

Remedial Plan Status Report

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

September 2024

PREPARED BY:

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SEPTEMBER 2024 REMEDIAL PLAN STATUS REPORT

Murray v. County of Santa Barbara
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INTRODUCTION

This is the second 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, 2024.

I am pleased that this report reflects progress in multiple areas compared to the previous monitoring period and both the County and Wellpath should be commended for their efforts. However, significant work remains to be done in order to achieve substantial compliance with all of the mental health related provisions of the Remedial Plan with finalization of policies by both the County and its contracted health care provider Wellpath being a priority that may negatively impact compliance in future monitoring periods.

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 2023 report, the County's summary of the status of the provision from its November 2023 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 November 29 to December 1, 2023, and April 29-30, 2024;

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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JULY 2024 REMEDIAL PLAN STATUS REPORT

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

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, 2023, Fifth 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	NC
III.A.6.	Policy on private and confidential clinical interactions	PC	PC
III.A.8.	Supervision of trainees	DC	SC
III.B.1.	<i>Intake</i> Intake screening tool	PC	PC
III.B.2.	Process for refusal of intake screening	PC	PC
III.B.3.	Refusal of consent not considered refusal of future treatment	PC	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	PC	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 inmates	PC	PC
III.D.3.	Specialized mental health units	PC	PC
III.D.4.	Multidisciplinary teams for mental health units	PC	NC
III.D.5.	Mental health structured and unstructured out-of-cell time	PC	NC
III.D.7.	Comparable mental health units for males and females	SC	PC
III.D.8.	Individualized treatment plans	PC	PC
III.D.9.	Behavioral management plans	SC	PC
III.D.10.	Clinical contact record entries	SC	PC
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	PC	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	PC	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	PC	PC
III.H.4.	Discharge and reentry services data tracking	PC	NC
III.I.1.	<i>Cross-Agency Coordination of Mental Health Treatment and Service Need</i> Monthly Medical Administration Committee (MAC) meetings	SC	SC

III.I.2.	Referral and placement in higher level of mental health care outside the facility	PC	NC
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	NC
III.I.5.	Inmates returning from outside facilities	SC	PC
III.J.1.	Continuous Quality Improvement Continuous Quality Improvement (CQI) meetings	SC	PC
III.J.2.	Quality indicators for monitoring health care contract	SC	PC
III.J.3.	Quality improvement studies	PC	PC
III.J.4.	Quality improvement reviews of intake process	PC	PC
III.J.5.	List of inmates referred to a higher level of care	PC	NC
III.J.6.	Tracking inmates on mental health caseload and with Serious Mental Illness (SMI)	SC	PC
III.J.7.	Logging inmate requests and those referred for mental health caseload placement	SC	SC
III.J.8.	Quality review of health service requests	PC	NC
III.J.9.	Monitoring frequency of psychiatric contacts	PC	PC
III.J.10.	Availability of quality improvement studies and data	PC	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	PC	PC
IV.B.2.	Mental health referral at intake for history of suicide	PC	PC
IV.B.3.	Completion of intake assessment for inmates who refuse	PC	PC
IV.B.4.	Emergent referral for currently suicidal inmates	SC	SC
IV.B.5.	Suicide risk assessment	SC	PC
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	NC
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	SC
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	NC
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	NC
IV.H.3.	Auditing of suicide prevention procedures	PC	NC
VII.F.4.	<i>CUSTODY OPERATIONS/SEGREGATION</i> <i>Safeguards for Prisoners Placed in Segregation</i> Check-ins on all inmates in segregation	PC	PC
VII.F.5.	Safeguards for Prisoners Placed in Segregation	PC	PC
VIII.1.	<i>STAFFING FOR HEALTH CARE SERVICES</i> Appropriate mental health and custody staffing levels	PC	NC
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	SC	SC
IX.3.	Mental health training for custody staff on mental health units	SC	NC
IX.4.	Training for health care staff on remedial plan	PC	NC
IX.5.	Suicide prevention training	PC	PC
IX.6.	Custody training on suicide prevention	SC	SC
IX.7.	Suicide prevention training for health care staff	PC	PC
IX.8.	First aid and CPR	SC	SC

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

Commonly Used Acronyms

MET	Medical Escort Team	JBCT	Jail Based Competency Restoration
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

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. Wellpath's Vice President of Mental Health is currently working on site-specific policies. It is expected to be completed by spring 2024.

Expert Review:

The County has shared, and the Experts have provided feedback on multiple Custody Operations policies during this monitoring period. These policies show significant improvement from previous versions and incorporate detailed information. 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. Custody staff is aware and open to the need for future policy revisions as the Health Care and Mental Health programs develop. The current custody policies, once finalized, and approved, are adequate to reflect compliance with this provision.

In May 2023, the County's current health care contractor (Wellpath), suggested they would develop site-specific procedure manuals for NBJ and SBJ as an alternative to revising current corporate policies. However, in fall 2023 Wellpath decided to abandon this plan and return to the original goal of modifying policies to reflect site-specific needs of the County. Limited progress has been made in this effort during the current monitoring period, due to a lack of identifying dedicated corporate resources, and the County has only recently begun to share Wellpath's draft policies for review by the Experts.

It was recommended in the previous report and reinforced during the December 2023 tour that the current Wellpath staff at the jail would be unlikely to undertake the significant workload of revising policies while also performing their essential duties overseeing the health care delivery at the jail. During the two previous tours the County was encouraged to work with its vendor to arrange for specialized assistance with this task by individuals within the vendor's organization who have expertise in this area as well as with the provisions of the Remedial Plan. In response, the County

reported that the Wellpath Vice President of Mental Health, Local Government West had been identified to assist in these efforts and be responsible for policy revision. Wellpath reports that they expect to have all policies revised and approved by the next reporting period.

Recommendations:

The work involved in developing and revising policies is significant and cannot likely be completed quickly or solely by the current staff of the facilities due to the multiple other demands placed upon those staff. During this monitoring period the County's vendor has made minimal progress in this area although this is due to focus on other areas of compliance with the Remedial Plan. The recommendation remains that Wellpath identify resources outside of the jail to support this critical process and ensure a system of annual review of them once approved.

The Custody policies need to be finalized and trained on with documented proof of practice.

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 (section 241) to document multidisciplinary meetings that are occurring. Wellpath is currently working on adding this to policy F-03 Mental Health Services. The County will be updating the appropriate policies, including the Behavioral Health Unit Policy (248) and Suicide Prevention Policy (242) to include the structure, membership, and meeting frequencies of all mental health committees, consistent with this requirement and the Mental Health Expert's recommendation. The County anticipates completing this requirement by spring 2024.

Expert Review:

The County provided the Behavioral Health Unit Policy (248) and the Behavioral Health Unit Manual that include sections on membership, meeting frequency, and expectations of the committees overseeing the Behavioral Health Units (BHU). 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 MAC.

The County's drafts of the Behavioral Health Unit policy and manual includes several committees and the required attendees along with the frequency of meetings. This document includes the level of detail that will benefit the County as it proceeds in further developing these units. The documents are comprehensive, and the County agrees that modifications to the documents must occur as programs are refined.

The MAC meetings are held monthly with representation from SBSO, Wellpath, Behavioral Wellness, and Public Health. The County has also approved additional oversight positions specific to the health care contract that are in the process of being hired. These positions will also be included in future meetings.

In reviewing Wellpath's Mental Health Services policy (F-03) this information is not currently included.

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 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 inmate requests and staff referrals for mental health care;
 - d) Clinical monitoring of inmates, including but not limited to those who are segregated or on suicide watch;
 - e) Descriptions of specialized mental health programming that specifically identify admitting and discharge criteria and the staff positions who have the authority to place inmates in specialized mental health housing;
 - f) Relevant mental health-related training for all staff members who are working with inmates with mental illness.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. Section f is completed, as staff members receive CIT training and suicide prevention training. Sections a, b, c, d, and e are in process as Wellpath work to develop site-specific policies. Once policies are complete, Wellpath will train its staff and develop and audit consistent with the Mental Health Expert's recommendations. The County anticipates completing these requirements by summer 2024.

Expert Review:

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 a significant improvement from the previous reporting period.

As reported in the previous report, Wellpath policies include information reflecting sections b, c, and d. However, these policies are not unique to the County nor site-specific at this time.

Recommendations:

The County needs to finalize and train on its policies and to ensure that the revised site-specific Wellpath policies include sections a), e), and f) as well as align with the recently revised 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 County has updated Custody Operations Health Care Policy (section 240) to reflect this requirement and Wellpath is updating the sick call slip and its policy to align. Wellpath currently tracks documentation on emergent, urgent, and routine referrals. Wellpath is in the process of developing a system where staff can identify referrals as required by this provision in CorEMR. The County will be developing an audit of this process to ensure that referrals are appropriately triaged. The County anticipates completion by spring 2024.

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 for the custody policy. Wellpath continues to revise their policies and develop site-specific policies. Review of the Wellpath intake screening showed that nursing staff can refer an individual emergently, urgently, or routinely, based on history or the patient's endorsement of certain symptoms. Training for the nursing staff on this referral system was also reviewed. Health care leadership report 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. Urgent referrals are scheduled by the nursing staff to be seen within 24 hours. Routine intake referrals are seen within 7 days. However, the previous report raised a concern with some of the items that trigger a routine intake referral. Wellpath has agreed to work with the Mental Health Expert in reviewing these items that trigger a routine referral. Wellpath has developed an audit to monitor compliance and track whether timelines are being met. Results are expected to be available during the next monitoring period.

Health service requests are also triaged as emergent, urgent, or routine. Health care leadership report that there are few if any emergent health service requests because emergent referrals are made through the "radio-call" system where a mental health clinician is immediately summoned when an emergent mental health issue is discovered. Urgent and routine referrals are identified through the health service request and Wellpath has developed an audit to monitor compliance. Data from these audits is expected during the next monitoring period. The changes that have occurred in this area over the current monitoring period, with consultation of the Mental Health Expert, reflect a sizable improvement from the previous 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 review items triggering a routine intake referral.

III.A. Policies and Procedures

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

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

Compliance Rating
Substantial Compliance

Prior Compliance Rating
Non-Compliance

County Response:

In process. The on-site Mental Health Supervisor handles all aspects of this provision and will be submitting his licensure application in the upcoming months. In the interim, Wellpath's Regional Mental Health Director, has been on-site at the facilities for multiple days on a nearly monthly basis. Per the Mental Health Expert's recommendation, until the mental health Supervisor obtains his licensure, the Regional Director will be on-site on a monthly basis to assist with compliance with this provision. The County anticipates completion by spring 2024.

Expert Review:

The County had been non-compliant with this provision during the May 2023 tour and held an expectation this would be in substantial compliance by December 2023 upon the expected licensure of a current supervisor. In May 2024 this provision came into substantial compliance with the licensure of the mental health supervisor. Prior to this, the County relied on an on-site unlicensed clinician who is a supervisor and Wellpath's regional mental health clinician, who is licensed in California, and available telephonically.

Recommendations:

With the licensure of the current supervisor, the County is in compliance with this provision. However, the County needs to ensure that the vendor is able to meet this requirement in the future should personnel change given that currently the departure of one individual would return the County into non-compliance. This may include a plan for immediate on-site coverage by a licensed clinician or identifying another currently licensed clinician who can step into the role.

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 Privacy of Care Policy (A-07) includes the requirements of this provision. Wellpath recently re-trained its staff regarding this provision and will provide proof of practice to the Mental Health Expert. The County will conduct training on these policies and should complete this requirement by winter 2024.

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 policy draft F-03 Mental Health Services does not include language regarding conducting clinical interactions in a confidential manner as required by this provision. Wellpath Privacy of Care Policy (A-07) does reflect this expectation. However, the draft shared is not site specific and was last reviewed in 2019.

PowerPoint slides from multiple mental health staff meetings were shared that reflect the expectations of this provision. From these slides and meeting minutes it is evident that this is a topic of regular discussion and reinforced among the mental health staff. During the April 2024 tour mental health staff interviewed as well as custody staff were aware of this expectation.

During the May 2023 and the April 2024 tour 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. Custody also agreed to revise policy to include this aspect of notifying an individual about a health care appointment.

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. Training must also include that the nature of any appointment should be kept confidential and not discussed or announced in such a way that other incarcerated persons are made aware of the nature of an appointment or pass.

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

Discontinue Monitoring

Prior Compliance Rating

Substantial Compliance

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:

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.

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

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. The County has completed sections (a) through (d). To address the Mental Health Expert's concerns regarding section (c), ongoing training is being provided to intake nurses and mental health Clinicians to label tasks from intake and sick calls as emergent, urgent, or routine. Designated level of urgency is based on clinical judgement as well as criteria listed in the receiving screening. In light of the Mental Health Expert's recommendations, Wellpath is in the process of developing a system where staff can identify referrals as required by this provision in CorEMR. Per the Expert's recommendation, Wellpath will conduct additional training regarding intake screening, including the screening tool referenced in this provision. The County anticipates completing this requirement by winter 2024.

Expert Review:

As reported previously, the intake screening form is adequate and includes the required elements to comply with this provision. During the previous reporting period it was observed that the completion of the screening was of concern. 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.

Within the past several months Wellpath corporate has commenced an auditing process where each intake screening is evaluated for appropriate completion and a weekly report is shared with health care leadership at the facility. This tool allows the facility to further examine issues around the satisfactory completion of the intake screening. It also allows for evaluation of individual nurses so that feedback can be provided as needed. Samples of these reports were shared with the Mental Health Expert and this tool is of value in the County improving the quality of their intake screening process. Initial reports have assisted health care leadership in identifying areas for needed

improvement. It is expected that with this regular and detailed feedback the intake process quality will improve in the next reporting period as areas for improvement are identified and addressed.

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 has instituted an audit of the quality of the intake screening. Initial data reflects there are still concerns with quality of the intake screening but the new audit will assist in identifying areas for needed intervention. Wellpath needs to continue utilizing this audit data to improve the quality of the intake process.

As reported previously the intake process is a critical part of determining a newly arriving individual's health care needs. Given the importance of the intake process the County needs to include this as part of their staffing plan to ensure the staff assigned have the needed time to adequately complete the screening and that the intake process plays a primary role instead of an additional duty.

Consideration in the staffing plan should also be given to the availability of resources during night hours when mental health staff are not on-site to ensure crisis coverage is available. The County reports that County Behavioral Wellness is in the process of procuring contracted mobile crisis services that will aid with 5150 evaluations and mental health crises that occur between 11pm and 7am. This may be a positive development, and one potential solution to ensuring the availability of mental health staff for crisis coverage at the jails. However, staff reported that the psychiatry staff on-call are only available to bridge verified medications. There are other emergent issues that may require mental health or psychiatric consultation or intervention during night hours or when a psychiatric provider is not on duty. The County needs to ensure, either through this contract or additional staffing, that psychiatry coverage is available after hours for more than only bridging medications.

III.B. Intake

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

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. Wellpath will be training staff regarding the necessary documentation required by this provision. Wellpath's Receiving Screening Policy (E-2) will be revised to include the requirements of this provision and Wellpath will develop an audit tool as recommended by the Mental Health Expert. The County anticipates completing this requirement by spring 2024.

Expert Review:

The Custody Operations policies Health Care (240) and Mental Health Care (241) include this requirement. Wellpath's Receiving Screening Policy (E-02) provided does not include this requirement.

The County and Wellpath worked with the Mental Health Expert to develop an audit reflecting the requirements of this provision. Audit data for two months was available at the time of this report. Although only a small sample has been collected it reflects several areas for improvement for which Wellpath is in the process of developing corrective actions. Recent data reflects that improvements are needed in nursing providing a detailed record and opinion in the event of an incarcerated person's refusal and re-attempting an intake after refusal. It is essential that the County improve in this area as an incarcerated person's entry into the jail is the primary opportunity to identify and address potentially life threatening events such as overdose, withdrawal, or suicide.

A positive finding is that the data shows that nursing is consistently making referrals to psychiatry and mental health for those that refuse intake assessment even when they do not complete a record of the incarcerated person's presentation. The County is in early stages of implementing this audit and expects more comprehensive data by the next reporting period.

Recommendations:

The County has developed an audit that includes all aspects of this provision and needs to continue completing this audit and utilizing the data to ensure practices are compliant with the requirements of the provision. County Custody Operations Policies need to be finalized and the County needs to ensure Wellpath policies are revised and the requirements of this provision are included.

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

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. The County presently meets the requirements of this provision in practice, but Wellpath's Receiving Screening Policy (E-2) will be updated with their current procedures which meet this requirement. The County and Wellpath will work with the Mental Health Expert to develop an audit tool to reflect compliance with this provision. The County anticipates completing this requirement by spring 2024.

Expert Review:

Wellpath developed an audit in consultation with the Mental Health Expert to evaluate this provision. Although this audit has only recently been implemented, data reflects that care is provided despite initial refusal of care. This is evidenced by referrals for mental health evaluation or for psychiatric evaluation being made for some patients who initially refuse screening and treatment. 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 next reporting period will include a larger sample of data which will hopefully verify these positive initial findings.

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 there is an expectation that nursing staff attempt to complete the screening every four hours until it is completed. However, this requirement was not outlined in Wellpath policies supplied.

Recommendations:

The County needs to continue the audit for this provision, finalize and train on its Custody Operations Policy, and Wellpath must revise their policies and train all staff on them.

III.B. Intake

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

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 has created an audit that addresses the requirements of this provision, and following the Mental Health Expert's review of such audit, anticipates conducting the audit by winter 2024.

Expert Review:

During this monitoring period Wellpath has focused efforts on the development of audits to address several provisions as recommended in the previous report. In consultation with the Mental Health Expert an audit reflecting the requirements of this provision was developed and initiated monthly in January 2024. The audit will assist the County in identifying areas for needed improvement. At this time, a small sample has been collected and Wellpath is working with the Mental Health Expert on refining the audit methodology to reflect the requirements of this provision as needed. It is expected that the County will have more relevant data during the next reporting period.

Wellpath reports a practice where nursing staff refer directly to psychiatry for evaluation when a newly arriving patient states they are on medications. This is a good practice but may not fully address the bridging of medications at intake as required for this provision. Patient interviews reflected mixed findings as to whether medications were bridged upon intake with some stating they had their medications continued in a timely manner and other stating they waited several days to receive medications they had reported taking during the intake process despite providing information on current medications to the receiving screening nurse. The audit developed to evaluate this process should give a clearer understanding whether medications are consistently being bridged and if there are any challenges to successfully doing so.

Custody Operations Policy Health Care (240) and Mental Health Care (241) reflect this requirement. Wellpath policies have not been revised or made site specific to reflect the requirements of this provision.

Recommendations:

The County needs to finalize and train on the Custody Operations Policies. Wellpath needs to continue the audit developed for this provision, revise relevant policies to include the requirements of this provision and train all staff on these requirements.

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 revised the Custody Operations Health Care Policy (240) and has incorporated this provision into its Mental Health Policy (241) to ensure interactions are conducted in a private and confidential manner. Wellpath Privacy of Care Policy (A-07) includes the requirements of this provision. The County currently conducts clinical interactions in a private and confidential manner at the Northern Branch Jail. At the Main Jail, when possible, the County conducts clinical contacts confidentially with the deputy standing outside of the treatment room, supervising the appointment, and observing through a window in the door at the Main Jail. The County is limited by treatment space at the Main Jail and full compliance of this provision may require remodel, renovation, or new construction of the Main Jail and/or the Northern Branch Jail. In the interim, the County has identified additional treatment space for these clinical contacts to occur confidentially and is exploring options to increase use of such space. Additionally, Wellpath will be conducting a CQI related to confidential visits. The County is assessing its MET needs and the County is presently undergoing a staffing analysis which will also assist in determining the needs to meet this provision. Following completion of the staffing analysis, the County will develop an appropriate staffing plan and timeline for implementation thereof. Such staffing plan will be subject to Board of Supervisors' approval. The County anticipates completing the requirements of this provision within six months of such approval.

Expert Review:

Confidential interview space was identified and appropriate at NBJ. At NBJ intakes are performed in a confidential setting. In a positive change from what has been observed during previous tours, during the April 2024 tour, confidential space on or near the housing units was being utilized by clinical staff at NBJ. Incarcerated persons at NBJ reported they are often, but not always, offered and taken to a confidential setting for clinical interactions with mental health staff. Reasons for not being offered a confidential meeting include lack of custody escorts or lack of time on the part of the clinician. In addition to individual confidential space being utilized more frequently, a confidential group treatment space was observed being utilized at NBJ during the April 2024 tour. The increased use of confidential space is a positive change and will hopefully be reflected through auditing once the County is able to develop an audit reflecting this requirement.

At SBJ the physical design does not lend itself to providing commensurate confidential treatment spaces such as NBJ. The County is in the design process of addressing this issue. Individual confidential space was shown during the tours of SBJ but some of these spaces are also utilized for other purposes and not always available to clinical staff. During the May 2023 tour confidential space for intake screening was not available at SBJ due to a requirement that custody staff remain in the same space as the patient and provider while the screening occurs. Within the past six months the County has modified its practice and now allows the patient and provider to have sound privacy by requiring custody staff remain outside the evaluation space, separated by a glass

partition, where they can maintain visual observation of the patient and provider but not hear the interaction. Patients housed in the BHUs report a higher frequency of usage of confidential space than those housed outside the BHUs. When clinicians were asked reasons for not holding more interactions in a confidential setting they cited lack of time, lack of custody escorts, and lack of space because some identified confidential spaces are utilized for multiple functions. The most recent tour does show an improvement from previous monitoring tours but without audit data at this time it is difficult to determine the overall frequency of space use and whether enough has been identified to serve the mental health population at SBJ.

During the April 2024 tour there were no patients in safety cells at either facility. At NBJ there were two individuals in observation cells. The Mental Health Expert observed one of these individuals being seen in a confidential setting and the second was offered a confidential interaction but refused.

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. However, during review of health care charts, lack of custody staff is frequently recorded as a reason for a confidential clinical interaction not being able to be held with a patient.

Recommendations:

Confidential clinical space has been identified at both facilities. However, the confidential space at SBJ is not exclusive for behavioral health use and may not be consistently available for their use, potentially leading to fewer confidential interactions. Confidential space for healthcare interactions and should be addressed in the current design process the County is undertaking. Although confidential space was both observed and reported as being utilized more frequently, the County must develop an audit of confidential space use that also reflects reasons why the space is not or unable to be utilized. This will assist the County in determining whether enough confidential space has been identified.

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.

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). PowerPoints and notes from multiple mental health staff meetings reflect this expectation and whether a patient interaction is held in a confidential setting is regularly reflected in mental health clinician notes.

Review of charts reflects that staff have shown increased compliance with noting whether clinical interactions occur in a confidential setting and reasons for why they do not. The April 2024 tour reflected that more regularly than during previous tours, interactions are taking place in a confidential setting. However, this is not always the case as there were frequent instances observed during chart reviews where the patient could not be seen in a confidential setting. The County must determine what barriers continue to prevent confidential interactions being offered for all mental health interactions with the exception of rounding.

Recommendations:

Custody Operations Policies need to be finalized and staff require training on the new policies. Wellpath needs to incorporate this expectation in the policies they are currently revising. Compliance with this expectation will be difficult, if not impossible, until the County ensures adequate health care and custody escort staffing, space, and practice/procedure adherence. Given that healthcare staff are more frequently documenting reasons for not being able to see patients in a confidential space this data should be employed to address the barriers that exist and how they can be managed through auditing and a Continuous Quality Management process surrounding confidentiality as reported in III.C.3.

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

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. Wellpath clinicians document clinical visits in accordance with this provision. However, to ensure consistency in documentation, Wellpath is performing ongoing training regarding the requirements of this provision during monthly mental health staff meetings, or more frequently if needed. Wellpath will be conducting audits to monitor compliance with this provision and will be reporting the results of this audit in the MAC/CQI meetings consistent with the Mental Health Expert's recommendation.

Expert Review:

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. Clinician interviews and review of patient charts reflect that documenting of this information is occurring more frequently than observed last monitoring period. This requirement is also included in Custody Operations Policies Health Care (240) and Mental Health Care (241). However, it is not currently reflected in Wellpath's policies.

Overall, through observation while on site, staff interviews, and patient interviews the identified confidential space is being utilized on a more frequent basis than during previous monitoring tours. This is a significant improvement. However, there continue to be many instances where confidential space is not utilized for clinical encounters. These are the areas the County must further explore through a Continuous Quality Improvement process.

Recommendations:

Although confidential clinical space has been identified and is in greater use at both facilities, there are still a significant number of encounters that do not occur in a confidential setting for various reasons. The County needs to develop an audit and utilize their Continuous Quality Improvement process to evaluate the frequency of space use and barriers to consistent use.

Additionally, Wellpath needs to revise policy and ensure continued training of staff around this requirement.

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-healthcare 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 has begun utilizing locked boxes in identified areas to ensure the confidentiality of health service requests and this was observed during the April 2024 tour. The County also agrees that nurse triage, which involves the sharing of confidential information, must occur in a confidential setting and reported it will ensure that it does.

Recommendations:

The County needs to ensure the requirement for nurse triage to occur in a confidential setting is included in both Custody Operations and Wellpath policies. In some areas of SBJ confidential space and custody escorts may need to be identified to ensure this occurs. Once the County is able to identify and consistently utilize this space as well as the continued use of the locked boxes for health service requests it is recommended that monitoring of this provision be discontinued.

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. The County updated the Custody Operations Health Care Policy (section 240) to reflect the requirements of this provision. The County is currently meeting this requirement in practice. Wellpath currently maintains documentation for emergent, urgent, or routine referrals. To address the Expert's concern regarding 24/7 mental health coverage, the County is discussing the use of its Behavioral Wellness Mobile Crisis Unit to facilitate indicated mental health interventions at the jail after hours. Consistent with subsection (a) of this provision, during the hours of 11:00pm and 7:00 am, medical staff respond to emergent cases. In the next six months, Wellpath will begin auditing the requirements of this provision through the CQI process and assess the County's needs as recommended by the Mental Health Expert. The County is presently undergoing a staffing analysis which will also assist in determining the needs to meet this provision.

Expert Review:

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.

Review of the draft Wellpath policy Mental Health Services- California (F-03), includes emergent referrals being responded to immediately. Urgent referrals are to be responded to within twenty-four (24) hours by a Qualified Health Professional. This designation includes additional clinical classifications besides mental health clinicians as outlined in the Remedial Plan. Routine referrals are to be responded to within 5 days by a Qualified Mental Health Professional.

The provision requires that the professional responding to the referral in all cases is a mental health professional, with the exception of the hours between 11:00 p.m. and 7:00 a.m. being a medical professional. Based on current staffing, the presence of a mental health clinician as late as 11:00 pm, on a daily basis is not occurring. Wellpath leadership reports that staff are currently scheduled as late as 3:30 p.m. at NBJ, which leaves a large part of the day uncovered by mental health staff and requires response by medical staff on-site. Additionally, at times, supervisory staff often must cover for absences or when gaps in coverage occur, thus taking them away from their supervisory duties and reflecting a lack of consistent coverage. At SBJ, it is reported there is coverage until 11:00 p.m. and schedules reflecting this were shared during the April 2024 tour.

As stated previously, County Behavioral Wellness is in the process of procuring contracted mobile crisis services to provide coverage after hours when Wellpath clinicians are not on-site. These clinicians would address 5150 evaluations and emergencies. Given the narrowly defined role of this service the County also needs to explore the potential benefit of having a system where mental health clinicians and psychiatric providers are available after hours for concerns that may arise and not be within the scope of the contracted mobile crisis unit.

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.

Recommendations:

The County and Wellpath need to ensure their policies align and also reflect the requirements of this provision.

The County also needs to ensure staff coverage meets the requirements of this provision and that all staff, whether contract or County employees, working in the jail are trained on appropriate policies. The County must also audit the requirements of this provision and address challenges that prevent full compliance.

Through their staffing analysis the County needs to evaluate whether the resources available currently are adequate or whether additional resources are needed to ensure coverage on a regular basis and when clinicians are absent or on vacation. As reported in the 2023 monitoring tour, staff reported psychiatry coverage only being available after hours for bridging medication. This is not sufficient to address the needs of patients during night hours and the County needs to consider the availability of psychiatry coverage for more than bridging of medication after hours. Auditing then should include a review of patients seen during night hours and the care they receive to ensure that psychiatry coverage at night and on weekends includes more than medication bridging.

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 revised and finalized the Custody Operations Inmate Classification Policy (301) and the Classification Plan to reflect the provisions of this requirement, and is in the process of obtaining Classification Validation. The County presently houses inmates on the mental health caseload at the Main Jail in Northwest A, C, and D modules and at the Northern Branch Jail in F and J Unit in an effort to house these inmates in the least restrictive setting. In July, the County initiated a pilot for the specialized mental health unit (BHU), which was expanded in October. The County has closed a significant portion of its restrictive housing units and the BHU pilot has further reduced the use of restrictive housing for the mental health population that do not pose a safety or security risk. The County presently aims to place prisoners on the mental health case load in the least restrictive setting and will be better equipped to do so once additional designated mental health units are in place.

Expert Review:

The County has made 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. At NBJ the BHUs include F unit for females with a capacity of 16 patients and J unit with a capacity of 24 males. Total current capacity for the system is 80 patients. Although the County is currently tracking referrals to these units it was estimated by staff that at minimum 15 additional beds for males would be required to meet the needs of those currently referred from examining the current waitlist. The female BHU appears to have an adequate number of beds for the population and staff report it is a challenge at times keeping the unit at capacity due to turnover in the female population.

When speaking with health care leadership and clinical staff it was 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. The County reported and provided documentation that they 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.

In units 100, 400 and New East ISO at SBJ there were several mentally ill individuals who were not receiving the services they required and housed in a more restrictive setting than they appeared to require. Although it is reported they are offered out of cell time, due to their illness, it is unlikely they are utilizing opportunities for out of cell time or recreation and their contacts with mental health are not frequent. Mental health does not have the staff to have a regular presence on these units.

Although restrictive housing has greatly decreased at the jail there remain several mentally individuals in restrictive housing. It was reported by incarcerated persons on K unit at NBJ that required rounding was not occurring at the time of the April 2024 tour and ceased in February 2024. Health care leadership confirmed this is due to lack of staff to complete the task. Leadership reported that rounding re-commenced in May 2024 and this was confirmed through chart reviews. It is imperative this be maintained as regular rounding with the requirement that individuals are offered individual confidential sessions with mental health clinicians, is critical for the health and safety of those in restrictive housing. From chart reviews, rounding is occurring on the restrictive housing unit at SBJ (New East ISO) and is going well. Audits completed by Behavioral Wellness and provided for November 2023 through January 2024 and February 2024 through April 2024 indicate that both NBJ and SBJ were non-compliant with rounding requirements during the first time period and NBJ remained non-compliant in the second time period while SBJ improved to compliant with rounding requirements.

Recommendations:

The County has made great progress in providing less restrictive housing options through the creation of BHUs. It is also a sound decision to have retrofitted cells to allow for alternatives to safety cell placement. The County needs to consider placing mental health staff such as licensed psychiatric technicians on NBJ K unit and SBJ units 100, 400 and New East to provide frequent contact and opportunity for interaction and monitoring of symptoms for those housed there. The County should also carry out a CQI study to evaluate the reduced use of safety and observation cells since the introduction of BHUs. This may inform future programmatic decisions regarding the need for additional BHUs or other programs. The County's staffing plan needs to take into consideration the mental health needs of those not housed in the BHUs who continue to need mental health treatment and programming.

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

Compliance Rating

Partial Compliance

Prior Compliance Rating

Non-Compliance

County Response:

In process. In July 2023, the County initiated a pilot program of specialized mental health units (BHU) at the Main Jail (A-unit) and at the Northern Branch Jail (F-Unit). Programming in A module at Main Jail and F-unit at Northern Branch Jail have been fully implemented and are running smoothly. The County expanded the BHU to an additional 24 male beds at Northern Branch Jail on October 30th, 2023, for a system-wide total capacity of 56 beds (up to 16 females and 40 males). The County has developed a draft BHU custody policy and Wellpath is presently drafting policies relevant to the BHU to meet the requirements of this provision.

Expert Review:

The County implemented their pilot specialized mental health units in July, 2023. These units included at SBJ unit A unit for males and NBJ unit F for females. Since that time the County has expanded its BHUs to include SBJ C and D units and NBJ J unit. The total capacity for the BHUs is currently 88 (16 females and 72 males). At SBJ, D unit has a capacity of 16, however, the County has made a good decision to limit the functional capacity to 8 and utilize that unit for individuals who may have difficulty programming in larger BHUs, giving the BHUs a functional capacity of 80 beds. Per the Parties' August 2023 Stipulation re: Implementation of Remedial Plan (Docket #104) (hereinafter "August 2023 Stipulation"), the County was to have created BHU capacity for 39 males and 15 females by December 2023. As of the Experts tour in November 2023 the County had met this requirement by maintaining their female BHUs and activating NBJ J unit for a capacity for males of 40 patients.

The Mental Health Expert has toured the BHUs on three occasions and observed positive developments and progress on each tour. During the most recent April 2024 tour the participants in all BHUs 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. This includes

programming offered by SBSO STP (Sheriff Treatment Programs), Wellpath, and outside agencies. 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. Interviews with SBSO leadership reflect an intention to continue developing these units as resources are made available. 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.

Staffing, both mental health and custody, is a concern for the success and further development of these units. At NBJ, there had previously been a designated clinician assigned to the BHUs. At the time of the April 2024 tour this was not the case as the vacancies for mental health clinicians precluded this possibility. At SBJ, there is a designated clinician but this clinician has other duties that require her to not be fully dedicated to the units. At SBJ there is one custody staff member assigned to oversee all three BHUs. Although the County is currently able to meet the requirement for the minimum required amount of structured programming, the presence of only one officer prevents multiple structured activities from occurring simultaneously on the BHUs, thus preventing the full development of a therapeutic housing unit concept where structured and unstructured programming occurs throughout the day.

Programming is mostly offered by the Sheriff's Treatment Program Unit and outside agencies at this time. This programming is valuable and well-received by the BHU participants. A general expectation of a therapeutic housing unit is that clinical staff provide some of the structured therapeutic programming on these units and oversee all of the structured programming on these units. At the time of the April 2024 tour Wellpath staff provided only one group per week in each of the BHUs at SBJ. With additional staffing resources Wellpath can provide more of the clinically focused structured programming that the BHU patients can benefit from and the BHU program can become an even stronger resource within the County's treatment options for its mentally ill incarcerated population.

BHU participants reported that there are some peers who have a preferred language other than English and although these individuals are included in structured programming and effort is made to assist them in participating, it is not always the case that the group provider is fluent in their preferred language. In these instances, the County and Wellpath should consider these factors and develop an individualized treatment plan that ensures the individual receives the programming commensurate with that received by others on the unit.

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 to obtain jobs within the BHU as these opportunities may serve as part of the individuals individualized treatment plan.

In late 2023 the County and Wellpath completed a needs assessment of the number of beds that would be needed at that time, based on the current jail population. At that time a snapshot assessment of the current population reflected a need for 118 beds. The County has continued to track referrals to the BHUs. The most recent spreadsheet of referrals reflects a need for 113 beds in May 2024. Custody and mental health leadership report an average waitlist of between 10-15 males at any given time. Although the County does track those waiting for placement on a BHU it has not determined the permanently needed number of beds to accommodate all requiring this level of care. Additionally, several individuals seen in SBJ 100 unit, housing males, warranted consideration for placement in a BHU but were not yet included. Staff reported this was due to their current mental health instability. However, these individuals should still be evaluated and provided an individualized treatment plan with the goal of eventual placement in a BHU setting.

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 was provided to the Expert. It reflects a strong process where both custody and mental health staff discuss progress and challenges for BHU participants and develop plans to address those challenges. Interviewing staff affiliated with the BHUs it was evident that both custody and health care staff knew the BHU participants and were aware of specific issues that may impact patients' successful participation in the program.

As required by the August 2023 Stipulation, in fall 2023, the County shared a draft of both the BHU policy and BHU Procedure Manual. Over the last several months these documents have been revised as needed and are currently well-developed documents that will serve to guide and reinforce for staff the intent and expectations of staff and BHU participants.

Recommendations:

The BHUs reflect the area of most significant progress during this monitoring period. They have expanded in capacity as well as programming. Both staff and patients report positive impact from their establishment. With time and needed resources, the County will continue in their development of these units.

Per the August 2023 Stipulation, the County was required to provide a deadline for full implementation of this provision. 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 is evident from the current waitlist that 80 is not enough. The County needs to determine the number of BHU beds it will need to meet the needs of the jail population. Additionally, both custody and health care staffing need to be determined so that the programs have as positive an impact as possible on the patients it serves.

As the BHUs continue to develop the County needs to ensure their policy establishes discharge criteria for the program and the inclusion of the patient in the multi-disciplinary meetings and treatment planning. 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. Establishing a process for identifying individuals who may not currently be appropriate or able to function on the BHU and developing a treatment plan with the goal of their eventual transfer to that program is a vital part of the referral process that needs to be established. 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 inmate with SMI who is incapable of functioning in a general population setting or who is housed in a specialized mental health unit, to coordinate individual health, mental health, classification and discharge needs
 - a) The County shall include the line officer, whenever possible, in the multidisciplinary treatment team meeting. The line officers shall provide day-to-day observations on an inmate's functioning and receive input from the professional staff in management approaches.
 - b) The multidisciplinary treatment team shall determine which privileges and property shall be available to inmates. The treating clinician shall provide input as to privileges and property for inmates on psychiatric observation or suicide watch.
 - c) Treatment staff shall provide all inmates on specialty units an enhanced individualized treatment plan documented on a medical record treatment plan form and completed within the first seven days of placement on that unit. These treatment plans shall be regularly reviewed and updated as needed by the multidisciplinary treatment team, with participation of the inmate.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Non-Compliance

County Response:

In process. The County has established regular multidisciplinary meetings which occur weekly at each facility. The County has created a form (Suicide Watch/Mental Health Observation Notification Form), approved by the Mental Health Expert, which will be utilized by mental health staff to provide clinical input regarding property and privileges allowed during psychiatric observation or suicide watch. The County has created individualized treatment plans for patients in the BHU.

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 rich information about the status of individuals and recommendations from the team on next steps for each individual. These meetings do not include the patients nor the psychiatric prescriber who are both important participants in treatment plan development and monitoring.

Individual treatment plans were reviewed for those on the BHUs. These plans do not always reflect the level of detail that is included in the multidisciplinary meeting and do not appear to be regularly 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. Health care leadership reports that due to staffing issues and lack of dedicated clinical staff this is not possible at this time.

For those housed outside of the BHUs, some individuals receive specific behavioral management plans reported on in III.D.9. For those not included in this group the County is developing a form to

reflect allowable property and privileges for those with SMI and on the Special Needs list who are not housed on a BHU. The County reports it does not currently have a system to review those with SMI residing outside of a BHU such as on unit 100, housing males, and unit 400, housing females, at SBJ. This area will need to be addressed either by incorporating it into the current meetings or developing a meeting for those with SMI not residing in a BHU.

Recommendations:

The meeting minutes and tracker for BHU participants are well-done and regularly maintained. These reflect an important step toward compliance with the requirements of this provision and should continue. The meetings need to include patient and psychiatric prescriber participation as well as be reflected in the treatment plans of the individual patients.

The County needs to finalize and implement a system for identifying and reviewing allowable property and privileges for those with SMI and on the Special Needs list who reside outside of a BHU. An audit of this process needs to be developed to ensure the practice is occurring and the reviews are adequate. The County also needs to ensure that individuals placed in a BHU 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 County needs to take these recommendations into account in the development of their staffing plan as they are likely to impact the staffing that is needed to successfully treat those with mental illness in the jail.

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

5. The County shall provide a minimum of 6 hours per week, of Structured Out-of-Cell Time for therapeutic group and/or individual programming, and twelve (12) hours per week of Unstructured Out-of-Cell Time (including dayroom, outdoor/recreation time, and other self-directed activities) for people with mental illness housed in specialized mental health units. The County will also provide in-cell structured programming – i.e., electronic tablets – to people in these units equivalent to that provided in the general population (at least four (4) hours per day, on at least three (3) separate days per week).
 - a) It is recognized that not all inmates can participate in and or benefit from 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

Non-Compliance

County Response:

In process. While full compliance with this provision may require remodel, renovation, or new construction of the Main Jail and/or the Northern Branch Jail, the County is working within the confines of the present physical plant to increase out-of-cell time. The BHU inmates from the initial pilot are exceeding this out-of-cell requirements of this provision as they are permitted out of their cells all hours of the day, except at night, when lock down is required. The inmates are provided with structured programming that exceeds 6 hours per week, and unstructured programming that exceeds 12 hours per week. Inmates are provided tablets 7 days per week and thus exceed the in-cell structured programming requirements. The County will identify the patient population that requires the programming identified in section (c) as part of the needs assessment. The County intends to establish additional mental health programs for stable individuals not housed in the specialized mental health housing units. The County anticipates completion with this requirement once full implementation of the BHU program is complete.

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. As stated in the review of III.D.3 a generally accepted expectation is that some of the structured programming for this acutely mentally ill population is provided by clinical staff and all of it is overseen by clinical staff. 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.

Currently, most of the participants on the BHUs appeared able to participate in the structured programming and Modified Individualized Treatment Plans are not needed. Staff report that those identified for placement on the BHUs at this time are those individuals who are deemed able to participate in the programming and not disrupt others on the unit. However, as previously noted, some individuals housed in SBJ 100, 400, New East Iso, and K-unit can likely benefit from placement on a BHU but, at least initially, may require a Modified Individualized Treatment Plan. Additionally, meeting minutes from BHU multidisciplinary team have reflected some individuals who do not program well on the BHU and may be removed because of disrupting other participants. For these individuals either placement in a smaller BHU or a reduced programming through a Modified Individualized Treatment Plan is appropriate.

Because the County has focused significant efforts on the development and expansion of the BHUs it has not been able to focus resources on section c) of providing services to those on the mental health caseload who are stable.

Recommendations:

The health care services staffing plan needs to be completed and done so in a way that it will assist the County in understanding the staffing needs to provide programming on the BHUs both for those fully able to participate and those requiring Modified Individualized Treatment Plans. The staffing plan also must consider the staffing required to provide treatment to those on the mental health caseload who are stable and not housed in BHUs. Additionally, the County should consider whether the development of smaller specialized BHUs may be appropriate for those not fully able to participate in full BHU programming such as they are doing with maintaining a reduced census of 8 on SBJ Northwest D unit. These smaller units will likely increase staffing needs because of the acuity of the program participants.

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

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

Compliance Rating

Substantial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. The County's BHU pilot included an equal number of beds for males and females, and the expansion of the BHU will be considering the overall needs of the male and female populations.

Expert Review:

The initial BHU units included one for males and one for females. The County has maintained the unit for females and expanded the number of units for males. The County reports that there has been no waitlist for females to be placed in BHUs and there are times when maintaining the census is difficult due to turnover and release of female patients from the jail. Because of this the County is re-considering the need to have a female unit at both SBJ and NBJ as originally envisioned. The programming observed and the units for males and females are similar and continue to be developed alike.

Recommendations:

The quality of the BHU for males and females are similar. Capacity needs have not yet been developed. The County must continue monitoring the need for BHU level of care need among the jail population and respond accordingly. If the female population needing BHU level of care increases, particularly given the concern discussed earlier for females on SBJ unit 400, the County will need to expand BHU capacity for females.

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

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

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. Inmates see the psychiatrist at 30-days, 60-days, and again at 90-days, or sooner as clinically indicated. Counseling services are provided along with an individualized treatment plan as required by this provision. This requirement is included in Wellpath's policies, including Mental Health Services Policy (F-3). Wellpath is currently providing treatment plans for the MAT program. Those that are listed as SMI or in the Mental Health Special Needs Program receive enhanced treatment plans and are seen by psychiatry (if taking med) at least every 90 days. Counseling services for these individuals are scheduled to occur at a minimum of every 30 days, more frequently if clinically indicated. Consistent with the Mental Health Expert's recommendation, to meet the workload and staffing needs to meet this provision, the County is undergoing a staffing analysis which will also assist in determining the needs to meet this provision.

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. A random review of charts for patients prescribed psychotropic medications confirmed that patients are seen at least every 90 days and often more frequently. Most psychiatric appointments are held via telehealth but the County has introduced a new requirement for psychiatric providers to be on site for at least one week every other month. A schedule for 2024 reflected that a psychiatrist has been on or is scheduled to be on site 9 out of 12 months. This allows psychiatric providers to see patients in-person, meet with health care and custody staff, as well as gain a stronger understanding of the jail setting.

The County has shown improvement with seeing patients housed in BHUs at least every 30 days and doing so in a confidential setting more frequently than during the previous monitoring period. A random review of a small number of treatment plans reflected that all of the patients were scheduled for 30 day follow-ups. However, this was not conclusive, and the County will need to develop an audit to reflect compliance with this provision. A review of several mental health patients housed outside of BHUs reflected 30 day follow-ups were more likely to be out of compliance with this population than patients in BHUs. Again, an audit developed for this purpose will give more reliable data.

Although SBJ is fully staffed with the allocated mental health clinicians there appears to be an inability to comply with this provision due to multiple job demands. Additionally, the supervising mental health clinician is often re-directed to see patients and respond to emergencies, taking him away from supervisory duties such as reviewing the quality of notes and treatment plans.

Treatment plans reviewed were vague and often solely completed by checking boxes and not including information specific to the patient's progress or needs. This is an area for improvement that the County needs to address through training and supervision of clinical staff.

Recommendations:

The health care staffing plan for clinical staff will be an important part of identifying the workload and staffing needs to meet the requirements of this provision. The County needs to develop an audit that reflects compliance with this provision. The audit needs to include both the aspects of compliance with timelines as well as quality of treatment plans and clinical notes.

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 inmates with severe personality disorders and/or frequent episodes of suicidal ideations or self-harm.

Compliance Rating

Substantial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. The County and Wellpath will work with the Mental Health Expert to further develop the format of the behavioral management plans. Individuals diagnosed with severe personality disorders or that have frequent episodes of self-harm or suicidal ideation, are labeled as mental health Special Needs and will be provided with treatment planning and counseling services will be provided at a minimum of every 30 days. Treatment plans will be updated every 6 months or more frequently if clinically indicated. Following completion of the updated form, the County will begin auditing this provision. The County anticipates completing this requirement by spring 2024.

Expert Review:

The County shared copies of behavioral management plans for 3 individuals completed during this monitoring period. The Mental Health and Custody Operations Experts also participated in the initial planning session for one of these patients. The records reflect attendance by individuals working directly with the patients and a plan that incentivizes pro-social behaviors. One individual on a behavioral management plan was interviewed and has shown significant progress working with both custody and mental health team members.

The County reported 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. The County will need to create an audit of compliance with and quality of the development of these treatment plans.

Recommendations:

It is seldom the case that an individual displaying self-harm, suicidal ideation, or behaviors maladaptive to being in the jail is not included in mental health programs. Because of this the number of behavioral management plans outside of a mental health treatment plan should be small. The County needs to continue tracking instances of these plans as proof of practice and develop an audit around the quality and implementation of individualized mental health treatment plans, especially for those with frequent self-harm incidents. This can be done as part of the audit developed for III.D.8.

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

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

Compliance Rating

Substantial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. The County is in the process of fully implementing this requirement. Wellpath's clinical contact record entries often meet the requirements of this provision and staff have been trained in accordance with these requirements. Per the Mental Health Expert's recommendation, in the next six months Wellpath will complete the audit developed with the Mental Health Expert to determine whether additional training is needed as well as to assess compliance with this provision. The County anticipates completing this requirement by spring 2024.

Expert Review:

The County has made efforts in this area to train clinicians on documentation and the required elements of treatment notes. Training PowerPoints from several staff meetings were provided that included this information. Staff were also aware of this requirement when asked during the April 2024 tour. The County provided an audit of 25 charts randomly reviewed during April 2024. All elements with the exception of housing location were included in each chart entry or electronic time stamp. The only area not 100 percent compliant was the recording of housing location. This is an important element to include because the electronic medical record only reflects current housing and not necessarily previous housing if the individual has moved. The County and Wellpath have agreed to highlight this specific need in future trainings and complete an audit within the next 6 months.

Recommendations:

Wellpath will need to ensure staff are trained to include current housing location in treatment notes and continue auditing to ensure continued compliance.

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. Wellpath will be updating its policies to ensure that they are site specific. The County anticipates completing this by spring 2024.

Expert Review:

Wellpath has provided several policies that, in general, meet the requirements of this provision. However, they have not been revised specific to the County or the separate jail sites. Wellpath is revising policies to ensure they are site specific.

Chart reviews reflected that, at times, there appear to be issues with patients who are aggressive or decompensating and refuse their psychiatric appointments. When this occurs the notes have reflected that the provider will re-schedule the patient. Because the County relies predominantly on telehealth for psychiatric services, it needs to develop a system where these patients can still receive psychiatric services even if they decline to appear for their telehealth appointment. The charts reviewed reflected some individuals most in need of services but not receiving them, potentially because of the acuity of their mental illness.

Recommendations:

The County will need to complete its policy revision and ensure the policy 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. The County will work with the Mental Health Expert, as needed, to develop this procedure. 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 inmate 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 maintains site-specific policies that meet this requirement. Nurses have been trained to refer directly to psychiatry at intake if any psychiatric services are reported or requested. Mental Health Clinicians complete an initial mental health assessment based on the requisite timelines for emergent, urgent, or routine referrals. At any point if an inmate is requesting psychiatric services they shall be evaluated and referred to psychiatry if clinically indicated. If psychiatric services are not clinically recommended, the individual will be offered alternative treatment such as counseling or psychoeducation. By spring 2024, Wellpath will work with the Mental Health Expert to develop an audit responsive to this provision.

Expert Review:

From interviews with both staff and patients this process has appeared to have improved during this rating period. Intake nurses report that they 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. Intake nurses also 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. This process shows an improvement from the prior reporting period where all referrals to psychiatry required evaluation by a mental health clinician prior to the psychiatric appointment being scheduled, causing undue delay.

If the system is working as described the County will be in substantial compliance with the requirements of this provision. The County will need to complete an audit of this process to ensure the system is working as described and that referrals and appointments occur in a timely manner.

Recommendations:

Wellpath will work with the Mental Health Expert on developing an audit that is responsive to this provision, including to assess the time from referral or request for psychiatric evaluation to that evaluation being provided, with qualitative attention paid to triage level.

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

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. The psychiatrist conducts an in-person consultation with an individual prior to discontinuing medications. The Psych RN is able to follow up with individuals that receive medications changes, discontinuations, or additions. Psychiatry schedules a 2 week follow up for in-person review/consultation regarding the changes in medications. Wellpath will be revising its policies to meet the timelines set forth in this provision, will develop an audit tool, and will complete an initial audit to assess whether changes need to be made to achieve compliance with this provision by summer 2024.

Expert Review:

The Wellpath policy Pharmaceutical Operations- California (HCD-110_D-01) does include the recommendation that psychiatry see a patient within 30 days of prescribing medications, however this is not a requirement per the current policy. Wellpath is in the process of revising policy and developing an audit around this provision to assess whether medications are terminated or significantly changed only with in-person consultation with a psychiatrist, absent documented clinical justification.

The County reported a 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. Random chart reviews do reflect that these follow-ups are occurring with psychiatry and that patients are seen when medications are changed or discontinued but a standardized audit will provide more reliable data.

Recommendations:

Wellpath will need to revise policy and include current practices. Wellpath will also need to complete their development of the audit tool for this provision and complete the first audit to determine a baseline as to whether changes need to be made to achieve compliance with this requirement.

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. The County and Wellpath policies include the necessary language of this provision and specific medication delivery times. The County is presently undergoing a staffing analysis which will also assist in determining the needs to meet this provision. In the interim, the County will develop and implement an audit related to medication administration by winter 2024.

Expert Review:

The Custody Operations Policy Health Care (section 240) includes this language and the draft reviewed of Wellpath's Medication Services (D-02) also includes specific medication delivery times. Consistent medication delivery times have improved at SBJ although it remains a challenge at NBJ. At SBJ there are two nursing staff assigned to each medication pass and both patients and health care staff report this is adequate as medications are delivered at regular times and not delayed as reported during the previous reporting period. At NBJ there is only one nurse assigned to medication administration for the entire facility. Patients report that there is a large window of time in which medications are delivered. Nursing staff interviewed reported that it takes approximately 5 hours to complete medication administration at the facility, which is in violation of both Custody Operations and Wellpath policy.

Medication administration is one of the most essential activities that must occur consistently and at the same time each day. This issue has been regularly discussed since it was discovered during the previous monitoring period in May 2023. It appears to have been rectified at SBJ with adding staff but remains a problem at NBJ. The County needs to immediately address this issue and ensure that adequate staffing is consistently available for medication administration at appropriate times.

Recommendations:

The County and Wellpath need to finalize their policies. The County is working to complete a health care services staffing analysis as discussed in section VIII of this report and this issue should be addressed. However, until that time they must ensure that staffing is sufficient to provide reliable daily medication administration. Wellpath will also work with the Mental Health Expert to develop and audit the reliability of the medication administration process and timing of their administration.

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

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

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. The County is utilizing the Rules Violation Mental Health Review Form that was approved by all stakeholders to allow mental health staff input in the disciplinary process. By spring 2024, the County will also create an audit of the process as recommended by the Mental Health Expert.

Expert Review:

Since the initiation of the pilot on this process there was a period of time when the required forms were not completed to ensure this process was occurring. When the County is completing this process, they are doing it well. Documents provided of a sample of these completed in April 2024 reflect that the process is occurring, and the clinician is being thoughtful about the decisions and recommendations regarding mitigation of discipline. It was also noted that 100% of the time the hearing officer agreed with the recommendation of the clinician when mitigation was recommended. The County consults with the Custody Expert Terri McDonald, who monitors provisions related to the disciplinary process, and the Mental Health Expert as needed and has refined the process when appropriate.

Recommendations:

The County needs to ensure the process occurs continuously and identify any barriers to its curtailment as had occurred earlier in 2024. The County also needs to expand the process to SBJ and develop an audit procedure of this process. The County and Wellpath need to finalize policy and ensure training occurs for both health care and custody staff.

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

Partial 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. During the Mental Health Expert's May 2023 visit, Wellpath and the Expert developed the required data points to audit this provision. By winter 2024 Wellpath will provide its first audit of the provision and will update Wellpath policies.

Expert Review:

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. During the May 2023 tour the Mental Health Expert and Wellpath staff developed the required data points to audit this provision and also ensure that the requirements of this provision are reflected in local Wellpath policy. Wellpath initially expected to provide its first audit in fall 2023 but now expects it to occur by winter 2024.

Recommendations:

The County needs to complete the required audit and future audits to provide evidence of its compliance with this provision. Wellpath site-specific policy also needs to reflect the requirements of this provision.

III.H. Discharge and Reentry Services

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

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. The County is in the process of developing the required discharge planning policies, which among other things, designate necessary Behavioral Wellness staff to be part of the discharge planning teams to help assess and link clients with behavioral health needs, specifically needs for clients with Severe Mental Illness (SMI), Co-Occurring Mental Health and Substance Use Disorders (COD) and or Severe Substance Use Disorders (SUD). The discharge planning stakeholders have initiated discussion regarding a pilot project to provide re-entry services to a targeted population including a subset of MAT patients, with expansion to patients being discharged from the Specialized Mental Health Units (BHU), SMI patients, and chronic care patients. The County also created a uniform discharge planning form to aid in uniformity and consistency among the various discharge planners and to allow for enhanced discharge planning to the above-identified patient populations. The written discharge plan includes identification of needs, including outpatient referrals and appointments, medical insurance, housing, substance abuse treatment, parenting and family services, inpatient treatment, and other re-entry services. While the enhanced database is finalized, paper copies of the universal discharge planning form will be utilized and tracked. The County also recently hired a discharge planner to provide discharge planning services to participants in the BHU programs at both jail facilities. The County anticipates completing the requirements of this provision by the end of 2024.

Expert Review:

During the April 2024 tour, the Custody Expert and Mental Health Expert met with County staff regarding release planning services. Like other aspects of the Remedial Plan that rely on SBSO, Wellpath, and County stakeholders to achieve success, discharge planning services has been a focus during this monitoring period with noted improvement. The County created a uniform discharge summary form for use with all incarcerated persons receiving discharge planning services while in the jail and launched in February 2024. This form is a good resource and reflects all services the incarcerated person has been referred to or requires upon release. Samples of completed plans were provided and reflect an individualized plan that the incarcerated person participated in developing.

The County currently relies on a Probation Manager to oversee discharge planning services while it continues to recruit a full-time Discharge Planning Manager. Positive steps taken this reporting period are the development of the universal discharge planning form, weekly discharge planning meetings with jail and County stakeholders, and monthly discharge planning meetings that include County executives. The County reports that these monthly meetings have led to the decision to expand the discharge planning team from its current composition of 5 staff members to include a total of 9 full-time staff members. The County also reports that an allocation of additional positions in June 2024 included 2 discharge planning liaisons as part of its contract with Wellpath. Unfortunately, during the 2024 tour there was only minimal time to meet with those overseeing

discharge planning and a full understanding of the County's plan was not gained by the Custody and Mental Health Experts.

Per the August 2024 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. Meeting minutes including County stakeholders from several departments reflect these requirements and effort to track the MAT and SMI population requiring discharge planning. A staff member from Wellpath has been charged with providing discharge planning for the MAT population and a County employee has been dedicated to providing discharge planning for those housed in BHUs. From these detailed minutes as well as the individual discharge plans provided it is apparent significant effort has gone into developing these services. However, data was not provided that reflects the population that is eligible or needs discharge planning and those that have actually received it to determine the scale of discharge planning that has yet to occur. From the number of discharge plans provided it appears only a small percentage of the current need is being addressed.

The County acknowledges this is a complex issue that will continue to require effort among many stakeholders and that the future implementation of CalAim will also have a significant impact on discharge planning services.

Recommendations:

Although cross-agency collaboration has significantly improved and some individuals are receiving discharge planning services the County does not have an estimate of the staffing and resources needed to provide needed services for all eligible incarcerated persons. Discharge planning provisions need to be evaluated as part of the staffing plan to ensure appropriate allocation of additional positions. The County needs to hire this critical position of discharge planning coordinator and develop a discharge planning policy that incorporates the jail discharge planning function, the role Behavioral Wellness and Public Health play in discharge planning services, and resources available throughout the County. Given the time constraints that occurred during the 2024 tour the County departments and Experts involved with discharge planning provisions should arrange a time for all stakeholders to share the status of discharge planning efforts, challenges to implementation, and plans for expansion of services.

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:

A County policy on discharge planning is under development. The newly developed uniform discharge summary form that was implemented in February 2024 includes the elements required of this provision. This form is a strong resource and mode of communication among stakeholders and the incarcerated person. As discharge planning is expanded to reach larger numbers of incarcerated persons this provision can be expected to come into substantial compliance.

Recommendations:

See recommendations for III.H.1.

III.H. Discharge and Reentry Services

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

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. The County presently ensures that inmates taking prescribed psychiatric medications are continued upon discharge. Behavioral Wellness's revised monitoring tool which is used for the quarterly audits, will include monitoring that Wellpath has provided all inmates two weeks of psychiatric medications upon discharge. Behavioral Wellness will work to ensure that follow up appointments are scheduled. Additionally, when a client is released on supervised probation, pretrial or alternative sentencing, the discharge plan will be provided to the assigned probation staff to assist with follow-up for appointments and medications. Wellpath will be updating the Discharge Planning and Release Medications Policy (E-10) to reflect site specific procedures.

Expert Review:

Wellpath's Discharge Planning and Release Medications Policy (E-10) has not been revised to be specific to Santa Barbara but does include the requirement for patients to be released with between 3 days and two weeks of medication. Wellpath policy is under revision at this time.

During the previous monitoring period, discussion with staff and patients identified that a two week supply of medication may not be enough for the incarcerated person to follow-up with a community provider. The County agreed to re-evaluate the policy of two weeks of medication to determine if this policy should be changed. Based on their review, the County has instituted the practice of providing prescriptions for 30 days of release medication. This is a good practice to ensure released individuals have ample time to see a community provider for renewal of needed medications.

Recommendations:

The County needs to revise policy to reflect this encouraging change both in Custody Operations and Wellpath policy. The County also needs to develop an audit of release medications and include a timeline of length of time to receive an appointment in the community in order to ensure that 30 days of medication is sufficient.

III.H. Discharge and Reentry Services

4. The County shall track the elements of discharge planning for Continuous Quality Improvement purposes. Data shall include at least the following:
 - a) The total number of inmates with SMI and/or meeting criteria for placement in the specialized mental health units who are eligible for discharge planning per month.
 - b) The number of those inmates with SMI and/or meeting criteria for placement in the specialized mental health units who have received referrals for outpatient appointments, discharge medications, 5150 referrals, and other aspects of reentry services completed by the mental health care staff.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Non-Compliance

County Response:

In process. The enhanced discharge planning database referenced in III.H.1 will be utilized to flag inmates on the mental health caseload and noted as SMI. The County will work on the tracking delineated in this provision for Continuous Quality Improvement purposes. The County anticipates completing this provision by the end of 2024.

Expert Review:

Although there has been a focus on discharge planning services for MAT and SMI patients, the tracking is unclear. The County is developing a discharge planning database that it expects will satisfy the requirements of this provision. At this time lists of MAT and SMI, and BHU patients are regularly shared among discharge planning staff and County agencies and focused effort has been placed on discharge planning for these populations but specific tracking of those receiving discharge planning services is not being centrally tracked.

Recommendations:

The County needs to finalize and implement their tracking system. Until then monthly lists reflecting the requirements of this provisions should be maintained. The data for tracking this is available through completed discharge plans but needs to be compiled and reviewed through CQI processes.

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 inmates with mental illness, to include other relevant county agencies (e.g., Behavioral Wellness). The County agrees to continue such meetings, with additional cross-agency coordination as needed to address individual and systemic issues related to inmates with mental health treatment and service needs.

Compliance Rating

Substantial Compliance

Prior Compliance Rating

Substantial Compliance

County Response:

Completed.

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:

Given that the County and Wellpath have been in substantial compliance for over one year on this provision it is recommended that monitoring be discontinued.

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
Non-Compliance

County Response:

In process. The County has established a cross-departmental meeting to address behavioral health coordination. Consistent with this provision, the County is drafting policies and procedures which include a process to ensure timely referrals to and placement in inpatient care and other higher-level mental health care outside the facility. The County is currently working on a Smartsheet to track compliance with this provision. The County will engage with the Custody Operations and Mental Health Experts regarding this tracker to ensure that it meets the requirements of this provision. The County anticipates completing this requirement by summer 2024.

Expert Review:

The County has made significant progress in this area during the current reporting period. Wellpath and County agencies have increased their communication and worked to develop a process to efficiently evaluate and transfer patients to a higher level of care if needed. Wellpath and the County outlined the following process that was developed jointly:

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

In addition to this new process, Behavioral Wellness and Wellpath have a daily call to notify Behavioral Wellness on the status of patients in safety cells. Behavioral Wellness also rounds on all patients at SBJ and NBJ in safety and observation cells on a daily basis. Discussions are also underway for Behavioral Wellness to contract with a mobile provider who will be available for after-hours mental health crisis services at the jail facilities. Last, another positive development is 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. All these are positive steps that reflect a significant improvement in communication and collaboration between SBSO, Wellpath, and Behavioral Wellness.

A concern with the newly outlined current practice is that a safety cell placement is the initial required event for patients to be considered for the possible need for an inpatient admission. There may be individuals who require inpatient admission but are not in need of a safety cell placement. During the 2024 tour several individuals were identified, specifically on SBJ unit 100 and unit 400 who appeared gravely disabled and in need of evaluation for inpatient admission. The behavior of these individuals did not warrant placement in a safety cell not was there consideration of their need for a higher level of mental health care.

The County has also begun tracking and compiling monthly data on safety cell, observation cell, and transfers to higher levels of care. This will assist the County in further understanding the need for inpatient level of care among the jail population. The County expects to utilize this data within the next reporting period to better understand the population in custody requiring a higher level of care.

The August 2023 Stipulation directs the County to produce a plan for referral and evaluation for inpatient placement consistent with the requirements of the Remedial Plan and include identification of the demand for inpatient placement of patients and how to meet that need. It further requires the County to implement the plan by June 2024. The County Inpatient Mental Health Care Access Plan dated March 7, 2024, states that “the data points analyzed do not indicate a demand for inpatient care for inmates that is greater than the available inpatient resources within the County continuum” (p.11). Instead of adding capacity to inpatient care the County reports that a focus on diversion from the jail, increased collaboration between the County, SBSO and Wellpath, and increased services in the jail such as the BHUs will obviate the need for additional inpatient beds. The report also addresses the capacity of inpatient beds that the County either oversees directly or contracts for that are capable of accepting patients from the jail.

Recommendations:

The County and Wellpath have made significant improvements in communication and collaboration during this monitoring period. The County has also developed an internal tracking system that includes relevant information for incarcerated persons who may require higher levels of care. This tool can then be utilized to evaluate potentially needed changes within the County’s system to ensure timely care and referral to higher levels of care for those housed in the jail. The County needs to monitor this plan and make modifications based on data that is gathered from the newly developed tracker and shared with County stakeholders. One needed modification is the development of a pathway for individuals to be considered for inpatient admission without requiring safety cell placement. It is important that the County generate an analysis of bed use and confirm that additional beds are not required as it stated in its March 2024 report.

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

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. The County will refine its tracking system to incorporate the Mental Health Expert's recommendations and will provide proof of practice to establish compliance with this provision. The County anticipates completing this provision by early 2024.

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 also reports that it has submitted a data sharing agreement with the court to facilitate receiving needed information. Once it is finalized, the result is the County and Wellpath have agreed to collect and centralize the following information:

- Date that court declares a doubt (PC 1368)
- Date of determination of incompetence (PC 1370)
- Date admitted to EASS, JBCT, or DSH
- Dates of transfers between EASS, JBCT, and DSH.

The County will use this information to track individuals through the process and identify challenges that may arise and intervene as necessary. Although the County and Wellpath have much of this information, it is not currently centralized or compiled in a way to be useful in identifying issues as needed. The County expects to commence this tracking in fall 2024.

Recommendations:

The County has developed a plan to compile and track needed information. They will continue to work with the Mental Health Expert to develop this process as needed.

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

Non-Compliance

County Response:

In process. The County will refine its tracking system to incorporate the Mental Health Expert's recommendations and will provide proof of practice to establish compliance with this provision. The County anticipates completing this provision by early 2024.

Expert Review:

The County provided a tracking database of all referrals to outside facilities. Data included in the database includes date and time of referral and time of admission to the facility. For instance, where there is a long delay notes are also provided 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. Of note, it appears there are times when delays do occur. Given that these are acutely mentally ill individuals who have been determined to require inpatient care the County should evaluate the steps of the transfer process to determine if there are more efficient practices that can get the patient to the inpatient unit in a more timely manner.

Recommendations:

The County needs to continue to track and analyze this data. The County also needs to evaluate the transfer process to identify points of possible efficiency that can be attained. Audit of transfer times need to occur to identify reasons for delays in transfer when they occur.

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

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

Compliance Rating

Substantial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. All mental health patients returning from PHF or DSH are referred to mental health and medications are bridged upon returning. Upon return to the jail, mental health patients are assessed based upon current level of functioning and will be placed in the appropriate least restrictive setting. Patients will be added to the referral list for the BHU if warranted. Per the Mental Health Expert's recommendation, Wellpath will be revising policies to meet the requirements of this provision and incorporate auditing of this provision in the CQI process. The County anticipates completing this provision by spring 2024.

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. This policy is under revision to ensure alignment with this provision and the Custody Operations Policy.

The initial contact upon return is with nursing staff who receive patients back from outside facilities and bridge medications as appropriate. 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 was provided. The audit reflected that medications were consistently bridged upon return and that psychiatry met with the patient within several days of return. Mental health clinicians consistently met with the returning patients either the same day or within a day of return.

Recommendations:

The County and Wellpath need to finalize their policies and continue auditing to ensure this procedure continues

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

Partial Compliance

County Response:

In process. Audits are completed and are covered in the monthly MAC/CQI meetings modeled after J-A-06, which are attended by Wellpath management, Sheriff's Office management, Behavioral Wellness, and Public Health. Per the Mental Health Expert's recommendation, the County will expand the substance of the meetings and will be distributing materials in advance to allow for meaningful discussion. Additionally, Behavioral Wellness and Public Health's quarterly audits will be incorporated into the MAC/CQI meetings. The County anticipates completion with this requirement by early 2024.

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 Continuous Quality Improvement 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 Continuous Quality Improvement Programs. The Wellpath policy is under revision to be made specific to the County.

The County provided PowerPoint presentations of the MAC and Continuous Quality Improvement meetings for 2024. These included a list of attendees, relevant data, and information on topics covered during the meetings. These PowerPoints, compared to those presented during the previous monitoring period, reflect a significant improvement. The PowerPoint presentations include similar information as was presented previously but there is also a new section of the meeting dedicated to CQI that includes data specific and useful to the County in improving its health care delivery in the jail. The information reviewed for three months in 2024 included Behavioral Wellness audits of health care services as well as audits Wellpath completes in specific areas with compliance percentages. Wellpath develops corrective actions based on the results of Behavioral Wellness audits and their own audits. Future audits should be able to determine whether the corrective actions had the desired effect.

Based on the topics covered, they are meaningful for the County and reflect health care staff practices around suicide prevention, chronic care, MAT, dental practices, and timely response to referrals as examples.

Recommendations:

The County is currently in substantial compliance with this provision. These meetings have taken root and are an important opportunity for County stakeholders to monitor the progress correctional health care is making at SBSO. During the next monitoring period it will be important to see re-audits of issues that had been identified as needing improvement and additional corrective actions if improvement is not noted.

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

Partial Compliance

County Response:

In process. Behavioral Wellness completes audits quarterly and provides an annual report as part of the Service Level Agreement between Wellpath and the Sheriff's Office. Behavioral Wellness has expanded its quarterly monitoring tool to incorporate contractual provisions, Remedial Plan provisions and recommendations, and clinical best practices to provide meaningful oversight of the jail healthcare provider contract. Behavioral Wellness will continue to monitor on a quarterly basis with clear corrective actions and follow up. The County will discuss increasing the scope and frequency of the audits, as well as the development of a tracker in order to review all mental health performance indicators. The County is discussing options related to increased medical oversight of the jail healthcare provider.

Expert Review:

The County provided a Behavioral Wellness Quarterly Monitoring Tool. This tool has significantly improved from the previous reporting period and has become a detailed audit that reflects requirements of the health care vendor contract and Remedial Plan. The audit results are shared with SBSO and Wellpath with a requirement for corrective actions for areas not in compliance. Of note, although the audit methodology is correct, several areas of review may need a change in selecting a sample in order to include individuals meeting criteria for the item being audited. For example, an audit item assessing if a verified medication is prescribed within 48 hours utilized a sample that included 11 out of 15 charts marked "N/A" and therefore excluded from consideration. This resulted in a total sample for this item of only 4. This should be improved in the future by selecting a larger overall or more specific sample for some items.

An additional positive development is the County's recent decision to fund a quality management nurse and half-time quality management physician to oversee the jail's compliance with identified quality indicators and to manage health care aspects of the County's contract with its vendor. This reflects an important enhancement in the County's oversight of jail health care operations.

Recommendations:

The County has made significant progress in this area and over time it is expected the audit tool may be refined as needed.

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

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. This requirement is completed monthly and reported on monthly at MAC/CQI meetings. When specific areas of non-compliance are identified through the CQI process, a corrective action plan is developed, and the area is audited again. As the County improves this process to include the site-specific audits reflected in the remedial plan, the County will provide proof of compliance. The County anticipates completing this requirement by spring 2024.

Expert Review:

Now that the County and Wellpath have further developed their auditing and reporting practices it is vital that this data is utilized in quality improvement studies. As these first audits are completed the usual first step that Wellpath is using to correct the action is re-educating staff on the requirement in the hope that this will correct the issue. Upon re-audit, if compliance does not improve it will be critical for the County and Wellpath to evaluate other underlying issues that may be causing non-compliance besides training of staff. At this point the County has not yet reached a point where re-audits have been performed to determine the need for more in depth study of an issue. It is unlikely that decreased compliance is solely due to staff training issues and expected that more in-depth examination of several issues will need to occur before the next monitoring period.

Additionally, the County does not need to wait to identify problems before implementing a quality improvement study. This can be utilized for improving a process that has already shown improvement. An example of this would include the use of safety cells which has shown a decrease in use over recent months. The County may choose to look at this issue to determine what factors have impacted this decrease with the goal of looking to strengthen these factors or further decrease safety cell use.

Recommendations:

The County needs to continue to audit and identify appropriate corrective actions. Initial corrective action includes staff re-training but if this does not address compliance during the next auditing period the County will need to identify additional corrective actions and track them formally as required by this provision. This is also an area that can be enhanced with the addition of the newly allocated County quality management physician and nurse.

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

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. Behavioral Wellness has updated their auditing tool to include more comprehensive review and analysis of the intake process and will be using this tool in the November 2023 quarterly audit. Behavioral Wellness will be reporting on these new data points at the MAC/CQI meetings. Public Health also monitors intake forms during its quarterly audits and shares these review results at the MAC/CQI. Per the Mental Health Expert's recommendation, Wellpath will develop an audit for the County's intake process, to include corrective actions and follow-up when low compliance is found. The County anticipates completing this requirement by spring 2024.

Expert Review:

This area has also shown improvement since the previous monitoring period. During this monitoring period the Mental Health Expert and Wellpath developed several audits of the intake process that can be utilized to monitor compliance with the Remedial Plan and improve the intake process. In addition, Wellpath recently implemented a system called Zenova that provides feedback to local health care leadership on a weekly basis of the intake process. Wellpath local leadership reported that this started approximately in March 2024 and has provided a rich source of information. At the time of this report the Zenova process is still relatively new and a CQI utilizing this data has not been performed. It is expected that by the next reporting period the locally developed audits, the Behavioral Wellness audits previously noted, and the Zenova data will be utilized to meet the requirements of this provision.

Recommendations:

The County has multiple sources of data available to identify challenges in the intake process and complete CQI on identified issues. This should be prioritized in the next reporting period and Wellpath will work with the Mental Health Expert during the fall and winter on reviewing this data and its utilization in evaluating the intake process.

III.J. Continuous Quality Improvement

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

Compliance Rating

Partial Compliance

Prior Compliance Rating

Non-Compliance

County Response:

In process. The County is in the process of creating a comprehensive list of all inmates referred to a higher level of care. The County will be developing a tracking system for this information and will develop a process so that it is regularly updated. The County anticipates completing this requirement in early 2024.

Expert Review:

The County reports that it is in the process of developing a centralized tracking system that will include individuals referred to higher levels of care both inside and outside of the jail system. Although this system is not yet fully 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. This is significant progress from the previous reporting period. Although the County is working to track referrals to BHU, Safety cells, and Observation cells it has not fully developed the process and relies on the supervising mental health clinician to maintain most of this data. Given the other duties of this position, there are times when it is not possible to ensure all of these lists are up to date. It is expected that with additional resources this system can be fully developed, centralized, and maintained.

Recommendations:

The County has worked to create multiple lists required for this provision and that reflects significant improvement. The County now needs to identify the resources, either within health care or custody to centralize these lists and ensure maintenance of this information. This information should also be placed in a repository on a quarterly basis and utilized for Continuous Quality Improvement. It is expected that with these modifications the County can be in substantial compliance during the next rating period if they centralize this information and demonstrate that it is being used through its CQI process.

III.J. Continuous Quality Improvement

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

Compliance Rating

Substantial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. The County presently tracks 1) inmates on the mental health caseload via CorEMR; 2) the number of inmates with SMI, but is working with the Mental Health Expert to ensure all appropriate inmates are captured on the SMI list; 3) the number awaiting court-ordered placement via the JBCT list and IST list; 4) those referred to inpatient and residential treatment via the PHF list, EASS list, and JBCT list; and 5) the number of SMI in restrictive housing via the daily restrictive housing log. The County will be further refining and updating these lists as well as appropriately tracking these inmates and anticipates completing this requirement by summer 2024.

Expert Review:

Similar to III.J.5, 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. The County recognizes that it needs to identify the resources to centralize and ensure this data is regularly maintained and held in a repository for use in Continuous Quality Improvement studies.

Recommendations:

See recommendations for III.J.5.

III.J. Continuous Quality Improvement

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

Compliance Rating

Substantial Compliance

Prior Compliance Rating

Substantial Compliance

County Response:

Completed. The County maintains information that meets the requirements of this provision and enables appropriate auditing of this provision.

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:

Based on the County's substantial compliance for over one year it is recommended that monitoring of this provision be discontinued.

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

Non-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 anticipates completing this requirement by spring 2024.

Expert Review:

The County reports and patient interviews confirm that health care staff retrieve and triage health services requests daily. At the time of the May 2023 tour data regarding this provision was not available. Since the last reporting period, the County and Wellpath worked with the Mental Health Expert to develop an audit related to this provision and an initial audit of 10 charts was included in the previous report. In June 2024 Wellpath provided an audit of 30 random charts related to this provision.

Consistent with staff and patient reports, the audit found that health service requests are retrieved and triaged in a timely manner. Both of these measures were at 90% compliance. Health service requests were assigned the appropriate level of triage 93% of the time. Although mental health staff were reported to have resolved or addressed the concern from the request 86% of the time, it was only completed within required timeframes 75% of the time. Discussion with Wellpath leadership reflected that these results would be shared through the CQI process and, initially, additional training would be provided as a corrective measure.

Recommendations:

Wellpath has completed an audit that includes a larger sample as recommended previously and initial audit results have provided areas for needed improvement. Wellpath needs to include these results in their CQI process and continue auditing this provision on a quarterly basis.

III.J. Continuous Quality Improvement

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

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. Behavioral Wellness monitors prescriber access through the updated quarterly monitoring tool. Behavioral Wellness will be conducting the first quarterly monitoring using this updated tool in November 2023 and will be reporting on these new data points at the MAC/CQI meetings. Wellpath will be revising its Psychiatric Services CQI. The County anticipates completing this requirement by spring 2024.

Expert Review:

Behavioral Wellness has included the requirements of this provision in their revised audit and data from audit completed on the months of November 2023 through January 2024 was provided. The audits reflect that patients receive follow-up appointments with psychiatric providers on a regular basis (i.e., every 30, 60, or 90 days per the treatment plan). Chart reviews by the Mental Health Expert also reflect this is occurring. The Behavioral Wellness audit did find an issue of non-compliance with individuals receiving an initial psychiatric appointment after referral to psychiatry. Similar to the concern noted last reporting period, the audit completed by Behavioral Wellness only includes 15 charts per quarter and some charts are removed from analysis because the audit question is deemed “not applicable.” Based on the small sample included in the audit provided an accurate determination cannot be made.

Recommendations:

The County has made progress in developing their audits. It will need to increase the sample size so that a more accurate determination of compliance can be made. This is likely an area that the newly developed County positions for jail oversight can assist with.

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

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. Public Health and Behavioral Wellness complete these audits quarterly and provide an annual report as part of the Service Level Agreement between Wellpath and the Sheriff's Office.

Expert Review:

As audits have been developed either by Wellpath or Behavioral Wellness, they have been shared with the Experts. Both Wellpath and Behavioral Wellness have created an increased number of audits this monitoring period but significant work remains. It is expected that with the assistance of the Mental Health Expert and the hiring of the newly allocated County nurse and physician positions there will be more resources available to develop the audits that still remain. For Wellpath as well, resources will likely be needed given the breadth of audits required to show compliance with the Remedial Plan. The County and Wellpath have always been transparent with the Mental Health Expert in sharing audits they have completed and that is not expected to change.

Recommendations:

The County has made significant progress this rating period but work remains. Efforts should continue both by the County and Wellpath in developing and completing needed audits that reflect compliance with the Remedial Plan or health care issues that may not be included in the Remedial Plan but are of importance in maintaining a strong correctional health care delivery system.

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 has completed development of its Suicide Prevention Policy. Wellpath is currently editing their Suicide Prevention and Intervention Program Policy (B-5) to ensure consistency with the County Policy. Wellpath anticipates completing that policy by spring 2024. Following completion of the policies, the County will initiate training on the policies. The County anticipates completing this requirement by fall 2024.

Expert Review:

The County has made significant meaningful changes to Custody Operations Policy Suicide Prevention (section 242) and it is currently being finalized. The County plans on developing a training based on this new policy as it has significantly changed from the previous version. Wellpath also has a detailed non-site-specific policy that is under revision. Once finalized and made site-specific, these policies will be sufficient to reflect compliance with this provision.

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 Continuous Quality Improvement 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

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. The County is working on updating the intake screening and suicide risk assessment to address concerns with upcoming court appearances. The County has edited relevant policies to meet the procedures required by this provision. By spring 2024 Wellpath will have edited their relevant policies to align with the County's policy and the requirements of this provision. Wellpath will perform a CQI on the intake process by spring 2024. The County anticipates completing this requirement by summer 2024.

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. Additionally, this addition has been requested for the suicide risk assessment.

During this monitoring period Wellpath worked with the Mental Health Expert to develop an audit reflecting the elements of this provision sections a) through d). This audit was initiated in January 2024 and two months of data was available at the time of this report. Although the sample is small and methodology is being refined, the data reflects that nursing staff are generally complying with the requirements of this provision. The next rating period will include significantly more data and the auditing methodology will be finalized. This will allow for a more reliable determination of compliance. Section e) audit is currently being developed by Wellpath and has not been initiated.

Also, given that Wellpath has a new resource that provides data on the intake process, this data should be able to identify if the intake process is occurring appropriately.

Recommendations:

The County needs to continue auditing this provision and utilize that data to address any identified levels of non-compliance with this provision. These may involve staffing, training, or other barriers. The County also needs to develop an audit reflecting section e) of this provision.

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

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. Wellpath's Receiving Screening Policy (E-2) covers this provision and the County's policies include the requirements of this provision. Wellpath has incorporated this into its CQI program, and this is reflected in the CQI minutes. This CQI audit is completed twice a year and reported at the MAC/CQI meetings. During this rating period, the County will provide audits to demonstrate compliance with this provision.

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 has developed an audit to assess compliance with the requirements of this provision and initiated the audit in early 2024. At this time the sample size is small and methodology is being refined. It is expected that additional data will be collected monthly and more information on the County's compliance with this provision will be available for the next report. Wellpath is revising its site-specific policy for Receiving Screening and will share it once completed.

Recommendations:

The County needs to provide the revised Wellpath policy on Receiving Screening and continue with the recently initiated audits.

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

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. The requirements of this provision are included in Wellpath's Receiving Screening Policy (E-2) and the Custody Suicide Prevention Policy (242). Wellpath will incorporate this requirement and monitoring into its CQI program. The County anticipates completing this requirement by summer 2024.

Expert Review:

During this monitoring period Wellpath has focused efforts on the development of audits to address several provisions as recommended in the previous report. In consultation with the Mental Health Expert an audit reflecting the requirements of this provision was developed and initiated monthly in March 2024. The audit will assist the County in identifying areas for needed improvement. At this time, a small sample has been collected and Wellpath is working with the Mental Health Expert on refining audit methodology to ensure the requirements of this provision are captured. It is expected that the County will have more relevant data during the next reporting period. Review of the initial data gives the County an indication of areas to focus on to increase compliance in this area.

Recommendations:

The County needs to continue with its auditing process and utilize the results to provide training and develop corrective action plans as necessary through the Continuous Quality Improvement process. Wellpath needs to revise and finalize their policies pertaining to this provision.

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 compliance during the first monitoring period. 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 during the previous monitoring period. 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), while still not site-specific, also includes direction that acutely suicidal incarcerated persons are to receive constant observation and immediate referral to mental health for further evaluation. The Custody Operations Policy Suicide Prevention (242) also includes the information required by this provision.

Audit data was provided for twenty patients expressing suicidal ideation over a two-month period in 2024. 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. From this sample it appears that placement in a safety or observation cell occurs prior to the completion of a mental health evaluation during after-hours when mental health staff is not present. When mental health staff are present at the facility a mental health evaluation is completed instead of immediate placement in a safety or observation cell. This distinction should be considered when the County completes its staffing analysis as the presence of 24/7 mental health coverage would reduce the need for placement in a safety or observation cell prior to evaluation.

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 two rating periods it is recommended that the data from the newly developed audit be reviewed and included in the next report. Then, if in substantial compliance future monitoring would be recommended to cease.

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
Partial Compliance

County Response:

In process. Per the Mental Health Expert's recommendation, the County is creating laminated cards with the standardized risk assessment tool, which will be posted at the Safety Cells and carried by clinicians to ensure that the tool is utilized during the requisite assessments. Wellpath will be creating an audit to meet the requirements of this provision. The County anticipates completion of this provision by summer 2024.

Expert Review:

During the May 2023 tour the Mental Health Expert observed several patients housed in safety cells and the clinician evaluations. While the evaluations did include some aspects of suicide risk the use of a standardized risk tool was not observed. Mental Health staff reported that they address suicide risk but did not always have or require a standardized tool in order to complete the evaluation. Based on feedback from the previous report the County took steps to ensure that the standardized suicide risk assessment was available to all clinicians when evaluating a patient being placed on or discharged from suicide watch. Mental health staff meeting minutes and trainings were also shared reflecting that staff members have been trained multiple times regarding the requirements of this provision. During the April 2024 tour staff were observed carrying copies of the suicide risk assessment and several interviewed confirmed the expectation that the standardized form be used when completing a suicide risk assessment.

The Mental Health Expert and Wellpath leadership developed an audit to validate that this practice occurs on a regular basis. Initial data for two months in 2024 included twenty patients and reflects that these required assessments are occurring both at placement and discharge from suicide watch. This is positive and a larger set of data, gathered over the next monitoring period, will provide additional information on compliance with this provision.

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.

Recommendations:

The County needs to continue auditing with the recently developed audit tool. This will help identify any challenges to compliance with this provision if they exist. 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).

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. The County has updated the Custody Operations Suicide Prevention Policy (section 242) to reflect this requirement. The County has implemented specialized mental health units at both facilities (BHUs), which provide additional clinical services to those suffering from mental illness and those at greater risk of suicide. The County has created a form (Suicide Watch/Mental Health Observation Notification Form) which will be utilized by mental health staff to provide clinical input regarding appropriate housing placement, as well as the return and removal of property and privileges for individuals at risk for suicide. By spring 2024, the County will train all staff regarding this process. The County will work with Wellpath to ensure that Wellpath's revised policies align with the County's policies. The County will work with the Custody Operations and Mental Health Experts to develop a tracker that meets this the requirements of this provision. The County anticipates completing this provision once all BHU units are fully established.

Expert Review:

The County commenced their specialized mental health unit pilot in July 2023 and there is currently functional capacity for 80 individuals in the BHUs. Prior to the commencement of these units those at increased risk for suicide had only the option of safety cell placement, observation cell placement, mental health stepdown units that did not provide structured mental health programming, or general population. With the addition of the specialized mental health units the County hoped to see less use of safety cells, the most restrictive housing in the jail.

As recommended in the prior report, the County has begun maintaining a tracking log of all Safety cell placements and their duration of use for each placement. This data should be of use for the County in evaluating changes in safety cell use over time. Data was made available on safety cell placement from January 2023 through August 2023 and compared to September 2023 through April 2024 to examine safety cell use prior to and after the implementation of the BHUs. The data is in the table below.

Safety Cell Placements

	1/23-8/23	9/23-4/24	Difference
Total placements	280	243	-13%
12-24 hours	110	117	+6%
Over 24 hours	37	13	-65%

The data reflects that there has been an overall decrease in the use of Safety cells since the implementation of the BHUs. Although there is an increase in placements lasting between 12-24 hours this is likely impacted by the significant reduction in placements lasting over 24 hours. It may be the case that the increased number of 12-24 hour placements during the later time period is due to the reduction of those in a safety cell greater than 24 hours. Also of note, in the first four months

of 2024 there have only been two safety cell placements lasting greater than 24 hours. This shows significant improvement from the previous reporting period and is likely due to multiple factors such as the BHUs, a stronger relationship between the jail and County resources to place individuals in an inpatient bed, and focused effort by all parties on compliance with the requirements of the Remedial Plan. The County is working to compile and maintain similar data for observation cell use. When completed the County should undertake a process to evaluate its use.

The Mental health and Custody leadership agree that there are often individuals placed into a safety cell because the jail lacked suicide resistant cells that include a bed, sink, and toilet. The County has completed retrofits to some observation cells and is revising policy and training in order to provide another level of housing that those needing suicide precautions can use, when appropriate, instead of being placed in a safety cell. This should further reduce reliance on safety cells.

Recommendations:

The County has done an effective job of creating and tracking safety cell use and should continue with tracking of observation cell use. Once observation cell data is tracked a similar evaluation of their use is needed. This information should be analyzed through the CQI process to understand the use and explore opportunities for further reduction of safety cell and observation cell use if 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. The County is working with Wellpath to revise its suicide housing protocols to house inmates on observation for suicide risk in observation cells rather than safety cells unless safety/or security concerns warrant placement in a safety cell. The County is in the process of addressing all suicide risks in all observation cells. The County will work with Wellpath to ensure that Wellpath's revised policies align with the County's policies. The County will work with the Custody Operations and Mental Health Experts to develop a tracker that meets this provision. The County anticipates completing the requirements of this provision by summer 2024.

Expert Review:

With the introduction of suicide resistant observation cells, the clinical staff will have a less restrictive and more appropriate place 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. Both health care and custody leadership agree that the new resource of retrofitted observation cells should likely further decrease safety cell use.

Custody Operations Policy Use of Safety Cells Policy (304) outlines appropriate use of safety cells and includes a de-escalation plan for safety cells from 0-12 hours and 12-24 hours of use.

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 Wellpath's revised site-specific policies align with the Custody Operations Policy Use of Safety Cells Policy (304) 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 has established a cross-departmental meeting to address behavioral health coordination. The County is drafting policies and procedures which include a process to ensure timely referrals to and placement in inpatient care and other higher-level mental health care outside the facility. The County is currently working on a Smartsheet to track compliance with this provision. The County anticipates completing this requirement by summer 2024.

Expert Review:

The County has engaged in a significant amount of effort around this provision during the monitoring period. As reported earlier in this report, the County, SBSO, and Wellpath have engaged in regular dialogue to develop a stronger process regarding 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. As reported 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 two instances of this occurring between January and April 2024 as compared to 48 occurrences during all of 2023. Although data for safety cell use and a list of those placed in the PHF was provided, the County has not provided information on reasons for those who exceed the 24 hour mark nor those individuals who remain in safety cells greater than 12 hours but are not transferred to a higher level of care. 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.

Through a daily call with Behavioral Wellness as well as recently instituted daily rounds by Behavioral Wellness for all those in safety and observation cells Behavioral Wellness has taken a greater role than during the previous reporting period. This collaboration between SBSO, Wellpath, and Behavioral Wellness appears to be driving progress. With the coming addition of additional County Public Health staff dedicated to working with SBSO and Wellpath this will likely further strengthen.

Recommendations:

Significant progress has been made in this area during this reporting period. The tracking being completed is helpful but needs to include information so that the County can better understand those who exceed the 24 hour time limit in a safety cell and by how much it is exceeded. Additionally, the County needs to collect and analyze data on those who exceed the 12-hour limit but do not transfer to an outside facility.

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
Non-Compliance

County Response:

In process. See County response IV.C.3.

Expert Review:

As discussed in IV.C.3, the County has made progress in the timely evaluation and transfer of those placed in a safety cell. Additional data will assist the County in understanding cases that exceed 24 hours placement in a safety cell but also the disposition of those cases that exceed 12 hours in a safety cell and do not receive a transfer to an outside facility.

Recommendations:

The County needs ensure that per the August 2023 Stipulation it has identified an adequate number of beds so that placement of those in a safety cell greater than 24 hours is not due to lack of a bed at an outside facility. Further data collection and analysis is warranted. It is recommended that the County utilize recent data to evaluate the inpatient bed plan that was put forth in March 2024.

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. Inmates identified as a current suicide risk are seen three times a day. Due to the current layout of the facility, for those inmates in observation and safety cells, clinical contact has been conducted at the cell. The County is working on ensuring that all clinical contacts are conducted privately for prisoners identified as a suicide risk and is having ongoing discussions to address increasing confidential health visits. Wellpath will audit this requirement through the CQI process by spring 2024. Additionally, the County is proceeding with remodel of the Inmate Receiving Center of the Main Jail to increase treatment space, which is scheduled to be complete by Summer of 2027. Full compliance with this provision will likely follow remodel the remodel.

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. Working with the Mental Health Expert, Wellpath developed an audit to monitor compliance with this provision. Audit data for two months was available at the time of this report. Although a small sample has been obtained at this time the data reflects that at least one daily clinical contact is occurring for patients posing a suicide risk. However, these clinical contacts rarely occur in a confidential setting and when they do not occur in a confidential setting safety concerns and supervisory review are not noted. The audit should serve the County in identifying barriers to compliance with this provision and it is expected that increased compliance can be achieved by the next reporting period by introducing this audit data to the CQI process.

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 Behavioral Wellness covering November 2023 through January 2024 and February 2024 through April 2024 reflect that both NBJ and SBJ were non-compliant with Behavioral Wellness' metric of mental health staff assessing patients on suicide watch at least every 12 hours.

Recommendations:

In addition to continued monthly audits, the County needs to finalize its Custody Operations Policy and ensure that Wellpath policy, which is under revision, aligns. All staff need to be trained on these expectations. Audit results should be discussed quarterly in CQI so that needed changes can occur to increase compliance with this requirement.

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 form (Suicide Watch/Mental Health Observation Notification Form) which will be utilized by mental health staff to provide clinical input regarding appropriate housing placement, as well as the return and removal of property and privileges for individuals at risk for suicide. By summer 2024, the County will train all staff regarding this process. By spring 2024 Wellpath will have edited their relevant policies to align with the County's policy and the requirements of this provision. The County anticipates completing this requirement by summer 2024.

Expert Review:

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. Mental Health staff are aware of this expectation and that a procedure is in development. The County is in the process of developing a form to assist clinicians in making determinations about allowable property for those on suicide precautions and communicating these decisions to custody staff. During the April 2024 tour there were no patients in safety cells but those in observation cells had jail issued scrubs, a blanket, and no other property available. Chart reviews of the individuals on observation did not include any information about allowable or restricted property.

Recommendations:

The County is in the process of developing this procedure and needs to include a way of tracking those on suicide precautions and auditing this provision both through the form being developed and chart reviews. The County also needs to ensure that Wellpath's policy aligns with County policy as it is revised, and that clinical staff are trained on this expectation as it is a completely new procedure for the jail.

Wellpath staff will continue to meet with the Mental Health Expert on this issue. The goal of these meetings is to implement a pilot for allowable property and privileges that can be completed and updated as needed by clinical staff.

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. The County has implemented specialized mental health units at both facilities (BHUs), which provide additional clinical services to those suffering from mental illness and those at greater risk of suicide. Inmates 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 inmates during their psychiatric visits. Wellpath is also providing individual counseling with these inmates during mental health rounds which occur twice a day. The County will work with the Mental Health Expert to develop strategies to provide additional programming opportunities. The County is working on ensuring that all clinical contacts are conducted privately for prisoners identified as a suicide risk but full compliance may require remodel of the facility.

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. Notes of those who have had observation cell placements more frequently reflect either a confidential meeting or offer of one with a clinician compared to the previous monitoring period. When this does not occur, the interaction occurs at cell front. Telepsychiatry visits do occur for some of these patients, based on referrals, and are completed in confidential space. These are the only types of activities currently offered to those in observation or safety cells.

Similar to provision IV.D.2, Wellpath worked with the Mental Health Expert to develop an audit around the provision of confidential mental health clinician and psychiatric contacts for those in safety and observation cells. Data at this time is limited and the County plans to collect data on a monthly basis and utilize it to increase compliance with this provision.

During the previous report it was recommended that efforts to reduce the lengths of stay in safety and observation cells be undertaken and that the County explore offering structured programming, treatment, and unstructured out of cell time if the individual is considered appropriate for such activity since some lengths of stays in observation cells are long. The County has made progress in reducing safety cell placements and length of time but data for observation cells is not currently compiled for review to determine length of stay.

The County has agreed to include clinical recommendations for out of cell time and other activities as part of the allowable property pilot it is developing.

Recommendations:

The County needs to work with the Custody and Mental Health Experts to develop the allowable property and out of cell pilot for those in safety and observation cells. This is expected to occur during summer 2024.

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.

Expert Review:

Both the Custody Operations Policy Suicide Prevention (section 242) and the Wellpath policy Suicide Prevention and Intervention Program (B-05) include these two distinct levels of monitoring. In speaking with clinical and custody staff both reported an awareness of these two levels and that they could be utilized if needed. Recent mental health staff training materials also include these two levels of observation. These are positive changes from the previous monitoring period when staff were aware of the levels of observation but felt custody staffing prevented their implementation if needed. During this tour that was not the case and clinical staff reported they have been trained that custody will comply if mental health directs that constant observation needs to occur.

Recommendations:

The County needs to finalize its Custody Operations Policy and ensure that Wellpath finalizes its policy to include how constant observation will be ordered and who will be responsible for providing the constant observation. The County also needs to track the use of constant observation for its CQI process and to share this data with the Mental Health Expert in order to verify the practice occurs. Although in substantial compliance based on policy drafts, these have not been finalized and there is a lack of data on constant observation occurring. Because of this, it is recommended that monitoring continue into the next reporting period.

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. Wellpath will train staff regarding availability of close and constant monitoring as well as documenting in the rationale for the type of monitoring selected. The County will work with the Custody Operations and Mental Health Experts to develop a tracker that meets this provision. The County anticipates completing this requirement by summer 2024.

Expert Review:

Both constant and close observation are included in policy and have been trained with health care staff. During this review period close observation has been exclusively utilized from interviews with staff although a tracking mechanism for identifying anyone placed on constant observation has not been developed. Wellpath worked with the Mental Health Expert to develop an audit around the requirements of this provision. Initial data reflects that clinical staff are documenting the directed level of observation and that safety cells are being utilized for placement and monitoring of suicidal individuals. However, the County reports that safety cells are often being 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.

Recommendations:

The County needs to ensure staff are trained regarding the two types of monitoring available and develop a tracking tool for when each is ordered. Additionally, the rationale for which type of monitoring needs to be included in clinical notes. The County also needs to continue their newly developed audit of the types of monitoring and the appropriateness of the order as proof of compliance with this provision. The County also needs to explore alternative housing options as placement for individuals who are on suicide precautions but may not warrant a setting as restrictive as a safety cell.

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
Substantial Compliance

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. The County is creating laminated cards with the standardized risk assessment tool, which will be posted at the Safety Cells and carried by clinicians to ensure that the tool is utilized during the requisite assessments. Wellpath will be creating an audit to meet the requirements of this provision. The County is working on ensuring that clinical contacts are conducted privately. The County anticipates completion of this provision by summer 2024, however, confidentiality concerns may not be fully remedied until completion of a remodel.

Expert Review:

Wellpath policy Suicide Prevention and Intervention Program (B-05) 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. The County worked with the Mental Health Expert to develop an audit reflecting the requirements of this provision that was initiated in spring 2024. Initial data reflects that suicide risk assessments are consistently completed prior to discharge from suicide precautions. Issues around confidentiality remain a challenge.

The County has introduced a method of ensuring that all staff performing suicide risk assessments have access to the standardized tool and trainings and minutes from mental health staff meetings reflect this expectation has been reinforced with staff.

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 come into full compliance. The County and Wellpath must resolve any barriers to implementing the confidentiality component of this provision.

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 is individualized and includes mental health check-ins at intervals of 24 hours, 3-days and 7-days for inmates discharged from suicide precautions. Wellpath will provide training on the Collaborative Safety Plan by early 2024. The County Suicide Prevention Policy (242) has been updated to meet the requirements of this provision. Wellpath will also update its policy to reflect that the Collaborative Safety Plan is completed for inmates released from suicide watch and will initiate an audit to reflect the Mental Health Expert's recommendations related to this provision. The County anticipates completing this requirement by summer 2024.

Expert Review:

The County Custody Operations Policy Suicide Prevention (242) is ready to be finalized and trained. Wellpath is revising their policy and the Mental Health Expert was informed that a requirement for follow-up post release from suicide precautions would occur for all individuals at least at the 24-hour, 3-day, and 7-day mark as part of a standardized treatment plan.

The County provided a copy of a Collaborative Safety Plan to be utilized with individuals released from suicide watch. This safety plan template includes the elements required for this provision and the County worked with the Mental Health Expert to develop an audit reflecting the requirements of this provision. Wellpath will continue to complete this audit on a monthly basis, but enough data has not been gathered yet to provide the County direction on the challenges to comply with this provision. Continued auditing will assist the County in gathering more robust data around this provision.

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.

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

Non-Compliance

County Response:

In process. The County has created a form (Suicide Watch/Mental Health Observation Notification Form) which will be utilized by mental health staff to provide clinical input regarding appropriate housing placement, as well as the return and removal of property and privileges for individuals at risk for suicide. By spring 2024, the County will train all staff regarding this process. The County has updated its Safety Cell Policy (304) and Suicide Prevention Policy (242) to reflect use of this form. Wellpath will update its policy and initiate an audit to reflect the Mental Health Expert's recommendations related to this provision. The County anticipates completing this requirement by summer 2024.

Expert Review:

The County reports it is in the process of implementing a system where clinicians will provide input regarding appropriate housing for those on the mental health caseload. Clinical staff and custody interviews informed the Mental Health Expert that currently an informal process exists where clinical staff have input into housing recommendations but at this time it remains an informal process without documentation or tracking. Both the introduction of BHUs and the reduction in restrictive housing use within the jail system make it more unlikely that an individual would be released from a safety or observation cell and placed into restrictive housing which is a positive development.

The County has developed a formalized system to convey both housing and property recommendations and looks to implement it during summer 2024. As expected, the implementation of the mental health housing units has had a positive impact on this process and this new level of care has provided a resource for clinicians to make appropriate referrals to that program. A list of 8 individuals who were recommended for placement on a BHU directly from either a safety cell or observation cell during spring 2024 was provided. With the exception of one individual who refused placement on a BHU, all were transferred to a BHU unit. This reflects a good start to build upon.

Recommendations:

Although it has been occurring informally and there is recent data that patients are being referred to BHUs by clinical staff, the process needs to be formalized and documented. The County and Wellpath will need to finalize policy that includes this process and train both custody and health care staff. 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. The County, in collaboration with Wellpath, creates a Collaborative Safety Plan, which is individualized and includes mental health check-ins at intervals of 24 hours, 3-days and 7-days for inmates discharged from suicide precautions. Wellpath will provide training on the Collaborative Safety Plan by early 2024. The County Suicide Prevention Policy (242) has been updated to meet the requirements of this provision. Wellpath will also update its policy to reflect that the Collaborative Safety Plan is completed for inmates released from suicide watch and will initiate an audit to reflect the Mental Health Expert's recommendations related to this provision. The County anticipates completing this requirement by summer 2024.

Expert Review:

Although Wellpath is in the process of revising their site-specific policy on suicide prevention, staff 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 worked with the Mental Health Expert to develop an audit reflecting the requirements of this provision. Initial data from one month of data reflects that patients are remaining on the mental health caseload after discharge from suicide precautions and that follow-ups are occurring. The County will work with the Mental Health Expert to refine any needed audit methodology and increase the sample size of the audit. It is expected by the next reporting period a more definitive interpretation of the data can occur.

Audits provided by Behavioral Wellness for the time periods of November 2023 through January 2024 and February 2024 through April 2024 reflect that at both NBJ and SBJ during these time periods the County was not compliant within 24-hours, 5 days, and 7 days post-discharge from suicide watch. The audit included a note that follow-ups are often scheduled but are completed late or not at all.

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 the next four months, the County and Wellpath will work with the Mental Health Expert to incorporate his recommendations for more robust review.

Expert Review:

The County provided PowerPoint presentations and CQI minutes from several meetings in 2024 that included the tracking of suicides, attempted suicides and serious self-harm. These presentations include frequency counts of both suicide attempts and self-harm events. What is missing 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. Although the County does capture the frequency of these events it is still developing a process where analysis and examination of trends can occur.

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. It is recommended that the County continue to work with Wellpath and the Experts in developing this process. Additionally, it is expected that the County's hiring of dedicated positions through Public Health to oversee and work with Wellpath should serve to improve this process.

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

Non-Compliance

County Response:

In process. All critical incidents are documented and tracked through monthly statistics and reviewed at the monthly MAC/CQI meeting. In the next four months, the County and Wellpath will work with the Mental Health Expert to incorporate his recommendations for more robust review.

Expert Review:

Since the previous report, the County and Wellpath have worked with the Mental Health Expert on developing this process. Although there were some serious suicide attempts earlier in this reporting period, they did not undergo this review process. In spring 2024 the Mental Health Expert attended the first review of a serious suicide attempt which is defined as requiring transport to an outside hospital for treatment. The review attended included all the elements of this provision as well as thorough discussion and documentation of potential corrective actions to potentially prevent similar attempts in the future. This is a good start and the County and Wellpath need to continue to ensure this occurs for all future identified serious suicide attempts. Additionally, the County has stated that they find it useful to utilize this process for some cases of self-harm that do not rise to the level of requiring transport to an outside hospital and plan to utilize it for those instances. Although not required by this provision, this is a proactive approach to be commended.

Recommendations:

Although only one serious suicide attempt review has been held at the time of this report the County has an understanding of all the elements required and displayed the ability to execute them. Including some events that may not rise to the level of requiring outside transport is also a positive development.

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

Non-Compliance

County Response:

In process. All critical incidents are documented and tracked through monthly statistics and reviewed at the monthly MAC/CQI meeting. In the next four months, the County and Wellpath will work with the Mental Health Expert to incorporate his recommendations for more robust review.

Expert Review:

The County has developed multiple audits over this monitoring period covering areas such as the intake process and suicide risk assessment, which address some areas required by this provision. As the County continues to develop audits and refine their Continuous Quality Improvement system there will be an overlap with many of the requirements of this provision.

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.

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

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. The County is working to create a matrix to ensure all staff are aware of the units that are subject to the requirements of this provision. Wellpath has trained staff regarding section (c) of this provision and will continue to remind staff of that requirement during monthly staff meetings. Wellpath will begin auditing compliance with this provision. The County has updated the Restrictive Housing policy (Section 306) to include the requirements of this provision. By spring 2024, Wellpath will be updating its Segregated Inmates Policy (G-02) to meet the requirements of this provision. The County anticipates completing this requirement by spring 2024.

Expert Review:

The Wellpath policy Segregated Inmates (G-02) provided is under revision. 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 (New East ISO). At SBJ rounds are occurring at least three times per week. An audit of 25 charts was completed of those in segregation over a three month period in 2024. One hundred percent of the charts included a note regarding the rounding that occurred. In each of these notes the required information reflecting conversation with the incarcerated person, assessment of the cleanliness of the cell and an offer for a confidential meeting was recorded. These notes were thorough and unique to the individual and specific interaction. In addition, a list of 25 individuals who had been offered and requested a confidential meeting was provided. Ten of these charts were reviewed and the rounding note included the information that the individual had requested a confidential meeting. Last, the notes of the 25 individuals requesting a confidential meeting were reviewed. Each incarcerated person had a note on the date of or close to the request date reflecting that either a confidential meeting occurred, was offered and refused by the incarcerated person in lieu of a cell front meeting, or in several instances that a confidential meeting could not be provided at that time due to lack of escorts or available space. Interviews with incarcerated persons on the segregation

unit confirm that rounds regularly occur and that staff offer and provide confidential meetings when requested. The information provided and review reflects significant improvement since the previous monitoring tour and substantial compliance at SBJ with this provision at this time. This aligns with audit findings provided by Behavioral Wellness from November 2023 through January 2024 that indicate non-compliance with rounding at SBJ but reflect compliance with rounding in their audit from February 2024 through April 2024.

At NBJ, the segregation rounding information provided reflected that the segregation rounds were not occurring as required between February 2024 and May 2024. Health care leadership reported that these rounds stopped in February 2024 and a review of records confirmed this. Health care leadership reported that a recent departure from the staff negatively impacted the ability to complete segregation rounds. Incarcerated person interviews during the April 2024 tour confirmed rounding was not occurring. Audit data provided by Behavioral Wellness reflected that NBJ was non-compliant with the rounding requirement in audits covering November 2023 through January 2024 and February 2024 through April 2024. In May 2024 Wellpath re-commenced rounding at NBJ and charts reviews confirm this.

Recommendations:

The County has made significant progress at SBJ on this provision and is currently substantially compliant. The County experienced an issue, due to staffing, where rounding ceased for several months at NBJ. The County's staffing plan must include staffing for this function as well as a contingency plan to ensure rounding consistently occurs if there are staff absences or departures. Both the County and Wellpath need to finalize their policies around this provision.

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

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. The County has updated its Inmate Handbook which provides instruction for the inmates to request a confidential space to meet with healthcare staff. The County currently utilizes confidential treatment rooms for clinician visits but is working to improve use of confidential space for all health care visits. The County revised the Restrictive Housing Policy to include the requirements of this provision. Wellpath trained staff regarding the need to document the request for and provision of confidential treatment in the electronic medical record. The County's Northern Branch Jail has sufficient confidential space to meet this provision and the County has identified additional space at the Main Jail for such visits. The County is having ongoing discussions to address increasing confidential health visits and Wellpath will be conducting a CQI related to confidential visits. Additionally, the County is proceeding with remodel of the Inmate Receiving Center of the Main Jail to increase treatment space, which is scheduled to be complete by Summer of 2027.

Expert Review:

As reported in VII.F.4, a list of individuals requesting a confidential meeting was provided. 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 either the same day or within days of the request. This data was not available for NBJ.

Recommendations:

The County is in substantial compliance at SBJ. Due to lack of rounding at NBJ, this is not the case. Identifying staff to round and ensuring staffing is adequate at NBJ is required to comply with this requirement.

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 inmates to health care appointments.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Non-Compliance

County Response:

In process. The County is presently undergoing a staffing analysis which will also assist in determining the needs to meet this provision. Following completion of the staffing analysis, the County will develop an appropriate staffing plan and timeline for implementation. The County anticipates working with Wellpath to develop such a plan and to adjust staffing allocations, as needed, or to identify appropriate efficiencies or make adjustments to operations to ensure that healthcare and mental healthcare staffing levels are appropriate to provide the levels of care identified within the Remedial Plan. Such staffing plan will be subject to Board of Supervisors' approval and the County will confer with Class Counsel and the Remedial Plan Experts regarding the staffing plan. The County anticipates completing the requirements of this provision within six months of such approval.

Expert Review:

The County has received a completed staffing analysis and is currently reviewing the recommendations and developing a staffing plan to meet the requirements of this provision. Although the County has work to do in order to achieve substantial compliance, there has been noticeable improvement in the escorting to and provision of confidential mental health appointments. This is based on observations during the April 2024 tour and chart reviews.

Although the County has allocated additional staffing on an annual basis, with the most recent allocation occurring on July 1, 2024, a determination of the comprehensive staffing needed to satisfy these requirements has not been completed. The staffing analysis shared with the Mental Health Expert was largely focused on health care staffing with minimal consideration of custody staffing needs. Mental health staff have greatly improved in their documentation of reasons why confidential health care appointments do not occur. This is valuable data in assisting the County in meeting the custodial staffing requirements of this provision.

Recommendations:

The County needs to utilize both the staffing analysis and data currently being generated through current practices by the clinical staff in identifying the extent of staffing needs to satisfy this provision. The County also needs to consider the additional requirements and clinical activities called for by the Remedial Plan and include appropriate staffing to complete these.

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. The County has contracted with a healthcare consulting company who has expertise within correctional facilities and with National Commission on Correctional Healthcare (NCCHC) standards to provide a healthcare and mental health care staffing analysis. Also see County response for VIII.1.

Expert Review:

Per the August 2023 Stipulation, the County was required to complete section a) of this provision by January 1, 2024. The County did complete this analysis by that date but it has not yet been finalized although a draft has been shared with the Experts for review. Once this staffing analysis is finalized the County plans on developing a staffing plan which will include an implementation timeline and be submitted for approval by the Board of Supervisors. In the interim, the County and Wellpath agreed to add 16.6 new health care positions on July 1, 2024. These include:

- 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

This is a positive step to bring needed resources to the jails as the County works to finalize their staffing plan.

Recommendations:

The County has received a staffing analysis with recommendations that it will need to finalize their proposed staffing plan. It will need to utilize this analysis as well as information from the Remedial Plan and Experts in determining the final staffing plan required to meet the requirements of this provision.

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. See County response for VIII.1 and VIII.2. The County currently monitors staffing at the Main Jail and, when possible, adjusts staffing to facilitate access to care. The design and staffing levels of the Northern Branch Jail are in compliance with this provision.

Expert Review:

During the April 2024 tour health care leadership discussed their practice of identifying staff to cover absences and vacancies. Wellpath shared that they make attempts to fill vacancies and offer additional hours, as needed, to meet health care needs through overtime or as the situation demands (PRN staff). Wellpath has also worked with the County to identify classifications that can perform similar duties of staff where vacancies exist. For example, during this monitoring period an agreement was reached for Wellpath to utilize licensed psychiatric technicians, where appropriate, to fill in for licensed vocational nurse vacancies. This has significantly aided Wellpath in filling vacancies initially in the area of medication administration. However, there is no ability for health care leadership to temporarily approve or deploy an increase in staffing to meet unexpected increases in patient needs or when backlogs occur.

The County's staffing plan, by likely increasing staffing, should play a role in addressing the ability of the County to adjust staffing as needed, as this will increase the pool of available staff and also increase the availability of individuals who may be willing to work overtime if offered the opportunity.

Recommendations:

The County's final staffing plan should consider the ability of the local health care and custody leadership to temporarily increase staffing when needed, without delay, to address increased patient needs.

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.

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

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

Substantial Compliance

Prior Compliance Rating

Substantial Compliance

County Response:

Completed. The Mental Health Expert has found the County in substantial compliance with this provision. The County has been found in substantial compliance with this provision for two consecutive rating periods and requests discontinuation of monitoring with this provision in accordance with paragraph 52 of the Remedial Plan.

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

Non-Compliance

County Response:

Completed. The County has established the requisite training consistent with this provision and all staff working within the specialized mental health units have received this training. The County will provide the Mental Health Expert with the lesson plans and rosters demonstrating compliance with this provision.

Expert Review:

The County initiated the specialized units in July 2023 and have expanded during this monitoring period. Custody staff provided a roster of 12 custody and SBSO program staff as well as certificates reflecting they had attended an 8-hour Mental Health First Aid training in 2024. Additionally, partnering with Wellpath, custody receives an annual one-hour refresher training on SMI, communication strategies, and de-escalation.

Recommendations:

The County has done a good job ensuring training occurs for required staff. The County needs to ensure that those working in the BHUs continue to receive specialized training as the program and staffing expand.

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

Non-Compliance

County Response:

In process. The County, in conjunction with Wellpath, created training on the Remedial Plan provisions at its inception. The County and Wellpath will be updating this training and Wellpath will provide the updated training to all healthcare staff by spring 2024. In the interim, Wellpath has been conducting ongoing training regarding various components of the Remedial Plan. The County will provide the Mental Health Expert with rosters demonstrating compliance with this provision once training is complete.

Expert Review:

Wellpath managers provided a Powerpoint that was developed to reflect the requirements of the remedial plan. This was comprehensive and included the information included in the Remedial Plan and will be utilized for training all health care staff. Additionally, meeting minutes from several months of mental health staff meetings and quality improvement meetings were reviewed and include discussion and training for staff on provisions of the Remedial Plan. However, Wellpath has not had the opportunity to ensure that all staff have received this Remedial Plan training.

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.

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 has finalized the Custody Operations Suicide Prevention Policy (242) and will begin training in accordance with this provision in the next three months. The County will provide the Mental Health Expert with the lesson plans and rosters demonstrating compliance with this provision following completion of such training.

Expert Review:

The suicide prevention policies for both custody and health care are under revision. Although the Wellpath policy, as previously reported, meets the requirements for this provision, it is being revised to both align with the custody policy and be site-specific. Both SBSO and Wellpath plan on developing a training to instruct staff on the revised policies. Currently, both custody and health care staff continue to train staff on the existing policy.

SBSO provided training rosters reflecting that training on current policy continues for custody staff. Wellpath is unsure of the number of staff who have received appropriate training given recent turnover and additions in staff. Wellpath plans on working during this rating period to develop a system that clearly identifies staff compliance with required training. This is also discussed in provision IX.7.

Recommendations:

The County needs to complete the revision of the Custody Operations Suicide Prevention and develop a training that reflects this policy. The county then needs to ensure all custody staff receive training on this policy through the newly revised training.

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

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:

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. Wellpath has been providing training to staff consistent with the requirements of this provision and will be providing the Mental Health Expert with rosters demonstrating compliance with this provision following completion of such training. The County anticipates completing this requirement by spring 2024.

Expert Review:

The Mental Health Expert met with Wellpath leadership regarding various trainings that include the topic of suicide prevention. Several Powerpoints were also provided reflecting this topic that had been shared with staff throughout the reporting period. Data was provided reflecting that 40 out of 60 health care staff members had completed suicide prevention training within the past year for a compliance rate of 67%. Wellpath on-site managers have reported they are making suicide prevention training a priority in the next reporting period.

Recommendations:

Wellpath has agreed to make suicide prevention training a priority and will work to ensure staff receive this required training, As recommended previously, training compliance rates should be included in Continuous Quality Management meetings for both custody and health care staff.

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

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:

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.