for patients being discharged from a safety or Observation Cell. The form also includes a section for Custody staff to agree with the housing recommendation or to provide a rationale if there is reason not to follow the recommendation. If the recommendation of Mental Health staff is not followed Mental Health and Custody will meet to further address the issue and identify appropriate housing. The County plans on implementing this form by summer 2025 and expects it to greatly assist in ensuring housing recommendations provided by Mental Health staff are considered and followed. This process formalizes the process that had previously occurred informally.

Recommendations:

The County and Wellpath need to finalize policy that includes this process and train both custody and health care staff. The County needs to implement the planned process. Additionally, an audit of this process will need to be developed to reflect proof of compliance with this provision.

IV.F. Discharge from Suicide Precautions and Follow-up

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

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. Mental health staff follow-up with patients discharged from suicide watch after 24-hours and 5-days following discharge. Patients discharged from a safety cell are also placed on the Mental Health Special Needs program and will receive a series of 30-day visits by mental health and will remain on the mental health caseload. Wellpath worked with the Mental Health Expert to develop an audit of this provision. Per the Mental Health Expert's recommendation, the County will continue to audit this provision and will conduct any necessary training based on the audit results. The County and Wellpath will also finalize relevant policies related to this provision. The County anticipates completing this provision by spring 2025.

Expert Review:

Although Wellpath's policy is currently with the County for finalization, Wellpath leadership reported that it is current policy to provide follow-up clinical contacts at 24-hours, 3-day, and 7-days post discharge from suicide precautions. The County provided audit data reflecting the requirements of this provision from January 2025 through March 2025. The results are reported below.

	January	February	March	Total
Charts reviewed	10	9	9	28
Remains on MH caseload	4/10	6/9	5/9	15/28 (54%)
24 hour follow-up	6/7	8/8	4/5	18/20 (90%)
1 week follow-up	5/6	4/5	6/6	15/17 (88%)

Although the sample size is small, the data can assist the County in identifying an issue with needing to ensure that patients who meet the requirements of this provision are maintained on the mental health caseload and receive regular follow-up. The Mental Health Expert will work with the County on the sample identified for this audit as the current audit included individuals released from custody prior to 24-hours or one week, thus reducing the sample that can be assessed for those metrics.

Audits provided by Behavioral Wellness for the time periods of October 2024 through December 2024 reflect that the County was compliant in 22/30 (73%) cases for providing follow-up within 24-hours, 5 days, and 7 days post-discharge from suicide watch.

Recommendations:

The County needs to finalize Custody Operations Policy and Wellpath policy regarding follow-up post discharge from suicide precautions. It also needs to continue its audit and identify any challenges to full compliance with this provision.

IV.H. Continuous Quality Improvement

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

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. All critical incidents are documented and tracked through monthly statistics and reviewed at the monthly MAC/CQI meeting. In early 2025, the County and Wellpath will work with the Mental Health Expert to incorporate his recommendations for more robust review. The County anticipates completing this provision by summer 2025.

Expert Review:

The County provided a health services dashboard that tracks suicides, serious suicide attempts, and self-harm incidents by facility and month. During 2024 they recorded one suicide, twelve serious suicide attempts, and 75 incidents of self-harm. For 2025 from January and February there were zero suicides, one serious suicide attempt, and six incidents of self-harm. As reported previously, although the County has improved their tracking of these incidents, what is lacking is discussion of these critical events. The materials provided did not include analysis, discussion, or identification of corrective actions for suicide attempts or self-harm. Wellpath leadership reported that the County does capture the frequency of these events and has recently developed a process where analysis and examination of trends can occur in the monthly Suicide Prevention Committee which can then be shared with County stakeholders in the monthly MAC meetings. This should be a sufficient process to address the requirements of this provision.

Custody Operations Policy Suicide Prevention (section 242) includes the requirement that these incidents are tracked and that regular reviews of these incidents occur to include circumstances surrounding the incident, procedures relevant to the incident, relevant training received by involved staff, pertinent medical and mental health services involving the patient, and possible precipitating factors. The policy also indicates that a review team will generate written recommendations for changes to policy, training, physical plant, services, and operational procedures as appropriate. The County's Continuous Quality Improvement Program will need to include a process for including these elements.

Recommendations:

Although the County does track these incidents and report on their frequency, a more robust process that analyzes trends needs to be developed and has been proposed by the County. The County needs to enact this proposed process. The County also needs to finalize its CQI policy.

IV.H. Continuous Quality Improvement

- 2.** For each serious suicide attempt (e.g., requiring hospital admission), the County shall conduct a multidisciplinary (mental health, medical, and custody) review of:

- 1) the circumstances surrounding the incident;
- 2) the procedures relevant to the incident;
- 3) relevant training received by involved staff;
- 4) pertinent medical and mental health services/reports involving the victim; and
- 5) possible precipitating factors that may have caused the victim to commit suicide or make a serious suicide attempt.

The review team shall generate written recommendations (as appropriate) for changes in policy, training, physical plant, medical or mental health services, and operational procedures.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

Completed. The County conducts a multidisciplinary review of all critical incidents which incorporates the requirements of this provision. While not required by this provision, the County has expanded these reviews to incidents of self-harm that do not require hospital admission. By early 2025, the County and Wellpath will work with the Mental Health Expert to determine what remains to reach substantial compliance regarding this provision.

Expert Review:

Although the County has continued to track the frequency of these events, and initially was holding these reviews, it has not been able to maintain its completion of required reviews needed to comply with this provision as the County focused on compliance with other provisions. Similar to provision IV.H.1, the County has developed a process for this to occur through the monthly Suicide Prevention Committee and MAC meetings.

The County provided a review for the suicide that occurred in November 2024. A forty-one year old female died while in custody by utilizing a phone cord to hang herself while housed in an Observation cell after being discharged from a safety cell. A multidisciplinary review of her care was held that included participants from SBSO, Wellpath, BWell, and Public Health. Areas of concern were identified and resulted in corrective actions. Issues that resulted in corrective action include:

- Failure to bridge medication and refer the patient for mental health evaluation at Intake despite a recent reported suicide attempt;
- An incomplete Collaborative Safety Plan;
- Lack of observation housing that did not have a phone unit within the cell;
- Lack of availability to Wellpath of BWell's evaluation documentation while housed in a safety cell;
- Exceeding safety cell time requirements as outlined in provision IV.C.4.

The County has taken steps to address these corrective actions through training, physical plant changes, and increasing collaboration between SBSO, Wellpath, and BWell.

Recommendations:

The County has developed a process for these reviews to occur and the results to be shared with County stakeholders. This process needs to be implemented and maintained. The County also needs to finalize its CQI policy.

IV.H. Continuous Quality Improvement

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

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

Completed. The County and Wellpath conduct various audits that meet the requirements of this provision. The CQI team reviews the efficacy of suicide assessments and precautions taken by custody and mental health staff as well as the items described in this provision. In the next four months, the County and Wellpath will work with the Mental Health Expert to determine what remains to reach substantial compliance regarding this provision.

Expert Review:

The County has made significant progress during this reporting period in developing and commencing audits of many suicide prevention procedures. These include intake screening, suicide risk assessments, and post-suicide follow-up assessments and contacts. An audit of crisis response referral compliance has been developed and will soon be implemented. An area the County still needs to address is the quality and timeliness of mental health assessments performed by clinicians and the development and quality of mental health treatment plans. Due to previous challenges with limited staffing and large caseloads progress in these areas has been limited. However, with a recent increased allocation of staff it should allow for increased training opportunities for staff, oversight from supervisory staff, and time for clinicians to thoroughly complete these activities.

Recommendations:

The County should continue their efforts at developing needed audits to reflect compliance with Remedial Plan provisions and to include them in regular interdisciplinary meetings as well as Quality Improvement meetings.

VII. CUSTODY OPERATIONS/SEGREGATION

VII.F. Safeguards for Prisoners Placed in Segregation

4. A Qualified Mental Health Professional shall conduct check-ins at least three times per week to assess and document the mental health status of all prisoners in Segregation and shall make referrals as necessary. The check-in shall include the following:
 - a) Conversation with each prisoner;
 - b) Visual observation of the prisoner's cell, including the cleanliness of the prisoner's clothing and bed linens; and
 - c) Inquiry into whether the prisoner would like to request a confidential meeting with a mental health or medical provider.

Compliance Rating

Substantial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

Completed. As acknowledged by the Mental Health Expert, the Main Jail is in substantial compliance with this provision. At Northern Branch Jail, the County acknowledges a brief lapse in rounding in restrictive housing, but has since rectified this issue and is presently meeting the requirements of this provision. BWell and Wellpath conduct audits of this provision to ensure continued compliance.

Expert Review:

The County has taken steps to correct the deficiencies conveyed in the previous report. Previously, SBJ was in Substantial Compliance and with consistent staffing has been able to maintain this during this reporting period. Rounding at SBJ continues in NERH Iso and IRC 400. Incarcerated persons on those units are receiving rounding four times per week. At NBJ the County was previously not in compliance due to staff shortages. This has been corrected with the allocation and hiring of additional psychiatric technicians. K-unit is the only unit at NBJ that requires rounding and incarcerated individuals on that unit are receiving rounding seven days per week. This positive change has led the County to show Substantial Compliance with the requirements of this provision, although policies must be completed and finalized to reflect the update of required practices.

The Wellpath policy Segregated Incarcerated persons (G-02) is under review with the County and includes the requirements of this provision. The Custody Operations Policy Mental Health Care (241) includes this requirement and is in the process of being finalized.

A list of segregations rounds was provided for the segregation units at NBJ (K unit) and SBJ (NERH and 400). An audit of charts of those housed in these units reflected consistent compliance with rounding and documentation requirements. Interviews with incarcerated persons on the segregation units confirm that rounds regularly occur and that staff offer and provide confidential meetings when requested.

BWell completed an audit of this provision for October 2024 through December 2024 of thirty charts. Their results show that 29/30 (97%) of the cases were compliant with the requirements of this provision.

Recommendations:

The County has made significant progress at SBJ on this provision and is currently substantially compliant. Both the County and Wellpath need to finalize their policies around this provision. If the County does not complete these steps by the next reporting period it will revert to a Partial Compliance rating.

VII.F. Safeguards for Prisoners Placed in Segregation

- 5.** If a prisoner in Segregation requests a confidential health care contact or staff identify a mental health or medical need warranting follow-up, staff shall arrange for evaluation and treatment of the prisoner in an appropriate confidential setting.

Compliance Rating

Substantial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

Completed. As acknowledged by the Mental Health Expert, the Main Jail is in substantial compliance with this provision. At Northern Branch Jail, the County acknowledges a brief lapse in rounding in restrictive housing but has since rectified this issue and is presently meeting the requirements of this provision. BWell and Wellpath conduct audits of this provision to ensure continued compliance.

Expert Review:

As a list of individuals requesting a confidential meeting was provided for the previous four months. Chart reviews reflected that the rounding note included information about the incarcerated person requesting a confidential meeting and progress notes reflected that these meetings were offered in close proximity to the request. Interviews with individuals in restricted housing or previously in restricted housing confirmed that they were regularly offered confidential individual contacts during rounding and would receive them soon afterward if desired. With the dedication of resources for rounding and ensuring those in restricted housing have opportunities to see a clinician in a confidential setting the County has made significant progress in this area.

Recommendations:

The County is in substantial compliance at this time and should continue with their efforts in this area to maintain compliance.

VIII. STAFFING FOR HEALTH CARE SERVICES

VIII. STAFFING FOR HEALTH CARE SERVICES

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

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. In addition to previously noted improvements related to this provision, the County has received a finalized second health care staffing analysis from Avocet, LLC. Following this staffing analysis, the County authorized the addition of 14.6 full-time equivalent positions which were prioritized based on the staffing analysis and trends observed. The County also initiated a comprehensive request for proposals (RFP) for prospective health care providers and included the staffing analysis and Remedial Plan as a guide for prospective vendors to utilize when proposing staffing in response to this RFP. The County anticipates issuing a notice of intent to award a contract following the completion of the RFP process in early 2025 and will work with the awarded vendor to negotiate a contract which fulfills the requirements of this provision, with services expected to begin on April 1, 2025.

The County has also initiated a custody staffing analysis with Justice Planners, LLC to determine the custody staffing necessary to facilitate health and mental health visits within the facilities as well as for transportation outside of the facilities for specialty appointments and/or transfers. The County anticipates completing this requirement in Spring 2025.

Expert Review:

The County completed a health care staffing analysis during the previous reporting period and allocated additional health care staff based on that analysis. Details of the added staffing are reported in provision VIII.2. This shows significant progress and should be reflected in progress in multiple provisions of the Remedial Plan.

Although the County has allocated additional health care staffing on an annual basis, with the most recent allocation occurring through new contract negotiations with Wellpath in early 2025, a determination of the comprehensive staffing needed to satisfy these requirements that includes custody staffing has not been completed. The County reports that it has engaged with a consulting agency to provide this needed custody staffing analysis.

Recommendations:

The County needs to monitor the workload of health care staff to determine whether the new staffing allocations are adequate. In addition, the County needs to complete the custody staffing analysis and develop a custody staffing plan based on the analysis and data gathered around the workload of the newly allocated health care staff.

VIII STAFFING FOR HEALTH CARE SERVICES

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

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. As discussed in provision VIII.1 above, the County has taken several steps towards implementing this requirement. The County will be developing a staffing plan to meet the requirements of the August 2023 Stipulation. The County anticipates completing this requirement in Spring 2025.

Expert Review:

The County re-negotiated its contract with Wellpath during this reporting period which resulted in an increase of health care positions. They report that new staffing allocated for the provision of health care is a result of the staffing analysis performed during the last reporting period, evaluation of the resources needed to address the Remedial Plan, and input from County stakeholders and Wellpath. Previously, the County and Wellpath agreed to add 16.6 new health care positions on July 1, 2024. These positions were hired and have been working in the jails during this reporting period. They included:

- 5.7 Nurses (5.6 LVN/0.1 RN)
- 2.0 Psychiatric Technicians
- 2.0 Discharge Planning Liaisons
- 2.0 Medical Assistant
- 1.0 Medical Nurse Practitioner
- 1.0 Facility Coordinator for NBJ
- 1.5 Mental Health Clinicians
- 1.0 Substance Use Disorder Counselor
- 0.4 Medical Records Clerk

In addition, the new contract with Wellpath includes the following 22.2 positions:

- 7.0 Nurses (2.8 LVN/4.2 RN)
- 5.25 Psychiatric Technicians
- 1.0 Assistant Health Services Administrator
- 0.5 Medical Assistant
- 0.4 Medical Nurse Practitioner
- 1.0 Facility Coordinator for SBJ
- 4.9 Mental Health Clinicians
- 2.0 Substance Use Disorder Counselor
- 0.15 Site Medical Director

This total of 38.8 positions, added since July 1, 2024, reflects a 40% increase in health care staffing and reflects significant commitment by the County in addressing the health care resources needed in the jail.

Although the County has made great progress in health care staffing, it is uncertain whether it has sufficient custody resources to support the health care staff in carrying out their required functions. The County continues to need a commensurate custody staffing analysis especially given the significant increase in health care staff. As reported in VIII.1, during this reporting period the County will obtain additional information on the needed custody resources to support the health care staff.

Recommendations:

The County has made significant commitments to its health care mission. It needs to complete the custody staffing analysis and develop a staffing plan based on the analysis and other identified needs.

As the Custody Expert has found, the County needs a full assessment of custody staffing needs, including with consideration of an appropriate relief factor. The County also must establish and operate an appropriate Access to Care Unit, Compliance Unit, Policy Unit, and supervisory structure to support and sustain Remedial Plan implementation moving forward.

Staffing analysis and planning must also reflect the physical facilities the County is using now and will be using as there are adjustments to the physical plant and facilities used to house and treat the jail population.

VIII. STAFFING FOR HEALTH CARE SERVICES

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

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. As discussed in provision VIII.1 above, the County has taken several steps towards implementing this requirement. Following the implementation of the above two provisions, the County will consider how best to adjust, when necessary, staffing in order to ensure timely access to care. The County anticipates completing this requirement in Spring 2025 following the approval of the health care contract referenced in the RFP.

Expert Review:

Compliance with the requirements of this provision are largely based on the newly allocated health care staffing and its impact on compliance with multiple Remedial Plan provisions. Wellpath leadership reports that the new staff should address previously identified gaps in their ability to provide timely health care and address the needs of the incarcerated population. They also report that having additional staffing resources will allow them to better cover absences or re-direct staff, as needed, to address temporary increases in workload.

Recommendations:

The County's current health care staffing plan is a promising step to ensuring timely access to care. The County needs to evaluate the impact of its new staffing allocation and identify if gaps exist in timely access to care despite this increase in health care staff.

IX. TRAINING RELATED TO TREATMENT OF PRISONERS WITH SPECIAL NEEDS

IX. TRAINING RELATED TO TREATMENT OF PRISONERS WITH SPECIAL NEEDS

1. The County shall develop and implement training, through various mediums including memorandums, briefings, online prescriptions, and/or classroom presentations, for Jail custody staff on the provisions described in this Remedial Plan, as well as general correctional health care issues, including crisis intervention techniques, recognizing different types of medical and mental health conditions and appropriate responses, developmental/intellectual disability, de-escalation and crisis intervention, suicide/self-harm prevention, cultural diversity, health care referral practices, and confidentiality standards.

Compliance Rating

Substantial Compliance

Prior Compliance Rating

Substantial Compliance

County Response:

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.

Expert Review:

The County reports that the training that was initially developed and delivered on the Remedial Plan has now been incorporated into a required two-week Post-CORE training for all custody staff preparing to work in the jail. The training materials were also provided by the County. Additionally, the County provided samples of e-mail briefings for staff as well as briefing rosters reflecting topics covered within this provision. The County also provided rosters of staff attendance at various trainings including suicide prevention, crisis intervention and de-escalation, emergency response equipment, and safety cells as examples. The ADA expert reports that the County has not finalized and provided the developmental/intellectual training required by this provision.

Recommendations:

Although the County remains in substantial compliance the developmental/intellectual disability training must be finalized and provided to jail custody staff in order to discontinue monitoring.

IX. TRAINING RELATED TO TREATMENT OF PRISONERS WITH SPECIAL NEEDS

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

Compliance Rating

Discontinue Monitoring

Prior Compliance Rating

Substantial Compliance

County Response:

Completed. The Mental Health Expert found the County in substantial compliance for this provision. Monitoring is discontinued pursuant to paragraph 52 of the Remedial Plan.

Expert Review:

The County provides training for all custody staff beginning work in the jail through its Post-CORE curriculum to satisfy the requirement that all staff receive training on the Remedial Plan. Also, the County provided an audit reflecting jail custody staff received at least eight (8) hours of additional training on topics mentioned in provision IX.1 within the past year including a newly developed use of force and de-escalation training.

Recommendations:

The Expert finds, and the parties have confirmed their agreement, that the County has been in substantial compliance with this provision for a period of at least six months and suspension of monitoring is warranted under Paragraph 52 of the *Murray* Stipulated Judgment. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

IX. TRAINING RELATED TO TREATMENT OF PRISONERS WITH SPECIAL NEEDS

- 3.** Jail custody staff assigned to specialized units that house people with serious mental illness shall receive four (4) additional hours of pre-service training, and on a bi-annual basis thereafter, on working with people with mental health needs, special medico-legal considerations, de-escalation and specialized management techniques, and the Jail's mental health treatment programs.

Compliance Rating

Substantial Compliance

Prior Compliance Rating

Substantial Compliance

County Response:

Completed. The Mental Health Expert has found the County in substantial compliance with this provision.

Expert Review:

The County has continued to show Substantial Compliance with this provision during this reporting period. Custody staff provided a roster and proof of training for staff that have been assigned to the BHUs since the previous reporting period. The County's oversight of the BHU program has been maintained and benefitted from the identification of a recently retired custody supervisor, who played an integral role in the development and implementation of the BHUs, to continue working on these units as a retired annuitant. This commitment by the County is reflected in the continued development of these units.

Recommendations:

The County has been committed to ensuring its custody staff working on BHU units receive additional training. Given that the Custody staffing needs assessment has not been completed and the county has not determined the appropriate staffing for the BHUs, this provision will be monitored to ensure newly assigned staff receive the required training outlined in this provision in the next monitoring period. It will also ensure that those staff originally assigned to the BHUs receive the required bi-annual training as the next reporting period will be the first required time for the bi-annual training.

IX. TRAINING RELATED TO TREATMENT OF PRISONERS WITH SPECIAL NEEDS

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

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. The County and Wellpath have developed the training required to meet the requirements of this provision and are delivering this training to health care services providers and tracking completion. The County anticipates completing this requirement by spring 2025.

Expert Review:

Wellpath leadership reports that with the recent increase in staffing and successful hiring they are working to ensure all staff are trained on the Remedial Plan. The materials presented during the previous reporting period reflect the requirements of the Remedial Plan and Wellpath is working to have all staff trained by fall 2026. Meeting minutes continue to reflect discussion around provisions of the Remedial Plan and focused training on provisions. Wellpath plans on being able to track and provide proof of practice during the next reporting period.

Recommendations:

Wellpath has developed training to meet the requirements of this provision. It now needs to ensure that training occurs and is tracked as part of requirements of this provision for all current and new staff and that these requirements are included in policy.

IX. TRAINING RELATED TO TREATMENT OF PRISONERS WITH SPECIAL NEEDS

- 5.** The County shall review and revise (as necessary) suicide prevention training for custody, health care, and other relevant staff, and ensure that it adequately covers the following topics;
- a) avoiding obstacles (negative attitudes) to suicide prevention;
 - b) why facility environments are conducive to suicidal behavior;
 - c) identifying suicide risk;
 - d) predisposing factors to suicide;
 - e) high-risk suicide periods;
 - f) suicide risk warning signs and symptoms;
 - g) components of the County's jail suicide prevention program;
 - h) liability issues associated with prisoner suicide; and
 - i) crisis intervention.

Compliance Rating
Partial Compliance

Prior Compliance Rating
Partial Compliance

County Response:

In process. The County and Wellpath have both updated their suicide prevention policies and are obtaining expert feedback. Once feedback is received and incorporated, the County and Wellpath will finalize their policies and train staff on the revised policies and track compliance. The County anticipates completing this provision by spring 2025.

Expert Review:

The suicide prevention policies for both custody and health care are under revision with the County. Wellpath's draft policy meets the requirements for this provision and is being reviewed to ensure it aligns with the custody policy and is site-specific. Both SBSO and Wellpath plan on developing a training to instruct staff on the revised policies and SBSO and Wellpath continue to train on current policies.

Wellpath leadership reported that an annual skills fair was held for health care staff that included training on proper completion of Suicide Watch Forms, mental status exam reviews, recognizing acute and chronic risk factors for self-harm, addressing barriers to care, and Collaborative Safety Plans. The training also included training requirements on the Columbia Suicide Risk Assessment, confidentiality expectations, documentation of declined confidential contacts, treatment plan completion and update expectations, and post-suicide watch follow-up. This training was led by the Regional Mental Health Director for all current Mental Health staff. Nursing staff also participated in an annual Skills Fair that included training on making appropriate referrals from intake to Mental Health.

Given the focus on other areas for improvement, Wellpath leadership reports it has not been able to develop a system that clearly identifies staff compliance with required training as it had hoped

during this rating period and expects to during the next rating period. This is also discussed in provision IX.7.

Recommendations:

The County needs to finalize the Custody Operations Suicide Prevention and Wellpath policies and develop a training that reflects this updated policy. The county then needs to ensure all custody and health care staff receive training on this policy.

IX. TRAINING RELATED TO TREATMENT OF PRISONERS WITH SPECIAL NEEDS

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

Compliance Rating

Discontinue Monitoring

Prior Compliance Rating

Substantial Compliance

County Response:

Completed. The Mental Health Expert found the County in substantial compliance with this provision. Monitoring is discontinued pursuant to paragraph 52 of the Remedial Plan.

Expert Review:

The County reports that all custody staff receive at least eight (8) hours of training on this topic at the CORE academy and the curriculum provided reflects this. Additional training is provided through post-CORE training which is required for all custody staff newly starting work at the jail. Records reflecting that custody staff are currently receiving (8) hours of training in use-of-force and de-escalation were also provided. Additionally, e-mail briefings and memorandum were also provided by the County to reflect this activity is occurring regularly. The County also updates this information as needed.

Recommendations:

The Expert finds, and the parties have confirmed their agreement, that the County has been in substantial compliance with this provision for a period of at least six months and suspension of monitoring is warranted under Paragraph 52 of the *Murray* Stipulated Judgment. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

IX. TRAINING RELATED TO TREATMENT OF PRISONERS WITH SPECIAL NEEDS

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

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. The County and Wellpath have both updated their suicide prevention policies and are obtaining expert feedback. Once feedback is received and incorporated, the County and Wellpath will finalize their policies and train staff on the revised policies and track compliance. The County anticipates completing this provision by spring 2025.

Expert Review:

Wellpath leadership reports that they have not been able to complete tracking and provide proof of practice for this provision during this rating period although staff are required to complete annual training on Suicide Prevention. Additionally, with a recent addition of staff current records were not available to reflect compliance with this requirement. Wellpath reports they continue to address issues around suicide prevention through staff meetings and the annual Skills Fair but have not been able to compile data reflecting compliance with the requirements of this provision during this rating period. They expect to be able to focus on this during the next rating period now that additional managerial and supervisory staff have also been allocated.

Recommendations:

As recommended previously, training compliance rates with required training should be included in Continuous Quality Management meetings for both custody and health care staff. This data needs to be readily available for management to monitor the needs of staff regarding training.

IX. TRAINING RELATED TO TREATMENT OF PRISONERS WITH SPECIAL NEEDS

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

Compliance Rating

Discontinue Monitoring

Prior Compliance Rating

Substantial Compliance

County Response:

Completed. The Mental Health Expert found the County in substantial compliance with this provision.

Expert Review:

Both Santa Barbara Sheriff Office and Wellpath provided documents reflecting current CPR certification for employees requiring it.

Recommendations:

The Expert finds, and the parties have confirmed their agreement, that the County has been in substantial compliance with this provision for a period of at least six months and suspension of monitoring is warranted under Paragraph 52 of the *Murray* Stipulated Judgment. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.