

Remedial Plan Status Report

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

October 2023

PREPARED BY:

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OCTOBER 2023 REMEDIAL PLAN STATUS REPORT

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

INTRODUCTION

This is the first report of this Mental Health Expert regarding Santa Barbara County's Remedial Plan progress, although it is the third 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 September 1, 2023. However, items from the August 2023 Joint Status Report and Stipulation will largely be addressed in the next report.

I am pleased that this report reflects progress in several areas compared to the previous monitoring period. 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.

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.

The report will review the mental health provisions of the Remedial Plan which will include a compliance rating, the previous compliance rating from Dr. Kahlil Johnson's April 2023 report, the County's summary of the status of the provision, 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 May 1, 2023, to May 5, 2023 and July 27, 2023; interviews with custody staff, Wellpath staff, and incarcerated persons; and several meetings with the County, the Custody and Medical Experts, and plaintiff's counsel. The County supplied documentation prior to site visits as well as in response to inquiries as this report was being prepared. A significant amount of information was supplied by the County after the first draft of this report was completed, requiring revision of several provision sections of this report.

Reviews of inmate charts and data in the EMR were conducted but limited due to an inability to identify relevant charts at times. For future reports I will work with the County to generate lists of incarcerated persons meeting needed criteria to evaluate relevant provisions of the Remedial Plan.

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 2023 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 February 1, 2023, Fourth 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	NC
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	NC	NC
III.A.6.	Policy on private and confidential clinical interactions	PC	NC
III.A.8.	Supervision of trainees	SC	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	NC
III.C.1.	<i>Patient Privacy and Confidentiality</i> Sufficient private interview space	PC	NC
III.C.2.	Clinical contacts do not occur at cell front	PC	NC

III.C.3.	Documentation of confidentiality of contact occurs in medical record	PC	PC
III.C.4.	Confidentiality of mental health services requests	SC	PC
III.D.1.	<i>Mental Health Services, Housing, and Access to Care</i> Response to mental health referrals	PC	NC
III.D.2.	Least restrictive setting for mental health inmates	PC	NC
III.D.3.	Specialized mental health units	PC	NC
III.D.4.	Multidisciplinary teams for mental health units	NC	NC
III.D.5.	Mental health structured and unstructured out-of-cell time	NC	NC
III.D.7.	Comparable mental health units for males and females	PC	NC
III.D.8.	Individualized treatment plans	PC	PC
III.D.9.	Behavioral management plans	PC	PC
III.D.10.	Clinical contact record entries	PC	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	NC
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	NC	NC
III.I.1.	<i>Cross-Agency Coordination of Mental Health Treatment and Service Need</i> Monthly Medical Administration Committee (MAC) meetings	SC	PC

III.I.2.	Referral and placement in higher level of mental health care outside the facility	NC	NC
III.I.3.	Expedite of referrals to State Hospitals	PC	NC
III.I.4.	Tracking of mental health referrals to services outside of the jail	NC	NC
III.I.5.	Inmates returning from outside facilities	PC	PC
III.J.1.	Continuous Quality Improvement Continuous Quality Improvement (CQI) meetings	PC	PC
III.J.2.	Quality indicators for monitoring health care contract	PC	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	NC	NC
III.J.6.	Tracking inmates on mental health caseload and with Serious Mental Illness (SMI)	PC	NC
III.J.7.	Logging inmate requests and those referred for mental health caseload placement	SC	NC
III.J.8.	Quality review of health service requests	NC	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	PC	SC
IV.C.1.	Housing of Prisoners on Suicide Precautions Least restrictive housing	PC	PC
IV.C.2.	Appropriate housing for suicide observation	PC	PC
IV.C.3.	Safety cell time limits	PC	PC

IV.C.4.	Inpatient unit referral	NC	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	PC
IV.E.2.	Clinician assessment and documentation of suicide precautions	PC	SC
IV.E.3.	Video monitoring	SC	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	NC	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	NC
IV.H.2.	Multidisciplinary review of suicide attempts	NC	NC
IV.H.3.	Auditing of suicide prevention procedures	NC	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	SC
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	NC	NC
VIII.2.	Staffing Analysis	PC	NC
VIII.3.	Monitoring and adjusting staffing	PC	NC

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	NC	NC
IX.4.	Training for health care staff on remedial plan	NC	NC
IX.5.	Suicide prevention training	PC	PC
IX.6.	Custody training on suicide prevention	SC	PC
IX.7.	Suicide prevention training for health care staff	PC	PC
IX.8.	First aid and CPR	SC	PC

NC = Non-Compliance | **PC** = Partial Compliance | **SC** = Substantial Compliance

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		

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. The County and Wellpath are updating policies to comply with the Remedial plan. It is expected to be completed by Spring 2023.

Expert Review:

During the May 2023 site visit and afterwards the County has shared several custody policies and they show significant improvements and incorporation of 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 healthcare contractor. Custody staff has worked with the experts and incorporated feedback in developing these policies and is also aware and open to the need for future policy revisions as the Health Care and Mental Health programs develop. The current custody polices, once finalized, and approved, are adequate to reflect compliance with this provision.

In reviewing the policies of the County's current health care contractor (Wellpath), the contractor has been revising policies to make them site-specific. In order to achieve this the policies will need to be site-specific to both NBJ and SBJ. During the monitoring visit representatives from Wellpath discussed the option of developing separate site-specific procedure manuals for NBJ and SBJ. This is an acceptable alternative to placing this level of detail into the policies themselves and may serve the staff utilizing them at their respective facilities more positively. However, it does not negate the need to also revise the Wellpath policies to ensure they are specific to the County itself and reference the separate procedure manuals as needed.

It is then expected that the County would own the separate procedure manuals going forward as they must align with the custody policies and provide any future providers of healthcare services the expectations surrounding provision of health care.

Recommendations:

The work involved in developing procedure manuals for NBJ and SBJ 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 the May 2023 tour it was recommended that the County work with its vendor to arrange for specialized assistance with this task by someone within the vendor's organization who has 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 has been identified to assist in these efforts and will be responsible for policy revision as well as the development of site-specific procedure manuals. Once the procedure manuals are developed all staff working at a facility will need to be trained on the procedure for that facility initially and on an ongoing basis.

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

Non-Compliance

County Response:

In process. The County policy has been revised and Wellpath is working on incorporating this to policy F-03 Mental Health Services. The target population for this committee will be revised as the County develops specialized mental health units. Anticipated completion by Fall 2023.

Expert Review:

The County and Wellpath did not provide any policy outlining committees involving mental health and the structure, membership, and meeting frequency of those meetings nor is that necessary as long as pertinent policies reference this information where applicable. In the Custody Operations Suicide Prevention policy (242) there is inclusion of the structure, membership, and frequency of a committee meeting that is held after an in-custody death. The policy also includes a description for a multidisciplinary review for serious suicide attempts and includes required disciplines to attend (e.g., medical, mental health, custody) but does not include the rank or level of individuals in those disciplines who are required to be part of the meetings. In reviewing Wellpath's Mental Health Services policy (F-03) this information is not currently included.

The County has shared a draft of the Behavioral Health Unit policy that does include 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 developing these units.

To achieve compliance with this provision the County needs to include the required information, as it has in the Behavioral Health Units Policy, in its policies for any committee that has mental health representation. This would include quality assurance, death review, suicide prevention, discipline review, HARP, general population SMI review, Medical Administration Committee (MAC), specialized mental health housing, and any other committees developed in the future.

Recommendations:

It is likely more meaningful for these required elements to be included in each policy that is developed for each committee rather than having one document that attempts to include the required elements for every committee. The County should review its Custody Operations policies with a focus on this provision and include the required information, along with rank or levels of individuals who are required to attend (e.g., Health Services Administrator, supervisor, Chief Nursing Officer, Custody Commander) in its policies. Additionally, the County must ensure that the information in its Custody Operations policies is included in the Wellpath procedure manuals being developed.

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. The County has completed sections b, c, d, and f. Sections a and e are in process as the County works to develop specialized mental health units at the Main Jail and at the Northern Branch Jail with pilot programs scheduled at these facilities by July 2023.

Expert Review:

The County cites specific Wellpath policies as meeting compliance for sections b, c, and d. The current Wellpath policies do include these elements. However, as reported earlier, these policies are not unique to the County nor site-specific. Additionally, with the decision to develop procedure manuals this information will need to be included in that document for each site.

For section f the Custody Operations Policy Suicide Prevention (242) does include information on expectations for suicide prevention and crisis intervention training for custody, healthcare, professional staff, contractors, and volunteers. The County needs to develop an audit to ensure compliance for all these categories of individuals as compliance with training requirements will be addressed in section IX of this report.

Sections a and e are being developed as part of the implementation of the specialized mental health housing units. The County stated in its self-assessment that it has developed a workgroup to develop policy. This group, given that it is tasked with the development of the policy for these housing units, should be interdisciplinary and continue to meet on a regular basis now that the specialized mental health units have been implemented and will soon be expanding.

Recommendations:

The County should ensure these elements are included in the development of the site-specific health care contractor procedure manuals and that they align with Custody Operations policies. The County needs to also include any training requirements and an audit to ensure compliance with training as part of the policy.

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. The County anticipates completion by summer 2023.

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 procedure manuals. Review of the Wellpath sick call slip reflects that the slip does not allow the clinical staff performing triage to designate the referral as emergent, urgent, or routine. The slip does include a priority numbering system from 1-5 which may be part of Wellpath's triage system but does not reflect the requirements of this provision. The County reports that staff do have the ability to designate referrals as emergent, urgent, and routine when making a referral in the electronic medical record but that it must manually be entered. The County reports that the numbering system is part of the electronic medical record that cannot be modified but that it is training staff to document referrals as emergent, urgent, and routine rather than relying on the numbering system.

Recommendations:

The County should ensure both the terminology and timeframes are consistent across all policies, both custody and Wellpath, as well as the procedure manual. The County should also ensure that the criteria for each acuity designation are outlined and that health care staff are trained on this criteria. The County will also need to develop an audit of this process to ensure that referrals are appropriately being triaged and that the acuity determination is entered into the electronic medical record instead of relying on the 1-5 numbering system that does not align with the Remedial Plan requirements.

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
Non-Compliance

Prior Compliance Rating
Non-Compliance

County Response:

In process. Wellpath mental health staff are on site daily and outside mental health agencies have been invited to return to the jail but have not. The County had a multi-disciplinary group working to develop specialized mental health units and programming and the County will work with the Mental Health Expert to ensure adequate clinical and programming support. The County anticipates initiating a pilot program by summer 2023 for both males and females.

Expert Review:

At the time of the site visit in May 2023 there was not a licensed mental health professional on-site to ensure compliance with the sections of this provision. Wellpath had arranged for a regional mental health clinician to be available telephonically and on-site periodically, but this clinician was neither on-site daily nor licensed in California in May 2023. The newly hired mental health supervisor, who does have strong knowledge of the system, expects to be licensed by December 2023 and can fulfill this role at that time. When queried about a solution for this issue prior to December 2023 during the May 2023 tour, Wellpath did not provide a solution. However, the County reported it was made efforts since that time to identify an individual, who meets the criteria required by this provision but was not successful. As of August 2023, the County relies on the on-site unlicensed clinician who is a supervisor and the regional mental health clinician, who is now licensed in California, and is available telephonically and has also made nine trips to the site from July 2022 through July 2023.

Recommendations:

The County has been unable to meet the requirements of this provision and needs to continue to make efforts to meet it rather than waiting for the current on-site supervisor to become licensed in December 2023. Until this is resolved Wellpath should ensure that the licensed supervisor has at least monthly on-site presence for multiple days each month.

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

Non-Compliance

County Response:

In process. The County currently conducts private and confidential clinical interactions at North Branch Jail. The County is limited at Main Jail and may require renovation or construction to comply with this provision. In the interim the County is developing a procedure to ensure privacy and confidentiality during clinical interactions. The County has revised Custody Operations Health Care Policy (240) and will update the Mental Health Policy (241) by Spring 2023.

Expert Review:

The drafts reviewed of Custody Operations Health Care Policy (240) and Mental Health Policy (241) 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.

During the May 2023 tour two custody officers were asked about the procedure for escorting an incarcerated person to a confidential area to be seen by clinical staff. Each reported that they were outside officers doing overtime and had not had experience with this type of request nor knew where the confidential space to escort the incarcerated person was located at SBJ. During several patient interviews it was reported that when custody staff escort a patient to a telepsychiatry appointment they arrive and announce "it's time for your telepsychiatry appointment" so that others in the housing unit are made aware of this confidential health care appointment.

The issue of whether identified confidential space is utilized is addressed in other provisions.

Recommendations:

As the County and Wellpath continue to develop policy they should ensure this information regarding private and confidential space and its use is included. Additionally, all staff, regardless of the amount of time they work in the jail need to be trained on this procedure. 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

Substantial Compliance

Prior Compliance Rating

Substantial Compliance

County Response:

Completed. Wellpath has completed this MOU and provided it to the Mental Health Expert.

Expert Review:

The County has provided a copy of an executed affiliation agreement that outlines the required responsibilities of both Wellpath and the school providing opportunity for its students.

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 thus suspension of monitoring is warranted under Paragraph 52 of the *Murray* Stipulated Judgment. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

III.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:

Completed. With respect to section (d) the County intake screening tool allows for the identification and description of signs and symptoms related to a possible DSM diagnosis. In the event those signs and symptoms are present, Wellpath refers the inmate to a mental health professional for possible diagnosis.

Expert Review:

The County provided a copy of Wellpath's Receiving Screening form that was revised in February 2023. 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.

During the May 2023 tour of NBJ an intake screening was observed. During this screening the nurse failed to complete the screening and ask all questions on the screening. For example, instead of asking each of the specific questions about suicide attempts and ideation included in the screening, she asked, "Do you want to kill yourself?" When the patient replied "no" she skipped all other questions relating to suicide or self-harm which includes up to twenty-one additional screening items. Nursing staff also reported being able to complete the Receiving Screening in approximately 10-minutes on average, which is not enough time to thoroughly complete the screening as it is written. When this observation was brought to the attention of the County they ensured that Wellpath would be providing training to confirm that all questions on the intake screening would be asked and fully completed. This is imperative as the intake screening makes the initial determination as to whether an individual may require mental health services in the jail.

The Receiving Screening allows for emergent, urgent, and routine referrals to mental health. Of concern is that the routine referral for initial evaluation is to be seen within 7-days. Given the possible uncertainty and stress that can be involved with being incarcerated, a seven-day window

for routine mental health evaluation is excessive and a routine referral for initial evaluation upon intake should be considered distinct from referrals made through the health services request process once an individual has completed the intake process. Three days is a more appropriate timeframe to see a routine referral at intake and the County should consider modifying its policy in this regard. Chart review of a patient in September 2023 reflected that the individual had received a routine referral at intake but was subsequently placed in an observation cell due to suicidal ideation one day after his intake. He received his next mental health contact seven days later when he was prescribed psychiatric medication by a psychiatric provider in response to a referral that had been placed upon release from the observation cell. He then received his routine mental health intake assessment the following day, a total of nine days after his initial intake. Had he been scheduled and aware he was going to see a mental health clinician within three days of referral it may have positively impacted the outcome of this person's course of treatment and the psychiatric provider could have benefitted from the information that is gathered during the initial mental health assessment.

Although some aspects of custody and clinician training are addressed in section IX, thorough training on the intake process is imperative. A recent document released by the Santa Barbara County Grand Jury titled "Every Death in Custody is a Failure"¹ reports that the training of the nurse performing the intake was inadequate and failed to fulfill the expectations for someone in this role. A second report released by the Grand Jury also points to poor training of the intake nurse who fulfilled some required aspects of the intake process but failed to fully consider or be aware of additional expectations given the acuity of the patient being evaluated.² These reports, along with the Mental Health Expert's observations during the tour, reflect the need to ensure thorough staff training for this aspect of the health care process in the jail.

Recommendations:

Although the Receiving Screening form is adequate, the observed implementation of it requires significant improvement and training. Nursing staff reported that being assigned to complete the Receiving Screening is part of their job duties in addition to others that are assigned. The nurse interviewed at NBJ and SBJ stated that they had full-time assignments but would leave those when alerted that a new incarcerated person arrived and was ready for intake. Given the importance of the intake process the County should include this as part of their staffing analysis to determine ways in which the staff assigned have the needed time to adequately complete the screening. Consideration in the staffing analysis should also be given to the availability of resources during night hours when mental health staff are not on-site. Staff reported that the psychiatry staff on-call are only available to bridge verified medication but there are other emergent issues that may require mental health consultation or intervention during night hours.

The County also needs to review issues that trigger a routine referral at intake as the seven-day time frame is too long given the multiple concerns that may arise upon or soon after entry into the jail setting.

¹ Santa Barbara Grand Jury, "Every Death in Custody is a Failure," (June 23, 2023) Source: <https://sbcgj.org/wp-content/uploads/2023/07/Every-Death-In-Custody-Is-A-Failure.pdf>. Last viewed July 22, 2023.

² Santa Barbara Grand Jury, "A Death in Custody- Lessons Learned," (June 23, 2023) Source: <https://sbcgj.org/wp-content/uploads/2023/07/A-Death-In-Custody-Lessons-Learned.pdf>. Last viewed July 22, 2023.

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. For inmates who refuse screening, an intake RN will follow-up four (4) hours after refusal. If follow-up is still needed mental health staff will follow-up the next day for a second attempt. This is delineated in Wellpath's Receiving Screening Policy (E-2). The County is revising the Custody Operations Mental Health Care Policy (241) to meet the requirements of this provision and anticipates compliance with this provision by Summer 2023.

Expert Review:

The County provided a draft Custody Operations Health Care Policy (240) and Mental Health Care (241) that include this requirement. Wellpath's Receiving Screening Policy (E-02) provided does not include this requirement. During the May 2023 tour both custody and health care staff described a process where the intake nurse or another health care provider will follow-up every four (4) hours until a Receiving Screening can be completed. Although this is good practice it only addresses that there is a follow-up review process but not the full requirements of the provision.

The County supplied tracking data reflecting individuals who have refused screening but participated after one follow-up, participated after multiple follow-up attempts, or were released before the initial screening was completed. At this time there is no audit of this process that includes all the requirements of this provision nor does the County appear to analyze or utilize this data for quality management purposes. The County appears to be satisfying some aspects of this provision in practice, namely that there is follow-up with patients until the initial screening is completed and that is a good practice.

Recommendations:

Compliance with this provision requires nursing to document certain information and to make referrals when an individual refuses intake. As Wellpath policies are revised and procedure manuals created the requirements of this provision need to be included. The County reported in September 2023 that Wellpath will include language in its policy revision that directs the intake nurse to refer a patient to medical or mental health despite the patient's refusal to participate in the intake screening if those referrals are warranted and not to wait until the patient participates in the intake screening.

The practice of nursing following-up with incarcerated persons who refuse intake screening every four (4) hours partially satisfies this provision but needs to be included in policy. The County needs to develop an audit that includes all aspects of this provision, including that the RN completing a note regarding clinical presentation and referrals for any individual who initially refuses intake screening.

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. For inmates who refuse screening and intake RN follows-up and a mental health clinician if needed. This requirement is included in Wellpath policy and will be included in custody policy by summer 2023.

Expert Review:

Similar to III.B.2 the County and Wellpath report there is a procedure in place to follow-up with all incarcerated persons who refuse intake every four (4) hours until there is successful completion of the process. The May 2023 draft of Custody Operations Policy Health Care (240) includes this requirement. The requirement is not outlined in Wellpath policies that were provided. Wellpath has also not developed a procedure to audit for compliance with this provision.

Recommendations:

The County and Wellpath must align their policies, train all staff on them, and develop an audit to reflect compliance with this provision. The Mental Health Expert will work with the County in developing this audit based on information included in Wellpath's electronic medical record.

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

Non- Compliance

County Response:

In process. The intake RN will schedule a psychiatry visit once medications are verified and bridged by on-call psychiatry. This is outlined in Wellpath policy Timely Initiation of Medication Upon Arrival (E-9-B). The County will audit this provision by summer 2023.

Expert Review:

During the May 2023 tour health care staff reported that they had previously been requiring that a mental health clinician complete an evaluation after referral from the intake screening nurse before referring the patient to psychiatry to bridge medications. This sometimes took several days and negatively impacted continuity of care. In May 2023, a change was made to remove the requirement of the clinician evaluation and intake nursing staff were instructed to refer patients who required bridging of medication directly to psychiatry. This is a positive step in the right direction as medication continuity for those on psychotropic medications is essential in improving mental health and symptom management, especially given the potential for increased stress and exacerbation of symptoms some may experience upon entry into the jail. 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 weeks to receive medications they had reported taking during the intake process.

A Behavioral Wellness audit from April 2023, utilizing data from January 2023, reflects that medication continuity is included in a current audit and that Behavioral Wellness completes although the audit acknowledges the practice of referring patients to a clinician for evaluation prior to referral to a psychiatric provider, which is a practice contrary to this provision. The County reports that it will work with Behavioral Wellness to ensure that future audits reflect the requirements of the Remedial Plan.

Custody Operations Policy Health Care (240) and Mental Health Care (241) reflect this requirement. After review of multiple Wellpath policies reference to continuity of medications was found in copies of policies titled Receiving Screening- California (E-02), Medication Verification- California (E-09A), Timely Initiation of Medication Upon Arrival- California (E-09B), and Medication Services- California (D-02).

Recommendations:

The Wellpath policies cited in this section are general company policies or state applicable policies, also containing information not relevant to Santa Barbara County. With the development of the site-specific procedure manuals this process needs to be clearly outlined. The County has a medication continuity audit that is completed by Behavioral Wellness. It needs to ensure that the requirements of the Remedial Plan in regard to medication continuity are included.

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

Non- Compliance

County Response:

In process. The County conducts clinical contacts in private and confidential space at North Branch Jail. Psychiatry contacts occur in private and confidential settings at both North Branch Jail and Main Jail. The County is limited at Main Jail and may require renovation or construction to comply with this provision. In the interim the County is developing a procedure to ensure privacy and confidentiality during clinical interactions. The County has revised Custody Operations Health Care Policy (240) and will update the Mental Health Policy (241) to ensure privacy and confidentiality by Spring 2023.

Expert Review:

Confidential interview space was identified and appropriate at NBJ. At NBJ intakes were observed being performed in a confidential setting. However, confidential space on or near the housing units was not being utilized by clinical staff although this may have been due to the fact that the only mental health staff available that day was responding to radio (crisis) calls and was working throughout the housing units of the facility to address these urgent referrals. Incarcerated persons at NBJ reported they are not taken to a confidential setting for clinical interactions and believed it was due to both custody and mental health staffing issues that prevented this. 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.

At SBJ the intake screening does not currently occur in a confidential space and an alternative intake screening area also did not offer confidentiality. The County discussed potential remedies it may implement but a final decision was not presented during the tour. Individual confidential space was shown during the tour of SBJ but clinical staff and incarcerated persons stated they rarely utilize it with the exception of telepsychiatry which does occur in a confidential setting. Also, while touring at SBJ a health care interaction was observed with the patient and provider behind a curtain. However, the door to the clinic remained open with custody staff providing security in the doorway. The close proximity of the custody officer did not allow for sound confidentiality and the interaction between the patient and provider could be heard. Subsequently, the County has issued a directive that custody staff are to stand outside the door and to have the door of the clinic shut to ensure confidentiality. The County also reports that Wellpath will audit this provision and supply the results in the future.

During the May 2023 tour several evaluations of patients in safety and observation cells was observed. During none of the interactions observed was a confidential meeting offered to the patient nor were any patients observed being removed from the safety cell for their mental health evaluation.

At both facilities clinical staff reported that they work very well and receive support from custody staff. However, due to the limited custody staff available the clinical staff feel it is a burden on

custody staff to ask for patients to be removed from their cell for evaluation. At SBJ two female incarcerated persons who live in a dorm setting stated that they do see mental health when needed but they “felt sorry” for both custody and healthcare staff and the amount of work they had so these individuals reported that they believed they are assisting the staff by having their sessions in the dorm instead of in a confidential office.

Recommendations:

Confidential clinical space has been identified at both facilities with the exception of the intake area at SBJ, which the County is aware of and exploring options. Telepsychiatry reports consistently utilizing these spaces to provide treatment but until other on-site clinicians consistently begin utilizing this space it is undetermined whether enough space has been identified to accommodate the needs of the population. The County needs to evaluate possible reasons the utilization of this space is not more widely used at this time to determine ultimately if there has been enough space identified. This is also addressed in section III.C.3.

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

Non-Compliance

County Response:

In process. The County conducts clinical contacts in private and confidential space at North Branch Jail. Psychiatry contacts occur in private and confidential settings at both North Branch Jail and Main Jail. The County is limited at Main Jail and may require renovation or construction to comply with this provision. In the interim the County is developing a procedure to ensure privacy and confidentiality during clinical interactions. The County has revised Custody Operations Health Care Policy (240) and will update the Mental Health Policy (241) to ensure privacy and confidentiality by Spring 2023.

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 and the procedure manuals under development will require this as well. Health care administration reports that staff have been trained on this expectation at staff meetings. The Mental Health Expert was not granted access to the electronic medical record until June 14, 2023 and could not verify whether clinicians are documenting appropriately.

A memo was issued by the Chief Custody Deputy on February 1, 2023, and amended on March 15, 2023, outlining the expectation for all custody staff surrounding confidentiality and this provision. This is an important step that now needs to have its implementation ensured.

Recommendations:

Although policies are being revised to reflect the requirements of confidential clinical contacts, compliance with those policies will be difficult until the County identifies and addresses adequate health care and custody escort staffing, space, and practice/procedure challenges that may be identified through a Continuous Quality Management process surrounding confidentiality as reported in III.C.3.

For compliance with this provision seeing a patient at cell-front must become the exception and not the norm as it currently is. Specific steps should immediately be taken, particularly at NBJ, where there is well-designed and easily accessible confidential space to ensure that it is consistently utilized. The County should also consider implementing a daily brief morning meeting where health care and custody staff and supervisors can verify that space and escorts are available so that patients can be seen confidentially and to problem-solve when lack of staff or another challenge is present.

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.

Expert Review:

Health care staff report that they have trained clinical staff on this requirement. However, it is not reflected in Wellpath's policies at this time. This requirement is included in Custody Operations Policies Health Care (240) and Mental Health Care (241). The Mental Health Expert was able to randomly review a small set of clinician notes and observed variability in clinician compliance with this provision. Some clinical notes include whether the clinical interaction was confidential and a reason it was not and these meet the requirements of this provision. Some notes list only that the incarcerated person was seen at cell front without a reason, and others do not include any information as to whether the interaction was confidential. Given that Wellpath has recently trained on this requirement, the next step should be a quality improvement study with appropriate audits that reflect the requirements of this provision.

Overall, through observation while on site, staff interviews, and patient interviews the identified confidential space is not being utilized on a consistent basis outside of telepsychiatry. Having policy and directives regarding the requirement for clinical encounters to occur in confidential settings is an essential first step. However, the County appears to be struggling with the implementation of these policies and directives.

Recommendations:

Although confidential clinical space has been identified at both facilities and custody policy has been revised to reflect its use, it is seldom utilized per reports of clinical staff and incarcerated persons except for telepsychiatry. There may be multiple reasons for this. This issue is crucial to providing adequate treatment and appropriate for a multi-disciplinary quality improvement study through the County and Wellpath's Continuous Quality Management process. Telepsychiatry is conducted in a confidential setting and patients are being escorted to these appointments. This process needs to now expand to other types of clinical interactions, which a quality management process can assist in doing. The quality management process or the County's staffing analysis may also assist in identifying whether there is a need for resources to provide for this provision to come into compliance.

Additionally, Wellpath needs to revise policy, train staff, and monitor implementation of this requirement through its Continuous Quality Management process.

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

Partial Compliance

County Response:

Completed. The Health Services Handbook, provided to all inmates, describes how inmates access care by providing sick call slips directly to healthcare staff.

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. Individuals in dorm settings at SBJ also reported that the nurse triage occurs on the unit in front of other incarcerated persons.

Recommendations:

The County has agreed to address the issue regarding health service requests being placed between cell bars in dorm areas by installing boxes to confidentially place the requests or ultimately implementing a tablet system where requests can be electronically submitted. Either of these solutions will alleviate the issue of completed requests being placed in the bars of the dorms. Also, the triage for all patients needs to occur in a confidential setting so that patients will feel comfortable discussing their physical and mental health concerns. This change should be prioritized and must be included as part of the overall need for adequate identification and utilization of confidential treatment space.

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
Non- Compliance

County Response:

In process. The County updated the Custody Operations Health Care Policy (240) to reflect these requirements and is currently meeting this expectation. Wellpath maintains documentation of referrals and will begin auditing this provision by summer 2023.

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), which has not been developed unique to the County, includes that emergent referrals will be 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 7 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 staffing discussed during the tour, the presence of a mental health clinician, on a consistent basis, as late as 11:00 pm, on a daily basis was not occurring at the time of the May 2023 tour. Although Wellpath reported additional hires in the months since the May 2023 tour they have also reported staff departures which make them unable to comply with this requirement at both NBJ and SBJ regarding mental health staffing until 11:00 pm on a consistent daily basis.

The Santa Barbara County Grand Jury's recent report "A Death in Custody- Lessons Learned"³ emphasizes the lack of on-site availability of mental health staff on a twenty-four (24) hours basis. Although this provision does not require that based on section a), it is evident from the report that evaluation of potential changes either in staffing presence, staff training and expectations, or

³ Santa Barbara Grand Jury, "A Death in Custody- Lessons Learned," (June 23, 2023) Source: <https://sbcgi.org/wp-content/uploads/2023/07/A-Death-In-Custody-Lessons-Learned.pdf>. Last viewed July 22, 2023.

availability of off-site resources is warranted especially during the hours when a mental health professional is not available on site.

The County and Wellpath have worked with the Mental Health Expert to develop an audit that will monitor compliance with this provision. The first audit is expected to be completed in fall 2023.

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 are thoroughly trained and aware of options for resources available between the hours of 11:00 pm and 7:00 am, when a mental health professional is not on site. The County also needs to evaluate whether the resources available currently are adequate or whether additional resources or the availability of on-site or on-call providers is needed during night hours. As stated previously, when staff were asked about psychiatry coverage on nights and weekends, they reported this coverage was only utilized for bridging medications which is not sufficient to address the needs of patients during night hours. In addition to the audit developed to address this provision and the timelines for response to referrals, the audit should include a review of patients seen during night hours and the care they receive. This will assist in understanding the concerns reported in the Santa Barbara Grand Jury report and whether corrective actions need to occur. The first audit should be completed in fall 2023.

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

Non-Compliance

County Response:

In process. The County has revised the Custody Operations Inmate Classification Policy (301) to reflect the requirements of this provision. The County had a multi-disciplinary group working to develop specialized mental health units and programming and the County will work with the Mental Health Expert to ensure adequate clinical and programming support. The County will be better equipped to place inmates on the mental health caseload in the least restrictive setting once these units are in place. The County anticipates initiating a pilot program by summer 2023 for both males and females.

Expert Review:

The County is in the process of developing and implementing specialized mental health units. This will allow them to place those on the mental health caseload in less restrictive and appropriate settings for their treatment needs. Currently, at SBJ the Northwest A, C, and D units are designated for those on the mental health caseload and each unit has or is planned to have differing levels of restriction so as to accommodate patient needs.

Patients on A unit reported that they were able to be out of their cells in small groups for several hours each day and had games and activities available. Although there was limited programming they felt there was a significant difference between this unit and other units of the jail that were more restrictive. On units C and D the patients are able to have out of cell time with at least one other individual, and reports were mixed regarding the experience being housed on the unit. Some reported a positive change in being able to recreate with at least one other person with the most significant issue being a lack of structured and unstructured programming. There were no activities or games available on these units. Other incarcerated persons reported that they felt it was the same as segregation but hoped that upcoming planned changes would have a more positive impact on the unit.

Incarcerated persons reported that they appreciated receiving rounding by mental health staff. They also reported that rounding was a consistent way to see mental health staff as they are not always able to be seen on a regular basis due to what they believe are staffing issues. Incarcerated persons also reported that when they saw mental health clinicians it was at cell front or on the dayroom floor if they were out for recreation time.

Recommendations:

The County has made progress here and taken steps to provide less restrictive alternatives. They should continue to develop these housing area programs to provide additional unstructured as well as structured mental health programming. The Mental Health Expert will work with the County and Wellpath on the development of these units. A staffing analysis will also be required to determine additional staff needs to take on these responsibilities if the program is to be a success.

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. The County had a multi-disciplinary group working to develop specialized mental health units and programming and the County will work with the Mental Health Expert to ensure adequate clinical and programming support. The County anticipates initiating a pilot program by summer 2023 for both males and females.

Expert Review:

The County implemented their pilot specialized mental health units on July 3, 2023. These units include at SBJ unit A unit for males and NBJ unit F for females. Each unit has a capacity of 15 individuals. The units were toured by the Mental Health Expert and the Custody Operations Expert on July 27, 2023. The units are off to a good start and each unit had some scheduled programming each weekday, although limited at this time. The patients were observed actively participating in group activities during the tour. Patients reported that their cell doors were unlocked each day around 8 A.M. and remained unlocked for most of the day until at least early evening hours if not later. This allows the patients to have access to the dayroom, scheduled activities, staff, and fellow patients throughout this time period. Patients housed on these units prior to the start of this program reported they have observed a positive change over the past three weeks with more structured activity and attention from custody and mental health staff on the unit than previously. What was observed by the Experts was a strong start to a promising program.

Staffing, particularly mental health staffing, is a concern for the success and further development of these units. At NBJ one clinician is assigned to the unit and provides some structured group activity as well as maintains the treatment plans for the patients. However, this is in addition to other duties that compete for time and commitment to the unit. At SBJ there is currently one clinical intern providing programming one day per week but no identified clinician who is responsible for the unit on a daily basis. Some programming is also offered by the Sheriff's Program Unit and the County

is working with outside agencies to provide additional services to the patients housed in these units. The specialized mental health housing units will require additional mental health staff resources due to the fact that interdisciplinary treatment meetings, individualized treatment plans, increased structured programming, enhanced discharge planning, and frequent review of those requiring placement on or discharge from the unit must occur. For the success of the current units and future units it is imperative that clinical staff is allocated and dedicated to these units without a concern for their potential re-direction to other needed functions within the jail.

The Remedial Plan definition of SMI includes a mental illness that results in serious functional impairment which substantially interferes with or limits one or more major life activities. Wellpath, at the time of the May 2023 tour, maintained a list, generated by its electronic medical record, of those considered SMI, based on their own criteria, not the definition of the Remedial Plan. This has since changed and Wellpath now reports utilizing the definition of SMI contained in the Remedial Plan. Wellpath also maintains a list referred to as the Mental Health Special Needs Program (Wellpath Policy- Mental Health Services- F-03). The Special Needs Program may include individuals, not designated SMI, who require following by mental health due to their inability to function in the jail setting or who have increased treatment needs. Given the definition of SMI by the Remedial Plan, the SMI list is not inclusive of all who can benefit from placement on a specialized mental health unit and a list including some individuals identified as participants in the Mental Health Special Needs Program is a better indication of the SMI population as defined by the Remedial Plan. Thus, the Mental Health Special Needs Program List is a better starting point to consider those who can benefit from placement on a specialized mental health unit.

To identify patients who may benefit from services on the mental health units the County supplied a spreadsheet in July 2023 of individuals who they reviewed and identified as meeting criteria for SMI, based on the definition of the Remedial Plan after discussion of this issue with the Mental Health Expert. This list includes individuals from the SMI list generated by Wellpath's electronic medical record as well as individuals contained on Wellpath's Special Needs Program list and was utilized to identify the initial participants for the specialized mental health units. The County recognizes that it will need to develop a consistent method for ensuring this list is accurate as the list is not automatically generated by the electronic medical record and will require regular evaluation and updating. Doing this on a regular basis, likely through the interdisciplinary team meetings, will also assist the County in identifying a more accurate projection of need for the number of beds in the mental health units. This list also includes a greater number of individuals than can be accommodated in the current mental health units, causing the need for them to be housed elsewhere.

During the May 2023 tour Wellpath reported vacancies, some longstanding, in their mental health staff. Review of Wellpath's website for hiring in May and June 2023 revealed that Wellpath has also developed another program within the County jail facilities referred to as EASS (Early Access and Stabilization Services), providing treatment to those identified as incompetent to stand trial. The positions for EASS are being offered up to a \$10,000 signing bonus for clinicians (\$0 is offered for jail mental health positions) and the starting salary for the positions in the EASS program are higher than the highest salary advertised for mental health clinicians for the jail. This raises a concern over the possible disparity in hiring between programs and services provided to those in the jail, not enrolled in the EASS program. In July 2023 the County reported some success in hiring as there are new staff onboarding at the time of the July 2023 tour. However, if obvious disparities remain between opportunities for the same clinical resources it may impact the quantity and quality of staff that is able to be recruited in the future for the mental health units and jail programs overall. In short, clinical staffing on the specialized mental health units must be treated as a high priority.

Recommendations:

The initial steps taken with A unit and F unit are positive and reflect progress toward the establishment of the mental health units. Structured programming has begun and needs to be expanded through Custody staff, Wellpath, and community resources. Interdisciplinary treatment teams and regular discussion of patients is also starting and will be developed over the next several months. The County recognizes the importance of the mental health units and their further development and the Mental Health Expert and Custody Operations Expert will continue to work with the County on the development of these units. The County needs to ensure they have appropriate mental health staff to provide all the required services on these units. The issue of staffing and the disparity among positions being hired within the jail also needs to be addressed and was relayed to the County during the tour in May 2023.

The County also needs to develop a procedure to ensure that the newly developed list of individuals meeting criteria for SMI according to the Remedial Plan is regularly updated as new individuals enter the jail or meet criteria for inclusion. The County has also identified individuals who may not be appropriate for the mental health units at this time from the list provided to the Mental Health Expert. The County will work with the Custody Operations and Mental Health Expert to develop a process ensuring that mental health staff are involved in housing decisions for those enrolled in mental health programs, both on and off of the specialized mental health units. The County will need to develop a system for ensuring these individuals also receive needed services despite their not being on these units. These activities will also assist the County, over time, in identifying the number of beds required to meet the patient population's need for services provided in the mental health units.

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 #1 Mental Health Compliance Report – Murray v. County of Santa Barbara 24 unit. These treatment plans shall be regularly reviewed and updated as needed by the multidisciplinary treatment team, with participation of the inmate.

Compliance Rating

Non-Compliance

Prior Compliance Rating

Non-Compliance

County Response:

In process. The County had a multi-disciplinary group working to develop specialized mental health units and programming and the County will work with the Mental Health Expert to ensure adequate clinical and programming support. The County anticipates initiating a pilot program by summer 2023 for both males and females. As part of the pilot, the multi-disciplinary team includes the line officer.

Expert Review:

Multidisciplinary teams are a required part of the specialized mental health housing units. During the July 2023 tour the County reported they have held initial meetings to develop the process for these team meetings along with the mental health unit pilot. This is also the planned venue to discuss patients who are not appropriate for the specialized units and the services they will need to be provided in their current housing. Initial multidisciplinary meetings have been held and have focused on programming and implementation issues along with some discussion of patient progress. The County recognizes that as the program develops the goal of these meetings will eventually shift to be more focused on patient care and progress in the unit. Given the staffing that was available in May 2023 it is a concern that the County and Wellpath will not be able to consistently meet this requirement in a meaningful way.

Recommendations:

See recommendations for III.D.3.

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
Non-Compliance

Prior Compliance Rating
Non-Compliance

County Response:

In process. The County is working within the confines of the current physical plant to increase out-of-cell time although it knows renovation or construction may be necessary to come into full compliance with this provision. Once the specialized mental health units are functioning the County will be better equipped to offer additional unstructured out-of-cell time. A tracking mechanism for out-of-cell time is in place and the County and Wellpath are working to develop structured out-of-cell time and to identify staffing resources. The County is meeting with community-based organizations to explore programming options. For mental health units at the Main Jail the County has created a schedule that exceeds the out-of-cell time required by the provision. The County will develop a plan for maximum utilization of the current physical plant, a plan for temporary remodel, a baseline of out-of-cell time, and a plan to increase out-of-cell time by fall 2023.

Expert Review:

Compliance with this provision is dependent on further implementation of the specialized mental health housing units which began in July 2023. Although patients at both NBJ and SBJ on the

mental health units were receiving increased unstructured out of cell time and some structured programming, this is in the early stages of implementation and is hampered by clinical staff absences or redirections. The schedule and observed activities on these units is a good start but had only been occurring for several weeks at the time of the July 2023 tour. The health care services staffing analysis needs to be completed and done so in a way that it will assist the County in understanding the staffing needs to provide the required amount of structured out of cell time for each unit and to also understand the staffing needs to provide programming for those with mental illness not housed on these units. Identifying the staffing needs and hiring and training the required staff are essential to the success of the program.

Wellpath reported during the May 2023 tour that they have been authorized to hire a clinician for 32 hours per week to provide programming in the mental health housing units. The County has also been engaging community-based organizations and reported that three (3) individuals were in process to be cleared to provide some structured programming at least four (4) days per week. The County also reported success with a pilot program earlier in 2023 that allowed incarcerated persons to participate in a journaling program and the county hopes to continue this program. These are all positive steps toward achieving compliance with this provision although still in early phases.

Recommendations:

See recommendations for III.D.3.

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

Partial Compliance

Prior Compliance Rating

Non-Compliance

County Response:

In process. The County had a multi-disciplinary group working to develop specialized mental health units and programming and the County will work with the Mental Health Expert to ensure adequate clinical and programming support. During winter 2023 the County initiated a two-week and six-week interactive journal program in the mental health units at the Main Jail. The County anticipates initiating a pilot program at both facilities by summer 2023 for both males and females.

Expert Review:

The County has developed units for both males and females. Currently, the female unit is located at NBJ and the male unit at SBJ. Each of these units were providing similar types and amounts of services in July 2023. The County plans on developing at least one unit for males and females at each facility in order to reduce the need for transfer between the facilities. The County also will need to develop a sufficient number of units to meet the needs of each population.

Recommendations:

See recommendations for III.D.3.

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 psychiatry every 30, 60, and 90 days or sooner as clinically indicated. Counseling services and an individualized treatment plan are provided for inmates in the special needs program. This is outlined in Wellpath's Mental Health Services Policy (F-3). Wellpath is currently developing treatment plans for the MAT program as a pilot. The County and Wellpath will work towards developing more individualized treatment plans for inmates with mental illness by summer 2023.

Expert Review:

Wellpath's Mental Health Services Policy (F-03) reflects this requirement and patients report that they do consistently see their psychiatric provider at least every 90 days or more frequently at times such as when a new medication is prescribed. Most psychiatric appointments are held via telehealth but the County has introduced a new requirement for psychiatric providers to be on site for one week every other month. This allows them 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 struggles to provide consistent counseling services to those identified as SMI and on the Special Needs list. When clinicians were interviewed they reported that often these regularly scheduled appointments are cancelled and rescheduled due to the need to respond to radio calls which are of a more urgent nature. A review of rescheduled mental health appointments in the electronic medical record during the first half of June 2023 reflects that on a daily basis at least 50 mental health clinical contacts are rescheduled at staff's request. Staffing vacancies also likely contribute to this inability to see patients who require contacts on a regular basis at this time. Also, the County is working on developing an individualized treatment plan for patients and implementing this. For this to occur on a meaningful basis the clinical staff will need to have the time to develop these plans and that is not possible given the current workload they are often presented with on a daily basis.

Recommendations:

The health care staffing analysis for clinical staff will be an important part of identifying the workload and staffing needs to meet the requirements of this provision. Also, given the vacancies and competition within Wellpath's programs located within the jail, an assessment of salaries and bonuses offered should be undertaken. The County has taken positive steps in requiring that psychiatric providers spend time on-site. These providers should prioritize their schedules during those visits to engage with more acutely mentally ill patients as these patients may receive greater benefit from the in-person interaction and subsequent telepsychiatry contacts than less acutely ill individuals.

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

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. The County provided the Mental Health Expert two examples of behavioral management plans that meet this requirement. The County and Wellpath will develop a process to expand these behavioral management plans to meet the requirements of this provision. A small list of individuals with chronic self-injurious behavior will be identified for possible behavioral management plans. The County anticipates completing these requirements by fall 2023.

Expert Review:

The County shared copies of behavioral management plans that were developed for two individuals. Discussion with the County and Wellpath during the May 2023 tour focused on the possibility of utilizing a format similar to the one being developed for individualized treatment planning for those who are part of the specialized mental health unit program. Wellpath agreed that having one unified process for treatment plans and behavioral management plans would be beneficial for the staff and patients given that individuals who meet the criteria described in this provision are often brought into mental health services and having similar formats would assist with continuity of care. Wellpath is in the process of developing and training staff on these treatment and behavioral management plans.

Recommendations:

Wellpath will work with the Mental Health Expert on the development of the plan format. Also, an audit around these plans will need to be developed by Wellpath to reflect proof of practice and quality of the plans.

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
Partial Compliance

Prior Compliance Rating
Partial Compliance

County Response:

In process. Wellpath will conduct training and auditing of clinical contact records to verify all aspects of this provision are met. The County anticipates completing this by summer 2023.

Expert Review:

While on site during the May 2023 tour Wellpath staff demonstrated the electronic medical record. While reviewing notes with staff and with subsequent chart reviews, the required information is often included. The Mental Health Expert worked with Wellpath staff to develop an audit that will demonstrate sufficient compliance with this provision. Wellpath management staff reported that staff have been trained on this requirement and that it will be included in revised policies and procedure manuals. Materials from trainings on this topic were shared with the Mental Health Expert but a completed audit was not as of the writing of this report.

Recommendations:

Wellpath will need to complete the audit to evaluate the need for additional training and to determine and establish compliance with the requirements of this provision.

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 maintains a site-specific policy that meets this requirement. The County and Wellpath are working to align their policies. The County anticipates completing this by summer 2023.

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 reports undertaking the development of procedure manuals for each jail site and a revision to policies that will fully comply with this provision. Due to initial difficulty granting the Mental Health Expert access to the electronic medical record, an audit of the prescribing practices could not be completed during this monitoring period.

Recommendations:

The County will need to complete its policy revision and development of procedure manuals.

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 a site-specific policy that meets this requirement. The County and Wellpath are working to align their policies. The County will develop a tracking mechanism to demonstrate compliance with this provision. The County anticipates completing this by summer 2023

Expert Review:

During the May 2023 tour multiple patients were interviewed at both NBJ and SBJ. At both sites they reported that when health service requests are placed to be seen by mental health they are generally followed-up on and seen. Patients stated that it can be anywhere from 2-3 days to two weeks but that they are eventually seen in response to requests. They also report that they are seen within a day of placing a request by health care staff who triage the urgency with which they need to be seen. Review of the electronic medical record reflects, at times, large numbers of individuals who are re-scheduled due to clinical staff not being able to complete the appointment on the scheduled day. Wellpath has not developed an audit through their Continuous Quality Management process to evaluate the timeliness of response to patient requests to be seen or to evaluate the quality of the triage decision that determines the timeline for being seen.

Recommendations:

Wellpath will work with the Mental Health Expert on developing an audit that is responsive to this provision. The practice of re-scheduling patients and criteria for who can be re-scheduled should also be evaluated. The County should also take into consideration the frequent need to re-schedule patients when performing its staffing assessment.

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. Psychiatry conducts an in-person consult prior to discontinuing medications. For medication initiation, mental health staff see these inmates within 30 days and psychiatry also follow-up within 30 days. The County will include this in its quality improvement review by summer 2023.

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 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 relies predominantly on telepsychiatry services to provide psychiatric services to the patients in the jail. Throughout COVID-19 the telepsychiatry staff was solely providing services via telepsychiatry. In May 2023 Wellpath management reported that there is now a requirement that the telepsychiatry staff spend 1 week every other month on-site seeing patients and that these on-site visits had commenced prior to the May 2023 tour. This is a positive development that allows the psychiatry staff to interact on site with patients, colleagues, and custody staff as well as gain a stronger understanding of the Santa Barbara County Jail.

Recommendations:

Wellpath will need to ensure revised policy includes the requirement, not just the recommendation, that patients are seen within 30 days of a significant medication change or initiation of a new medication. 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 utilizes Wellpath's site-specific policy Medication Services Policy (section D-2) to meet this requirement. Custody will update the Custody Operations Mental Health Policy (section 241) to meet the requirements of this provision by spring 2023. By summer 2023 the county will include this information in its quality improvement reviews.

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 included specific medication delivery times. The implementation of consistent medication delivery times was a challenge for the County during the May 2023 tour. At that time Wellpath management reported that one nurse is assigned to provide medication per pill pass at each facility. The Health Services Administrator estimated that the nurse is responsible for medicating approximately (200) individuals during the morning and evening pill passes, which are the largest. This is potentially an extremely large workload. Additionally, management relayed that when the nurse providing medications is absent or re-directed for some reason another nurse has to be directed to perform this function. Both staff and patients reported that at times evening pills, which are scheduled for distribution at 2100-hours come as late as 0100 or at times do not come at all. Medication administration is one of the most essential activities that must occur consistently and at the same time each day. This issue was discussed during the exit meeting and recommended it be addressed immediately. The County reported in July 2023 that it has hired an additional nursing staff position for SBJ to assist with medication pass so as to ensure more timely delivery of medications. The impact of this additional has not been evaluated by the monitoring team at this time.

Recommendations:

The County is working to complete a health care services staffing analysis as discussed in section VIII of this report. However, at this time they must ensure that staffing is sufficient to provide reliable daily medication administration. When medication administration is delayed or missed it negatively impacts timing of doses and can impact sleep if patients are awakened at 0100 to receive a sedating medication. There is an urgency to this issue being resolved immediately. Wellpath will also work with the Mental Health Expert to develop and audit on 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 has created a Rules Violation Mental Health Review Form to allow mental health staff input in the disciplinary process. Training will occur on the new form. The County anticipates completing this requirement by summer 2023.

Expert Review:

The County has made significant progress in this area per their report and as reflected in the data that was shared with the Mental Health Expert. The County and Wellpath developed a form, to be completed by a mental health clinician, that includes the elements contained in this provision. Review of a sample of these completed in April 2023 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 has done well in implementing this process and will continue to refine it. For example, there have been instances where discipline had been imposed prior to the mental health clinician evaluation. In these instances the hearing officer rescinded the discipline, if needed, to align with mental health's recommendation. The County understand that this is not an acceptable practice and that the mental health evaluation must occur prior to disciplinary sanctions being imposed. The County is also working with the Mental Health Expert to consider when an in-person evaluation is appropriate and when a chart review will suffice. Overall, this process appears to be going well and will improve with time.

Recommendations:

Through discussions with the Custody Expert and the Mental Health Expert the County understands the needed refinements to the process and is working to implement these. The County will also develop an audit procedure of this process.

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

Non-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. The County anticipates it will add this provision to Custody Operations Use of Restraints Policy (section 334) by summer 2023.

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 expects to provide its first audit of this provision sometime in fall 2023.

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 and procedure manuals also need 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 working on delineating the roles of the various entities involved in discharge planning. The County anticipates developing required policy by summer 2023. Implementation of the policy will take additional time.

Expert Review:

During the May 2023 tour, the Custody Expert and Mental Health Expert met with county staff regarding release planning services. The County is aware of the dis-jointed nature of current discharge planning services with Wellpath, the County, and some Community Based Organizations each playing a role in discharge planning. The County is also aware that the function needs to be centralized and the information generated regarding discharge planning needs be recorded in some tracking system for access by stakeholders. This information is important when an incarcerated person returns to jail after release so that the clinical team can utilize it for future release planning needs.

The County reported they are in the process of hiring a discharge planning coordinator. They were also scheduled to participate in a larger county meeting on this issue several weeks after the May 2023 tour as this is a cross-agency issue. In July 2023, the County reported that they continue to recruit a coordinator to oversee the development of discharge and reentry services. In the interim the county has established a cross-agency stakeholder group to map current discharge planning efforts and identify roles and responsibilities of various entities. These include SBSO, Wellpath, probation, eligibility workers, public health, and public defender discharge planning staff.

The County also reported that they are developing a discharge planning pilot program for Medication Assisted Treatment (MAT) patients as well as for patients housed in the specialized mental health housing units. The timeline for this pilot is fall 2023.

Recommendations:

The County needs to hire this critical position of discharge planning coordinator and emphasize with other County stakeholders the cross-agency coordination and investment of resources that will be needed for a successful discharge planning program. Additional staffing will be required within the jail as this function is fundamentally not being fulfilled at this time. The planned health care staffing analysis needs to take into consideration the workload that will result from a fully functioning discharge planning program and include it in its recommendations.

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. The County is working on delineating the roles of the various entities involved in discharge planning. The County anticipates developing required policy by summer 2023. Implementation of the policy will take additional time.

Expert Review:

A County policy was not provided. Wellpath does have a Discharge Planning and Release Medications Policy (E-10) that is not specific to Santa Barbara Jail but does state that Wellpath staff will provide these referrals but not applications for public benefits. This issue is part of the larger County discussion regarding the centralization of discharge planning and the County expects to have clearer direction after its May 2023 meeting. Based on this direction the Mental Health Expert will work with the County in refining its discharge planning services program.

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 ensures medication continuity upon discharge through Wellpath's Discharge Planning and Release Medications Policy (E-10). Regarding follow-up appointments, the County is working on delineating the roles of the various entities involved in discharge planning. The County anticipates developing required policy and completing the requirements by winter 2023.

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. Discussion with staff and incarcerated persons reflect that at this time two-weeks of medication are generally provided. However, during discussion with custody and health care staff there was skepticism that incarcerated persons could obtain refills for their medication by being seen by a community provider within 2 weeks and the County agreed to re-evaluate the current policy of 2 weeks of medication to determine if it needs to be increased to ensure greater continuity of medication for released patients.

Recommendations:

The County needs to evaluate the current wait times in the County for individuals to be seen for medication renewals and adjust the amount of medication to allow for the incarcerated person not to run out of medication while waiting for their community appointment. This is a cross-agency County issue that requires involvement of organizations outside the jail to solve. The County needs to address this issue without delay.

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

Non-Compliance

Prior Compliance Rating

Non-Compliance

County Response:

In process. The County is working on delineating the roles of the various entities involved in discharge planning. The County anticipates developing required policy by summer 2023. Implementation of the policy will take additional time. Once discharge planning is established the County will work on required tracking of this provision through Continuous Quality Improvement. The County anticipates completing these requirements by winter 2024.

Expert Review:

Given the current state of discharge planning and the Countywide work that will be involved in the development of a robust program, data is not being tracked at this time. The County reports that during summer 2023 Wellpath began utilizing the Remedial Plan criteria for identifying SMI patients. This is a first step that should assist with the tracking of the elements of this provision.

Recommendations:

The County needs to develop a tracking system that includes the elements of this provision. Since the County has agreed to implement an enhanced release planning pilot for incarcerated persons receiving MAT and patients housed in specialized mental health units, this tracking system should be developed in conjunction with that pilot program.

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

Partial Compliance

County Response:

Completed. This is discussed monthly during Medical Administration Committee (MAC) meetings.

Expert Review:

County staff report that monthly “Medical Administration Meetings and Continuous Quality Improvement” occur 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 for meetings held in April, May and June 2023 were provided. The Continuous Quality Management minutes for all months and the June 2023 MAC meeting minutes were presented. The MAC minutes indicate relevant topics were discussed and attendees from Behavioral Wellness and Public Health were in attendance, in compliance with this provision. This is good progress.

Recommendations:

The County is encouraged to continue these meetings with a goal of addressing current critical challenges such as release planning and medication continuity upon release.

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
Non-Compliance

Prior Compliance Rating
Non-Compliance

County Response:

In process. The County's Behavioral Wellness Mobile Crisis is contacted when an individual needs a higher level of care. Wellpath and Behavioral Wellness have begun discussing the collaboration on this provision and the County anticipates completing this provision by summer 2023.

Expert Review:

Review of the safety cell and observation cell logs compiled by the Custody expert reflect that some incarcerated persons receive an evaluation by Behavioral Wellness and that some incarcerated persons are transferred to outside hospitals after from these cells. This does not appear to occur consistently and the County or Wellpath have not presented a tracking system that allows for the review of each of these instances and the timeliness of the contact with Behavioral Wellness, their response, decision, and ultimate disposition of the patient's placement. These will all be needed elements to track in order to better understand and develop a referral and transfer process.

The County reported in July 2023 that they are engaged in developing a plan by November 2023 that will address this provision. The August 2023 Stipulation Order⁴ directs that the County will 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. This County plan will also include identifying the location, capacity, staffing, and treatment programming that will be required as well as a timeline for implementation which is to occur no later than June 30, 2024.

Recommendations:

The County and Wellpath need to develop an internal tracking system similar to the one utilized by the Custody Expert 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 Custody and Mental Health Experts can assist the County with the development and initial management of this tracking system.

The County will also need to engage cross-agency stakeholders in developing a plan for sufficient inpatient beds to be implemented by June 30, 2024. The Custody Expert and Mental Health Expert can serve as resources to support this effort.

⁴ Murray Order on Joint Status Report & Stipulation re: Implementation of Remedial Plan ("8/14/23 Order"), Docket 104, Aug. 14, 2023.

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

Non-Compliance

County Response:

Completed. Record requests received from State Hospitals are completed and uploaded to their system within 24-48 hours. The County will provide proof of compliance with this provision to the Mental Health Expert.

Expert Review:

The County transfers patients to the State Hospital system and to the JBCT housed within SBJ. Staff report that these transfers occur in a timely fashion and that required records and patients transferring to the State Hospital occurs in a timely manner once the State Hospital notifies the County of an available bed. From discussion with Wellpath staff they are not always aware of who has been designated to be transferred to the state hospital until the request for transfer is made and these individuals may not always be receiving mental health care within the jail. Wellpath acknowledges they need to work on a system to ensure that all individuals identified as being referred to state hospitals are tracked and receive appropriate care prior to transfer.

Recommendations:

The County needs to track relevant data regarding incarcerated persons transfers to the JBCT and State Hospitals. Also, information on requests by State Hospital evaluators and the timeliness with which the County is able to accommodate them needs to be included as this is an important part of the process as well.

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

Non-Compliance

Prior Compliance Rating

Non-Compliance

County Response:

In process. This data will be incorporated into the discharge plan that the County is developing. Following the establishment of discharge planning services Wellpath will incorporate auditing of this provision into Continuous Quality Management. The County estimates this will be completed by fall 2023.

Expert Review:

The County reports they are in process with developing this system and tracking this data. Similar to provision III.I.3, this data will be useful for the County to monitor, evaluate, and implement any needed changes in their referrals to outside facilities.

Recommendations:

See recommendations for III.I.3.

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

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

Completed. Following the establishment of discharge planning services Wellpath will incorporate auditing of this provision into Continuous Quality Management. The County estimates this will be completed by fall 2023.

Expert Review:

The County reports and staff interviews confirm that patients returning from outside facilities are evaluated by health care 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. However, the policy also includes language that when incarcerated persons are returning to the facility they are seen by a qualified health care professional or health care liaison "if appropriate" (p. 2). Although the policy is under revision and not yet specific to the County, this language is contradictory and likely needs to be made more clear.

Additionally, these activities can initially be performed by non-mental health care professionals but policy and practice needs to include timely notification, referral and evaluation involving mental health professionals.

Recommendations:

The county should clarify its practice at each jail facility and ensure this information is included as Wellpath revises its policy and creates procedure manuals for each facility. An initial step for compliance with this provision will be the development of a tracking system discussed in provisions III.I.3 and III.I.4 as this will reflect the patients included in this requirement.

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

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

Completed. Monthly MAC/CQI meetings are modeled after J-A-06 and are attended by Wellpath, Sheriff's Office, Behavioral Wellness, and Public Health.

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 April, May, and June 2023. These included a list of attendees and information on topics covered. The corrective action plans are included in the minutes but are perfunctory and only include re-educating staff at meetings and re-auditing in the future as a response to some concerning audit results. The PowerPoint presentation also includes mostly frequency counts of activities but no information on CQI studies, improvement activities, and outcomes after improvements are instituted. Overall, it reflects a basic report of the frequency of services offered in a particular month compared to the previous month without providing context.

Additionally, the County and Wellpath should jointly decide on topics and information that is meaningful and important to the County as it develops, and institutes changes within its system. Wellpath policy A-06 states "an annual calendar of studies is distributed to facilities to ensure that all required areas are being monitored, as determined by NCCHC, ACA, and IMQ standards as well as areas recommended by the Wellpath Chief Clinical Officer, Patient Safety Officer, and/or Corporate Office CQI Committee." This language does not reflect the site-specific needs of the County and has the potential to make the CQI process less meaningful overall for the County.

Recommendations:

Meetings are held monthly and reflect required attendance. This is a good start. The next step is to address the substance of the meetings. The County needs to work with Wellpath to identify topics important to the County and its health care system and not simply reflect a schedule or priority developed by Wellpath's corporate office. Additionally, the audits performed by Behavioral Wellness should also be included and discussed during this meeting.

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

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

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

Expert Review:

The County provided a Behavioral Wellness Monitoring Report reflecting quarterly monitoring visits, which were held remotely due to COVID-19, and chart reviews from July 2021 through April 2022. Also, post-tour the County provided a Behavioral Wellness audit of 120 charts from April 2023 evaluating medication bridging, psychiatric referrals, rounding in segregation, assessment of incarcerated persons placed in safety cells, and referrals to County Crisis Services. These reviews identify performance measures and make recommendations based on review of those measures. This is a well-developed system that will need to be expanded to include the full scope of Wellpath's or any future contractor's work requirements and the requirements of the Remedial Plan. Behavioral Wellness will need to expand the scope of their monitoring and possibly the frequency in order to review all mental health performance indicators on an annual basis as required by this provision.

The County also provided several audits completed by Behavioral Wellness. The audits are well developed and address questions meaningful to the County and the Remedial Plan. However, there is a concern with some audit methodology that the County should examine. For example, several audits evaluating bridge medications found only one instance in 241 charts reviewed where an individual required bridge medication and did not have them bridged within 12 hours of the intake screening. As reported in provision III.B.4 this cannot have been the case due to Wellpath's previous practice of requiring those on psychiatric medications to be seen by a mental health clinician prior to referral to psychiatry for bridge medication, thus delaying the bridging of medications sometimes for days. This may point to a discrepancy between what the auditor considered successful medication bridging and what the Remedial Plan defines as such.

Recommendations:

The structure and goals of the audits shared with the Mental Health Expert are adequate but methodology or manner in which the audits have been carried out requires modification. This may entail a change in the sample that is included in the audits so as to have a larger pool of individuals to which the audit question applies or a shared understanding of the expectations of the Remedial Plan. The County also needs to ensure the requirements of the Remedial Plan are included in the contractor's scope of work and, thus, included in the Behavioral Wellness audits. Additionally, The County needs to increase the scope of audits to include all aspects of the contractor work

requirements and, therefore, likely frequency of audits in order to achieve review of all mental health performance indicators on an annual basis. The County also needs to develop a tracker that cross-walks the scope of Wellpath's work requirements and the audit completed by Behavioral Wellness to evaluate performance on each indicator in order to establish that the full scope of the contractor's work is being reviewed. Last, the County also needs to ensure those performing audits have an understanding of the practices within the jail and critically evaluate audit results.

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:

Completed. This requirement is completed monthly and reported on monthly at MAC/CQI meetings.

Expert Review:

Although the County is holding regular MAC/CQI meetings the information presented does not fully meet the standards of this provision. The information presented from the County for these meetings as well as two psychiatry prescribing audits do articulate expectations and collect data regarding these expectations. However, they do not analyze trends or attempt to identify underlying problems that may contribute to low compliance nor have future audits been presented to show how any changes in process have improved compliance with the identified expectations. The County is working on the development of reporting templates to assist in coming into compliance with this provision.

Recommendations:

As the county develops its CQI it will need to identify specific areas of non-compliance within health care and create a process for improving and reporting back on these improvements. The identified studies should be relevant to the County and its health care delivery program and not undertaken because of direction from their health care contractor's headquarters level decision. These studies should also be overseen by the County's Public Health and Behavioral Wellness agencies.

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:

Completed. Public Health and Behavioral Wellness complete these audits quarterly and provide an annual report of the Service Level Agreement between Wellpath and the Sheriff's Office. This is also part of Wellpath's monthly CQI meeting.

Expert Review:

The County provided a Wellpath Receiving Screening and Medication Verification audit from November 2022. This audit includes some elements important in the receiving screening process but does not include all important aspects of the intake process as it applies to the County. The audit is also basic and focuses on the frequency of whether or not an event occurred. It does not address quality aspects of the intake process. Also, when poor compliance was found there was no corrective action or next steps proposed in the documentation provided to the Mental Health Expert.

The Behavioral Wellness monitoring report included two items regarding bridging of medication upon intake but does not address the quality of the overall intake process which should include the intake completed by nursing staff, referrals that are made as a result of the intake screening, and the appropriateness of those referrals.

Recommendations:

The County needs to work through Wellpath in the development of a meaningful audit for the County's intake process, with oversight from County health agencies. This should include a process for corrective actions and follow-up when low compliance is found. The County also needs to provide the Behavioral Wellness monitoring documentation that reflects the quality review of the intake process as the Mental Health Expert was not able to find it in documents provided by the County.

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

Non-Compliance

Prior Compliance Rating

Non-Compliance

County Response:

Completed. Wellpath mental health supervisors maintain these lists.

Expert Review:

The County was able to provide a list of incarcerated persons referred for treatment in the JBCT. In late summer a list of those participating in EASS and those transferred to the PHF were also shared. However, these do not include the full continuum of care within the jail and county. This tracking should include lists of all levels of care from those included in the mental health program with minimal needs, because they are a higher level of care than general population incarcerated persons who are not enrolled in the mental health program, through those referred to outside inpatient facilities and state hospital commitments. Other levels of care such as Mental Health Special Needs Program, suicide watch, the specialized mental health units, inpatient facilities, and evaluation by Behavioral Wellness for transfer to an inpatient facility are examples of levels within the County continuum of care.

Recommendations:

The County needs to develop a tracking system for this information that includes all levels of care and develop a process so that it is regularly updated and shared with the Mental Health Expert. This tracking system can also serve the County in its CQI process for identifying audit samples as needed.

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

Partial Compliance

Prior Compliance Rating

Non-Compliance

County Response:

In process. The County maintains data on the number of inmates with SMI and the number awaiting court ordered psychiatric care. The County is developing tracking to meet the requirements of the rest of the provision. The County and Wellpath are working to define the County's SMI population and intend to coordinate with the Mental Health Expert on this. The County anticipates completing this by fall 2023.

Expert Review:

The County produced a list of individuals considered SMI as well as those who are part of the Special Needs Program and require more frequent clinical contacts for the Mental Health Expert in May 2023. In August 2023 the County supplied lists that included patients on the mental health caseload, patients enrolled in the EASS program, patients identified as incompetent to stand trial and referred for treatment either at the Department of State Hospitals or Jail-Based Competency Restoration, and patients identified as SMI in restrictive housing. These lists include the categories required for this provision. The County recognizes it still has work to do in order to achieve substantial compliance and is in the process of creating a tracking system that will be regularly updated and maintained and includes patients meeting each of the criteria outlined in the provision.

Recommendations:

The County needs to develop a tracking system that is more comprehensive than tracking those patients designated as SMI or as Special Needs Program as initially shared in May 2023. The additional lists provided in August 2023 support the fact that the County has an ability to track the required information needed to satisfy this provision. The development of a tracking requires regular updating and maintaining of this information so as to be useful for both health care and custody staff.

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

Non-Compliance

County Response:

In process. Wellpath maintains data of inmates referred to mental health from intake. The County is developing a system to meet this provision and anticipates completion by fall 2023.

Expert Review:

The County reports that Wellpath staff is able to generate lists of incarcerated persons referred to mental health services at intake and these were provided for the months of April and May 2023. The County also supplied screenshots of a report generated by the electronic medical record reflecting incarcerated persons' requests to be seen and the triage determination for being seen. This report is also adequate to complete randomized audits.

Recommendations:

The lists generated should be uploaded on a monthly basis so that the Mental Health Expert can complete audits and chart reviews pertaining to mental health care within the jail.

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

Non-Compliance

Prior Compliance Rating

Non-Compliance

County Response:

Completed. Health service requests are retrieved twice per day by an LVN and triaged and assigned by an RN. Mental health then receives and resolves the request.

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. Because health services requests are the primary way incarcerated persons have of communicating their health care needs, regular tracking and quality review of this process is essential. The County and Wellpath worked with the Mental Health Expert on developing an audit to monitor compliance with this provision.

The first audit was shared with the Mental Health Expert in September 2023 and reflected an audit of ten charts. Although the audit was performed on a small sample it highlights several areas of deficiency. Consistent with staff and patient reports, the audit found that health service requests are retrieved in a timely manner. However, the requests were found to be triaged in a timely manner only 67% of the time and were only assigned a proper level of triage to be seen by mental health staff (4-hours, 24-hours, one week) 10% of the time. Although mental health staff were reported to have resolved or addressed the concern from the request 100% of the time, it was only completed within required timeframes 30% of the time. Despite the audit findings that improvement is needed in several areas, there was no analysis or improvement plan provided with the audit.

Recommendations:

The results of this audit should be included in discussion at the MAC/CQI meetings going forward. The County's Behavioral Wellness monitoring should also include this as an audit and, in addition, meet with patients regarding this process on a regular basis. These activities, especially meeting with incarcerated persons, can provide valuable information regarding the quality and confidentiality of the process.

Wellpath completed the first audit of this provision in summer 2023. Future audits require a larger sample size given the number of health service requests that are received on a monthly basis. The audit results also need to be included in MAC/CQI meetings to establish a corrective action plan and ensure additional audits of this provision continue. Additionally, audit results supplied to the MAC/CQI should include analysis to identify changes or suggested corrective actions that will

improve quality of triage and timely response to health service requests. Last, the timelines and workload requirements of this provision need to be considered in the health care staffing analysis the County is completing.

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. The County is developing a system to meet this provision and anticipates completion by fall 2023.

Expert Review:

The County is in the process of developing a system that meets the requirements of this provision. A CQI audit on Psychiatry Services from December 2022 was included with the documents provided by the County. This audit consisted of a review of thirteen charts. Of the nine questions that were included in the audit, four were marked "N/A" for all of the charts. Based on this, the audit is very limited in its meaning or helpfulness to the County in monitoring its psychiatric services. The County also provided a spreadsheet of Class members who had been seen by psychiatry from January 1, 2023, through June 30, 2023. However, this list included only names and booking numbers of the patients and the name of the provider who saw them. It did not include dates the patients were seen and thus lacks information as to the frequency of psychiatric contacts.

Recommendations:

The County needs to work with Wellpath in developing audits and a CQI process that is meaningful to the county. The audits should reflect County policies and expectations instead of issues of concern to Wellpath's corporate office.

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:

Completed. The County has responded to various Remedial Plan Expert and Class Counsel requests for information and will continue to do so.

Expert Review:

Although some CQI audits were provided, these are not enough to reflect substantial compliance with this provision. As discussed in previous provisions regarding CQI, the process needs to be meaningful for the County and its health care delivery program in the jail. This requires Wellpath to work with the County to develop audits that reflect County priorities and many of the provisions of the Remedial Plan. The limited CQI data provided appears to be standard Wellpath audits that are not specific to Santa Barbara County as evidenced by four of nine questions in one audit all reflecting "N/A."

Recommendations:

The County will need to demonstrate a robust CQI process that includes regular and repeated audits, specific CQI studies of identified problems, reports on these studies in CQI meetings, meeting minutes that reflect discussion and the development of responses to increase compliance when needed. The development of required audits discussed in previous provisions is an important first step.

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:

Completed. The County has completed development of its Suicide Prevention Policy and is awaiting expert review/comments. Wellpath is editing their Suicide Prevention and Intervention Program Policy (B-5) to ensure consistency with County policy and the Mental Health Expert's recommendations. The County anticipates this will be completed by Spring 2023.

Expert Review:

The County has made significant meaningful changes to Custody Operations Policy Suicide Prevention (section 242) and it is under review by the experts and County. 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 develop an audit tool 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. Wellpath has submitted a request to revise the suicide risk assessment to include if there has been any recent significant loss or court appearance. The County has edited relevant policies to meet the procedures required by the provision. Wellpath will be editing their policy to align with the County policy and meet the requirements of the Remedial Plan. The County anticipates completing this by fall 2023.

Expert Review:

The County provided Wellpath's Receiving Screening form which includes the elements of this provision with the exception of specifically asking about upcoming court appearances. The screening does include items reflecting concerns with criminal charges and the nature of the alleged crime but does not specifically ask about concerns with upcoming court dates. The County reports that Wellpath has made a request to amend this form to include that item and it is in process. This change should also be included in suicide risk assessments performed throughout a person's incarceration as a person's upcoming court date can be a significant source of stress as it approaches.

In July 2023 the County provided a list of individuals who had been referred to mental health during screening over a recent 3-day period. This sample did have appropriate alerts in their chart that allowed the nurse to make the referral despite the patient, at times, denying any current or previous mental health concerns. The electronic medical record also contains a section that allows clinical staff to review both active alerts that are current and previous alerts that may have been made inactive at an earlier time. These reflect the required elements of section a) of the provision.

In response to section e), the County reported that when a transporting officer needs to relate a concern about an individual brought into the jail there is a required form to be completed. This form is then scanned into the electronic medical record. The County provided copies of ten Mental Health Evaluation Request Forms to the Mental Health Expert. Of these, four were regarding incarcerated persons refusing linen exchange and a concern that mental health may be a factor, one was for breaking a cell window with a jail-issued tablet, one for becoming aggressive and attempting to assault another incarcerated person, one for anxiety reported by the incarcerated person, one for suicidal thoughts, one for threatening to assault others, and one for threatening suicide by law enforcement. Only the referral for concerns of threatening suicide by law enforcement appears to clearly be completed by an arresting officer. The other referrals appear to be from officers in the jail, based on the complaint listed, or cannot be verified that the concern was documented by the arresting officer.

As reported in provision III.B.I, the receiving screening is adequate to meet the requirements of the provision. However, the implementation is of concern. The County intake process was also identified by the Santa Barbara County Grand Jury as reported earlier in this report. The intake screening that was observed by the Mental Health Expert in May 2023 did not include the asking of important items. A well-developed screening tool is of little use if not properly administered.

Recommendations:

The County needs to perform a CQI study on the intake process to determine potential barriers to adequately administering the receiving screening. These may involve staffing, training, or other barriers. The County needs to also take into consideration the intake process and variable timing of incarcerated persons arrivals at the jail in their staffing analysis. The intake process is a crucial aspect of the overall ability to provide adequate mental health care in the jail as it is the first opportunity to identify the need for care.

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:

Completed. Wellpath's Receiving Screening Policy (E-2) addresses this provision and Wellpath has incorporated this into its CQI program. The audit is completed bi-annually.

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. The County reports that this has been included in its CQI program, but audits were not able to be found in the documents provided during this monitoring round. Also, the County reports that 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 CQI audits reflecting compliance with this provision.

IV.B. Screening for Suicide Risk

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

Compliance Rating

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 Program. The county will develop a process to audit this provision and Wellpath will incorporate this requirement in their CQI program by summer 2023.

Expert Review:

Staff report that when an incarcerated person refuses to participate in the Receiving Screening that they complete the screening with information that is available from other sources or the electronic medical record. Staff then continue to follow-up with those who refuse every four (4) hours until the incarcerated person participates in the screening (see III.B.2). This is a sound approach that requires auditing to provide proof that it is occurring consistently. The PowerPoint provided for CQI does contain information on the number of individuals who refuse screening per month. However, no analysis or other information is provided.

Recommendations:

The County needs to develop an audit to satisfy this provision. It can likely be combined with the needed audit for provision III.B.2.

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.

Expert Review:

This provision has been found to be in substantial compliance during the previous monitoring period. During the May 2023 tour, both 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 that the individual is placed in a safety 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), although 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.

The Mental Health Expert was provided an audit in September 2023 that includes the requirements of this provision and included ten patients who met the criteria of expressing current suicidal ideation or current self-harm ideation. In nine of the ten instances the patient was immediately referred to mental health for evaluation. In seven of the nine cases referred immediately to mental health the patient was evaluated immediately. For the patient who was not referred to mental health and the two patients not evaluated immediately by mental health, all were placed into a safety cell until evaluation by mental health occurred. This lends support to the County being compliant with this provision. However, a concern is that this audit included a small sample and is the only audit available for this provision.

Recommendations:

The compliance rating for this provision will remain substantial compliance but the County will need to continue their audit for two additional quarters and employ a larger sample in future audits, in consultation with the Mental Health Expert, to validate sustained compliance with this provision. At that time, if substantial compliance is sustained the Mental Health Expert would recommend a discontinuation of monitoring this provision.

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

Partial Compliance

Prior Compliance Rating

Substantial Compliance

County Response:

In process. The County anticipates that Wellpath will train staff to utilize the risk assessment in its entirety or document reasons why they were unable to do so by summer 2023. The County anticipates it will develop a system to track compliance with this provision and Wellpath will include this requirement in their CQI program by winter 2024.

Expert Review:

During the previous reporting period this provision was rated as substantial compliance although training of staff and development of an audit were recommended. 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 report that they address suicide risk but do not always have or require a standardized tool in order to complete the evaluation.

Staff report that a suicide risk assessment is completed when an individual is placed in a safety cell or observation cell. However, this has not been verified by the development of an audit by the County. Staff also reported that they strive to complete a suicide risk assessment when moving a patient to a lower level of care but that it does not consistently occur. Reasons for it not occurring include mental health staff workload or lack of confidential space.

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 ensure all staff are trained on the requirement to perform a suicide risk evaluation both upon initiation of suicide watch and any time a reduction or removal of suicide watch occurs. It is also recommended that staff complete the expected standardized risk tool at the time of the evaluation. Additionally, the requirements of this provision should be taken into account with any health care staffing analysis that occurs as the completion of a thorough suicide risk assessment may take a significant amount of time. The County also needs to develop an audit that tracks individuals who have been placed on suicide watch, the administration of the suicide risk assessment and changes in suicide watch for the individual. The Mental Health Expert can assist the County in this if needed.

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 revised the Custody Operations Suicide Prevention Policy (242) to reflect this requirement. The County is working to implement specialized mental health housing units at both facilities by summer 2023 which will provide additional clinical services for those at greater risk of suicide. The County is creating a form for use by mental health staff to provide input regarding appropriate housing placement as well as the return and removal of property and privileges for those at risk. The County anticipates implementing the form by summer 2023.

Expert Review:

The County commenced their specialized mental health unit pilot in July 2023. 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 in A unit for males at SBJ and F unit for females at NBJ, this will give the County another resource for less restrictive treatment options. These units may also serve to provide increased treatment opportunities so that patients do not decompensate to the point of requiring placement in safety or observation cells as they had previously. As discussed in provision III.D.3 the initial mental health housing units that started in July 2023 are promising and can be a great resource to the County as they are developed and expanded as an appropriate option for housing those at increased risk.

From review of the data compiled by the Custody Expert regarding safety and observation cell use, it appears that staff are making efforts to house those at risk for suicide appropriately and in the least restrictive setting available. From the data reviewed for March 2022 through December 2022 there is a strong tendency for incarcerated persons to go from safety cell placement to observation cells and then to either the stepdown unit or general population. It is expected that the mental health units will have a significantly positive impact for both males and females in need of this level of mental health service.

Recommendations:

Review of this provision currently relies on data supplied by the Custody Expert. This is data generated by the County and which the county can compile and track. It is recommended that the County identify resources to track these important data points on their own as they will need to rely on them going forward to manage their own program. This will also be an important set of data as the County creates the mental health units and will need to collect information on the units, those who are housed in the units, and outcomes from their participation in the programming offered. The County and Wellpath are also currently revising policy regarding this with input from the Experts. They need to ensure that there is alignment between the County policy and Wellpath's.

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 has a safety cell de-escalation plan as part of the Custody Operations Use of Safety Cells Policy (304). The County is working to identify additional step-down cells to be incorporated into the safety cell de-escalation plan. Once cells are identified structural hazards will be addressed, policy revised, and training will occur. The County has completed a Structural Suicide Hazard Review of all cells in restrictive housing units and General Services is addressing the identified risks. The County anticipates completion of this requirement by winter 2024.

Expert Review:

Similar to the discussion for IV.C.1, due to the lack of other options such as the specialized mental health units, the current locations that an incarcerated person can be housed for observation of suicide risk are either safety cells or observation cells. One of the goals of the specialized mental health units is a reduced need for safety and observation cells. The units will be a resource for addressing suicide risk and preventing decompensation. Specialized mental health units offer increased access to mental health treatment and socialization activities, increased access to consistent mental health and custody staff, and increased monitoring and support. These benefits can positively impact patient improvement, thus decreasing the need for the some patients to be placed in higher levels of care.

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:

The County will need to 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. This information is similar to what is needed for tracking in provision IV.C.1. The County needs to ensure that Wellpath's revised site-specific policies align with the Custody Operations Policy Use of Safety Cells Policy (304).

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 currently notifies Behavioral Wellness at the 12-hour mark and makes a referral at that time. Wellpath and Behavioral Wellness have been collaborating on this process. The County anticipates that it will develop a process for custody staff to document exceptional circumstances where inmates remain in safety cells for greater than 24 hours by summer 2023. The County will then revise policy Custody Operations and Suicide Prevention Policy (section 242) and train staff. Wellpath will include this data in their CQI program. The County anticipates completing this requirement by fall 2023.

Expert Review:

The Custody Operations Policy Use of Safety Cells (304) includes the requirements of this provision. Custody Operations Policy Suicide Prevention (242) includes the requirement that when an incarcerated person is in a safety cell after 12 hours Crisis and Recovery Emergency Services (CARES) is contacted to complete an evaluation for possible placement in the Santa Barbara Psychiatric Health Facility (PHF). These requirements were not included in the Wellpath policy Suicide Prevention and Intervention Program (B-05) that was provided in the documents requested.

Review of the safety and observation cell spreadsheet compiled by the Custody Expert reflects that between March 2022 and December 2022 there were 380 uses of safety cells. Of these 380 placements, 58 (15%) lasted 24 hours or longer with the longest lasting 90.25 hours. From review of the database, it appears that during that same period only 29 individuals of the 380 placed could be verified as CARES having been contacted or patients being transferred to a higher level of care outside the jail. Most were transferred to observation cells or stepdown units from these lengthy placements in safety cells. A number of these individuals also had placements in safety cells followed by placement in observation cells and then a return to a safety cell. For these individuals who were in a safety cell for 24 hours or greater, specific documentation regarding exceptional circumstances was not provided.

The data also shows that 239 (63%) of those placed in safety cells spent 12 hours or more in the safety cell. The Mental Health Expert was unable to verify that CARES was contacted for all of these placements and it will be important for the County to track this data going forward.

These results are of concern and the County is engaging with Behavioral Wellness to collaborate on this notification and referral issue. Staff interviews revealed that there may be a significant lag in time between when Behavioral Wellness is contacted and when they arrive to perform their assessment. There is also no clear indication as to what options the jail has when an individual is not accepted for placement by Behavioral Wellness but not considered suitable for release from a safety cell.

As reported previously, the County is engaging with other County departments to develop a plan that meets the requirements of this provision. Per the 8/14/23 Order it is expected the plan will be completed by November 1, 2023, including a timeline for implementation, with implementation to occur no later than June 30, 2024.

Recommendations:

The County is encouraged to continue collaboration with Behavioral Wellness in developing expectations around notification at the 12-hour mark and expected response times, including timely processing of referrals and completion of evaluations to ensure compliance with the 24-hour safety cell time limit that applies in all but exceptional cases. Additionally, when exceptional circumstances arise that impact these timelines, they must be clearly documented and addressed so as to prevent violations of the time frames in the future.

Additionally, the County needs to work with its countywide partners to develop a system for those posing a significant risk to themselves who may not be appropriate for transfer to an inpatient unit outside of the jail. With monitoring of the individual timelines in safety and observation cells the County can evaluate the impact of systemic changes they will need to make to resolve this issue.

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

Non-Compliance

Prior Compliance Rating

Non-Compliance

County Response:

In process. The County's current practice is to ensure that inmates are placed in an acute care unit as soon as possible but the County will revise its policies to reflect the timelines of this provision. Wellpath and Behavioral Wellness continue to collaborate on this issue regarding the referral process. The County also believes that the development of mental health housing units may assist in meeting these provision requirements. The County anticipates completing this requirement by winter 2024.

Expert Review:

As discussed in IV.C.3, 15% of those housed in a safety cell from March 2022 through December 2022 were there for 24 hours or longer. It was rarely noted that any of these individuals were transferred to a higher level of care outside of the jail and most were transitioned to observation cells or stepdown units.

Recommendations:

The County needs to continue to engage its County partners on this issue as it appears, like in many counties, there is currently a greater need for inpatient beds than exist. Inpatient care outside of the jail is a critical resource that the jail must be able to rely on as the resources do not exist within the jail to treat those requiring this level of care. The 8/14/23 Order highlights the need for the County to develop and implement a plan to satisfy the need for inpatient levels of mental health care no later than June 30, 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. Inmates identified as being a suicide risk are seen three times per day. The County has updated relevant policy to include the requirements of this provision but due to the current physical plant, for those in observation or safety cells, clinical contact has been at cell front. Full compliance with this provision may require renovation or new construction. In the interim the County has taken steps to add clinical space so that contacts can be private. Wellpath will audit this provision by summer 2023.

Expert Review:

This provision requires that at least one of daily clinical contacts for those presenting with current suicide risk occurs in a sound confidential setting. 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 although the Wellpath policy Suicide Prevention and Intervention Programs (B-05) states that a mental health professional evaluates a patient at this level of care daily. Evaluating the patient multiple times per day is a good practice although staff report that these evaluations do not regularly occur in a confidential setting.

Review of safety cell and observation cell logs reflect that mental health clinicians do see and evaluate patients at least daily. However, from review of a random set of logs provided by the County it appears that the only time that a confidential clinical encounter occurs for a patient housed in a safety or observation cell is when a telepsychiatry or telehealth visit is arranged.

Recommendations:

The County needs to ensure that County and Wellpath policy, which are under revision, align and that all staff are trained on its expectations. The County also needs to perform a CQI study on reasons that at least one clinical contact per day is not occurring in a confidential space for those housed in safety or observation cells. This study should involve both custody and healthcare staff and may impact the staffing analysis the County is undertaking if staffing is identified as a factor.

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 revised Custody Operations Suicide Prevention Policy (section 242) and will include the requirements of this provision. The County plans to create a form for completion by mental health staff to provide input with respect to property and privileges for those on suicide watch. The County intends to provide the needed training to staff and complete this requirement by summer 2023.

Expert Review:

The Custody Operations Policy Suicide Prevention (section 242) includes appropriate language outlining the requirements of this provision. Mental Health staff is aware of this expectation and in the process of developing a form to assist clinicians in making determinations about allowable property for those on suicide precautions. During the May 2023 tour all patients observed in safety cells had suicide smocks and no other property available. Chart reviews of any of these individuals were not able to be completed to verify if clinicians justified the restriction of personal property for those on suicide precautions.

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. 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 have had meetings and will continue to meet with the Mental Health Expert on this issue. The goal of these meetings is to develop a form for allowable property and privileges that can be completed and updated as needed by clinical staff. This will also be utilized to communicate allowable property and privileges to custody 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 updated relevant policy to include the requirements of this provision but due to the current physical plant, for those in observation or safety cells, clinical contact has been at cell front. Full compliance with this provision may require renovation or new construction. In the interim the County has taken steps to add clinical space so that contacts can be private. Inmates identified as a suicide risk are seen two times per day by mental health staff and every four hours by medical staff. Wellpath provides counseling and medication review for these inmates which occurs twice per day.

Expert Review:

As discussed previously, mental health staff report and patient interviews confirm that individuals on suicide precautions are seen twice daily by mental health clinicians. Both clinicians and patients report that these are usually brief cell front interactions to monitor suicidal ideation and coping skills with the goal of eventually transferring the patient to a less restrictive setting. Telepsychiatry visits do occur and are completed in confidential space. For these to occur the patient is escorted from the cell and to a confidential space.

No other structured programming or treatment was report by clinical staff. This is an issue given that 47 individuals between March 2022 and December 2022 spent greater than 48 hours in safety cell and observation cell placements combined. One individual spent over 10 days overall between safety cell and observation cell placements. There are many examples of individuals who go from safety cell to observation cell and back to safety cells as well. Given that there is a significant number of individuals spending 48 hours or more in a very restrictive setting, additional structured programming or treatment needs to be offered as well as unstructured out of cell time if the individual is considered appropriate for such activity.

Recommendations:

The County needs to work with both Wellpath and its county wide partners to develop strategies to reduce the amounts of time individuals spend overall in placements in safety and observation cells and the mental health units are likely one important strategy. The County also needs to develop additional structured and unstructured programming opportunities for those who require safety cell or observation cell placement. Both of these are important factors in addressing this provision.

IV.E. Supervision/Monitoring of Suicidal Prisoners

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

Compliance Rating

Substantial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

Completed. The County has revised Custody Operations Suicide Prevention Policy (section 242) to reflect this requirement and ensured that it aligns with Wellpath's Suicide Prevention and Intervention Program Policy (B-05).

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.

Recommendations:

The County needs to ensure that as Wellpath finalizes their policy these two levels of observation remain from the draft.

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

Substantial Compliance

County Response:

Completed. The Mental Health Expert found the County in Substantial Compliance in the first monitoring period.

Expert Review:

Although two types of monitoring are outlined in policy, close observation is almost exclusively utilized by the jail. The County did supply records reflecting an instance of constant observation performed by custody staff in January 2023. Interviews with clinical staff revealed that although constant observation is available per policy, they believe it cannot be implemented in practice due to lack of staffing resources. Clinical staff could not recall an instance of constant observation being ordered for an individual who posed an imminent risk of suicide or self-injury but felt there were instances when constant observation would have been warranted.

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 audit the types of monitoring, when they are ordered, and the appropriateness of the order as proof of compliance with this provision.

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

Substantial Compliance

Prior Compliance Rating

Substantial Compliance

County Response:

Completed. The County has revised Custody Operations Use of Safety Cell Policy (section 304) to reflect the requirements of this provision. The County does not utilize video monitoring as a substitute for clinically indicated level of observation. This is documented on each safety cell or observation cell log.

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 thus 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. Mental health professionals are completing suicide risk assessments as required by this provision. The County has issued a directive for staff to provide patient privacy and confidentiality during health care services and anticipates completing the requirements of this provision by spring 2023. This provision will be included in Wellpath's CQI process.

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. Four audits completed by Wellpath staff (two each for NBJ and SBJ) for the periods of July through August 2022 and December 2022 through February 2023 included (50) charts in total and reflect that 100% of the time a suicide risk assessment is completed prior to discharge from suicide precautions. The Mental Health Expert was also able to find documents reflecting a suicide risk assessment being completed for those being released from safety and observation cells in the electronic medical record. However, in observing staff performing evaluations during the May 2023 tour a standardized risk assessment was not being completed as part of the evaluation although questions regarding suicide risk were being asked. Staff also acknowledged they do not always have a standardized suicide risk assessment available when completing these evaluations. Additionally, patients were not being escorted to a confidential space as part of the evaluation.

Staff interviews at NBJ confirmed that there is a technological challenge with using the electronic medical record on site and that staff are not able to be mobile throughout the facility and work in the medical record system at the same time. This may be impacting the ability to complete the suicide risk assessment in real-time with the patient and in a standardized manner. The Mental Health Expert could not verify that the electronic medical record consistently includes a suicide risk assessment for individuals being removed from suicide precautions.

Recommendations:

The County needs to develop a tracking system to consistently audit this provision as part of its CQI process. The audits provided by Wellpath do not appear to be created specific for the County needs. As part of the CQI process, efforts should be taken to understand barriers as to why staff are not completing this process nor doing so in a confidential space. These may include training, technology, staffing, or other unidentified issues. It is also recommended that staff have a copy of the suicide risk assessment with them and complete it at the time of the evaluation.

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 collaborates with Wellpath to create individualized safety plans that include mental health check-ins at 24-hours, 5-days, and 7-days for inmates discharged from suicide precautions. The County and Wellpath will incorporate the requirements of this provision by summer 2023. By spring 2023, the County will update its Suicide Prevention Policy (section 242) to incorporate the requirements of this provision.

Expert Review:

The County and Wellpath continue to revise their suicide prevention policies 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, 5-day, and 7-day mark. Patient interviews confirm that there is follow-up after discharge from suicide precautions and staff report this is occurring frequently but data on it is not collected at this time by the County.

The County provided a copy of a Collaborative Safety Plan to be utilized with individuals released from suicide watch. This safety plan includes the elements required for this provision and several were reviewed in the electronic medical record.

Recommendations:

The County will need to ensure that staff are trained on the Collaborative Safety Plan and that the expectation for its completion is included in relevant custody and Wellpath policy. These safety plans must also be individualized and include timeframes for follow-up clinical contacts. Additionally, the County will need to audit both the quality of these plans and whether they are being implemented along the required timelines as it is a concern that these follow-ups may be part of the appointments that are, at times, re-scheduled due to lack of staff.

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

Non-Compliance

Prior Compliance Rating

Non-Compliance

County Response:

In process. The County is creating a form to be utilized by mental health staff to provide clinical input regarding appropriate housing placement as well as the return and removal of property for individuals discharged from suicide precautions. The County anticipates completing this form by summer 2023. The County is also developing a procedure to comply with this provision and anticipates completing this requirement by fall 2023.

Expert Review:

The County reports it is in the process of developing a system where clinicians will provide input regarding appropriate housing for those on the mental health caseload. Interviews with mental health staff confirm that at this time they do not have a role in where individuals are housed based on their mental health needs post-discharge from suicide precautions and rely on custody housing reports to find where patients are housed upon release from suicide precautions. It is expected that the implementation of the mental health housing units will have a positive impact on this process and provide a resource for clinicians to make appropriate referrals to that program or to other housing as appropriate.

Recommendations:

The County should continue to develop the mental health housing units which were implemented in summer 2023. The County will also need to continue with the development of this process for clinical input into housing recommendations and ensure it is reflected in both custody and Wellpath policy. 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:

Completed. Wellpath currently provides a follow-up at 24-hours, 5-days, and 7-days post discharge from suicide precautions. These individuals remain on the mental health caseload during this time and beyond if there is a clinical indication or if they are prescribed medications. This requirement is included in Wellpath's site-specific policy Suicide Prevention and Intervention (B-5). Wellpath currently audits this provision in their CQI process.

Expert Review:

Although Wellpath is in the process of creating their site-specific policy on suicide prevention, staff reported that it is currently policy to provide follow-up clinical contacts at 24-hours, 5-day, and 7-days post discharge from suicide precautions. The County provided four audits covering several week periods in 2022 and 2023 and included an audit of (50) charts. Of the (44) instances the audit shows where patients required follow-ups, 59% of the time they did not occur per policy. An additional audit question evaluates if follow-up occurred but occurred outside the required timeline. For this item, in no instance did the follow-up occur late reflecting that they were never completed. The audit does not include analysis or a recommended strategy to improve compliance with this requirement. Additionally, the Mental Health Expert reviewed random days of canceled and rescheduled appointments and found post discharge follow-up appointments were included in this list.

Recommendations:

The County needs to finalize custody and Wellpath policy regarding follow-up post discharge from suicide precautions. It also needs to refine its audit to ensure it is meaningful and specific to the County. Future audits also should include analysis and recommendations for next steps when compliance findings are low.

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

Non-Compliance

County Response:

Completed. The County has incorporated the requirements of this provision into its Custody Operations Suicide Prevention Policy (section 242). All critical incidents are documented and tracked through monthly statistics and reviewed at the monthly MAC/CQI meeting.

Expert Review:

The County provided PowerPoint presentations and CQI minutes from several meetings in 2023. MAC minutes from the June 2023 meeting were also provided. The PowerPoints for each meeting include frequency counts of both suicide attempts and self-harm events. The meeting minutes include frequency counts of number of suicide attempts per month but do not reflect any discussion of self-harm events with the exception of the June 2023 MAC meeting minutes. The materials provided did not include analysis, discussion, or identification of corrective actions for suicide attempts or self-harm. It is apparent the County has been working to develop this process over time as evidenced by the improvement of meeting minutes during the past several months with the June 2023 MAC minutes being the most comprehensive to date.

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. As the County develops their Quality Management Program, these elements will need to be included.

Recommendations:

Although the County does track these incidents, a more robust process needs to be developed and take root within the system before substantial compliance can be achieved. Meeting minutes have shown progress toward this goal. It is recommended that the County continue to work with Wellpath and the experts in developing 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

Non-Compliance

Prior Compliance Rating

Non-Compliance

County Response:

In process. The County has incorporated the requirements of this provision into its Custody Operations Suicide Prevention Policy (section 242). The County has initiated Serious Suicide Attempt Review meetings for all suicide attempts requiring hospital admission. Wellpath tracks all suicide attempts where all inmates are transferred to a hospital, regardless of admission. The County is establishing a tracking mechanism to ensure that all serious suicide attempts are tracked and the requisite multidisciplinary review occurs by spring 2023.

Expert Review:

See provision IV.H.1.

Recommendations:

See recommendations for provision IV.H.1.

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 contracts.

Compliance Rating

Non-Compliance

Prior Compliance Rating

Non-Compliance

County Response:

Completed. A CQI audit of mental health suicide prevention policy adherence quarterly and includes all criteria required by this provision.

Expert Review:

The County provided several audits completed by Wellpath titled Suicide Prevention and Suicide Prevention II. These do reflect auditing around suicide prevention activities but do not include the breadth of issues required by the provision. The creation of a robust quality improvement program takes a significant amount of time and resources from both custody and health care staff but is required by the Remedial Plan and will be essential to the successful implementation of mental health program components. As the County works to come into compliance with many specific provisions and develops audits reflecting evaluation of the process, discussion or challenges with process implementation, and creation of corrective actions to increase compliance, this will be reflected in the quality improvement program.

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. The County needs to ensure that audits developed are meaningful for its own purpose and not a boiler plate audit or frequency count audit provided by Wellpath's headquarters (Wellpath policy A-06).

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

Substantial Compliance

County Response:

Completed. The County has fully implemented this requirement and policy. Mental health rounds are documented by Wellpath.

Expert Review:

The Wellpath policy Segregated Inmates (G-02) provided, as written, does not align with this provision. The current policy states that a medical or mental health staff member will round three times per week and that at least one of the rounds must be completed by a mental health clinician. The provision requires that a mental health professional is required three times per week. The Wellpath policy is acceptable as long as the medical staff are also Qualified Mental Health Professionals but not all medical professionals are Qualified Mental Health Professionals. In light of this, clarification of the Wellpath policy is needed.

The Custody Operations Policy Mental Health Care (241) includes reference to the requirement that the policies of the County's vendor must include specific information on the clinical monitoring of incarcerated persons in segregation. This is acceptable as long as the County ensures that the vendor's policy reflects the requirements of this provision.

Staff report and incarcerated person interviews confirm that rounding does occur and that staff speak to them during rounds. Incarcerated persons reported that they do regularly engage with clinical staff during rounds at cell front. Incarcerated persons also report they are not offered the opportunity to have a confidential visit when mental health staff perform rounds and staff confirm this is not currently part of their rounding protocol.

During the May 2023 tour the monitoring team toured a housing unit designated as New East. When this unit was toured with staff, incarcerated persons on the unit reported that they had not received rounding and health care staff reported they were unaware this was a segregation unit where individuals received limited time out of their cell and at most with one other incarcerated person. Given the mental health acuity of some patients on the unit and the limited out of cell time, even if

it is with another person, it was recommended that these individuals continue to receive rounds as defined by this provision. By the end of the tour, mental health staff had begun rounding on that unit. During the July 2023 tour, this unit continued to house those with mental illness and allowed for recreating in pairs. However, the unit continues to be isolative and not an appropriate place for housing the mentally ill unless additional programming and services are brought to the unit.

Recommendations:

The County needs to track housing units where incarcerated persons are segregated and audit the compliance with rounding as well as the specific sections of this provision. Rounding is occurring but has not been occurring in all needed housing units and not commensurate with the requirements of this provision. The County needs to ensure that incarcerated persons are being offered clinical contacts in confidential settings and create an audit to reflect compliance with this provision. The County also needs to ensure the requirements of this provision are reflected in policy.

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 currently utilizes confidential treatment space and has updated the Inmate Handbook which provides instruction to request a confidential space to meet health care staff. The County will also revise the Restricted Housing policy to include these requirements. Wellpath will also document the request and provision of confidential space in its electronic medical record and include it in the CQI process by summer 2023.

Expert Review:

Incarcerated persons stated that they may ask for a clinical contact out of cell or not on the dayroom floor but that the only confidential mental health clinical contacts they experience are when they see a psychiatrist via telepsychiatry. Besides requesting a clinical visit during rounds, there are other opportunities for confidential meetings, specifically if the clinician performing rounds decides that a meeting in a confidential setting is needed. In the documents provided by the County the Mental Health Expert was not able to find evidence that clinicians are documenting whether confidential contacts are requested or considering whether they are warranted, and subsequently arranging for them.

Recommendations:

The County needs to develop a system to track compliance with this provision. The County needs to audit this as well and can likely include it with an audit including the requirements in provision VII.F.4.

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

Non-Compliance

Prior Compliance Rating

Non-Compliance

County Response:

In process. This requirement is being met at Northern Branch Jail and working towards establishing appropriate staffing levels for health care and custody staff at the Main Jail. The County will continue to monitor staffing levels to make METs available to meet the requirements of this provision. The County will also create a tracking mechanism to track MET data and reasons for missed appointments by summer 2023. The County has revised the Orientation Handbook to reflect the expectation that inmates are to attend appointments or sign a Health Care Refusal form. The County has contracted with a healthcare consulting company to provide a health care staffing analysis. The County anticipates site visits occurring in winter 2023 with a report delivered by spring 2023. Following receipt of the report the County anticipates working with Wellpath to adjust staffing allocations as needed. The county anticipates meeting the requirements of this provision by winter 2024.

Expert Review:

To meet the requirements of this provision it is largely dependent on the ability to comply with other provisions regarding the delivery of mental health care consistently in confidential spaces. This requires adequate staffing on the part of both custody and health care. The May 2023 tour observations were such that confidential space exists in both NBJ and SBJ but it is not being utilized, either due to lack of escorts to bring patients to appointments or to a lack of mental health staff such that they do not have time to see patients in confidential settings and therefore provide most services cell front. During part of the tour, pods A, B, C, and D in SBJ were staffed with only three custody officers and one was dedicated to the JBCT program in pod B, leaving two officers to provide escorts and services to three pods. When queried as to how he would arrange an escort to a confidential clinical space off the unit, the officer replied he would not be able to at that time.

Recommendations:

A staffing analysis for both custody escorts/transportation and health care staff, taking into account the requirements of the Remedial Plan, needs to occur and recommend changes in staffing that allows the County to meet the requirements of the Remedial Plan.

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

Non-Compliance

County Response:

In process. The County has contracted with a healthcare consulting company to provide a health care staffing analysis. The County anticipates site visits occurring in winter 2023 with a report delivered by spring 2023. Following receipt of the report the County anticipates working with Wellpath to adjust staffing allocations as needed.

Expert Review:

The County received a staffing analysis in May 2023 completed by an outside consulting agency. The analysis reviews the requirements of the Remedial Plan and current state of operations within the NBJ and SBJ. However, the staffing analysis does not include the elements of this provision but may serve as initial steps to addressing the requirements of this provision. The goal of the analysis completed was to analyze only health care staffing and did not analyze the need for custody escort/transportation staff as required by the provision. The analysis also makes recommendations for increased mental health staff, based on the requirements of some provisions of the Remedial Plan but does not address the fact that the current mental health staffing does not appear able to comply with other essential requirements such as consistently completing a thorough suicide risk assessment, completing rounds, seeing patients in confidential space, administering pill call in a timely manner, or seeing caseload patients within required timeframes.

The analysis does not determine overall needs for staffing nor a timeline for implementation of the complete staffing need. Instead, the analysis makes recommendations for initial staffing levels with the goal of monitoring outcomes over a 12–18-month period to determine ultimate staffing needs so appears to be an initial step in compliance with this provision. Ultimately, the analysis concludes with a framework for the County to complete the estimate for additional staff to be added.

Recommendations:

The County will need to expand the scope of the staffing analysis to meet the requirements of this provision and consider all aspects of the Remedial Plan as well as address the capability of staff to complete current clinical requirements in a thorough way. Consultation with Remedial Plan Experts

to ensure the requirements of this provision are met in the forthcoming analysis may benefit the County.

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

Non-Compliance

County Response:

In process. The County currently meets the requirements of this provision at the Northern Branch Jail. The County currently monitors staffing at the Main Jail and, when possible, adjusts staffing to facilitate access to care. The County has contracted with a healthcare consulting company to provide a health care staffing analysis. The County anticipates site visits occurring in winter 2023 with a report delivered by spring 2023. Following receipt of the report the County anticipates working with Wellpath to adjust staffing allocations as needed.

Expert Review:

During the May 2023 tour the health care management staff 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). However, this is a challenge because PRN staff are required only to work three (3) shifts per month to remain on the roster. Overtime is offered to health care staff but it is reported that few are accepting of it. Without an increase in PRN staff or other staffing options it is unlikely that the County will be successful in being able to adjust staffing as needed to ensure timely and adequate care.

The County's staffing analysis, 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 staffing analysis needs to be comprehensive in nature so as to address the overall staffing within the jails and to allow for the ability to adjust staffing as needed during critical times for patient care.

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 County delivered eight (8) hours of training on implementation of the remedial plan and the relevant provisions in March/April 2021. The County also delivered trainings through briefings and memorandum. The County continuously provides training as required by this provision. The County intends to provide the bi-annual training identified in this provision during 2023 and in subsequent cycles.

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.

Recommendations:

The County has incorporated the requirements of this provision into its required training for custody staff working in the jail. It is recommended that this provision discontinue being monitored and that future training requirements be monitored through specific provisions to which the trainings apply.

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 County delivered eight (8) hours of training on implementation of the remedial plan and the relevant provisions in March/April 2021. The County also delivered trainings through briefings and memorandum. The County continuously provides training as required by this provision. The County intends to provide the bi-annual training identified in this provision during 2023 and in subsequent cycles.

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 that over 95% of the jail custody staff received at least eight (8) hours of additional training on topics mentioned in provision IX.1 within the past year.

Recommendations:

The County has incorporated the requirements of this provision into its required training for custody staff working in the jail. It is recommended that this provision discontinue being monitored and that future training requirements be monitored through specific provisions to which the trainings apply.

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

Non-Compliance

Prior Compliance Rating

Non-Compliance

County Response:

In process. The County is developing specialized mental health units and training for staff working on these units. The County has begun drafting a policy and has visited specialized units at neighboring counties and anticipates visiting additional units in other counties. The County plans on working with the Custody Operations expert and Mental Health expert to develop these units and plans on providing at least four (4) hours of training for staff working on these units. The County anticipates completing this requirement by summer 2023.

Expert Review:

The County initiated the specialized units in July 2023. As these units are initially developed, they will assist in identifying issues to be included in training that be delivered to staff assigned to these units. The draft policy for these units provided to the Mental Health Expert in July 2023 is a strong start.

Recommendations:

The County needs to finalize the training for custody staff in partnership with Wellpath staff. The development of the training and commencement of training for all custody staff assigned to these units should begin by fall 2023.

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

Non-Compliance

Prior Compliance Rating

Non-Compliance

County Response:

Completed. The County and Wellpath provided health care staff with training on the remedial plan and has documented the training and attendance. Wellpath monitors compliance with the remedial plan provisions as part of their CQI process and initiates training as needed.

Expert Review:

As of July 2023, the County reports that Wellpath will conduct this training before the next monitoring period is completed.

Recommendations:

The County needs to ensure that Wellpath has developed training to meet the requirements of this provision. It also needs to ensure that Wellpath maintains compliance with this provision by ensuring that all new staff receive this training and that proof of compliance with this is supplied on a regular basis.

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:

Completed. The County delivered a suicide prevention curriculum that addressed all relevant aspects of this provision and intends to modify it as needed and provide suicide prevention training regularly.

Expert Review:

The suicide prevention training curricula for custody and health care staff were provided and include the relevant sections of this provision. Custody training rosters reflecting initial training of staff in 2021 were supplied but rosters of recently trained staff since 2021 were not provided. However, the County is in the process of making significant revisions to the Custody Operations Suicide Prevention policy and also plan on revising the training curriculum once this policy is finalized. This is a thoughtful strategy that will ultimately benefit the County and staff receiving training and it is expected that the County will be in Substantial Compliance once this is completed. Wellpath suicide prevention training materials meet the requirements of this provision. Training of healthcare staff will be addressed in provision IX.7.

Recommendations:

The County needs to complete the revision of the Custody Operations Suicide Prevention policy in fall 2023 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

Partial Compliance

County Response:

In process. The County provides at least eight (8) hours of training to all custody staff at the CORE academy. Course rosters and completion certificates are available for review. The County delivered a block of two (2) to four (4) hours of training specific to this provision in March and April 2021 and is working on a block of instruction for 2023 for all custody staff. The County intends to provide ongoing training for two (2) to four (4) hours on an annual basis beginning in 2023. The County anticipates completing this provision in the 2023 calendar year.

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. 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:

N/A

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:

Completed. All health care staff receive at least two (2) hours of training annually on suicide prevention/mental health treatment and is documented and maintained by Wellpath.

Expert Review:

Training records for Wellpath staff were provided for three (3) trainings on suicide prevention in summer 2023. For the training titled "Suicide Prevention and Risk Reduction," 71 eligible individual records were included from July 2021 through July 2023 and reflected a 32% completion rate (23 individuals) for this training. For the training title "Zero Suicide Nurse Training" a roster of 39 eligible employees reflected that 21% (8 individuals) had completed this training between July 2021 and July 2023. For the training titled "Suicide Prevention Campaign: Tools for Prevention" a roster of 71 eligible staff were provided that reflected that 62% (44 individuals) had completed this training between July 2021 and July 2023.

This issue was discussed with Wellpath leadership during summer 2023 after review of these records. Wellpath leadership agreed to make efforts to increase compliance with training on suicide prevention immediately. In late September 2023 a database of completed training was provided to the Mental Health Expert that included 54 health care staff members who completed a total of 146 hours of training in 2023. Upon review of the individual staff members and whether they were recorded as completing a minimum of two hours of suicide prevention training only 30 had training courses listed on this topic for a compliance rate of 56%. The 44% of staff members considered non-compliant with this provision had zero or only one hour of training in suicide prevention listed. These low compliance rates for an essential training that ensures the safety of incarcerated persons are of concern. The low compliance with training for health care staff is also a concern in light of the reports issued by the Santa Barbara County Grand Jury discussed earlier in this report.

Recommendations:

Given the low compliance rates with this required training the County needs to take steps to ensure that its contracted provider is aware and compliant with training for this critical topic involving patient safety. Regular training compliance rates should be included in Continuous Quality Management meetings for both custody and health care staff until such time the County achieves compliance with this and other training provisions.

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
Partial Compliance

County Response:

Completed. All custody staff receive first aid and CPR training in the CORE Academy with refresher training provided on a scheduled basis as recommended by the Peace Officer Standards and Training and/or BSCC. Wellpath requires all new staff to provide proof of current CPR training and refresher training is completed every two years by Wellpath for each employee.

Expert Review:

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

Recommendations:

Compliance reports for this provision should be reviewed and monitored by management staff on a regular basis. If staff are found to be out of compliance with this provision, it should be immediately addressed as having staff trained in CPR is critical to the safety of the incarcerated population.