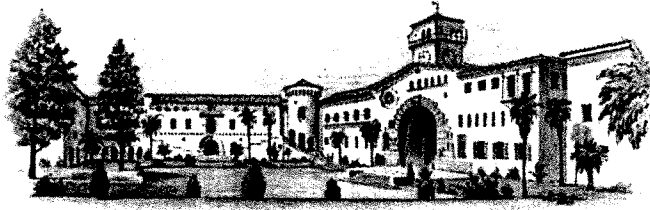


COUNTY OF SANTA BARBARA

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June 2, 2021

**VIA EMAIL ONLY**

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

Dear Counsel,

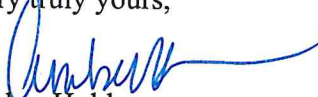
In compliance with paragraph 15 of the *Murray et al. v. County of Santa Barbara et al.* Stipulated Judgment, enclosed is the County of Santa Barbara and Santa Barbara County Sheriff's Office's ("County") first Status Report which:

- Includes a description of the steps taken by Defendants to implement each provision set forth in the Remedial Plan;
- Specifies provisions of the Remedial Plan that have not yet been fully implemented. With respect to the provisions of the Remedial Plan not yet fully implemented, the Status Report:
  - o describes all steps taken toward implementation;
  - o sets forth with as much specificity as possible those factors contributing to non-implementation; and
  - o sets forth a projected timeline for anticipated implementation.

The County acknowledges that this is its first Status Report, which will be subject to review by the Remedial Plan Experts as set forth in paragraph 20 of the Stipulated Judgment. To that end, and in compliance with paragraph 14 of the Stipulated Judgment, the County will provide to the Experts and Plaintiff's Counsel any new or revised plans or policies referenced in the enclosed Status Report. The County likewise intends to incorporate expert feedback and suggestions in later versions of this Status Report.

The County is making significant progress in most Remedial Plan areas, but has yet to complete certain components of the Remedial Plan due to a shortage of resources and delay for items requiring physical renovations to the Main Jail, as was contemplated in paragraph 10 of the Stipulated Judgment. The shortage of resources includes many factors outside the County's control, including but not limited to: present constraints related to the COVID-19 pandemic, staffing shortages due to the pandemic and otherwise, the need to phase-in preliminary tasks at the outset of implementation, and contractor delays in the opening of the Northern Branch Jail. Despite these obstacles, the County has made significant strides in various categories, prioritizing staff training, implementation coordination, and opening of the Northern Branch Jail. We look forward to working with you and the Remedial Plan Experts on these issues.

Very truly yours,



Amber Holderness  
Division Chief

Enclosure

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**Murray et al. v. County of Santa Barbara et al.**

**STIPULATED JUDGMENT AND REMEDIAL PLAN COMPLIANCE MATRIX**

CITATION TO REMEDIAL PLAN: PAGE, PARAGRAPH	REMEDIAL PLAN PROVISION	IMPLEMENTATION STATUS
<b>II. Medical Care</b>		
<b>A. County Monitoring of Private Medical Contract</b> <b>(Pg. 3)</b>	1. The County shall appoint a County employee or consultant with adequate expertise to provide ongoing monitoring and oversight of the private Jail health care provider contract.	Completed. The Health Services Lieutenant is responsible for monitoring and overseeing the jail health care provider contract. This requirement will be added to the Medical Care Policy contained within the Custody Operations Policies and Procedures.
<b>(Pg. 4)</b>	2. The County's Department of Public Health and Behavioral Wellness shall actively monitor the Jail health care contract with any private health care services provider.	Completed. Compliance will be demonstrated through audits as documented in the Service Level Agreement between the County and California Forensic Medical Group, Inc. (commonly and hereinafter referred to as

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		“Wellpath”), the County’s contracted medical provider.
<b>B. Policies and Procedures (Pg. 4)</b>	1. The County will develop and implement policies and procedures related to the delivery of medical care specific to the County’s Jail system. The County will have ownership and control over the final policies that are created from this process.	Completed. The County has site specific policies developed by Wellpath regarding delivery of medical care. The Sheriff’s Office has input and final approval of site-specific policies developed by Wellpath that are implemented at Santa Barbara County Jail facilities. See Agreement with Wellpath, Section 11 and Exhibit A, Section 16.4. This applies to all Wellpath policies discussed throughout this compliance matrix.
<b>C. Health Care Records (Pg. 4)</b>	1. The County shall implement an integrated electronic health records system and provide ongoing IT support.	Completed. The County in conjunction with Wellpath implemented CorEMR, an integrated electronic health records

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		system, on January 17, 2018, along with ongoing IT support.
	<p>2. The County shall implement policies and procedures to ensure that health care staff adequately document health care contacts and treatment intervention information, including:</p> <ul style="list-style-type: none"> <li>a) Patient housing location, type of health care service, and setting where the services were delivered;</li> <li>b) Time of the health care encounter and time the note is generated in the system.</li> </ul>	Completed. Wellpath Policy A-8, Health Records includes documentation of the information in subsection (a) with every encounter. Wellpath's CorEMR generates information required in subsection (b) automatically.
	3. The County shall implement policies and procedures to ensure that the electronic health record system is modified, maintained, and improved as needed on an ongoing basis.	Completed. Wellpath's CorEMR system is updated quarterly to reflect changes to policies and procedures that are implemented through Wellpath's numerous healthcare sites.

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	4. The County shall implement and utilize Jail health care forms that the County owns.	Completed. The County implemented, utilizes, and owns Jail healthcare forms.
D. Space for Health Care Service Delivery (Pg. 4)	1. The County shall ensure sufficient and suitable clinical treatment and office space to support health care service delivery. Space for health care services shall provide a therapeutic setting with adequate patient privacy and confidentiality.	The County is in the process of fully implementing this requirement. The main jail has reassigned space in the main jail central area to medical and mental health treatment space. These spaces have solid doors with windows in the door that allow for the deputy to observe health and mental health encounters from outside of the physical space, which allow for patient confidentiality. These spaces will be enhanced through a proposed jail remodel project. Treatment rooms are currently available in the following modules for the delivery of medical and mental health treatment; Northwest, West, East,

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		Central, South and the Inmate Reception Center (IRC). Treatment can be provided in these areas in a secure and private environment. The County intends to fully implement this provision upon completion of the proposed remodel project at a later date as contemplated by paragraph 10 of the Stipulated Judgment.
	2. The parties recognize that paragraph 1, above, will require a remodel, reconfiguration, or renovation of the Main Jail subject to the timeframe set forth in the Stipulated Judgment. The County and the Sheriff's Office agree that, during the period of renovations at the Main Jail, they will, to the maximum extent possible given existing physical plant limitations, take reasonable steps to provide sufficient and suitable clinical treatment and office space to support health care service delivery with adequate privacy and confidentiality.	The County is in the process of fully implementing this requirement. The main jail has reassigned space in the main jail central area to medical and mental health treatment space. These spaces have solid doors with windows in the door that allow for the deputy to observe health and mental health encounters from outside of the physical space,

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		which allow for patient confidentiality. These spaces will be enhanced through a proposed jail remodel project. The County intends to fully implement this provision upon completion of the proposed remodel project at a later date as contemplated by paragraph 10 of the Stipulated Judgment.
E. Screening on Intake (Pg. 5)	1. The County shall develop and implement an Intake Screening Implementation Plan that specifies standards and timelines to ensure that arriving prisoners are promptly screened for urgent health care needs (within minutes of a prisoner’s arrival when possible, and in all cases within two hours of arrival), with adequate confidentiality, timely follow-up, and disability accommodations. The standards and timelines shall include medical clearance on arrival at the Jail to determine whether the prisoner must be excluded from the Jail or housed in a special placement based on medical or mental health condition, initial health screening, and an initial	Completed. Inmates are seen by medical prior to entering the facility and complete a receiving screening questionnaire that addresses all provisions outlined in this requirement.



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	health assessment within timeframes based on the individual’s conditions and acuity.	
	<p>2. The Intake Screening Implementation Plan shall include the following:</p> <ul style="list-style-type: none"> <li>a) Standards and procedures to ensure Medication Continuity, either through outside verification or on-site physician medication order;</li> <li>b) Procedures to ensure adequate review of individual health care records maintained by the County or otherwise available as part of the intake process;</li> <li>c) Infectious disease screening and follow-up;</li> <li>d) Initial Health Assessment for all incoming prisoners with chronic illnesses;</li> <li>e) Psychological Evaluation for persons with signs of development disability;</li> <li>f) Psychological Evaluation for persons with signs and/or histories of mental illness;</li> </ul>	Completed. All elements of this provision are built into Wellpath’s current intake screening process delineated in Wellpath’s E-2, Receiving Screening Policy.

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	<ul style="list-style-type: none"> <li>g) Clinical evaluation of persons in need of detoxification with clinical determinations for any use of sobering, safety or isolation cells;</li> <li>h) Use of a suicide risk assessment tool, with Psychological Evaluation for those with positive findings on the suicide assessment.</li> </ul>	
	3. Registered nurses shall perform the intake health screening, and shall receive annual training on intake policies and procedures.	Completed. An RN completes intake assessments and annual training is conducted. Agreement with CFMG, Exhibit A, section 1.1.
<b>F. Access to Care (Pg. 6)</b>	1. The County shall develop and implement a Health Care Implementation Plan to provide all necessary levels of care for prisoners with health care needs and to ensure that they receive timely treatment appropriate to the acuity of their conditions, consistent with established standards of care and clear timelines for routine, urgent and emergent cases.	The County is in the process of fully implementing this requirement. The County is developing a Health Care Implementation Plan. Currently, the County maintains RNs and LVNs to provide all necessary levels of care for prisoners with healthcare needs. Timelines for routine, urgent and

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		emergent cases can be found in Wellpath’s policy E-7, Nonemergency Health Care Requests and Services. This requirement has yet to be fully completed due to an unexpected shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next year.
	2. All non-emergent health care requests or referrals shall be reviewed by the triage RN within 12 hours of receipt and assigned a triage level for a Provider appointment of urgent or routine.	Completed. An RN reviews and triages all health care requests or referrals within 12 hours of receipt, refer to Wellpath’s policy E-7, Nonemergency Health Care Requests and Services.

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	<p>3. For all health care requests or referrals, the following timelines and procedures shall apply:</p> <ul style="list-style-type: none"> <li>a) Patients with emergent medical conditions shall be treated or sent out for emergency treatment immediately.</li> <li>b) Patients with urgent medical conditions shall be seen by the Provider within 12 hours of review by the triage RN. For urgent referrals that occur on the weekend when a Provider is not on-site, medical staff shall complete a phone consultation with the Provider within 12 hours of review by the triage RN, with any clinically indicated treatment or other follow-up provided. The Provider will conduct a face-to-face appointment with the patient on the next business day.</li> <li>c) Patients with routine medical concerns shall be seen by the Provider within five (5) days of review by the triage RN, or sooner if clinically indicated.</li> <li>d) All health care requests or referrals that are received shall be seen by the RN or a Provider. The County affirms that it does not utilize a written response only process for medical care requests and referrals.</li> </ul>	<p>The County has completed or begun implementation of the subsections of this requirement as follows:</p> <ul style="list-style-type: none"> <li>a) Emergent medical conditions are treated or sent out for treatment immediately.</li> <li>b) Urgent medical conditions are treated within 12 hours as required by this provision.</li> <li>c) An RN currently sees inmates with routine medical concerns unless referral to a provider is necessary.</li> <li>d) All healthcare requests and referrals are seen by the RN or provider; the County does not</li> </ul>

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	<p>e) The County shall inform patients of the above timelines for urgent and routine care by including that information in the inmate orientation manual and on the medical request forms.</p>	<p>merely provide a written response without seeing patients.</p> <p>e) The County has edited the Inmate Orientation Handbook and sick call slips to reflect this requirement. The Handbook has been approved and sent out to print. The sick call slip form is pending approval.</p> <p>These requirements have yet to be fully completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next month.</p>

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	<p>4. The RN or Provider shall:</p> <ul style="list-style-type: none"> <li>a) conduct a brief face-to-face visit with the patient in a confidential, clinical setting;</li> <li>b) take a full set of vital signs, if appropriate;</li> <li>c) conduct a physical exam, if appropriate;</li> <li>d) assign a triage level for a Provider appointment of emergent, urgent, or routine;</li> <li>e) provide over-the-counter medications pursuant to protocols; and</li> <li>f) consult with Providers regarding patient care pursuant to protocols, as appropriate.</li> </ul>	<p>Completed. The RN or provider meets all provisions of this requirement during patient visits, as delineated in Wellpath Policy A-7, Privacy of Care.</p>
	<p>5. The County shall ensure timely access to appropriate medical care based on the community standard, including with respect to medication practices, treatment, clinical and administrative treatment space, access to specialty care and hospitalization, emergency response, chronic care,</p>	<p>Completed. Medications are started at intake. Patients with medical, mental health, or chronic care issues are seen within five days of intake and then routinely at</p>

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	infirmary or intermediate level of care, follow-up medical attention for prisoners discharged from the hospital, and supervision of medical staff.	intervals of 30, 60, and 90 days. Emergency response averages less than two minutes. Follow up for inmates returning from the hospital is scheduled for the next provider sick call day. The provisions of this requirement are delineated in Wellpath policies, including E-9-A, Medication Verification and E-9-B, Timely Initiation of Medication Upon Arrival.
	<p>6. The County shall staff and schedule dental clinics to ensure timely access to clinically indicated dental care.</p> <ul style="list-style-type: none"> <li>a) A qualified or appropriately trained clinician shall triage dental care requests to identify emergent or urgent dental issues that require treatment of infection or pain.</li> <li>b) Patients with emergent dental conditions shall be treated or sent out for emergency treatment immediately.</li> </ul>	<p>Completed. The County currently implements the subsections of this requirement as follows:</p> <ul style="list-style-type: none"> <li>a) Completed. Wellpath staff are trained on dental priorities/emergencies annually.</li> <li>b) Completed. Patients with emergent dental conditions are sent</li> </ul>

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	<p>c) Patients with urgent dental conditions shall be seen by a dentist within one (1) week, or sooner if clinically indicated.</p> <p>d) Patients with routine dental concerns shall be seen by a dentist within two (2) weeks, or sooner if clinically indicated.</p>	<p>to Cottage Emergency Department immediately.</p> <p>c) Completed. Patients are seen by nursing staff then scheduled for a dental appointment within one week or sooner.</p> <p>d) Completed. Patients are seen by the nursing staff then scheduled for a dental appointment within two weeks or sooner. The provisions of this requirement are delineated in Wellpath policies, including E-6, Oral Care.</p>
	<p>7. The County shall permit patients, including those who are illiterate, non-English speaking, or otherwise unable to submit written health care requests, to verbally request care. Such verbal requests shall immediately be documented by the staff member who receives the request on an</p>	<p>The County is in the process of fully implementing this requirement. The County has edited its policies and procedures to incorporate this requirement. The County also intends to train staff to complete a</p>



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	appropriate form and transmitted to a qualified medical professional for response consistent with the above provisions.	sick call form for inmates unable to submit written health care requests. This requirement has yet to be fully completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight to twelve months.
	8. The County shall not prohibit patients from reporting or inquiring about multiple medical needs in the same appointment.	Completed. Wellpath addresses all needs at every appointment as per Wellpath's policy E-7,

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		Nonemergency Health Care Requests and Services.
	9. The County shall designate and provide sufficient custody escorts to facilitate timely delivery of health care.	Completed. The County currently has two deputies assigned seven days a week that work twelve hour shifts as a medical escort team (MET).
<b>G. Chronic Care (Pg. 8)</b>	1. The County shall develop and implement a Chronic Disease Management Program for the management of chronic conditions, including but not limited to diabetes mellitus, asthma and other respiratory conditions, hypertension, HIV, and hepatitis C.	Completed. This information is documented in Wellpath Policy F-1, Patients with Chronic Disease and other Special Needs.
	2. The Chronic Disease Management Program shall include provision of written individual treatment plans, case tracking, adherence to community standards, and routine scheduled follow up with Qualified Health Professionals including specialists.	The County is in the process of fully implementing this requirement. The County presently provides individual treatment plans for patients with chronic disease and is developing a case tracking system to meet the provisions of this

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		<p>requirement. This requirement has yet to be fully completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight to twelve months.</p>
	<p>3. The Chronic Disease Management Program shall include, at a minimum, the following protocols, which will be regularly evaluated through quality management processes:</p> <p>a) A Comprehensive Asthma Protocol: The protocol shall ensure that patients with significant asthma histories are regularly</p>	<p>Completed. Wellpath's Continuous Quality Improvements process addresses the provisions of this requirement, as delineated in Wellpath's policies, including F-1, Patients with Chronic Disease and</p>

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	<p>evaluated by physicians. Medical staff shall use appropriate diagnostic tool(s) to assess a patient's ability to breathe. The County will allow patients to keep prescribed rescue inhalers on their person, consistent with individualized clinical and security input.</p> <p>b) A Comprehensive Hypertension Management Protocol: The protocol shall ensure that patients with hypertension receive complete initial exams, including but not limited to lab tests and EKG's per clinical input, and medication at the appropriate times and intervals.</p> <p>c) A Comprehensive Diabetes Management Protocol: The protocol shall ensure regular testing of blood sugar and hemoglobin A1C levels for patients with diabetes, at clinically appropriate intervals. Patients shall have access to the types of insulin and dosing frequency consistent with the treatment they were receiving prior to detention or most appropriate to their individual treatment goals and correctional setting, including multiple daily injection therapy using long-acting and rapid-acting insulins and insulin pump therapy, as clinically appropriate. The County will provide a diabetes-appropriate</p>	<p>Other Special Needs; D-2, Medication Services; and the Custody Operations Healthcare Policy.</p>

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	diet, compiled by a qualified registered dietician, to prisoners with diabetes.	
	4. The County shall develop policies and procedures to ensure that labs ordered by clinicians are drawn in a timely manner, that the results are reviewed by nurses and clinicians in a timely manner, that the results are communicated to patients in a timely manner, and that the results are placed in the patient's health care record in a timely manner.	The County is in the process of fully implementing this requirement. The County is developing policies and procedures to reflect the County's current practice, which meets the provisions of this requirement. Labs are currently drawn on a regular basis and reviewed by nurses and clinicians, all normal labs results are communicated to the inmate through a Wellpath form. Labs are immediately documented in patient charts. This policy has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of

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		implementation related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next four months.
<b>H. Pharmacy Services (Pg. 9)</b>	1. The County shall develop and implement policies to ensure continuity of medication at the time of Jail arrival and throughout the period of detention. Verified medications from the community shall be continued without interruption. Prisoners with unverified medications for serious conditions shall be evaluated promptly to ensure timely provision of necessary treatment.	Completed. This requirement is documented in Wellpath's policies, including E-9-A, Medication Continuation and D-1, Pharmaceutical Operations, which includes a list of high priority medications.
	2. The County shall ensure that the Jail's formulary policies and procedures are sufficient to provide adequate individualized care to	Completed. Wellpath's formulary (pharmacy manual) meets the provisions of this requirement. Wellpath staff have been trained on

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	patients, including through ongoing staff training on the process of requesting non-formulary medications.	how to order non-formulary medications. This requirement is included in Wellpath's policies, including D-2, Medication Services.
	3. The County shall revise its Keep on Person medication policies and procedures for common over-the-counter medications, including but not limited to rescue inhalers for asthma treatment.	Completed. Wellpath's policies, including D-2, Medication Services meets this requirement.
	<p>4. The County shall develop and implement policies and procedures to ensure that all medications are appropriately prescribed, stored, controlled, dispensed, and administered in accordance with applicable laws and through the following:</p> <ul style="list-style-type: none"> <li>a) ensuring that initial doses of prescribed medications are delivered to patients within 48 hours of the prescription, unless it is clinically indicated to deliver the medication sooner;</li> <li>b) ensuring that medical staff who administer medications to patients document in the patient's Medical Administration Record (1) name and dosage of each dispensed medication, (2) each date and time medication is administered, (3) the date and time for any refusal of medication, and (4) in the event of patient refusal,</li> </ul>	Completed. Wellpath's pharmacy manual meets the provisions of this requirement. Any patient refusal of medication is documented on Wellpath's refusal form and in the patients EHR. This requirement is included in Wellpath's policies, including D-2, Medication Services, D-1, Pharmaceutical Operations, and E-9-A, Medication Continuation.

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	documentation that the prisoner was made aware of and understands any adverse health consequences by medical staff.	
	5. The County shall develop and implement policies and procedures to ensure that patients are provided medications at therapeutically appropriate times, including when out to court, in transit to or from any outside appointment, or being transferred between facilities. If administration time occurs when a patient is in court, in transit or at an outside appointment, medication will be administered as close as possible to the regular administration time.	Completed. Wellpath's Policy D-2, Medication Services meets the provisions of this requirement. Per policy, medications are distributed at 9 am and 9 pm. Wellpath has a scheduled medication time to accommodate inmates out on transports or at court.
	6. The County shall provide sufficient nursing and custody staffing to ensure timely delivery and administration of medication.	Completed. The County maintains sufficient nursing and custody staff to deliver medications. Medications are currently delivered at 9 am and 9 pm. Wellpath's Policy D-2, Medication Services meets the provisions of this requirement.



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<b>II. Medical Care</b>		
<b>I. Transgender and Gender Nonconforming Health Care (Pg. 10)</b>	1. The County shall treat transgender prisoners based upon an individualized assessment of the patient's health care and related needs, consistent with relevant legal requirements.	Completed. Wellpath's policy on gender dysphoria, Policy F-1-A, Gender Dysphoria meets this requirement.
<b>J. Drug/Alcohol Withdrawal (Pg. 10)</b>	1. The County shall develop and implement drug/alcohol withdrawal policies and procedures that include specific guidelines as to the frequency and documentation of patient assessment.	Completed. Wellpath's Policy F-4, Medically Supervised Withdrawal and Treatment meets this requirement.
<b>K. Utilization Management (Pg. 10)</b>	1. The County shall develop and implement a utilization management (UM) system that ensures that health decisions about patient care are made with sufficient input from Providers and meaningful consideration of patients' health history and needs.	Completed. Wellpath's Care Management Program, covered in A-1, Corporate Policy and Procedure, meets this requirement.
	2. The UM process shall ensure that Providers and patients are promptly informed about decisions made through the UM process, including with respect to specialist referral requests.	Completed. Wellpath's Care Management Program, covered in A-1, Corporate Policy and Procedure, meets this requirement.

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	3. The UM process shall include an appeal process to enable patients and Providers to appeal a decision denying a referral request.	Completed. Wellpath's Care Management Program, covered in A-1, Corporate Policy and Procedure, meets this requirement.
<b>L. Review of Inmate Deaths (Pg. 11)</b>	1. The County shall complete timely and adequate death reviews, within 30 days of any death, including a clinical mortality review in all cases and a psychological autopsy if death was by suicide or is otherwise indicated. The County shall also complete a multidisciplinary administrative review to assess custodial and emergency response actions.	Completed. The County timely and adequately conducts death review within 30 days of death. This requirement is documented in the mortality log/attendance sheets and Wellpath's policies, including A-9-A, Morbidity, along with Custody Policy 206; Significant Incident and In-Custody Deaths.
	2. The death review process shall include a root cause analysis, as appropriate, and the development of corrective action plans to identify and address systemic or individual issues.	Completed. Wellpath's Policy A-9, Procedure in the Event of a Patient Death meets this requirement.
<b>M. Discharge Planning (Pg. 11)</b>	1. The County shall implement an in-custody discharge/reentry planning program, described in a written policy, with emphasis on	The County is in the process of fully implementing this requirement. The County will be meeting with our

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	prisoners who suffer from chronic mental health and medical conditions, including addiction.	programs unit to develop these plans. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next six months.
	2. The reentry services program shall include the provision of assistance to chronic care patients, including outpatient referrals and appointments, public benefits, inpatient treatment, and other appropriate reentry services.	The County is in the process of fully implementing this requirement. The provisions of this requirement will be incorporated into the reentry plan. This requirement has yet to be completed due to a shortage in

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		resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next six months.
<b>N. Quality Management (Pg. 11)</b>	1. The County shall develop a Quality Management program to regularly assess and take necessary measures to ensure quality and efficiency of care.	Completed. Wellpath's Policy A-6, Continuous Quality Improvement Program meets this requirement.
	2. The County shall establish a Continuous Quality Improvement (CQI) Unit to develop tracking mechanisms and to monitor the timeliness and effectiveness of care, to be reviewed at least quarterly	The County is in the process of fully implementing this requirement. The County has established a Continuous Quality Assurance (CQA) unit, comprised of one

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	and with corrective action plans employed where issues are identified.	Sergeant, two Senior Custody Deputies and two Administrative Office Professionals. This unit was established in April and is working towards compliance in this area. The unit will be developing tracking mechanisms to document effectiveness of care. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next six months.
	3. The County shall track and document all completed, delayed, and canceled medical appointments, including reasons for delays and	The County is in the process of fully implementing this requirement. The Health Services Administrator and

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	cancelations. Such documentation shall be reviewed as part of the quality management process.	Assistant Health Services Administrator are currently developing a process to track these medical appointments. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.
	4. The County shall track compliance with the Chronic Disease Management Program requirements for timely provision of appointments, procedures, and medications.	Completed. A Chronic Disease CQI is completed to meet this requirement, as delineated in Wellpath's policies, including F-I,

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		Patients with Chronic Disease and Other Special Needs.
	5. The County shall incorporate a systematic review of prisoner grievances related to health care into its Quality Management program.	The County is in the process of fully implementing this requirement. The County conducts systematic review of prisoner healthcare grievances. The County has a grievance oversight coordinator who oversees and reports on all healthcare and mental health care grievances quarterly to the County Board of Supervisors. These oversight reports indicate the number and percentage of grievances that are substantiated and unfounded. The County anticipates incorporating a systematic review of all prisoner grievances into its Quality Management program. The County

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		has yet to complete this due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next two months.

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<b>A. Policies and Procedures (Pg. 12)</b>	1. The County shall develop its own county- and site-specific policies and procedures related to its jail mental health care system. Jail mental health policies and procedures shall be reviewed at least annually and updated as necessary.	Completed. Wellpath has site specific policies for Santa Barbara County, including Wellpath Policy F-3, Mental Health Services.
	2. The County shall develop policies and procedures regarding mental health care committees that clearly describe structure, membership, and minimum meeting frequencies.	Completed. The County revised Custody Operations Policy 241, Mental Health Care to meet this requirement.
	3. The County shall ensure that its policies and procedures are consistent with the provisions of this Remedial Plan and include the following: <ul style="list-style-type: none"> <li>a) A written document reflecting the spectrum of mental health care programming and services provided to prisoners;</li> <li>b) Reasonable timeframes for completion of each type of mental health care-related task or service, consistent with community and professional standards;</li> </ul>	The County is in the process of fully implementing this requirement. A working group has been assigned to revise and develop policies and procedures consistent with the provisions of this remedial plan. The County has begun implementation of the subsections of this requirement as follows:

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	<ul style="list-style-type: none"> <li>c) An intake and referral triage system to ensure timely and effective resolution of inmate requests and staff referrals for mental health care;</li> <li>d) Clinical monitoring of inmates, including but not limited to those who are segregated or on suicide watch;</li> <li>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;</li> <li>f) Relevant mental health-related training for all staff members who are working with inmates with mental illness.</li> </ul>	<ul style="list-style-type: none"> <li>a) Mental health care programs to be added to Wellpath's Health Services Handbook and the Custody Operations Orientation handbook.</li> <li>b) Completed and compliant with community standards.</li> <li>c) Completed at intake and in referral triage.</li> <li>d) Completed with restrictive housing rounds and suicide watch round.</li> <li>e) The County has a description related to admitting and discharging criteria and is working on specialized mental health housing.</li> <li>f) Completed, staff members receive CIT training and suicide prevention training.</li> </ul>

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		This requirement has yet to be fully completed due to the need for physical renovations to the Main Jail or completion of the Northern Branch Jail as by the Stipulated Judgment. The County anticipates completing these provisions in the next two months.
	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.	The County is in the process of fully implementing this requirement. The County currently completes this requirement but is developing formal documentation of emergent, urgent, or routine designation of referrals. The sick call slip has been edited to reflect emergent, urgent, and routine designation. Wellpath documents emergent as priority one, and those patients are seen immediately. Urgent is priority two and patients

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		are seen within 24 hours. Routine calls are priority two and are seen within 24 hours. Priority three are pre-scheduled, on-going programs with patients seen based on individualized treatment plans. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next four months.
	5. The County shall ensure that there is a licensed mental health professional on-site at the Jail facilities who, working in collaboration with the health care services administrator, shall be responsible for supervising the clinical aspects of the following functions:	Completed. Wellpath's mental health coordinator and additional mental health staff are on site daily. Outside mental health agencies (referenced in subsection (c)) are

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	<ul style="list-style-type: none"> <li>a) Treatment programming that meets the needs of the inmate population and is consistent with individualized treatment plans.</li> <li>b) Supervision of mental health staff to ensure appropriate in-service training, development of treatment plans, and health care record documentation.</li> <li>c) Treatment programming provided by outside mental health agencies.</li> </ul>	currently not in the facility, due to COVID-19, but will resume at the conclusion of the pandemic.
	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.	The County is in the process of fully implementing this requirement. The County is developing procedures to conduct sick call with the deputy standing outside of the treatment room, supervising the appointment, and observing through a window in the door. The County is developing the procedures and training prior to full implementation. Additionally, the County is limited by treatment space

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		which is addressed in the main jail proposed remodel. This requirement has yet to be fully completed due to the pending remodel as contemplated by paragraph 10 of the Stipulated Judgment. The County anticipates fulfilling this requirement once the proposed remodel is complete.
	7. The County shall develop policies and procedures on the use of de-escalation techniques and early involvement by Qualified Mental Health Professionals in situations involving an inmate with SMI.	The County is in the process of fully implementing this requirement. The County is developing policies and procedures to meet this requirement. A working group has been assigned to revise and develop policies and procedures consistent with the provisions of this remedial plan. This requirement has yet to be completed due to a shortage in resources related to the

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		COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next two months.
	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.	The County is in the process of fully implementing this requirement. The County's implementation team has begun developing a memorandum of agreement in compliance with the provisions of this requirement. The County is developing policies and procedures to meet this requirement. This requirement has yet to be fully completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the

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		outset of implementation. The County anticipates completing this requirement in the next eight months.
<b>B. Intake</b> <b>(Pg. 13)</b>	1. The County shall ensure implementation of a screening tool to identify individuals with mental illness, at risk of self-injury, or vulnerable to predation secondary to a mental illness. The screening tool shall: <ul style="list-style-type: none"> <li>a) Identify risk factors or medication that require a mental health referral.</li> <li>b) Recommend housing and referrals based on the individual's diagnosis, strengths, and weaknesses.</li> <li>c) Refer inmates to mental health staff for any positive finding of mental illness, and triage all referrals as urgent, emergent, or routine.</li> </ul>	The County is in the process of implementing this requirement. The County has begun implementation of the subsections of this requirement as follows: <ul style="list-style-type: none"> <li>a) Completed at intake screening.</li> <li>b) The County is editing its classification input form to include this provision.</li> <li>c) Completed. The County currently uses priority one, two, and three (emergent, urgent, and routine).</li> </ul>



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	d) Describe signs and symptoms of conditions which justify the assignment of a DSM <sup>1</sup> diagnosis.	<p>d) Completed. This is standard practice.</p> <p>This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next three months.</p>
	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	Completed. For inmates who refuse intake screening, an intake RN will follow-up four hours after refusal. If follow up is still needed, mental

<sup>1</sup> Diagnostic and Statistical Manual of Mental Disorders, Current Edition, American Psychiatric Association

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	and an opinion regarding the inmate's condition, with appropriate referrals to psychiatry and mental health professionals.	health staff will follow up the next day for a second attempt. This requirement is delineated in Wellpath policies, including Policy E-2, Receiving Screening.
	3. Refusal to give consent at intake will not be considered an indication of refusal of any treatment and evaluation at a later time.	Completed. Follow up is completed by staff four hours after refusal and again on the next day if needed. This requirement is delineated in Wellpath policies, including Policy E-2, Receiving Screening.
	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.	Completed. This requirement is part of the intake process. The intake RN will schedule a psychiatry visit once medications are verified and bridged by the on-call psychiatrist. This requirement is delineated in Wellpath policies, including E-9-B,

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		Timely Initiation of Medication Upon Arrival.
<b>C. Patient Privacy and Confidentiality</b> <b>(Pg. 14)</b>	1. The County shall provide sufficient private interviewing spaces for all clinical contacts for evaluation and/or treatment (other than rounds).	The County is in the process of fully implementing this requirement. Psychiatry appointments are conducted in a treatment room. The County is limited by treatment space which is addressed in the main jail proposed remodel. This requirement has yet to be completed due to the pending remodel as contemplated by the Stipulated Judgment. The County anticipates completing this requirement once the proposed remodel is complete.
	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.	The County is in the process of fully implementing this requirement. Mental Health staff attempt to complete their clinical contacts in

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		private spaces, per Wellpath Policy A-7, Privacy of Care, but is limited by treatment space, which is addressed in the proposed main jail remodel. The County is developing policies and procedures to reflect this practice. This requirement has yet to be completed due to the pending remodel as contemplated by the Stipulated Judgment. The County anticipates completing this requirement once the proposed remodel is complete.
	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>i.e.</i> , 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	The County is in the process of fully implementing this requirement.  Restrictive housing interviews are conducted at cell front at this time due to a lack of confidential settings. Cell front interviews are documented

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	as part of the County’s Continuous Quality Improvement review procedures.	as such. The County is developing policies and procedures for confidential interviews and will be adding them to the Continuous Quality Improvement review procedures. The County is limited by treatment space, which is being remedied by the proposed main jail remodel. The County anticipates completing this requirement upon completion of the proposed main jail remodel as contemplated by the Stipulated Judgment.
	4. The County shall implement a confidential mental health service request system that does not require patients to share confidential health information with custody or other non-health care staff.	Completed. Mental health staff and medical staff collect sick call requests. This requirement is delineated in Wellpath policies, including Policy A-1 Access to Care.

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<b>D. Mental Health Services, Housing, and Access to Care</b>  <b>(Pg. 15)</b>	<p>1. Mental health staff shall respond to mental health referrals and requests within the following timelines:</p> <ul style="list-style-type: none"> <li>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;</li> <li>b) Twenty-four (24) hours for urgent cases, and sooner if clinically indicated;</li> <li>c) One week for routine cases, and sooner if clinically indicated.</li> </ul>	<p>Completed. Wellpath staff currently meets these timelines as follows:</p> <ul style="list-style-type: none"> <li>a) Emergent cases are seen immediately.</li> <li>b) Urgent cases are seen within 24 hours.</li> <li>c) Routine cases are seen within one week, but generally sooner.</li> </ul> <p>This requirement is delineated in Wellpath policies, including Policy F-3, Mental Health Services.</p>
	<p>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.</p>	<p>The County is in the process of fully implementing this requirement. The County is developing this policy, which will be implemented into the classification plan. This requirement has not yet been met due to a shortage in resources related to the</p>

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		COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next four to six months.
	<p>3. The County shall develop and designate specialized mental health units, with provision of the appropriate levels of programming and treatment for each mental health care service level.</p> <ul style="list-style-type: none"> <li>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.</li> <li>b) The County shall develop referral criteria and policies regarding management, treatment, and placement of inmates with SMI.</li> <li>c) Mental health staff shall recommend appropriate placement in and discharge from the specialized mental health units and</li> </ul>	The County is in the process of fully implementing this requirement. The County is in the process of developing policies and procedures, identifying a housing location for these inmates and formalizing a plan to meet the provisions of this requirement. The County has discussed potential housing in the IRC and the Northwest for this housing unit. The inability to designate a housing unit for this program during the COVID-19

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	<p>programs for inmates with mental illness based on clinical judgment.</p> <p>d) The County shall develop policies and procedures to house and treat inmates with mental illness at the clinically appropriate level of care.</p>	<p>pandemic has limited the County's progress. The County anticipates completing this requirement at the conclusion of the pandemic.</p>
	<p>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.</p> <p>a) The County shall include the line officer, whenever possible, in the multidisciplinary treatment team meeting. The line officer shall provide day-to-day observations on an inmate's functioning and receive input from the professional staff in management approaches.</p> <p>b) The multidisciplinary treatment team shall determine which privileges and property shall be available to inmates. The treating clinician shall provide input as to privileges and</p>	<p>Completed. The County currently has weekly meetings to discuss these inmates. The team is currently made up of our mental health supervisor, Jail Based Competency Treatment (JBCT) staff, Classification unit, Continuous Quality Assurance (CQA), and management. The County plans to expand the team and the inmates discussed in these meetings.</p>



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	<p>property for inmates on psychiatric observation or suicide watch.</p> <p>c) Treatment staff shall provide all inmates on specialty units an enhanced individualized treatment plan documented on a medical record treatment plan form and completed within the first seven days of placement on that unit. These treatment plans shall be regularly reviewed and updated as needed by the multidisciplinary treatment team, with participation of the inmate.</p>	
	<p>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>i.e.</i>, electronic tablets – to people in these units equivalent to that provided in the general population (at least four (4) hours per day, on at least three (3) separate days per week).</p> <p>a) It is recognized that not all inmates can participate in and/or benefit from 6 hours per week of structured treatment</p>	<p>The County is in the process of fully implementing this requirement. The County is currently working on a plan to identify a current housing location to provide out of cell time and programming for these inmates. The current facility lay out is impeding full implementation of this requirement, but that should be remedied with the proposed main jail remodel. The inability to</p>

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	<p>programming. For those individuals with mental health treatment needs housed in the specialized mental health units and for whom fewer hours of treatment services is clinically indicated, the treating clinician will present the case and recommended treatment program to the multidisciplinary treatment team for approval. Such a Modified Individualized Treatment Plan will include a description of the diagnosis, problems, level of functioning, medication compliance, and rationale for scheduling fewer hours of treatment services.</p> <p>b) The Modified Individualized Treatment Plan will be reviewed by the multidisciplinary treatment team at least monthly, with consideration of an increase in treatment activities and referral to a higher level of care as clinically indicated.</p> <p>c) The County shall establish an additional, less intensive mental health program for individuals with mental health treatment needs who are stable. Such a program shall provide a minimum of four (4) hours per week of Structured Out-of-Cell Time for therapeutic group and/or individual programming, subject to the Modified Individual Treatment Plan provisions described above.</p>	<p>designate a housing unit for this program during the COVID-19 pandemic has limited the County's progress. The County anticipates completing this requirement at the conclusion of the proposed main jail remodel as contemplated by the Stipulated Judgment.</p>

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	<p>6. The County shall not house inmates with SMI meeting criteria for placement in specialized mental health units in a segregation or isolation unit, except as outlined below.</p> <ul style="list-style-type: none"> <li>a) In rare cases where such an inmate presents an immediate danger or serious danger for which there is no reasonable alternative, such an inmate may be housed separately for the briefest period of time necessary to address the issue, and only with written justification for the placement that is approved by a jail commander or designee.</li> <li>b) The County shall continue to provide supervision, treatment, and out-of-cell time consistent with the inmate's Modified Individualized Treatment Plan.</li> </ul>	<p>The County is in the process of fully implementing this requirement. The County is developing a specialized mental health unit, which will incorporate this provision. The County will also incorporate these provisions into the Classification Housing Plan. The inability to designate a housing unit for this program during the COVID-19 pandemic has limited the County's progress. The County anticipates completing this requirement at the conclusion of the pandemic.</p>
	<p>7. The County shall develop and provide comparable and separate services and treatment programs for male and female inmates meeting criteria for placement in specialized mental health units.</p>	<p>The County is in the process of fully implementing this requirement. Implementation is pending the development of specialized mental health housing units. The potential units identified are currently being</p>

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		used as intake quarantine units during the COVID-19 pandemic. The inability to designate a housing unit for this program during the pandemic has limited the County's progress. The County estimates completion of this requirement at the conclusion of the pandemic.
	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.	Completed. Inmates see the psychiatrist at a 30-day interval, then 60-days, and again at 90 days, or sooner as clinically indicated. Counseling services are provided along with an individualized treatment plan to inmates in the special needs program. This requirement is included in Wellpath's policies, including Policy F-3, Mental Health Services.

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	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 ideation or self-harm.	Completed. This requirement is captured by the County's special needs program and addressed in Wellpath's policies, including Policy F-3, Mental Health Services.
	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.	Completed. This requirement is currently captured in the County's records for these inmates in CorEMR.
<b>E. Psychiatric Medication Practices</b> <b>(Pg. 18)</b>	1. The County shall, in consultation with the subject matter expert and Plaintiffs, ensure that the Jail's policies and procedures are sufficient to provide adequate individualized care to patients, including with respect to (a) non-formulary medication requests, (b) patient refusals, and (c) prescriptive practices.	The County is in the process of fully implementing this requirement. Wellpath maintains site-specific policies that meet this requirement. The policies are awaiting review by the subject matter experts and plaintiffs' counsel. The County anticipates completing this requirement in the next six months.

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	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.	Completed. Self-referrals are seen via a sick call slip within 24 hours of receipt by mental health, who in turn will refer to the psychiatrist as clinically appropriate. This requirement is included in Wellpath's policies, including Policy F-3, Mental Health Services.
	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.	Completed. The psychiatrist conducts an in-person consult with an individual prior to discontinuing medications. Mental health staff see these inmates within 30 days. The psychiatrist follows-up within 30 days of initiation of new medication. This requirement is included in Wellpath's policies, including Policy F-3, Mental Health Services.

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	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).	Completed. This requirement is included in Wellpath's policies, including Policy D-2, Medication Services.
F. Mental Health and Disability Input in the Jail Disciplinary Process (Pg. 18)	1. The County shall adopt policies and procedures that require meaningful consideration of the relationship of an inmate's behavior to a mental health or intellectual disability, the appropriateness of disciplinary measures versus clinical or other interventions, and the impact of disciplinary measures on the health and well-being of inmates with disabilities.	The County is in the process of fully implementing this requirement. The County currently implements this process informally during the review process of disciplinary reports. The County is developing policies and procedures to meet this requirement. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The

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		County anticipates completing this requirement in the next four months.
	2. The County shall develop policies and procedures on the consideration of mental health input in the disciplinary process.	The County is in the process of fully implementing this requirement. The County is developing policies and procedures to meet this requirement. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next four months.
	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 lockdown for any period of time,	The County is in the process of fully implementing this requirement. The County does not presently have a formal disciplinary system for these



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	<p>a Qualified Mental Health Professional shall complete a Mental Health/Disciplinary Recommendation Form and provide written findings as to:</p> <ul style="list-style-type: none"> <li>a) Whether or not the reported behavior was related to mental illness, adaptive functioning deficits, or other disability;</li> <li>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.</li> </ul>	<p>individuals. The County is developing policies and procedures to meet this requirement. The County has a sample Rules Violation Mental Health Review form that it will modify to fit the County’s needs. Once modified, the County will train staff on the document prior to implementation. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next four months.</p>

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	4. Staff shall meaningfully consider the Qualified Mental Health Professional's findings and any other available disability information when deciding what, if any, disciplinary action should be imposed.	The County is in the process of fully implementing this requirement. The County has developed a Rules Violation Mental Health form that will be used to accomplish this provision. This requirement has not yet been fully implemented because the staff has yet to be trained regarding this newly developed form and procedure. The County anticipates completing this requirement in the next four months.
	5. Staff shall meaningfully consider the Qualified Mental Health Professional's input on minimizing the deleterious effect of disciplinary measures on the prisoner in view of his or her mental health or adaptive support needs.	The County is in the process of fully implementing this requirement. The County has developed a Rules Violation Mental Health form that will be used to accomplish this provision. This requirement has not yet been fully implemented because the staff has yet to be trained

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		regarding this newly developed form and procedure. The County anticipates completing this requirement in the next four months.
	6. If custody staff do not follow the mental health input regarding whether the behavior was related to symptoms of mental illness or intellectual disability, whether any mitigating factors should be considered, and whether certain sanctions should be avoided, staff shall explain in writing why it was not followed.	The County is in the process of fully implementing this requirement. The County is revising Custody Operations Policy 363, Inmate Discipline, to include this provision and will identify a process and location to document when staff deviates from mental health input. This requirement has yet to be fully completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County

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		anticipates completing this requirement in the next four months.
	7. Inmates shall not be subjected to discipline in any manner that prevents the delivery of mental health treatment or adaptive support needs.	Completed. The County's discipline for rule violations, delineated in Custody Operations Policy 363, Inmate Discipline, specifically states that these items shall not be interrupted due to discipline.
	8. Inmates shall not be subject to discipline for refusing treatment or medications, or for engaging in self-injurious behavior or threats of self-injurious behavior.	Completed. The County does not discipline individuals in these situations. Custody Operations Policy 363, Inmate Discipline, specifically precludes discipline for these behaviors.
	9. The County shall provide reasonable accommodations during the disciplinary process for inmates with mental health or intellectual disabilities.	The County is in the process of fully implementing this requirement. The County is developing policies and procedures to meet this requirement. This requirement has

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		yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.
	10. The County shall take reasonable steps to ensure the provision of effective communication and necessary assistance to inmates with disabilities at all stages of the disciplinary process.	The County is in the process of fully implementing this requirement. The County is in the process of reviewing an effective communication policy for implementation. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the

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		outset of implementation. The County anticipates completing this requirement in the next four months.
	11. The County shall designate a supervisory-level custody staff member who shall be responsible for ensuring consistency in disciplinary practices and procedures. The County shall track and monitor this process, including the frequency that the recommendation of the Qualified Mental Health Professional was followed.	The County is in the process of fully implementing this requirement. A Senior Custody Deputy is assigned to process disciplinary reports. A supervisory team is developing tracking and monitoring procedures to meet this requirement. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next six months.

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G. Seclusion and Restraint (Pg. 20)	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.	The County is in the process of fully implementing this requirement. The County affirms that it does not and will not utilize clinical restraints; involuntary medication orders are only administered with court orders. The County intends to revise existing policies to meet this requirement. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next six months.
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	The County is in the process of fully implementing this requirement. The County is developing discharge

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(Pg. 20)	defined by policy, for inmates with SMI and/or meeting criteria for placement in the specialized mental health units.	planning that will be delivered by the programs staff that will work in collaboration with the public defender's office, mental health staff, and the Medication Assisted Treatment program (MAT) coordinator. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.
	2. Discharge plans shall include assistance with application for public benefits and social services, outpatient referrals and appointments,	The County is in the process of fully implementing this requirement. The County will incorporate this information into the discharge



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	medical insurance, housing, substance abuse treatment, parenting and family services, inpatient treatment, and other reentry services.	planning that the County is developing for these inmates. Mental health and the jail programs unit plan to develop a process for discharge plans. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next six months.
	3. The County will ensure that inmates taking prescribed psychiatric medications have continuity of medications, and arranging follow-up appointments with providers.	The County is in the process of fully implementing this requirement. The County will incorporate this information into the discharge planning that the County is developing for these inmates. Mental health and the jail programs

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		unit plan to develop a process for discharge plans. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.
	<p>4. The County shall track the elements of discharge planning for Continuous Quality Improvement purposes. Data shall include at least the following:</p> <ul style="list-style-type: none"> <li>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.</li> <li>b) The number of those inmates with SMI and/or meeting criteria for placement in the specialized mental health units who have</li> </ul>	<p>The County is in the process of fully implementing this requirement. The County will incorporate this information into the discharge planning that the County is developing for these inmates. Mental health and the jail programs unit plan to develop a process for discharge plans. This requirement</p>

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	received referrals for outpatient appointments, discharge medications, 5150 referrals, and other aspects of reentry services completed by the mental health care staff.	has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.
I. Cross-Agency Coordination of Mental Health Treatment and Service Need (Pg. 21)	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.	Completed. This requirement is discussed monthly during the Medical Administration Committee (MAC) meetings.
	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.	Completed. County's Behavioral Wellness Mobile Crisis is contacted for any individual whose level of

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		needs exceeds the ability of jail mental health. If an inmate in a safety cell needs a higher level of care Mobile Crisis is contacted at 12 hours after placement in the safety cell and again at 24 hours. This requirement is included in Custody Operations Policy 304, Use of Safety Cells and Wellpath's Policy B-5 Suicide Prevention and Intervention.
	3. The County shall make best efforts to expedite court referrals to the State Hospital system or other treatment facilities.	Completed. Record requests received from the State Hospitals are completed and uploaded into their system within 24 to 48 hours of the request.
	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 County is in the process of fully implementing this requirement. The County will incorporate this

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	the amount of time to provide services pursuant to those referrals, and shall identify and remedy causes of delay or other identified issues.	information into the discharge planning that the County is developing for these inmates. Mental health and the jail programs unit plan to develop a process for discharge plans. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.
	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	Completed. The County's current Custody Operations Policy 241, Mental Health, ensures inmates on the mental health caseload are seen within 24 hours upon returning from

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	face-to-face clinical review to ensure continuity of care and reduce the risk of decompensation cycling.	Psychiatric Health Facility (PHF) or state hospital. Medications are also bridged for these inmates. Additionally, Wellpath’s policies, including policy D-2, Medication Services meets the provisions of this requirement.
<b>J. Continuous Quality Improvement (Pg. 21)</b>	1. The County has implemented a Continuous Quality Improvement meetings, which are modeled after J-A-06 Continuous Quality Improvement Program Standard <sup>2</sup> or a similar standard.	Completed. Audits are completed and are covered in the monthly MAC/CQI meetings modeled after J-A-06, which are attended by Wellpath management, Sheriff’s Office management, Behavioral Wellness, and Public Health.
	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	The County is in the process of fully implementing this requirement. The County is developing the indicators and tracking to meet this requirement. Public Health and

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	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.	Behavioral Wellness complete these audits quarterly and provide an annual report as part of the Service Level Agreement between Wellpath and the Sheriff's Office. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months
	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	Completed. This requirement is completed monthly and reported on monthly at MAC/CQI meetings.

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	timeline for implementation of the remedy; (g) follow-up data collection; and (h) analysis to determine if the remedies were effective.	
	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.	Completed. Public Health and Behavioral Wellness complete these audits quarterly and provide an annual report as part of the Service Level Agreement between Wellpath and the Sheriff's Office.
	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.	Completed. Wellpath's mental health supervisors maintain these lists.
	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.	The County is in the process of fully implementing this requirement. The County maintains statistics on the number of inmates with SMI and the number of inmates awaiting court ordered psychiatric placement. The County is developing tracking to meet this requirement. This



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		requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.
	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.	The County is in the process of fully implementing this requirement. Wellpath maintains statistics of inmates referred to mental health from intake. The County is developing a system to meet this requirement. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North

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		Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.
	8. The County shall conduct periodic quality reviews to assess whether: <ul style="list-style-type: none"> <li>a) Health service requests are retrieved in a timely manner;</li> <li>b) Health service requests are triaged within the established timeframe;</li> <li>c) A proper level of triage is assigned, based on the nature of the request;</li> <li>d) Mental health staff appropriately resolved the request; and</li> <li>e) Mental health staff resolved the request in a timely fashion.</li> </ul>	Completed. Health service requests are retrieved twice a day by an LVN and triaged and assigned to a proper level by an RN. Mental Health receives health requests within a timely fashion and appropriately resolves the request.

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	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.	The County is in the process of fully implementing this requirement. The County is developing a monitoring process to meet this requirement. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.
	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.	The County is in the process of fully implementing this requirement. The County has responded to various Remedial Plan expert and class counsel requests for information and

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		will continue to do so as requests arise.

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<b>A. Overview</b> <b>(Pg. 23)</b>	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.	The County is in the process of fully implementing this requirement. The County has established a working group to develop and edit policies and procedures related to the remedial plan. The Suicide Prevention Policy is currently being revised with an estimated completion in two months.
<b>B. Screening for Suicide Risk</b> <b>(Pg. 23)</b>	1. The County shall ensure that its intake assessment procedures timely identify acute and high-risk mental health conditions, including: <ul style="list-style-type: none"> <li>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;</li> <li>b) Any prior suicidal ideation or attempts, self-harm, mental health treatment, or hospitalization;</li> <li>c) Current suicidal ideation, threat, or plan, or feelings of helplessness and/or hopelessness;</li> </ul>	Completed. The County's intake process entails a suicide risk assessment identifying acute and high-risk individuals based on the criteria in all the subsections of this stipulation. The transporting officer has access to a Mental Health Evaluation Request form where they can document their impressions about risk. This is included in

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	<p>d) Other relevant suicide risk factors, such as:</p> <ul style="list-style-type: none"> <li>(1) Recent significant loss (job, relationship, death of family member/close friend);</li> <li>(2) History of suicidal behavior by family member/close friend;</li> <li>(3) Upcoming court appearances;</li> </ul> <p>e) Transporting officer's impressions about risk.</p>	Wellpath's Policy E-2, Receiving Screening.
	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.	Completed. Flags are built into the CorEMR system alerting intake about past suicide history or self-harm. This is included in Wellpath's Policy E-2, Receiving Screening.
	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.	Completed. Referrals are automatically made when individuals refuse to answer questions, and history is reviewed to support the referral process. This is

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		included in Wellpath's Policy E-2, Receiving Screening.
	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.	Completed. Any indication of active suicidal ideation is an immediate referral to mental health, with emergent status. This is included in Wellpath's Policy E-2, Receiving Screening.
	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.	Completed. Mental health uses the Columbia Suicide Severity Scale, along with Wellpath forms, which assess risk and protective factors upon safety cell placement as well as discharge.
<b>C. Housing of Prisoners on Suicide Precautions (Pg. 24)</b>	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.	The County is in the process of fully implementing this requirement. This is the County's current practice, and has been incorporated into a draft of the Classification plan, which is

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		pending approval. The County anticipates completing this requirement in the next two months.
	2. Prisoners on psychiatric observation for suicide risk shall be housed and monitored in a setting appropriate for their clinical needs.	Completed. This is the County's current practice and is documented in Custody Operations Policy 304, Use of Safety Cells.
	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.	Completed. This is the County's general practice. The County edited its Custody Operations Policy 304, Use of Safety Cell, to reflect a 24-hour limitation on safety cell placement and a 12-hour referral to the Behavior Wellness Department.
	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	The County is in the process of fully implementing this requirement. The County is developing policies and procedures to meet this requirement. The County's current



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	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.	practice is to ensure that such prisoners are placed in an acute care unit as soon as possible, but the County intends to revise its policies to reflect the time lines set forth in this provision. The County anticipates completing this requirement in the next eight months.
D. Treatment and Conditions for Individual Prisoners on Suicide Precautions (Pg. 25)	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.	The County is in the process of fully implementing this requirement. Inmates identified as a current suicide risk are seen three times a day. Due to the current layout of the facility, clinical contact is conducted at observation and safety cells, thus the County is presently unable to ensure that all clinical contacts are conducted privately. The proposed main jail remodel should remedy the

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		current layout issues impeding implementation of this. The County has made reasonable steps to add additional clinic space to conduct visits privately and will look to continue this to ensure that as many clinical appointments as possible are conducted in private locations. The County anticipates completing this requirement at the conclusion of the proposed main jail remodel as contemplated in the Stipulated Judgment.
	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 staff evaluation of a prisoner identified as at risk. Once the mental health evaluation occurs, the qualified mental health professional and custody staff shall determine, based on clinical judgment and on a case-by-case basis, the removal and/or return of property (e.g., clothing, books, footwear, eyeglasses) and privileges. The removal of	Completed. This information is currently being documented on the safety cell log which is attached to the cell. This information will be included in the Suicide Prevention Policy draft which is expected to be completed within two months.

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	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.	
	3. Safety cells shall be sanitized after every use and the sewer grate inspected to ensure cleanliness and appropriate conditions.	The County is in the process of fully implementing this requirement. The County is incorporating this provision into the Custody Policy and Procedures 304, Use of Safety Cell. Safety cells are currently cleaned after every use. Sewer grates are cleaned; however, the frequency of cleaning documentation is being developed. This documentation plan has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County

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		anticipates adding this provision into its policies in the next two months.
	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.	The County is in the process of fully implementing this requirement. As clinically determined by mental health staff, individuals are referred to psychiatry or ongoing mental health services. The County's implementation team is looking into how to provide individual counseling and privacy given the current shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation and staff. The County anticipates completing this requirement in the next eight months.

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<b>E. Supervision/Monitoring of Suicidal Prisoners</b>  <b>(Pg. 26)</b>	<p>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:</p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>	<p>The County is in the process of fully implementing this requirement. This is the County's current practice and has been incorporated into Custody Operations Policy 304, Use of Safety Cells and will be included in Custody Operations Policy 242, Suicide Prevention, to include close and constant observation information, and definitions. Pending policy approval and training, the County will fully implement this requirement in the next six months.</p>
	<p>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</p>	<p>Completed. County mental health professionals use risk assessments to determine the appropriate level of</p>

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	circumstances. Placement in a safety cell shall not serve as a substitute for the clinically-determined level of monitoring.	monitoring, which is documented in the medical record. Safety cells are not used as a substitute for the appropriate level of care.
	3. Video monitoring of prisoners on suicide precaution shall not serve as a substitute for the clinically indicated level of observation.	Completed. This requirement is documented in Custody Operations Policy and Procedure 304, Use of Safety Cell.
F. Discharge from Suicide Precautions and Follow-Up (Pg. 26)	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.	The County is in the process of fully implementing this requirement. A risk assessment is completed at discharge in accordance with Wellpath's site specific policies, including B-5 Suicide Prevention and Intervention Program. The County's implementation team is looking into how to provide appropriate privacy in the safety/holding cells. The County

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		anticipates completing this requirement in the next eight months.
	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.	Completed. Individualized collaborative safety plans, which cover all of the listed information in this section are completed for each patient. This is included in Wellpath's site specific policies, including B-5, Suicide Prevention.
	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.	The County is in the process of fully implementing this requirement. The County's working group is developing a process to accomplish this requirement. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to

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		phase-in preliminary tasks at the outset of implementation related to the COVID-19 pandemic and/or North Branch Jail delays. The County anticipates completing this requirement in the next two months.
	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.	Completed. Presently safety cell follow-ups occur at 24 hours, 3-day, and 7-day intervals. These prisoners remain on the mental health caseload during the above time-lines and beyond if there is a clinical indication or if they are prescribed medications. Such prisoners are seen regularly by psychiatry. This is included in Wellpath's site specific policies, including B-5, Suicide Prevention and Intervention Program.



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<b>G. Emergency Response (Pg. 27)</b>	1. The County shall keep an emergency response bag that includes appropriate equipment, including a first aid kit, CPR mask or Ambu bag, and emergency rescue tool in close proximity to all housing units. All custody and medical staff shall be trained on the location of this emergency response bag and shall receive regular training on emergency response procedures, including how to use appropriate equipment.	Completed. The County currently maintains emergency response bags, located at intake, in all of treatment rooms, and in the medical office area.
	2. The County shall ensure that all emergency response equipment at the jail is inspected monthly and after each use and is repaired and replaced as needed. The County shall ensure that the jail maintains a service log for all emergency response equipment.	Completed. The emergency response equipment is currently inspected monthly and documented on the requisite service log.
	3. It shall be the policy of the County that any staff who discovers a prisoner attempting suicide shall immediately respond and alert other staff to call for medical personnel. Trained staff shall immediately begin to administer standard first aid and/or CPR, as appropriate.	The County is in the process of fully implementing this requirement. This is the current practice, but the County will revise Custody Operations policy 242, Suicide Prevention, to include this requirement in writing. The County anticipates completing the policy

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		revision requirement in the next two months.
<b>H. Continuous Quality Improvement (Pg. 28)</b>	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 processes.	Completed. All critical incidents are documented and tracked through monthly statistics and reviewed at the monthly Medical Advisory Committee meeting.
	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.	The County is in the process of fully implementing this requirement. The County will incorporate the provisions of this requirement into the suicide prevention policy. The County anticipates completing the policy revision in the next eight months.

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	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 assessment and contacts.	Completed. Four times a year a CQI internal audit of mental health suicide prevention policy adherence is completed. This audit includes all the criteria listed in this section.

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<b>V. DISABILITY ACCOMMODATIONS AND ACCESS, AMERICANS WITH DISABILITIES ACT (ADA)</b>		
<b>A. Policy</b> <b>(Pg. 28)</b>	1. It is the County's policy to provide access to its programs and services to incarcerated people with disabilities, with or without reasonable accommodations, consistent with legitimate penological interests. No person with a disability, as defined in 42 U.S.C. § 12102, shall, because of that disability, be excluded from participation in or denied the benefits of services, programs, or activities or be subjected to discrimination. It is the County's policy to provide reasonable accommodations or modifications, consistent with 28 C.F.R. §§ 35.150 & 35.152, and other applicable law.	Completed. This requirement is documented in Custody Operations Policy 209, Americans with Disabilities Act (ADA).
<b>B. ADA Coordinator</b> <b>(Pg. 29)</b>	1. The County shall have a designated Americans with Disabilities Act (ADA) Coordinator whose position is dedicated to coordinating efforts to comply with and carry out ADA-related requirements and policies. The ADA Coordinator shall have sufficient authority to carry out such duties, and shall work with the executive management team regarding ADA compliance, training, and program needs.	Completed. The County has an ADA coordinator assigned to the Southern Branch Jail (CDII Aaron Gray) and the Northern Branch Jail (CDII Tariq Falfal). The ADA Coordinator is included in Custody Policy Section 209 – Americans with Disabilities Act. The County is currently developing a job description for the ADA Coordinator.

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	2. The County intends for the ADA Coordinator to be based at the Main Jail. Any County jail facility that does not have the ADA Coordinator on site shall have a designated staff member on site at that facility who will have responsibility to monitor day-to-day ADA compliance and will report to the ADA Coordinator.	Completed. The County has an on-site ADA coordinator assigned to the Southern Branch Jail (CDII Aaron Gray) and Northern Branch Jail (CDII Tariq Falfal).
	3. The County shall clearly enumerate the job duties and training requirements for the ADA Coordinator position.	The County is in the process of fully implementing this requirement. The County is developing the job duties and training requirements for the ADA coordinator. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in one month.

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	<p>4. The County will ensure that the name of and the method for people to contact the ADA Coordinator (or facility designee) are clearly posted in the intake area and in every jail housing unit. The County will also ensure that the name and contact information (address, phone, email) of the ADA Coordinator (or facility designee) are available to the public, including posting in each jail’s main lobby and online.</p>	<p>The County is in the process of fully implementing this requirement. The County’s intake posting has been edited to include the contact information for the ADA Coordinator. The County will be posting this information in all jail housing units, in each jail’s main lobby, and online. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next three months.</p>

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<b>C. ADA Notice to Prisoners (Pg. 29)</b>	<p>1. The County shall ensure that people with disabilities held at the Jail are adequately informed of their rights, including but not limited to:</p> <ul style="list-style-type: none"> <li>a) The right to receive reasonable accommodations;</li> <li>b) The process for requesting a reasonable accommodation;</li> <li>c) The role of the ADA Coordinator (and designee) and method to contact them;</li> <li>d) The grievance process, location of relevant forms, and process for getting assistance in completing request and grievance forms;</li> <li>e) Instructions on how to request and access health care services, including the provision of Effective Communication and other accommodations in accessing those services.</li> </ul>	<p>The County is in the process of fully implementing this requirement. The County has included this information in the Custody Operations Orientation Handbook, which is provided to all inmates housed within the jail. The County will be posting this information in all jail housing units. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next three months.</p>
	2. Within 6 hours of processing and classification, the County will provide all incarcerated people a Custody Operations Orientation Handbook in an	The County is in the process of fully implementing this requirement. The

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	<p>accessible format, containing a designated section with ADA-related policies, procedures, and other information. The Orientation Handbook shall be made available in large print (at least 18-point font) in English and Spanish to accommodate people with visual impairments.</p>	<p>County has created a Custody Operations Orientation Handbook in 18-point font in both English and Spanish. The County is in the process of printing and distributing copies and is developing a process to ensure the handbooks are distributed within six hours of processing and classification, as well as a method to document this process. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next three months.</p>



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	<p>3. The County will provide an accessible video that presents the contents of the Orientation Handbook, including the ADA-related policies, procedures and information. The County will, as appropriate, provide an SLI to interpret the contents of the Orientation Handbook to persons who are deaf or hard of hearing who use American Sign Language as their primary means of communication.</p>	<p>The County is in the process of fully implementing this requirement. The County is planning to create and provide a video as mandated by this requirement. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation, but the County anticipates doing so in the next eight months.</p>
<p><b>D. Staff Training</b> <b>(Pg. 30)</b></p>	<p>1. The County shall ensure all custody, health care, facility maintenance, and other Jail staff receive ADA training appropriate to their position. The County shall provide training to all staff during the academy and at least bi-annually thereafter on:</p> <p style="padding-left: 40px;">a) Disability awareness, including the use and purpose of accommodations and modifications in accordance with the ADA;</p>	<p>The County is in the process of fully implementing this requirement. The County has completed ADA training in the academy for Custody Deputies. The County needs to develop training for health care staff, facility maintenance, and</p>

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	b) Use of force when interacting with people with disabilities.	civilian staff at the jail, as well as bi-annual training. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next six months.
	2. Staff ADA training shall include formalized lesson plans and in-classroom or virtual training for all staff provided by qualified ADA instructors.	The County is in the process of fully implementing this requirement. The ADA Coordinators will attend specialized training, and hope to attend the 2021 ADA Symposium. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in

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		preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.
E. ADA Tracking System (Pg. 30)	1. The County shall, in consultation with Plaintiffs’ counsel, develop and implement a comprehensive, standardized electronic system (“ADA Tracking System”) to track people with disabilities and their accommodation and Effective Communication needs.	The County is in the process of fully implementing this requirement. The County has developed an ADA tracking system within the Jail Management System (JMS). The County will be developing policies and procedures and training for staff prior to full implementation. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County

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		anticipates completing this requirement in the next eight months.
	<p>2. The ADA Tracking System shall identify for each prisoner, as appropriate:</p> <ul style="list-style-type: none"> <li>a) Any disabilities and related health conditions;</li> <li>b) Disabilities that may pose a barrier to communication, including but not limited to learning, intellectual, or developmental disabilities, and hearing, speech, or vision impairments;</li> <li>c) Accommodation needs, including as to housing, classification, transportation, Effective Communication, adaptive supports, and health care appliances, assistive devices, and/or durable medical equipment (HCA/AD/DME);</li> <li>d) Class membership in <i>Armstrong v. Newsom</i> (N.D. Cal. No. 94-cv-02307) (i.e., people held in the Jail related to a parole revocation proceeding or term), with their applicable disability classification(s) and accommodation need(s).</li> </ul>	<p>The County is in the process of fully implementing this requirement. The current tracking system captures the requisite information; however, the County needs to develop a process for Wellpath to capture this information and transfer it to JMS. This requirement has yet to be completed due to process development and a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County</p>

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		anticipates completing this requirement in the next six months.
	3. The ADA Tracking System’s prisoner disability information will be readily available to custody, medical, mental health, and other staff at the Jail to ensure appropriate accommodations and adequate program access for people with disabilities. Health care staff, the ADA Coordinator, and any ADA Coordinator-designee shall have the ability to input information into the ADA Tracking System in real time.	The County is in the process of fully implementing this requirement. All custody staff have access to this information through JMS. The County plans to develop a process to provide medical, mental health, and other staff the ability to access and edit this information. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County

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		anticipates completing this requirement in the next twelve months.
	4. The County will print a prisoner's disability accommodation need(s) on the person's wristband.	The County is in the process of fully implementing this requirement. The County has met and plans for implementation and intends to develop policies and procedures to capture this information. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next six months.

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	<p>5. Staff shall check the ADA Tracking System for each prisoner, and document that check, immediately prior to:</p> <ul style="list-style-type: none"> <li>a) Intake screening;</li> <li>b) Classification interview;</li> <li>c) Assignment of housing;</li> <li>d) Assignment of programs;</li> <li>e) Medical and mental health encounters;</li> <li>f) All due process proceedings, including but not limited to, resolving grievances and disciplinary infractions;</li> <li>g) All trips to court or outside health care appointments.</li> </ul>	<p>The County is in the process of fully implementing this requirement. The County intends to develop and implement policies and procedures, and training to meet this requirement. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.</p>
<b>F. Screening for Disability and Disability-Related Needs</b>  <b>(Pg. 31)</b>	<p>1. The County shall take steps to identify and verify each person's disability and disability-related needs, including by screening them for disabilities during medical intake and classification. The County shall ensure that all</p>	<p>The County is in the process of fully implementing this requirement. The County has updated its classification input form to incorporate this requirement, but is</p>

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	private health care and other service providers implement any policies and procedures needed to facilitate full implementation of these provisions.	still working with Wellpath to better identify these disabilities at intake. The County will implement policies and procedures to reflect this requirement. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next six months.
	<p>2. The County, in consultation with subject matter experts and Plaintiffs' counsel, shall revise its ADA screening process to ensure consideration of:</p> <ul style="list-style-type: none"> <li>a) The individual's self-identification or claim to have a disability;</li> <li>b) Documentation of a disability in the individual's health, custody, and any other available records;</li> </ul>	The County is in the process of fully implementing this requirement. The County began this process with our subject matter expert tours and will continue working with Wellpath to better identify individuals with disabilities. The County will



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	c) Staff observation that the individual may have a disability that affects placement, program access, or Effective Communication; and  d) The request of a third party (such as a family member) for an evaluation of the individual for a possible disability.	implement policies and procedures to reflect this requirement. The County anticipates completing this requirement in the next eight months.
	3. The County shall ensure that ADA screening results are promptly entered in the ADA Tracking System.	The County is in the process of fully implementing this requirement. The County will implement this requirement into its ADA policies and procedures. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.

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<b>G. Disability-Related Requests and Grievances</b>  <b>(Pg. 32)</b>	1. The County shall revise its ADA Request Form to contain an explanation of how to appeal a denial of accommodations.	The County is in the process of fully implementing this requirement. The County has identified a location on its current ADA Request Form to incorporate the appeal process. The County will develop, approve, and incorporate this requirement into the ADA Request form prior to printing and implementation. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next two months.
	2. The County shall provide a grievance procedure for people with disabilities to appeal any denial of an accommodation, and to report any	The County is in the process of fully implementing this requirement. The

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	disability-based discrimination or violation of the ADA, this Remedial Plan, or Jail ADA-related policy.	County has updated its current grievance forms to include ADA-based grievances. The forms have yet to be approved and distributed, and training needs to be implemented. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next two months.
	3. The County shall ensure that people who are Deaf or hard of hearing are interviewed and provided a qualified SLI as part of the grievance/appeal process.	The County is in the process of fully implementing this requirement. The County intends to develop a process to meet this criterion and will incorporate it into the Custody Operations policy 209, ADA. This

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		<p>information is currently documented in the ADA tracking system. Following policy development and approval, training needs to be implemented. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.</p>
	<p>4. To ensure that ADA accommodations requests and ADA grievances are promptly addressed, the County shall:</p> <p style="padding-left: 40px;">a) Respond to an individual's Request for Accommodations within 72 hours of receipt;</p>	<p>The County is in the process of fully implementing this requirement. The County has edited the Custody Operations Orientation Handbook and the ADA policy and procedure to reflect these time frames.</p>

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	<ul style="list-style-type: none"> <li>b) Respond to an ADA-related grievance within 72 hours of receipt;</li> <li>c) Establish an expedited process for urgent ADA requests and grievances (e.g., situations in which a person’s safety or physical well-being is at risk); and</li> <li>d) Allow each person to retain accommodation(s) they possess at the time of arrival at the Jail, or that they have been previously provided by the Jail, pending review of a grievance/appeal regarding the denial or removal of such accommodation(s), absent an individualized security concern that is documented.</li> </ul>	<p>Pending policy approval and training, the County will implement this requirement. The County has begun implementation of the subsections of this requirement as follows:</p> <ul style="list-style-type: none"> <li>a) Developed an ADA hotline to gain instant notification alerts. Developed a voice-mail system that includes time-stamped notification.</li> <li>b) Policy has been edited, pending approval, and training.</li> <li>c) Process has been developed, implementation will occur following staff training.</li> <li>d) This requirement needs to be incorporated into Wellpath’s intake screening, and the</li> </ul>

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		<p>County needs to develop a review process. Wellpath will be modifying a safety and security form.</p> <p>This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.</p>
	<p>5. The County shall ensure that grievance forms contain an “ADA” box to indicate that a particular grievance relates to a disability-related issue. The County will ensure that disability-related grievances are so identified by the reviewing supervisor, even if the individual who submitted the grievance does not check the “ADA” box.</p>	<p>The County is in the process of fully implementing this requirement. The forms are complete but need to be printed and staff need to be trained on processing these grievances.</p>

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		The County anticipates completing this requirement in the next two months.
	6. The County will ensure that grievance forms are readily available and accessible to all prisoners at all times. Grievance forms shall be made available in large print (minimum 18-point font) to accommodate people with vision impairments.	The County is in the process of fully implementing this requirement. The County has grievance forms (in 18-point font) that need to be placed into all housing units to ensure readily available access. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next two months.

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	7. The County shall provide to the person with a disability a written grievance response, including the resolution, the basis for a denial (if applicable), and the process for appeal.	The County is in the process of fully implementing this requirement. The County will be revising Custody Operations policy 209, ADA, to include that the ADA Coordinator, or supervisor, will provide a written grievance response as mandated by the requirement. The County will provide supervisor training on grievance responses. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.



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	8. The County shall take steps to ensure all prisoners are aware of the disability grievance procedures, including the availability of accommodations and staff assistance to submit a grievance and/or appeal.	The County is in the process of fully implementing this requirement. The County has documented this requirement in the Custody Operations Orientation Handbook and the grievance section of the ADA policy and procedure. The County will conduct staff training prior to full implementation. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.

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	9. The County shall implement a specific tracking system regarding the submission, processing, and responses for disability-related grievances and complaints, and regularly review such information for quality assurance purposes.	The County is in the process of fully implementing this requirement. The County has developed a system that meets this requirement in JMS, but needs to edit JMS to capture ADA specific grievances to better review for quality assurance. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next month.
<b>H. Housing Placements (Pg. 33)</b>	1. The County shall implement a housing assignment system that includes an individualized assessment to be completed by health care staff, the	The County is in the process of fully implementing this requirement. The County has developed a classification input form for Wellpath

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	<p>results of which shall be documented in the ADA Tracking System, of each person's functional limitations and restrictions, including but not limited to:</p> <ul style="list-style-type: none"> <li>a) The need for a lower bunk;</li> <li>b) The need for grab bars in the cell and/or shower;</li> <li>c) The need for accessible toilets;</li> <li>d) The need for no stairs in the path of travel; and</li> <li>e) The need for level terrain.</li> </ul>	<p>staff to complete at the intake medical screening. The information from this requirement is captured on the input form. Medical Treatment Order will be started at intake and reflect all ADA needs. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation and outstanding training. The County anticipates completing this requirement in the next month.</p>
	<p>2. People with disabilities shall be housed in the Jail consistent with their individual security classification. Classification staff shall not place prisoners with disabilities in: (a) inappropriate security classifications because no ADA-accessible cells or beds are available; (b) designated</p>	<p>The County is in the process of fully implementing this requirement. The County has developed a classification input form and a</p>

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	medical areas unless the prisoner is currently receiving medical care requiring such placement; or (c) any location that does not offer the same or equivalent programs, services, or activities as facilities where they would be housed absent a disability.	restrictive housing notification form to meet this requirement. The County is working with Wellpath to ensure that the restrictive housing notification form is implemented and provided to classification by Wellpath. The updated classification input form has been given to Wellpath for implementation. The County anticipates completing this requirement in the next month.
<b>I. Visitation (Pg. 34)</b>	1. The County shall ensure that family/personal and professional visitation areas are accessible for people with disabilities and visitors.	Completed. The County's family/personal and professional visit areas are accessible for people with disabilities and visitors.
	2. The County shall perform an individualized assessment as needed and shall ensure that people with disabilities have full access to visitation at the Jail.	The County is in the process of fully implementing this requirement. The County is performing an individualized assessment of the

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		visitation areas and editing Custody Policy 209. Americans with Disabilities Act (ADA). This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.
<b>J. Access to Programs, Services, and Activities</b> <b>(Pg. 34)</b>	1. The County shall ensure people with disabilities, including those housed in specialty health care units, have equal access to programs, services, and activities available to similarly situated people without disabilities, consistent with their health and security needs. The County shall ensure that staff provide appropriate assistance to people with disabilities as needed to ensure equal access to programs, services, and activities	The County is in the process of fully implementing this requirement. The County is developing policies and procedures to document this information and has created a work assignment log to ensure equal access for all inmates. The County

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	<p>provided at the Jail. Such programs, services, and activities include, but are not limited to:</p> <ul style="list-style-type: none"> <li>a) Educational, vocational, reentry and substance abuse programs</li> <li>b) Work Assignments</li> <li>c) Dayroom and other out-of-cell time</li> <li>d) Outdoor recreation (including accessible exercise equipment)</li> <li>e) Structured programming (including in-cell activities)</li> <li>f) Showers</li> <li>g) Telephones and/or videophones</li> <li>h) Reading materials (including easy reading, large print books and other materials accessible to people with a vision-related disability)</li> <li>i) Religious services</li> <li>j) Family/personal and professional visits</li> <li>k) Medical, mental health, and dental services and treatment</li> </ul>	<p>intends to create job duty statements for all available jobs. Staff will be trained on how to encourage equal access and assistance for all programs, services, and activities. The County anticipates completing this requirement in the next eight months.</p>

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	2. The County's policy shall include the provision of assistance in reading or scribing legal documents, sick call requests, grievances, documents related to disciplinary procedures, and documents related to health care encounters.	The County is in the process of fully implementing this requirement. The County intends to incorporate this requirement into the ADA policy and procedure. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.
	3. The County shall ensure equitable work opportunities for people with disabilities, including by ensuring: (a) clear job duty statements, with essential functions and specific criteria, for each worker position; and (b) that health care and other relevant staff conduct an individualized assessment to identify work duty restrictions and/or physical limitations to facilitate appropriate work/industry assignments, to ensure reasonable	The County is in the process of fully implementing this requirement. The County has created a work assignment log to ensure equal access. The County will develop job duty statements that Wellpath will

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	accommodations, and to prevent improper exclusions from work opportunities.	utilize when conducting individualized assessments to meet this requirement. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.
<b>K. Health Care Appliances, Assistive Devices, Durable Medical Equipment</b> <b>(Pg. 35)</b>	1. The County shall establish a written policy to ensure the timely provision of safe and operational HCA/AD/DME to people with a disability based on an individualized assessment by medical staff, with a process for timely repair and replacement of such devices as needed.	The County is in the process of fully implementing this requirement. The County intends to incorporate this requirement into the ADA policy and procedure and medical staff will identify the need for HCA/AD/DME. This requirement has yet to be completed due to a shortage in



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		resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.
	2. A person's request for a particular device or other accommodation shall be given primary consideration and shall be granted unless the request is unreasonable for specific, articulated reasons allowable under the ADA, or unless other effective accommodations are available.	Completed. The County has created an ADA request form to document these requests which will be reviewed by the ADA coordinator or Operations Supervisor to decide whether the accommodation will be allowed. This information is documented in the ADA tracking system under ADA-accommodation removal and also documented on the classification input form.

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		Custody Policy 209. Americans with Disabilities Act (ADA).
	<p>3. The County shall allow people to retain personal HCAs/Ads/DME (including mobility devices, glasses, and hearing aids), unless there is an individualized determination that doing so would create an articulated safety or security risk.</p> <p style="padding-left: 40px;">a) Where Jail staff determine it is necessary to remove personal HCA/AD/DME for security reasons, the County shall provide an equivalent Jail-issued device unless custody staff, with ADA Coordinator approval, determine and document, based on an individualized assessment, that the device constitutes a risk of bodily harm or threatens the security of the facility.</p> <p style="padding-left: 40px;">b) If such a determination is made, the ADA Coordinator shall document the decision and reasons for it and shall consult with medical staff to determine an appropriate alternative accommodation.</p>	Completed. The County has created an ADA request form to document these requests which will be reviewed by the ADA coordinator or Operations Supervisor to decide whether the accommodation will be allowed. This information will be documented in the ADA tracking system under ADA-accommodation removal and also documented on the classification input form.
	4. The County shall implement a written policy governing the release of people who need assistive devices.	The County is in the process of fully implementing this requirement. The

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	<p>a) The County will ensure that any personal mobility device belonging to a person is returned prior to release.</p> <p>b) If a person does not have a personal mobility device, but is ambulatory with the assistance of a cane, crutch, or walker, the prisoner will be permitted to retain such device that was used while in custody upon release, or will be provided a comparable device, upon release.</p> <p>c) If a person who is due for release requires a wheelchair, but does not have a personal wheelchair, Jail staff shall coordinate with the prisoner, family or friends, and other County agencies as needed to secure a wheelchair or take other steps to address the individual's needs upon release. The County shall document this process in the ADA Tracking System for purposes of individual tracking and quality assurance.</p>	<p>County intends to incorporate this requirement into the ADA policy and procedure and has developed an ADA tracking system as well as ADA accommodation upon release. Following policy development, staff will undergo training on JMS entry. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation and outstanding training. The County anticipates completing this requirement in the next eight months.</p>

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<b>L. Transportation (Pg. 36)</b>	1. The County shall provide reasonable accommodations for people with disabilities when they are in transit, including during transport between facilities, to and from court, or to and from outside health care services.	Completed. The County uses ADA transportation vehicles and implemented an ADA tracking log in April 2021. Completed logs are scanned and placed into the ADA transportation file and notated in ADA tracking system under ADA-transportation.
	2. Prescribed HCAs/Ads/DME for people with disabilities, shall be available to them at all times during the transport process, including in temporary holding cells.	Completed. The County allows people with disabilities to bring HCA's/AD's/DME with them on transports and implemented an ADA tracking log in April 2021 to document these instances. Completed logs are scanned and placed into the ADA transportation file and notated in ADA tracking system under ADA-transportation.

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	3. The County shall maintain a sufficient number of accessible vehicles to ensure timely transport of people with disabilities that require special transportation. The County intends for all transport vehicles to be accessible.	Completed. The County currently has two ADA compliant vans for transportation of inmates with disabilities.
	4. Staff will provide assistance to people with mobility or other disabilities where necessary to ensure safe access on and off of transport vehicles.	Completed. Staff currently provides assistance in accordance with this requirement. The County will memorialize this practice into the Custody Operations ADA policy and procedure in the next six months.
<b>M. Effective Communication (Pg. 37)</b>	1. The County shall develop and implement a Custody Operations policy to ensure that people with disabilities receive accommodations and services necessary to provide Effective Communication, consistent with the provisions set forth herein.	The County is in the process of fully implementing this requirement. The County is developing policies and procedures to meet this requirement. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to

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		phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next six months.
	2. The County shall assess all people detained at the Jail for any period of time for Effective Communication needs and take steps to provide Effective Communication based on individual need. The County shall ensure that Jail custody and health care policies and procedures contain sufficient guidance on the provision of Effective Communication.	The County is in the process of fully implementing this requirement. The County is working with Wellpath to develop policies and procedures to meet this requirement and will conduct staff training thereafter. The County intends to conduct the assessment at intake and will document an inmate's needs on the classification input form and under the "alert" section of the ADA tracking system. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to

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		phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.
	3. The County shall ensure that appropriate staff assess individual Effective Communication needs at the beginning of the medical intake screening and at the beginning of the classification screening, to facilitate Effective Communication throughout those and all subsequent processes.	The County is in the process of fully implementing this requirement. The County is developing policies and procedures to meet this requirement. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.

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	<p>4. Enhanced procedures for the provision of Effective Communication, as described in the paragraph below, shall apply in the following situations:</p> <ul style="list-style-type: none"> <li>a) Due Process Events, including the following: <ul style="list-style-type: none"> <li>i. Classification processes</li> <li>ii. Disciplinary hearing and related processes</li> <li>iii. Service of notice (to appear and/or for new charges)</li> <li>iv. Release processes</li> <li>v. Probation encounters/meetings in custody</li> </ul> </li> <li>b) Clinical Encounters, including the following: <ul style="list-style-type: none"> <li>i. Determination of medical history or description of ailment or injury</li> <li>ii. Diagnosis or prognosis</li> <li>iii. Medical care and medical evaluations</li> <li>iv. Provision of mental health evaluations, rounds, group and individual therapy, counseling and other therapeutic activities</li> </ul> </li> </ul>	<p>The County is in the process of fully implementing this requirement. The County is developing policies and procedures to meet this requirement and will capture this Information in the current ADA tracking system. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.</p>



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	<ul style="list-style-type: none"> <li>v. Provision of the patient’s rights, informed consent, or permission for treatment</li> <li>vi. Explanation of medications, procedures, treatment, treatment options, or surgery</li> <li>vii. Discharge instructions</li> </ul>	
	<p>5. In the situations described in the previous paragraph, Jail staff shall:</p> <ul style="list-style-type: none"> <li>a) Identify each person’s disability where there may be a barrier to comprehension or communication requiring reasonable accommodation(s);</li> <li>b) Provide effective reasonable accommodation(s) to overcome the communication barrier; and</li> <li>c) Document the method used to achieve Effective Communication and how the staff person determined that the person understood the encounter, process, and/or proceeding.</li> </ul>	<p>The County is in the process of fully implementing this requirement. The County is developing policies and procedures to meet this requirement and will capture this Information in the current ADA tracking system. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this</p>

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		requirement in the next eight months.
	6. In determining what auxiliary aid or service to provide, the County shall give primary consideration to the request of the person with Effective Communication needs. Such aids may include bilingual aides, SLIs, readers, sound amplification devices, captioned television/video text displays, Videophones and telecommunication services for deaf persons, audiotaped texts, Braille materials, large print materials, writing materials, and signage.	The County is in the process of fully implementing this requirement. The County presently documents an inmate's request on the classification input form and provide SLI, bilingual aides, TTY/TDD and video phones. The County will develop other auxiliary aids and services. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in eight months.

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	7. The County shall ensure that all outside education, program, and service providers at the Jail provide Effective Communication for people participating in such programs.	The County is in the process of fully implementing this requirement. The County is developing policies and procedures to meet this requirement. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.
N. Access for Individuals with Hearing Impairments (Pg. 39)	1. The County shall develop and implement a policy for newly arrived and newly identified people with hearing disabilities to determine each person's preferred method of communication.	The County is in the process of fully implementing this requirement. The County is developing policies and procedures to meet this requirement. This information will be captured at intake by Wellpath and

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		documented on the classification input form and entered into the ADA tracking system under ADA-effective communication in the alerts section of the ADA tracking system. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.
	2. Qualified Sign Language Interpreters (SLIs), on-site or through a VRI service, will be provided during intake and for due process functions, health care encounters, and Jail programming, when sign language is the person's primary means of Effective Communication, unless the person	The County is in the process of fully implementing this requirement. These services are currently provided while in the facility, including during health care

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	waives the assistance of an interpreter and/or delay would pose an urgent safety or security risk.	encounters and jail programming. The County intends to expand the service to accommodate intake and due process encounters. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.
	3. The County will maintain a log of (a) when, for whom, and for what purpose an SLI was used; and (b) when, for whom, and why an SLI was not used for a person with an identified need for SLI services (e.g., waived or delay would have posed urgent safety or security risk).	The County is in the process of fully implementing this requirement. The County is developing policies and procedures to meet this requirement and will document this information in the ADA tracking system under

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		ADA-SLI. Training will be provided prior to implementation. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.
	4. When a prisoner waives an SLI, the log must document (a) the method of communication of the waiver, and (b) the method staff used to determine that the waiver was knowing and freely given.	The County is in the process of fully implementing this requirement. The County is developing policies and procedures to meet this requirement and will document this information in the ADA tracking system under ADA-SLI. Training will be provided prior to implementation. This

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		requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.
	5. The County shall maintain a contract or service agreement with interpreter services, including a VRI service, in order to provide such services for deaf or hard of hearing prisoners. The County will ensure that appropriate Jail staff have sufficient guidance regarding use of such services.	The County is in the process of fully implementing this requirement. The County currently use language lines for these services and intends to work in conjunction with its current phone provider to develop these services. Training will be provided prior to implementation. This requirement has yet to be completed due to a shortage in

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		resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.
	6. Lip reading will not be the sole method of Effective Communication used by staff, unless the person indicates that is their preferred method of communication.	The County is in the process of fully implementing this requirement. The County is developing policies and procedures to meet this requirement. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this



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		requirement in the next eight months.
	7. In cases where the use of an SLI is not practicable, or is waived by the prisoner, Jail staff shall employ the most effective form of communication available.	The County is in the process of fully implementing this requirement. The County is developing policies and procedures to meet this requirement and intends to document any waiver in the ADA tracking system under ADA-accommodation refusal. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.

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	8. The County shall make videophones available for deaf and hard of hearing people. The videophones shall provide for calls that utilize Video Relay Services (VRS) at no cost to deaf and hard of hearing prisoners, or for calls directly to another videophone.	Completed. The County currently utilizes Zoom to accommodate these requests and, in the upcoming months, intends to work in conjunction with its current phone provider to develop improved access to videophones. The County will document an inmate's need for videophones in the ADA tracking system under ADA-VRS and video phone.
	9. The County shall provide deaf/hard of hearing people with twice as much time for calls using telecommunication relay services, such as a videophone or TDD/TTY, to account for the fact that such conversations take longer than spoken conversations. The County shall document the time that each prisoner uses and has access to such equipment.	The County is in the process of fully implementing this requirement. The County is developing policies and procedures to meet this requirement and intends to document this in the ADA tracking system under ADA-VRS and video phone. This requirement has yet to be completed due to a shortage in

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		resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.
	10. People who require an SLI as their primary method of communication shall be provided an SLI for education, vocational, and religious programs.	The County is in the process of fully implementing this requirement. The County is developing policies and procedures to meet this requirement and intends to document this in the ADA tracking system under ADA-SLIe. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of

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		implementation. The County anticipates completing this requirement in the next eight months.
	11. In housing units where an individual with a hearing-related disability resides, public announcements shall be communicated as consistent with individual Effective Communication needs. This includes announcements regarding visiting, meals, recreation release and recall, count, lock-up, and unlock. Verbal announcements may be effectively communicated via written messages on a chalkboard or dry erase board, or by personal notification, as consistent with individual need. These procedures shall be communicated to people during the orientation process and shall be incorporated into relevant policies and post orders.	The County is in the process of fully implementing this requirement. The County is developing policies and procedures to meet this requirement. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.

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<b>O. Prisoners with Intellectual/Developmental Disabilities</b>  <b>(Pg. 40)</b>	1. The County shall develop and implement a comprehensive written policy and procedure regarding people with Intellectual and/or Developmental Disabilities, including: <ul style="list-style-type: none"> <li>a) Screening;</li> <li>b) Identification of their adaptive support needs and adaptive functioning deficits; and</li> <li>c) Monitoring, management, and accommodations for people with Intellectual or Developmental Disabilities.</li> </ul>	The County is in the process of fully implementing this requirement. The County has created a log to capture this information and identify these inmates. The County is developing policies and procedures to meet this requirement. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.
	2. If a person is known to have or suspected of having an Intellectual or Developmental Disability, the County shall contact the	The County is in the process of fully implementing this requirement. The County has created a log to capture this information and identify these

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	<p>appropriate Regional Center within the next business day of the person's arrival at the Jail. The County shall request the prisoner's current IPP (Individualized Program Plan), with the individual's authorization. Once received, medical and custody staff shall review the IPP to ensure that all communications and services being provided are appropriate. If the person is not a Regional Center client, the County shall request that the Regional Center (or other appropriate agency) perform an evaluation. Whenever possible, Jail staff will work with the Regional Center and any relevant County agencies to move a person with an identified Intellectual or Developmental Disability out of custody and into a setting with appropriate supports to meet the person's individual needs.</p>	<p>inmates. The County is developing policies and procedures to meet this requirement. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.</p>
	<p>3. People identified as having an Intellectual or Developmental Disability will be provided with accommodations tailored to their needs, which may include but are not limited to communications at the appropriate comprehension level, more time to complete directions, and specific behavioral supports.</p>	<p>The County is in the process of fully implementing this requirement. The County is developing policies and procedures to meet this requirement and intends to document this in the ADA tracking system's alerts section. This requirement has yet to be completed due to a shortage in</p>

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		resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.
	4. A multidisciplinary team that includes appropriate health care staff will monitor and ensure appropriate care for people with an Intellectual or Developmental Disability. The multidisciplinary team will develop an individualized plan for each person with an Intellectual or Developmental Disability, which addresses: (1) safety, vulnerability, and victimization concerns, (2) adaptive support needs, and (3) programming, housing, and accommodation needs. The multidisciplinary team's plan will be regularly reviewed and updated as needed.	The County is in the process of fully implementing this requirement. The County currently has a multidisciplinary team which holds meetings to discuss and address the needs of these inmates. The County is developing policies and procedures to meet this requirement. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North

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		Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next three months.
P. Physical Accessibility Requirements (Pg. 41)	1. The County shall implement an ADA transition plan to remedy Main Jail physical plant features that could result in access barriers for people with disabilities.	The County is in the process of fully implementing this requirement and has begun the ADA transition plan, including proposed remodel plans and the County's request for participation. The county commissioned Vanir Construction to identify ADA deficiencies in 2018. Vanir developed an ADA transition plan for the main jail with identified timelines. The County recently released an RFQ (Request for Qualifications) on March 10, 2021 for a contractor to design and



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		remodel the main jail to bring it into compliance with ADA requirements. The County anticipates completing this requirement in the next 18 to 24 months as contemplated by the Stipulated Judgment.
	2. The above ADA transition plan will be implemented in the timeframe set forth in the Stipulated Judgment. The County and the Sheriff's Office agree that, during the period of implementation of the ADA transition plan at the Main Jail, they will take all reasonable steps to promote and ensure accessibility for people with disabilities to the maximum extent possible. This includes the use of interim measures to address existing access barriers in order to ensure safety and program access for people with disabilities.	The County is in the process of fully implementing this requirement. The County is developing a policy to document the reasonable steps that that the County will take during implementation of the ADA transition plan. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this

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		requirement in the next eight months.
	3. The County shall ensure that the North Branch Jail provides adequate accessibility for people with disabilities, consistent with accessibility requirements under federal and state law.	The County is in the process of fully implementing this requirement. The Northern Branch jail was built in compliance with current ADA standards, and has been approved by the Board of State and Community Corrections (BSCC). Sabot Consulting toured the Northern Branch Jail in May and we are awaiting their report on the facility. The County anticipates completing this requirement in the next eight months.
Q. Alarms/Emergencies (Pg. 41)	1. The County shall implement written policies regarding the expectations of staff as to persons with disabilities during emergencies and alarms, including as to disabilities that may affect their ability to comply with orders or otherwise respond to emergencies and alarms. For example, the policies	The County is in the process of fully implementing this requirement. The County is developing policies and procedures to meet this

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	shall ensure appropriate handling of people with mobility-related disabilities who are unable to prone out or take a seated position on the ground during an alarm or emergency. Such policies shall be communicated to staff, incorporated into the relevant policies, and communicated to people with disabilities using Effective Communication.	requirement. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.
	2. In order to facilitate appropriate accommodations during alarms or emergencies, the County shall offer, but shall not require, individuals who have disabilities visible markers to identify their disability needs (e.g., wristbands). The County shall maintain a list, posted in such a way to be readily available to Jail staff in each unit, of people with disabilities that may require accommodations during an alarm or emergency.	The County is in the process of fully implementing this requirement. The County currently maintains an active ADA alerts list which is posted in every module office to identify these inmates. The County intends to edit current policies to document accommodations during an alarm or emergencies. This requirement has yet to be completed due to a

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		shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.
	3. The County shall install visual alarms appropriate for people who are deaf or hard of hearing.	The County is in the process of fully implementing this requirement. The jail presently has visual alarms in the facility; the County is reevaluating the locations of these alarms to ensure compliance. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of

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		implementation. The County anticipates completing this requirement in the next eight months.
	4. All housing units shall post notices for emergency and fire exit routes.	The County is in the process of fully implementing this requirement. The County is developing fire exit routes to meet this requirement. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next three months.

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<b>R. Quality Assurance (Pg. 42)</b>	<p>1. The County shall develop and implement written policies and procedures regarding monitoring compliance with ADA requirements and Jail ADA policies, including (but not limited to) the following:</p> <ul style="list-style-type: none"> <li>a) Requests for ADA accommodations;</li> <li>b) ADA-related grievances;</li> <li>c) ADA-related training;</li> <li>d) Use of the ADA Tracking System.</li> </ul>	<p>The County is in the process of fully implementing this requirement. The County currently has a review committee in place and is developing policies and procedures to meet this requirement. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.</p>
	<p>2. The County shall develop an ADA accountability plan that will ensure quality assurance, track violations of the ADA and the Jail's ADA policies,</p>	<p>The County is in the process of fully implementing this requirement. The County is developing an ADA accountability plan to meet this</p>

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	and establish staff accountability for egregious, serious, or repeated violations of the ADA and Jail ADA-related policies and procedures.	requirement. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next eight months.

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<b>A.Environmental Health and Safety Monitor</b>  <b>(Pg. 43)</b>	1. The County shall designate an environmental health and safety monitor (“Environment of Care Monitor”) responsible for ensuring compliance with this Remedial Plan and other environmental health and safety policies and procedures. The duties of the Environment of Care Monitor will be established in writing consistent with this remedial plan. The Environment of Care Monitor will have sufficient authority to carry out such duties.	The County is in the process of fully implementing this requirement. The County currently assigned a Continuous Quality Assurance Unit Senior Custody Deputy to this duty; however, a full-time position will be developed to meet the needs of this position. The County will be developing written duties in compliance with this requirement. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation and the COVID-19 pandemic. The County anticipates



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		completing this requirement in the next month.
<b>B. Cleanliness and Sanitation of Jail Facilities</b>  <b>(Pg. 43)</b>	<p>1. The County shall establish a sanitation plan to ensure that all Jail facilities maintain appropriate cleanliness. The plan shall provide for any cleaning issues requiring an established cleaning schedule and written documentation of such cleaning, including, at a minimum:</p> <ul style="list-style-type: none"> <li>a) Daily access to supplies and equipment for prisoners to conduct cleaning and disinfection of housing units, including floors, toilets, sinks, and showers, with a cleaning chemical that sufficiently eliminates pathogens found in living and common areas;</li> <li>b) Weekly inspections of housing units, including floors, toilets, sinks, and showers by jail staff, with prompt steps to address identified cleaning and disinfection needs;</li> <li>c) Daily cleaning of intake, health care clinics, kitchen, laundry and other common areas, such as hallways and the tunnel;</li> <li>d) Weekly cleaning of visitation rooms and classrooms, and more frequently as needed;</li> </ul>	<p>The County is in the process of fully implementing this requirement. The County has drafted a cleaning plan, which is pending final review and approval. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation and the COVID-19 pandemic. The County anticipates completing this requirement in the next three months.</p>

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	<p>e) Biweekly (i.e., every other week) power washing of shower areas;</p> <p>f) Weekly cleaning of cell bars, windows, and lights;</p> <p>g) Quarterly cleaning of fans and air vents, and more frequently as necessary to ensure that they are clean and free of mold, mildew, and/or accumulation of dirt and dust.</p>	
	2. Upon intake, the County shall provide prisoners an orientation regarding the Jail's expectations and procedures for cleanliness, elimination of clutter, and proper use of personal property containers.	Completed. These expectations are addressed in sections 302 and 309 of the Custody Operations Orientation Handbook, which is provided to all inmates. A plexiglass poster of the rules and expectations is posted at the intake holding cells.
	3. The County shall establish a procedure to maintain cleanliness in housing areas where a prisoner is unable or unwilling to adequately clean. Where prisoners are expected to participate in cleaning, staff shall ensure appropriate assistance to people with mental illness, intellectual and developmental disabilities, or other special needs.	The County is in the process of fully implementing this requirement. This requirement is addressed in the County's draft cleaning plan, which is pending final review and approval

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		<p>The County is developing policies and procedures to meet this requirement and has a working group of staff currently working on policy updates. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next three months.</p>
	<p>4. The County shall develop and implement a policy and procedure for effective cleaning, disinfection, distribution, and repair of mattresses. The policy shall provide a process for inspection and replacement of all frayed</p>	<p>The County is in the process of fully implementing this requirement. This requirement has been added to the daily property recap, which is completed by the County's Utility</p>

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	and cracked mattresses that cannot be disinfected sufficiently to eliminate harmful bacteria.	Workers, and is addressed in the County's draft cleaning plan, which is pending final review and approval. The County is developing policies and procedures to meet this requirement and has a working group of staff currently working on policy updates. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next two months.
	5. The County shall ensure that newly arrived prisoners receive a clean and serviceable mattress. Mattresses shall be cleaned and disinfected anytime	The County is in the process of fully implementing this requirement. This requirement has been added to the

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	they are assigned to a different prisoner or when there is a biohazardous or bloodborne incident involving the mattress.	daily property recap, which is completed by the County's Utility Workers, and is addressed in the County's draft cleaning plan, which is pending final review and approval. The County is developing policies and procedures to meet this requirement and has a working group of staff currently working on policy updates. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next three months.

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	6. The County shall establish procedures so that a cell is cleaned prior to a prisoner's placement in that cell.	The County is in the process of fully implementing this requirement. This requirement has been added to the daily property recap, which is completed by the County's Utility Workers, and is addressed in the County's draft cleaning plan, which is pending final review and approval. The County is developing policies and procedures to meet this requirement and has a working group of staff currently working on policy updates. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The

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		County anticipates completing this requirement in the next three months.
	7. The County has committed to ensuring that each prisoner is assigned and provided a bed, as set forth in the Custody Operations/Segregation Remedial Plan. Until such remedial provision is fully implemented, where the County uses plastic beds, or “boats,” the County shall ensure that they are cleaned and disinfected anytime they are assigned to a different prisoner or when there is a biohazardous or bloodborne incident involving the mattress or boat.	Completed. The county’s current practice is not to utilize the temporary beds, unless an emergency exists. Use and cleaning of these temporary beds will be incorporated into our Emergency Response Plan.
<b>C. Laundry (Pg. 44)</b>	1. Clothing and linen exchange shall occur for all prisoners at least weekly, and more frequently when circumstances warrant. Kitchen workers shall be provided a clean kitchen uniform daily. Whenever a prisoner presents to jail staff clothing or linen that are soiled and/or reasonably requests a clothing/linen exchange, jail staff will ensure a prompt exchange, in all cases by the end of the shift.	The County is in the process of fully implementing this requirement. This requirement is addressed in Custody Operation Policy 362, Inmate Clothing and Personal Hygiene. Per policy, kitchen worker uniforms and kitchen worker linen exchange are completed daily. The

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		County has developed a system to document this requirement and has assigned staff to do so. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next three weeks.
	2. The County shall provide, document and maintain records of training provided to prisoner-workers and staff assigned laundry duties on chemical safety, biohazardous and bloodborne contaminated clothing and linens, use of personal protective equipment, and Material Safety Data Sheets.	The County is in the process of fully implementing this requirement. The County is researching and developing training to meet this requirement. This requirement has yet to be completed due to a



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		shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next six months.
	3. Staff shall make reasonable efforts to ensure that all prisoners have clean linens at all times. Staff will make a health care referral for any prisoner refusing to exchange linens if there is reason to believe such refusal relates to the person’s mental health condition. Mental health staff shall assist in resolving the situation, as appropriate.	The County is in the process of fully implementing this requirement. The County is revising a current form that would allow staff to make a referral to mental health during these circumstances. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of

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		implementation. The County anticipates completing this requirement in the next six months.
<b>D. Food Service and Kitchen Operations</b> <b>(Pg. 45)</b>	1. Prisoners assigned to kitchen duties shall be provided with clean outer clothing daily. If during a prisoner's work shift the clothing becomes soiled, it should be replaced promptly.	Completed. The County is developing a method to document this existing practice and has memorialized this practice into a policy and procedure which has been drafted but is pending review and should be complete in the next two months.
	2. The County shall perform a weekly inspection of kitchen operations, with a report submitted to the Environment of Care Monitor, and shall ensure actions are taken to correct any identified issues.	The County is in the process of fully implementing this requirement. The kitchen currently completes weekly cleanings. The County will be submitting a report to the Environment of Care Monitor in compliance of this requirement. This

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		requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next month.
	3. The County shall develop and implement policies and procedures for food service and kitchen operation as required in Section 1246 of California Code of Regulations Title 15. The policy shall include provisions for tool control, roles and responsibilities of Jail staff and the food service Contractor, employee and prisoner-worker training in food safety, and temperature monitoring. The policy shall provide that prisoner-workers are medically screened prior to being assigned to work in the kitchen.	The County is in the process of fully implementing this requirement. The County is developing policies and procedures to meet this requirement. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the

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		outset of implementation. The County anticipates completing this requirement in the next three months.
	4. The County shall provide prisoner-workers with training and education regarding kitchen operations.	Completed but presently suspended due to the COVID-19 pandemic. Serve Safe training is provided to employees and inmates through our program's unit and Santa Barbara City College.
	5. The County shall conduct periodic temperature monitoring of food and take steps to ensure that food prepared as hot is served hot to the greatest extent practicable.	Completed. Temperature monitoring is conducted on both A.M. and P.M. shifts and logs are kept by kitchen cooks.
<b>E. Work Order System and Preventative Maintenance (Pg. 45)</b>	1. The County shall train staff on the process of submitting work orders.	Completed. The County trains staff on submitting work orders during the Custody Training Officer

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		program. The County intends to include this training in its written training manual. This requirement was also covered in the initial training provided regarding this remedial plan, which was delivered in March and April of 2021.
	<p>2. The County shall utilize the work order reporting system to schedule preventative maintenance and repairs. The system shall provide for any cleaning or maintenance requiring an established schedule, including, at a minimum:</p> <ul style="list-style-type: none"> <li>a) Regular maintenance of plumbing;</li> <li>b) Quarterly cleaning of fans and ventilation grills;</li> <li>c) Quarterly replacement of ventilation filters;</li> <li>d) Regular external contractor monitoring of negative pressure cells and gauges;</li> </ul>	Completed. The County utilizes its work order system to establish a schedule for each of these tasks.

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	e) Monthly fire extinguisher inspections; and f) Monthly fire and life safety inspections.	
	3. The County shall develop and implement an environmental inspection policy with procedures that include an assessment of maintenance issues for every housing unit, including for plumbing, electrical, ventilation, painting, cleanliness, lighting, and storage of personal belongings.	The County is in the process of fully implementing this requirement. The County is developing policies and procedures to meet this requirement and has a working group of staff currently working on policy updates. This requirement has yet to be completed due to a shortage of resources. The County anticipates completing this requirement in the next six months.
<b>F. Chemical Control and Biohazardous Materials</b> <b>(Pg. 46)</b>	1. The County shall develop and implement chemical control policies and procedures for safe storage, dilution, and distribution of chemicals used at the Jail.	The County is in the process of fully implementing this requirement. The County is working with its General Services department to implement this requirement. This requirement

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		has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next six months.
	2. The County shall develop and implement a chemical safety training for all staff and prisoners assigned the responsibility of cleaning. The County or County's contract provider shall maintain documentation that demonstrates evidence of training for all staff and prisoner-workers involved in cleanup.	The County is in the process of fully implementing this requirement. The County is developing training to meet this requirement and has a working group of staff working on developing this training. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in

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		preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next six months.
	3. The County shall revise and ensure implementation of its Communicable Disease policy, including to ensure appropriate use and concentration of pyrethrum spray.	Completed. The County is updated Custody Operations Policy 244, Communicable Diseases to meet this reflect the use of pyrethrum spray.
	4. The County shall develop and implement policies and procedures for cleaning, handling, storing, and disposing of biohazardous materials, including waste. The County shall ensure that Material Safety Data Sheets are accessible anywhere chemicals are stored, mixed, or diluted.	The County is in the process of fully implementing this requirement. The County is developing policies and procedures to meet this requirement and has a working group of staff currently working on this. The County is working to ensure that these sheets are accessible at all required locations. This requirement



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		has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next three months.
	5. The County shall ensure that staff and prisoner-workers responsible for cleaning biohazardous materials or areas suspected of being contaminated by pests (e.g. lice or scabies) are outfitted with protective equipment and receive appropriate supervision.	Completed. The County presently ensures that staff are outfitted with protective equipment and receive appropriate supervision. The County also intends to incorporate this requirement into its cleaning plan and policies in the next three months.

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<b>G. Negative Pressure Monitoring and Recording (Pg. 47)</b>	1. The magnehelic gauges located outside the housing area to any negative airflow cell shall be checked once per shift to ensure the cells remain in a negative airflow state. When non-conformities are identified, the cell shall not be used for people with circumstances requiring a negative airflow cell, and a work order shall be submitted for prompt repair.	Completed. This requirement is documented in Communicable Disease Policy and Procedure section 244. The County provided initial staff training, but in the next three months, intends to provide additional training to staff in this area and follow up supervision for compliance and accountability as well as visual aids for staff.
	2. The County shall provide and document training regarding acceptable gauge readings and the steps to take if the readings are outside the acceptable range for all staff assigned to housing areas with negative airflow cells.	The County is in the process of fully implementing this requirement. The County provided this training in March and April to all staff. Additional training will follow regarding acceptable gauge readings. The County anticipates

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		completing this requirement in the next three months.
	3. Negative pressure cells and gauges shall be tested by an external contractor on a regular schedule as part of the Jail's preventive maintenance schedule.	Completed. These tests are completed annually by the County's General Services department.
H. Emergency Response and Fire/Life Safety (Pg. 47)	1. The County shall inspect fire extinguishers monthly and hold drills to ensure all jail staff are trained consistent with NCCHC standards on emergency response. Drill documentation shall include start and stop times, the number and location of any prisoners moved as part of the drill, any noted deficiencies, and any corrective actions taken.	Completed. The County inspects fire extinguishers monthly and documentation of the inspections are kept with the Maintenance Sergeant. Staff is undergoing training consistent with NCCHC standards on emergency response. This requirement is being implemented as drills are scheduled per NCCHC standards. Drill documentation is kept by Wellpath's and Custody Operations.

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<b>I. Environment of Care Monitor Inspections, Corrective Action, and Process for Prisoners to Raise Concerns</b>  <b>(Pg. 47)</b>	<p>1. The Environment of Care Monitor shall conduct bimonthly (i.e., every other month) Environmental Health and Safety inspections in every housing unit. The inspections shall include a documented assessment of and (as needed) corrective action plans for:</p> <ul style="list-style-type: none"> <li>a) Cleanliness of floors, walls, ceilings, bed and bedding, toilet and lavatory, cells and dayrooms surfaces;</li> <li>b) Cleanliness and disinfection of common areas and furnishings, including showers, shower chairs, plastic chairs, wheelchairs, stretchers, beds/bunks and personal property containers.</li> <li>c) Cleanliness of fans, exhaust and return ventilation grills, and the need for any maintenance repairs such as painting, broken tiles, blocked lighting, and plumbing.</li> </ul>	<p>The County is in the process of fully implementing this requirement. The County is developing a process to implement and document bimonthly inspections. This requirement has yet to be completed due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates completing this requirement in the next three months.</p>
	<p>2. The County shall provide a system through which class members are able to raise sanitation matters of concern. The grievances shall be reviewed by the housing unit supervisors before each shift change. Where</p>	<p>Completed. The County's current grievance system meets this</p>

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	a maintenance issue is identified, a work order shall be submitted before the end of the following shift.	requirement. Custody policy 361. Grievance Procedures.

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VII. CUSTODY OPERATIONS/SEGREGATION		
A. General Principles (Pg. 48)	1. Prisoners shall be housed in the least restrictive setting necessary to ensure their own safety, as well as the safety of staff and other prisoners.	Completed. The classification plan ensures that prisoners are housed in the least restrictive setting necessary to ensure safety of the prisoner and others. This process begins during the initial classification interview, which occurs after intake. Thereafter, inmates are reevaluated every 30 days to assess for placement in less restrictive housing. This requirement is enumerated in Custody Operations Policy 301, Inmate Classification. The County anticipates completing this requirement in the next three months.
	2. The County shall not place prisoners in more restrictive settings, including Segregation, based on a mental illness or any other disability.	Completed. Classification staff, in collaboration with Wellpath, ensure

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	Prisoners will be housed in the most integrated setting appropriate to their individual needs.	inmates are not housed in more restrictive settings based on mental illness or disability. The County revised Custody Operations Policy 301, Inmate Classification and the Classification Plan to reflect the provisions of this requirement.
	3. The County shall not place a prisoner in Segregation units without first determining that such confinement is necessary for security reasons and/or the safety of the staff or other prisoners. The County shall maintain a system by which it documents in writing the specific reason(s) for a prisoner's placement and retention in Segregation housing. The reason(s) shall be supported by clear, objective evidence.	Completed. This requirement is met during the classification interview and assessment. The reasons for a prisoner's placement and retention in Segregation is documented on the Classification Restrictive Housing Notification form. This information has been added to the Classification Plan and is included in Custody Operations Policy 301, Inmate Classification.

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	4. Prisoners will remain in Segregation housing for no longer than necessary to address the reason(s) for such placement.	Completed. This requirement is accomplished through restrictive housing reviews. Inmates are evaluated every 30 days or sooner to determine whether they should remain in Segregation housing. This information has been added to the Classification Plan.
B. Classification Procedures (Pg. 48)	1. The County shall implement a validated Classification System consistent with the provisions of this remedial plan.	The County is in the process of fully implementing this requirement. The County has updated its Classification System to a point based objective classification system and is working to include the provisions of this remedial plan and determining how it will be properly validated. The County has yet to complete this requirement due to a shortage in resources related to the



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		COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation, delays related to the COVID-19 pandemic, the pending opening of the Northern Branch Jail and the proposed remodel of the main jail. The County expects to complete this requirement within the next eight months.
	2. The Classification System shall be based on clear criteria and procedures for placing prisoners in and removing prisoners from Segregation units. Placement in and removal from Segregation units shall be documented for all prisoners.	Completed. The Classification System is in place using all required criteria for placement. Placement and removal from Segregation is documented on the Restrictive Housing Notification form and in the Jail Management System.

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	<p>3. The Classification System shall facilitate the following:</p> <ul style="list-style-type: none"> <li>a) <i>Housing placements based on the behavior and clinical needs of prisoners who are identified as having Serious Mental Illness.</i> Mental health staff shall provide input regarding the classification and placement of people with Serious Mental Illness.</li> <li>b) <i>Screening to determine whether a prisoner should be separated from other prisoners for safety purposes.</i> Where a prisoner is found to require separation from other prisoners for safety, placement will be in the least restrictive setting appropriate, and will allow for out-of-cell and recreation time consistent with the provisions herein.</li> </ul>	<p>Partially Completed. The Classification System meets the criteria of subsection (a) during the intake interview assessment and through the review process. The screening required in subsection (b) is completed through the interview/assessment process in conjunction with input from medical and mental health, and documented on the Segregated Housing Notification form. While the County aims to allow out of cell time for these inmates, complete implementation of this requirement will likely occur following proposed remodel of the main jail and opening of the Northern Branch Jail as contemplated by the Stipulated</p>

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		Judgment. In the interim, custody staff and management have been discussing methods to increase out of cell time within the current limitations and plan to use one of the housing units in the IRC to increase out of cell time. This plan will be presented for approval in the next two months. The County expects to complete this requirement within the next eight months.
	<p>4. The Classification System shall include a Classification Review Process.</p> <p>a) The Classification Review Process shall include clear, written criteria by which prisoners in a Segregation Unit can secure placement in a less restrictive setting as well as restoration of property or privileges. This review will include a private, out-of-cell interview (unless individual security issues prevent such an</p>	Completed. Documented in the County's Objective Jail Classification Plan. The County conducts a Classification Review every 30 days (or sooner if warranted). Out of cell interviews—for all inmates other than those who

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	<p>interview and are documented). The review shall occur at least every 30 days or sooner if circumstances warrant.</p> <p>b) If a prisoner is retained in a Segregation unit following the Classification Review, the reasons for retention and the specific steps to be taken to achieve restoration of property/privileges and transfer to a less restrictive setting will be documented.</p> <p>c) Prisoners in Segregation units will be provided an oral and written statement of the reasons for the outcome of each review, including what steps are necessary to gain restoration of property/privileges and to be moved to a less restrictive setting.</p>	<p>pose a safety and security risk—are completed in private, empty holding cells, treatment rooms, booking holding cells, and interview rooms. Inmates are provided clear written criteria for attaining less restrictive housing per subsection (a), and are provided the reasons for retention per subsection (b), and the outcome of each review per subsection (c) via the Restrictive Housing Notification form, and/or additional written statements.</p>
	<p>5. The County shall perform Prison Rape Elimination Act (PREA) screenings in a private location.</p>	<p>Completed. PREA screenings are conducted in the IRC treatment room and IRC interview room, both private locations.</p>

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<b>C. Elimination of Dangerous or Improper Physical Plant Features</b> <b>(Pg. 49)</b>	1. The County shall conduct an assessment of all Segregation cells and develop a plan to address structural suicide hazards, such as tie-off points within the cells, to the maximum extent feasible.	The County is in the process of fully implementing this requirement. To date, suicide hazards have been identified by the Maintenance Sergeant. The County anticipates completion of this requirement in the next two months.
	2. The County shall ensure that prisoners with serious mental illness or otherwise at elevated risk of suicide will not be housed in a cell that contains attachment points or other structural suicide hazards, as follows.  a) The County shall maintain a list of Segregation cells containing structural suicide hazards.  b) The County shall not place any person in a Segregation cell containing structural suicide hazards if the person has a diagnosed Serious Mental Illness.  c) The County shall assess all cells used to hold prisoners awaiting intake screening or post-intake housing placement, including as	The County is in the process of fully implementing this requirement. To date, potential suicide hazards have been identified by the Maintenance Sergeant, however the County intends to revisit these cells and create a plan for continued structural assessments and implementation of the necessary changes. The County anticipates

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	intake “overflow,” and shall ensure that they are suicide-resistant and do not contain structural blind spots, to the maximum extent feasible.	completion of this requirement in the next two months.
	3. No later than January 1, 2021, the County shall discontinue its use of the Main Jail’s “double door” or other extreme isolation cells, including Central 7 and Central 8.	The County has yet to implement this requirement due to the COVID-19 pandemic. The County has been in communication with class counsel and the experts as well. These cells are currently part of our COVID-19 pandemic plan, and are being used as medical/mental health observation cells. The County will close these cells at the conclusion of the pandemic.
	4. No later than January 1, 2021, the County shall discontinue its use of Segregation housing units that lack access to a dayroom, including South 1-16, West 18-29, and East 11-22. The County may retrofit such units to	The County has yet to implement this requirement due to the pending COVID-19 pandemic. However, a Classification Plan is in place and is

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	ensure that they provide access to a dayroom and outdoor recreation areas and that they comply with contemporary correctional standards.	pending implementation. Due to the COVID-19 pandemic and the need to utilize all available cells, the County has yet to close these cells, but will do so at the conclusion of the pandemic.
<b>D. Minimum Out-of-Cell Time (Pg. 50)</b>	<p>1. Absent exigent circumstances or exigent security concerns that are documented, the County shall offer each prisoner not subject to discipline (except in the Northwest unit), at a minimum, 18 hours out of their cell each week, and other structured programming, as follows:</p> <ul style="list-style-type: none"> <li>a) At least six (6) hours per week outdoors for exercise/recreation</li> <li>b) At least twelve (12) hours per week in a dayroom or other common area</li> <li>c) At least four (4) hours per day, on at least three (3) separate days per week, of in-cell structured programming – i.e., programming on electronic tablets.</li> </ul>	The County will fully implement this requirement pending remodel of the main jail, opening of the Northern Branch Jail, and conclusion of the COVID-19 pandemic. The Classification Unit has developed a plan for implementation. However, the main jail's current facility structure does not allow the County to provide the requisite out of cell time. The County will implement this requirement as soon as the above impediments are removed as

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		contemplated by the Stipulated Judgment. We are evaluating options to incrementally increase out of cell time in the meantime.
	<p>2. For those prisoners housed in the Northwest unit, absent exigent circumstances or exigent security concerns that are documented, the County shall offer each prisoner not subject to discipline at a minimum, 15 hours out of their cell each week, and other structured programming, as follows:</p> <ul style="list-style-type: none"><li>a) At least six (6) hours per week outdoors for exercise/recreation</li><li>b) At least nine (9) hours per week in a dayroom or other common area</li><li>c) At least four (4) hours every other day (i.e., 3 or 4 times per week, on an alternating basis), of in-cell structured programming – i.e., programming on electronic tablets.</li></ul>	The County will fully implement this requirement pending remodel of the main jail, opening of the Northern Branch Jail, and conclusion of the COVID-19 pandemic. The main jail's current facility structure does not allow the County to provide this out of cell time. The County will implement this requirement as soon as the above impediments are removed as contemplated by the Stipulated Judgment. We are evaluating options to increase out of cell time in the meantime.



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	3. The County shall provide prisoners out-of-cell time daily, at appropriate times of the day – i.e., not during normal sleeping hours.	Completed. Current out of cell time is completed during normal hours. A plan to increase out of cell time has been created by classification and is pending the conclusion of the COVID-19 pandemic, opening of the Northern Branch Jail, and proposed remodel of the main jail.
	4. The County shall implement a system of documenting the amount of out-of-cell time each prisoner is offered for each of the above categories.	The County is in the process of fully implementing this requirement. The County is working with our current JMS system to develop a tracking system to document an inmate's out of cell time. The County anticipates completion of this requirement in the next six months.

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	5. The County shall conduct monthly audits to ensure that required out-of-cell time with respect to each of the above categories is made available to the jail population. Supervisory staff shall regularly review this data for quality assurance, and take steps to address any deficiencies.	The County is in the process of fully implementing this requirement. The County is working with the current JMS system to develop a tracking system to document an inmate's out of cell time. The County anticipates completion of this requirement in the next six months.
	6. In cases where a prisoner refuses out-of-cell time repeatedly and the reason for such refusals may be related to their mental health condition, Jail staff shall make a mental health referral for assessment and appropriate clinical follow-up.	Completed. Wellpath's mental health referral form has been made available to all staff. Staff recently underwent training regarding this requirement and began implementing this criterion in May 2021. The County has revised its Custody Operations Policy 367,

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		Inmate Recreation to meet this requirement.
<b>E. Disciplinary Procedures (Pg. 51)</b>	1. A prisoner may be housed in Segregation for disciplinary purposes only after the prisoner has received notice of the charges against him/her, a supervisor has conducted a disciplinary hearing at which the prisoner is given an opportunity to rebut the charges, and the prisoner is adjudicated guilty of the alleged violation(s). Where there is a serious and immediate safety risk and no other housing unit is sufficient to protect the inmate from harm, staff may place a prisoner in Segregation for the shortest period of time necessary. In such cases, supervisory custody staff will promptly review the case and must approve in writing continued retention in Segregation.	The County currently does not use Segregation for disciplinary purposes and does not have a disciplinary Segregation housing unit due to space limitations stemming from the COVID-19 pandemic and the need for an intake unit. If Segregation for disciplinary purposes is later implemented, the County will follow this requirement.
	2. Prisoners serving a disciplinary term in Segregation may be subject to a reduction in out-of-cell time, including in-cell confinement not to exceed twenty-two (22) hours per day.	The County currently does not use disciplinary segregation. Restrictive housing is being used for inmates that pose a safety and/or security risk. If Segregation for disciplinary

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		purposes is later implemented, the County will follow this requirement.
	3. The County shall implement a 30-day maximum term in Segregation for any single or set of disciplinary violations stemming from the same incident.	Completed. As documented in Custody Operations Objective Jail Classification Plan. The County currently does not use Segregation for disciplinary purposes and does not have a disciplinary Segregation housing unit due to space limitations stemming from the COVID-19 pandemic, and the need for an intake unit. If Segregation for disciplinary purposes is later implemented, the County will follow this requirement.
	4. The County shall not use safety cells for punishment.	Completed. As documented in the Custody Operations Policy 304, Use

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		of Safety Cells. The County does not use safety cells for punishment.
	5. The County shall not use the denial or modification of food as punishment. The County shall not use the “prison loaf” as a disciplinary diet.	Completed. On January 14, 2021, the County discontinued use of a disciplinary diet and removed use of a disciplinary diet from its Custody Operations Policy 363, Inmate Discipline.
F. Safeguards for Prisoners Placed in Segregation (Pg. 52)	1. Prior to Segregation placement of any person with Serious Mental Illness, with an intellectual disability, or who is exhibiting unusual or bizarre behavior, the County shall ensure completion of the mental health review process detailed in Section VII of the Mental Health Remedial Plan.	Completed. The County accomplishes this requirement with the mental health and medical evaluation at intake, and the use of the Mental Health Referral Form. The County has also developed a Segregated Housing Notification form, which is currently being utilized. Mental health input is

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		considered prior to housing in segregation.
	2. The County shall conduct visual cell checks (to ensure that prisoners are safe and breathing) for all prisoners in Segregation at least every 30 minutes, at staggered intervals. Completion of safety checks shall be timely documented and audited regularly by supervisory staff for quality assurance purposes.	The County is in the process of fully implementing this requirement. On 1/22/21 the County edited Custody Operation Policy 327, Safety Checks, to reflect 30-minute visual cell checks. Staff recently underwent training regarding this requirement. The County has yet to implement this requirement due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates implementation

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		of this requirement in the next two months.
	3. Health care staff shall conduct check-ins three times per week to assess and document the health status of all prisoners in Segregation, and shall make medical and mental health referrals as necessary.	Due to the COVID-19 pandemic, health care staff completes two check-ins per week for all inmates in Segregation, and once a week for all inmates in quarantine units 100, 200, 300, and 400. Prior to the pandemic, medical staff conducted three rounds per week in the segregation units in accordance with NCCHC standards. The County will implement this procedure following conclusion of the COVID-19 pandemic.
	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	Completed. This requirement is completed during the County's mental health check-ins. Wellpath's

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	<p>all prisoners in Segregation and shall make referrals as necessary. The check-in shall include the following:</p> <ul style="list-style-type: none"> <li>a) Conversation with each prisoner;</li> <li>b) Visual observation of the prisoner's cell, including the cleanliness of the prisoner's clothing and bed linens; and</li> <li>c) Inquiry into whether the prisoner would like to request a confidential meeting with a mental health or medical provider.</li> </ul>	<p>policies, including policy G-2, Segregated Inmates, address this requirement. See also Agreement with Wellpath, Exhibit A, section 15.5.A.1.</p>
	<p>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.</p>	<p>Completed. Inmates in Segregation are provided care and follow-up upon request. Wellpath's policies, including policy A-7, Privacy of Care, address this requirement.</p>
	<p>6. If health care staff observe a prisoner's medical or mental health condition deteriorate in Segregation, they shall promptly confer with supervisory level custody staff to discuss the need for higher level of care or alternative placement to address the prisoner's condition. This conference will be documented in the prisoner's record.</p>	<p>The County is in the process of fully implementing this requirement. Classification staff currently document concerns if inmates in Segregation exhibit a deterioration</p>



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	<p>a) The County shall not place the following prisoners in Segregation unless necessary to address current, specific safety concerns that are documented, with supervisory-level review and approval, and in such cases only for the minimum time necessary to identify an alternative appropriate placement: Prisoners with acute medical or mental health needs that require an inpatient level of care and/or daily nursing care;</p> <p>b) Prisoners who are pregnant, post-partum, who recently had a miscarriage, or who recently had a terminated pregnancy.</p>	<p>of a medical or mental health condition, pursuant to Wellpath’s policies, including policy G-2, Segregated Inmates. Subsection (a) will be fully implemented once the County develops an additional mental health housing unit. The County has completed subsection (b) as such inmates are not placed in Segregation and will incorporate this requirement into the County’s Classification Policy. The County has yet to implement this requirement due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County</p>

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		anticipates implementation of this requirement in the next eight months.
	7. The County shall avoid the release of prisoners from custody directly from Segregation to the maximum extent possible.	The County is in the process of fully implementing this requirement. The County is working with the programs unit and discharge planning and will be developing procedures to meet this requirement. The County has yet to implement this requirement due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates that this requirement will

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		be complete in the next eight months.
	8. If a prisoner has an expected release date in less than 60 days, the County shall take and document steps to move the prisoner to a less restrictive setting, consistent with safety and security needs. Should Segregation become necessary during this time period, the County shall provide individualized discharge planning to prepare the prisoner for release to the community, including in light of the prisoner's Jail housing placement and status.	The County is in the process of fully implementing this requirement. The County is working with the programs unit and discharge planning and will be developing procedures to meet this requirement. The County has yet to implement this requirement due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates that this requirement will be complete in the next eight months.

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<b>G. Grievances, Inmate Request Forms, Property/Privileges in Segregation</b>  <b>(Pg. 53)</b>	1. The County shall provide grievance forms and inmate request forms in each housing unit for prisoners to readily access and use.	The County is in the process of fully implementing this requirement. It is the County's current practice to provide inmates access to grievance and request forms. The County is identifying a more efficient way to have these forms available to inmates. The County has yet to implement this requirement due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation. The County anticipates that this requirement will be complete in the next four months.

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	2. Prisoners housed in Segregation units shall have equal access to grievance and inmate request forms and procedures as compared to general population prisoners.	Completed. It is the County's current practice to provide inmates housed in Segregation access to grievance and request forms.
	3. The County shall allow reasonable access to the following for all prisoners, including those in Segregation, absent a specific safety or security issue that is documented: <ul style="list-style-type: none"> <li>a) Personal phone calls on a daily basis during normal business hours.</li> <li>b) Education, rehabilitation, and other materials (e.g., books, magazines, radios, writing implements, art supplies, tablets) for in-cell activities.</li> </ul>	Completed. Phones are in the majority of the main jail's housing units; rolling phone units are used for some restrictive housing units. Programs staff offer the materials in subsection (b) to the inmates.
<b>H. Other Custody Operations (Pg. 54)</b>	1. Capacity of Jail Facilities <ul style="list-style-type: none"> <li>a) No later than January 1, 2021, the number of prisoners placed in a particular housing unit shall be limited to no more than the rated capacity.</li> </ul>	The County is in the process of fully implementing this requirement. The Custody Operations Policy and procedure 362, Inmate Clothing and Personal Hygiene, and the inmate

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	<p>b) No later than January 1, 2021, the County shall assign a bed to all prisoners.</p> <p>c) The County shall establish procedures to ensure that no prisoner is placed in any cell or housing unit without a mattress and appropriate bedding, unless there are individualized clinical or security concerns that are documented.</p> <p>d) Female prisoners shall be separated by sight and sound from male prisoners.</p>	<p>handbook sections 311, Clothing and 308, Personal Hygiene, document that prisoners must be housed with appropriate bedding. The County has completed subsection (d) by separating female prisoners by sight from male prisoner, however separation by sound is not possible due to facility structure, but will be remedied upon completion and opening of the Northern Branch Jail. The County has yet to fully implement this requirement due to a shortage in resources related to the COVID-19 pandemic and/or North Branch Jail delays and the need to phase-in preliminary tasks at the outset of implementation, complications due</p>

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		to the COVID-19 pandemic, facility limitations at the main jail and the pending completion of the Northern Branch jail. The County anticipates completion of this requirement when the above-referenced impediments to implementation are resolved and in accordance with the Stipulated Judgment.

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VIII. STAFFING FOR HEALTH CARE SERVICES		
(Pg. 54)	1. The County shall establish and maintain appropriate Qualified Health Professional staffing levels and sufficient custodial staff to provide timely escorts for inmates to health care appointments.	Completed. The County has established appropriate staffing levels of Health Professional staff and custody deputies. The County currently maintains these levels and provides timely health care appointments.
	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, supervisory 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;	The County is in the process of fully implementing this requirement. The County's implementation team has begun discussing performance of this provision. This requirement has yet to be completed because the staffing analysis is in part dependent on the proposed main jail remodel. The County anticipates completing this



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	c) Timeline for implementation of the staffing analysis (including authorization, funding, and hiring).	requirement in the next eight to twelve months.
	3. The County shall regularly monitor and adjust, as needed, staffing in order to ensure timely access to care.	Completed. The County currently monitors staffing and will continue to do so to ensure timely access to care.

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<b>IX. TRAINING RELATED TO TREATMENT OF PRISONERS WITH SPECIAL NEEDS</b>		
(Pg. 56)	1. The County shall develop and implement training, through various mediums including memorandums, briefings, online presentations, and/or classroom presentations, for Jail custody staff on the provisions described in this remedial plan, as well as general correctional health care issues, including crisis intervention techniques, recognizing different types of medical and mental health conditions and appropriate responses, developmental/intellectual disability, de-escalation and crisis intervention, suicide/self-harm prevention, cultural diversity, health care referral practices, and confidentiality standards	The County is in the process of fully implementing this requirement. The County provided eight hours of staff training on the implementation plan, with extended information on suicide prevention. Training spanned from 3/22/21 through 4/21/21. The County is revising its crisis intervention training curriculum for future training. The County has been unable to create additional training due to limited resources, but anticipates developing and implementing additional trainings related to these topics in the next eight months.
	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	The County is in the process of fully implementing this requirement. The County provided training from

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	all other topics described above on a bi-annual basis. The County shall keep records documenting all such trainings and training participants.	3/22/21 through 4/21/21. The County has not yet developed the eight hours of additional bi-annual training. The focus has been to complete the initial training within the requisite 90-day time frame. The County has not been able to create additional training due to limited resources, but anticipates developing and implementing additional trainings related to these topics in the next eight months.
	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.	The County is in the process of fully implementing this requirement. Currently, the County must use multiple housing units as intake quarantine units, where new arrestees are quarantined prior to being moved into general

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IX. TRAINING RELATED TO TREATMENT OF PRISONERS WITH SPECIAL NEEDS		
		population due to the COVID-19 pandemic. The County is currently developing plans to form a specialized mental health housing unit in the IRC, and anticipates having an available unit, plans, and training at the conclusion of the pandemic once intake quarantine housing units are removed.
	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.	Completed. This training was delivered to Wellpath staff on 4/17/21. In addition, Wellpath currently receives at least two hours of annual suicide prevention.
	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:	Completed. The County expanded the suicide prevention curriculum to cover three hours of the training.

CITATION TO REMEDIAL PLAN: PAGE, PARAGRAPH	REMEDIAL PLAN PROVISION	IMPLEMENTATION STATUS
<b>IX. TRAINING RELATED TO TREATMENT OF PRISONERS WITH SPECIAL NEEDS</b>		
	<ul style="list-style-type: none"> <li>a) avoiding obstacles (negative attitudes) to suicide prevention;</li> <li>b) why facility environments are conducive to suicidal behavior;</li> <li>c) identifying suicide risk;</li> <li>d) predisposing factors to suicide;</li> <li>e) high-risk suicide periods;</li> <li>f) suicide risk warning signs and symptoms;</li> <li>g) components of the County's jail suicide prevention program;</li> <li>h) liability issues associated with prisoner suicide; and</li> <li>i) crisis intervention.</li> </ul>	Subsections a) through i) are covered in such training.
	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.	Completed. Custody deputies receive eight hours of suicide prevention training in the CORE Academy. The County will provide annual training as required by this provision.

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	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.	Completed. Wellpath currently receives at least two hours of annual suicide prevention. This training is delivered online, during staff meetings, and through the Wellpath Academy.
	8. All custody and medical staff shall be trained in first aid and CPR.	Completed. Initial first aid and CPR training for custody staff is completed at the CORE Academy, and then completed through the training bureau in compliance with the Board of State and Community Corrections (BSCC) standards. Wellpath CPR training is required for new employees, and is completed every other year by WellPath.