

# Kahlil Johnson Psychiatry, LLC

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General & Forensic Psychiatry

**July 20, 2022**

**Remedial Plan Mental Health Report (First Round)**  
**Murray et al. v. County of Santa Barbara et al.**  
**Case No. 2:17-cv-08805**

## **Introduction**

This first (1<sup>st</sup>) report of the Mental Health Expert regarding Santa Barbara County's Remedial Plan is reflective of the important first steps taken by the County to improve mental health care and suicide prevention at the jail, despite the impact of the COVID pandemic on management and operation of the Santa Barbara County jail.

This report reflects the progress the County has made in achieving substantial compliance on some of the provisions of Remedial Plan. It also notes the

I congratulate the County on achieving substantial compliance on several provisions so early in the process. However, there remains substantial work to be done to bring the remaining provision into substantial compliance.

In addition to reviewing the mental health and suicide prevention provisions, several crossover provisions (e.g., Custody, Medical, etc.) were also reviewed in conjunction with the other Remedial Plan Experts. The provisions were reviewed individually with sub-categories being reviewed collectively.

The report utilizes four categories of compliance:

- **Substantial Compliance** – Indicates the County has achieved compliance, with sufficient proof of practice, with all or most aspects of the relevant provision.
- **Partial Compliance** – Indicates the County achieved compliance on some of the components of the relevant provision, but significant work remains.
- **Non-Compliance** – Indicates that the County has not met most or all of the components of the provision.
- **Not Rated** – Indicates data or other relevant material necessary to assess compliance were not provided, or were unavailable, to provide a compliance rating. This rating will not be utilized in future reports.

The report will review provisions of the Remedial Plan which will include a compliance rating, analysis of the available data, and relevant recommendations for achieving substantial compliance.

This report is the culmination of policy review; review of documentation relevant to the County's progress with the Remedial plan that was provided from my document request; review of the electronic medical record (EMR); an on-site tour of the Southern Branch jail from July 26, 2021, to July 27, 2021; interviews with custody staff, Wellpath staff, and inmates; attendance of meetings with the County and Experts; and meetings with defendant's and plaintiff's counsel. A document request was submitted prior to the first on-site tour. The County provided some of the documentation requested and, over the remainder of the monitoring period the County provided additional documentation.

Reviews of inmate charts and data in the EMR were conducted by performing searches and creating reports, when possible. Inmates were then chosen randomly, using a random number generator, for chart review. Searches or report creation was not sufficient to review all of the relevant provisions of the Remedial Plan but was used whenever it was reasonable and would provide the needed data.

The professionalism and responsiveness of the County during this process is appreciated. Achieving substantial compliance on all provisions of the Remedial Plan will take time and concerted effort to continue to change both the system and the culture of the jail. I look forward to the continued forward progress of the County on the Remedial Plan provisions during the second round of monitoring.

Sincerely,

A handwritten signature in black ink that reads "Kahlil Johnson M.D." The signature is written in a cursive, flowing style.

Kahlil Johnson, M.D.  
Mental Health Expert

Enclosure

Copy to:

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# Kahlil Johnson Psychiatry, LLC

General & Forensic Psychiatry

July 13, 2022

## **Murray v. County of Santa Barbara** **Remedial Plan Mental Health Report**

**Monitor:** Kahlil Johnson, M.D.

### II. MEDICAL CARE

**II.A.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.

**MH Compliance Status:** Partial Compliance

**Activities/Analysis:** The County indicated in their status report that this section was completed. However, at the time of the tour the County had not begun to review the quality improvement data produced by the Wellpath, the private medical contractor. Department of Public Health and Behavioral Wellness staff are attending the quality improvement (QI) meetings. Therefore, this section is in partial compliance until the County can demonstrate active monitoring, including documentation of such monitoring of the service data being produced, beyond attending meetings. This finding is consistent with the Medical Monitor's finding in his report.

**Recommendations for achieving compliance:** I recommend that the County review the QI data and actively provide regular written feedback and guidance in the form of specific, measurable, corrective actions, if required, to ensure services are consistent with the contract and the Consent Agreement.

## C. Health Care Records

II.C.4. The County shall implement and utilize Jail health care forms that the County owns.

**MH Compliance Status:** Partial Compliance

**Activities/Analysis:** The County has in circulation both County paper health care forms as well as Wellpath paper and electronic forms. Paper forms are scanned into the electronic medical record (EMR) as appropriate. The EMR is owned by Wellpath, not the County.

**Recommendations for achieving compliance:** The County needs to develop a system for developing, authorizing, and amending forms that are then used by Wellpath so that the County is the owner of the forms per this provision, not just use of Wellpath's forms. This will ensure continuity of data collection no matter who the medical/mental health contractor at the jail may be or which EMR is in place.

## D. Space for Health Care Service Delivery

II.D.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.

**MH Compliance Status:** Partial Compliance

**Activities/Analysis:** The jail currently has a mix of suitable clinical treatment spaces to support the delivery of mental health (MH) care. The spaces are spread out throughout the facility with many of these not being near inmate housing. Inmates are not regularly being taken out of their cells and brought to see the mental health staff for scheduled or impromptu visits. Most mental health visits to inmates are still occurring at the cell door unless the inmate is housed on the Jail Based Competency Treatment unit (JBCT). Cell door visits do not provide adequate patient privacy and confidentiality and should not be recorded/counted as a "visit" for the purposes of this CA. MH staff have adequate office space to perform duties that do not involve direct patient care.

**Recommendations for achieving compliance:** Designate MH units at both jails to improve suitable clinical treatment spaces. Office space at the new jail will be reviewed during the next site tour.

**II.D.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.

**MH Compliance Status:** Partial Compliance

**Activities/Analysis:** The County has made changes to the Main Jail to support the delivery of MH care. Although there have been improvements in suitable clinical treatment space there is still a significant need for more appropriate treatment spaces. See II.D.1.

**Recommendations for achieving compliance:** See II.D.1.

## E. Screening on Intake

**II.E.2.a-h.** The Intake Screening Implementation Plan shall include the following:

- a) Standards and procedures to ensure Medication Continuity, either through outside verification or on-site physician medication order;
- b) Procedures to ensure adequate review of individual health care records maintained by the County or otherwise available as part of the intake process;
- c) Infectious disease screening and follow-up;
- d) Initial Health Assessment for all incoming prisoners with chronic illnesses;
- e) Psychological Evaluation for persons with signs and/or histories of developmental disability;
- f) Psychological Evaluation for persons with signs and/or histories of mental illness;
- g) Clinical evaluation of persons in need of detoxification with clinical determinations for any use of sobering, safety, or isolation cells;
- h) Use of suicide risk assessment tool, with Psychological Evaluation for those with positive findings on suicide assessment.

\*Only subsections a, b, e, f, and h were reviewed by the MH Monitor. Subsections c, d, and g were reviewed by the Medical Monitor.

**MH Compliance Status:** Partial Compliance

**Activities/Analysis:** Wellpath has written standards and procedures to ensure Medication Continuity, as demonstrated during chart review. It is not always documented that the individual health care records of inmates have been reviewed by the nurse performing the intake regarding the inmate's prior MH treatment at the jail. Differences in inmates' previous historical data sometimes differs from what is reported during intake (e.g., patient denied past MH treatment but admitted to it in the past or admitted to a history of suicide attempts in the past but denied them on a later screening). Previous MH treatment with medications was the most identified note for MH patients on the Receiving Screening. The Receiving Screening has a section that meets criteria e) and f), psychological evaluation of persons with intellectual disability and mental illness. Section h), "use of a suicide risk assessment tool, with positive findings on suicide assessment" is being met. The receiving screening EMR form has suicide risk screening questions that include the Columbia Suicide Severity Rating Scale (CSSR-S). The CSSR-S assesses suicide risk in the form of a referral to MH that can be emergent, urgent, or routine. The CSSR-S also has the option to rate the actual risk of suicide as low, moderate, or high but this is not done at intake. The referral is triggered by "Yes" answers to certain questions on the suicide risk assessment. The higher the suicide risk, the higher the priority of the referral. MH evaluation of the patients who were referred was timely.

**Recommendations for achieving compliance:** Require via policy, training, and supervision to review previous treatment and suicide risk assessment records of inmates to assure accurate reporting during the Receiving Screening. Appoint someone to conduct periodic audits of this requirement and develop corrective actions as necessary.

**H. Pharmacy Services**

**II.H.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.

**MH Compliance Status:** Partial Compliance

**Activities/Analysis:** Wellpath has policies that appropriately address this provision. The policy clearly describes the process of continuity of community medication once a patient is incarcerated at the jail. This process could be

further streamlined if Wellpath employees have access to the County's Behavioral Health and Wellness outpatient treatment records. At the time of the tour, access had not been granted to Wellpath staff. I was unable to create a search/report in the EMR to evaluate this provision. However, I did passively encounter that it was occurring for inmates on the mental health caseload. The passive encounters were not sufficient to demonstrate substantial compliance for this provision.

**Recommendations for achieving compliance:** County needs to periodically audit the continuity of community medication policy to assure compliance and develop any corrective actions if needed.

**II.H.2.** The County shall ensure that the Jail's formulary policies and procedures are sufficient to provide adequate individualized care to patients, including through ongoing staff training on the process of requesting non-formulary medications.

**MH Compliance Status:** Partial Compliance

**Activities/Analysis:** The County did not provide evidence of training on this provision or data to support availability of non-formulary psychotropic medications to inmates. The MH Monitor was unable to perform a search in the EMR to specifically research this provision. Wellpath has a policy that states they have a non-formulary medication request process. However, it does not describe the actual process. I was, therefore, unable to independently verify that a procedure associated with this provision is occurring as required.

**Recommendations for achieving compliance:** The policy needs to include the non-formulary medication request process. Document provision of non-formulary psychotropic medications to inmates following the process.

**II.H.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.

**MH Compliance Status:** Not Rated

**Activities/Analysis:** Wellpath's Medication Services policy mentions Keep on Person (KOP) in the definition section, but then does not address it within the policy. There is a report which can be generated in the EMR that compiles a list of inmates on KOP medications. The KOP report generated four patients and

none of them were taking psychotropic medications. A list of all psychotropic medications in the jail formulary was requested but not provided. However, the specific list of KOP medications was not requested for this report. The County communicated that there are no psychotropic medications on the KOP medication list and that they have no plans to add them at this time. This provision will not be reviewed in future reports unless the County has, or plans to include psychotropic medications (e.g., selective serotonin reuptake inhibitors which are relatively low risk) on the KOP medication list.

**Recommendations for achieving compliance:** N/A.

**II.H.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:

- a) ensuring that initial doses of prescribed medications are delivered to patients within 48 hours of prescription, unless it is clinically indicated to deliver the medication sooner;
- b) ensuring that medical staff who administer medications to patients document in the patient’s Medical Administration Record (1) name and dosage of each dispensed medication, (2) each date and time medication is administered, (3) the date and time for any refusal of medication, and (4) in the event of patient refusal, documentation that the prisoner was made aware of and understands any adverse health consequences by medical staff.

**MH Compliance Status:** Substantial Compliance

**Activities/Analysis:** The County has a policy governing this provision. The record review demonstrates that nursing staff are documenting delivery of psychotropic medications to inmates, as ordered. When meds are not delivered, a reason (e.g., patient refused, court, etc.) is entered into the EMR. The monitor saw no instances when a medication was not delivered in less than 48 hours after being ordered. However, the County needs to demonstrate how they are auditing and tracking this provision for future reports.

**Recommendations for achieving compliance:** Demonstrate the County is tracking and auditing compliance with this provision.

**II.H.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.

**MH Compliance Status:** Partial Compliance

**Activities/Analysis:** Wellpath has a policy to address this provision. At the time of the site visit, medications were being delivered at therapeutically appropriate times at the jail. However, since the tour there have been inmate complaints that medications were being delivered at inappropriate times (e.g., 2:00 AM). Wellpath has indicated this is due to not having enough medication nurses. Review of Medpass reports provided by Wellpath, indicated when a dose was missed by inmates due to being at court or out of the facility. However, the County did not provide data to demonstrate the delivery of psychotropic medications to inmates while they are out to court, in transit to or from any outside appointments, or when being transferred between facilities.

**Recommendations for achieving compliance:** The County needs to develop a policy to address this provision and track delivery of medications to inmates when they occur off-site. This data can be captured by developing a specific entry for offsite medication delivery to be entered into the MAR. Documentation must be provided, including any corrective action plans.

**I. Transgender and Gender Nonconforming Health Care**

**II.I.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.

**MH Compliance Status:** Not Rated

**Activities/Analysis:** Data for the MH aspects of this provision was not reviewed this tour. It will be reviewed next tour. Of note, in the PREA section of the Wellpath Receiving Screening form, there are questions that inquire about the patient’s gender identity and if they feel safe at the jail. If the patient identifies as transgender, intersex, or gender non-conforming the arrestee is referred to MH to be evaluated. However, the reason for the evaluation is not clear as gender identity does not necessarily denote the presence of mental illness. If the patient indicates that they feel unsafe then classification is notified. The County provided the names and images of inmates who identified as transgender but neither provided any guidance or accompanying information nor how they measured their own compliance with this provision.

**Recommendations for achieving compliance:** Demonstrate treatment of transgender inmates at the jail is following this provision based on the relevant legal requirements. It may be useful to combine this provision with any ongoing PREA requirements based on current PREA standards.

## J. Drug/Alcohol Withdrawal

II.J.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.

**MH Compliance Status:** Not Rated

**Activities/Analysis:** Data for the MH aspects of this provision was not reviewed this tour. It will be reviewed next tour.

**Recommendations for achieving compliance:** N/A

## K. Utilization Management

II.K.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 patient's health history needs.

**MH Compliance Status:** Not Rated

**Activities/Analysis:** Data for the MH aspects of this provision was not reviewed this tour. It will be reviewed next tour.

**Recommendations for achieving compliance:** N/A

II.K.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.

**MH Compliance Status:** Not Rated

**Activities/Analysis:** Data for this provision was not reviewed this tour. It will be reviewed next tour.

**Recommendations for achieving compliance:** N/A

**II.K.3.** The UM process shall include an appeal process to enable patients and Providers to appeal a decision denying a referral request.

**MH Compliance Status:** Not Rated

**Activities/Analysis:** Data for this provision was not reviewed this tour. It will be reviewed next tour.

**Recommendations for achieving compliance:** N/A

## L. Review of Inmate Deaths

**II.L.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.

**MH Compliance Status:** Partial Compliance

**Activities/Analysis:** The County is conducting reviews of inmate deaths and has a policy to guide the process. Root cause analysis was not included as a part of the County's death review process. The Monitor attended a joint death review meeting with the County and Wellpath. A Wellpath report from the review was not shared with me, just a one-page document stating a review was conducted. if one was produced. The Monitor learned that the County's death reviews are conducted separately from Wellpath, which conducts its own inmate death reviews, involving company staff only. It is unclear if Wellpath's independent death review process meets this provision because their reviews are not shared outside of Wellpath. Each parties' findings from the review are not shared due to legal concerns. Corrective action plans (CAP) were also not jointly shared, 3<sup>rd</sup> quarter 2021. For any inmate death review to be comprehensive both custody and Wellpath need to work closely together to create a shared death review report inclusive of root cause analysis, findings, measurable CAPs including responsible parties, and ongoing tracking of progress on any CAPs. The County needs to be the leader in this process with collaboration, guidance, and input as appropriate from Wellpath.

Two suicides occurred during the monitoring period. Any suicides that occur in the next monitoring period will be reviewed in the next report as part of the

Suicide Prevention section. Appropriate feedback and recommendations will be provided if warranted.

**Recommendations for achieving compliance:** Develop policy, procedures, and training to enable performance of comprehensive death reviews, led by the County and including Wellpath. While Wellpath’s internal death reviews may be kept separate (by policy or contract), the review with the County needs to be conducted separately with Wellpath’s involvement as the medical provider. The Monitor recommends that the County and Wellpath identify any bona fide legal barriers to make sure this provision is fully instituted.

II.L.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.

**MH Compliance Status:** Not Rated

**Activities/Analysis:** Root cause analysis was not included as part of the County’s death review process when the Monitor attended a joint death review meeting with the County and Wellpath. The County and Wellpath’s death reviews include corrective action plans that, as of 3<sup>rd</sup> quarter 2021, are reportedly being shared and tracked by each party. As actual documentation from the death review was not reviewed for this report, this section will be marked as Not Rated and reviewed during the next reporting period.

**Recommendations for achieving compliance:** Develop policy, procedure, and training that to Implement root cause analysis.

### III. MENTAL HEALTH CARE

#### A. Policies and Procedures

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

**MH Compliance Status:** Partial Compliance

**Activities/Analysis:** The County provided the policies and procedures (P&Ps) for the Sheriff’s Department in response to this provision. Those policies were not specific to the jail, nor to the Remedial Plan. The County has not provided P&Ps

specific to the main jail. Updated P&Ps will need to be created for the new jail. Wellpath has separate standardized policies that it uses nationally for their contract, which can be modified in some cases incorporate the County's policies. Wellpath's policies have been updated to reflect site specific content for the main jail. The County's policies are the governing directives within the jails with Wellpath adapting its site-specific P&Ps to match. This will ensure that the P&Ps in place are consistent no matter who the medical contractor may be.

**Recommendations for achieving compliance:** County collaborate with Wellpath to update the County's P&Ps so that the two entities P&Ps are consistent with the requirements for the jail under the Remedial Plan.

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

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** The County did not provide proof of P&Ps for mental health committees that clearly describe structure, membership, and minimum meeting frequencies. Wellpath did not have a corresponding policy to this provision in the documentation they provided.

**Recommendations for achieving compliance:** Collaborate with Wellpath to update the County's P&Ps so that the two entities P&Ps are consistent with the requirements for the jail under the Remedial Plan.

III.A.3. The County shall ensure that policies and procedures are consistent with the provisions of this Remedial Plan and include the following:

- a) A written document reflecting the spectrum of mental health care programming and services provided to prisoners;
- b) Reasonable timeframes for completion of each type of mental health care-related task or service, consistent with community and professional standards;
- c) An intake and referral triage system to ensure timely and effective resolution of inmate requests and staff referrals for mental health care;
- d) Clinical monitoring of inmates, including but not limited to those who are segregated or on suicide watch;
- e) Descriptions of specialized mental health programming that specifically identify admitting and discharge criteria and the staff positions who have the authority to place inmates in specialized mental health housing;

f) Relevant mental health-related training for all staff members who are working with inmates with mental illness.

**MH Compliance Status:** Partial Compliance

**Activities/Analysis:** The County did not provide P&Ps consistent with this provision. However, Wellpath did provide P&Ps that correspond to subsections a) thru d). At the time of this report, the Main Jail did not have a specialized mental health program, or a housing unit, for non-jail-based competency treatment program (JBCT) patients. The JBCT is an excellent model for any future specialized mental health programs at the jail. During the site tour, discussions about potential locations for a specialized MH program were held with both custody and Wellpath leadership. Suggested locations included in the intake area and in one of the units adjacent to the JBCT. However, during the time between the tour and this report no specialized mental health program has been implemented at the jail. The Monitor realizes that the challenges associated with the COVID-19 pandemic have had an impact on the development of a specialized MH program. As the pandemic appears to be receding, the development and implementation of a specialized MH program with corresponding housing units needs to be made a high priority for the County, especially given the suicides and serious suicide attempts that have occurred in this vulnerable and inadequately served population.

Documentation, including lesson plans supporting the training of staff members who are working with inmates with mental illness was requested but not provided. Discussions with MH staff during the site tour indicated that training was not happening in any organized fashion at the jail for staff members working with inmates with mental illness. There are national models for providing MH related jail-based custody staff training (e.g., Crisis Intervention Training).

**Recommendations for achieving compliance:** Collaborate with Wellpath to update the County's P&Ps so that the two entities P&Ps are consistent with the requirements for the jail under the Remedial Plan. Prioritize the creation of one or more MH units to house inmates receiving specialized MH programming. Develop and provide training, including lesson plans, demonstration of knowledge gained, and schedules for training.

**III.A.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.

**MH Compliance Status:** Partial Compliance

**Activities/Analysis:** The County did not provide P&Ps consistent with this provision. However, Wellpath did provide P&Ps that correspond to this provision.

**Recommendations for achieving compliance:** Collaborate with Wellpath to update the County’s P&Ps so that the two entities P&Ps are consistent with the requirements for the jail under the Remedial Plan.

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

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

**MH Compliance Status:** Partial Compliance

**Activities/Analysis:** Wellpath currently employs a Mental Health (MH) Coordinator at the Jail who supervises the clinical aspects of inmate treatment, supervises the onsite MH staff, and oversees MH staffs’ health care documentation. However, at the time of the tour there was no supervised treatment programming of a clinical nature available through the MH staff at the jail. While two inmates had clearly identifiable individualized treatment plans, those plans did not include attendance to treatment programming (e.g., supportive therapy groups) as such programming was not consistently documented in all inmate charts that I reviewed on the MH caseload. The County indicated there was no treatment programming due to space, limited staffing, and restrictions from the COVID-19 pandemic. Wellpath’s MH staff have attempted to compensate for the absence of jail programming on a patient-by-patient basis through in-cell activity “sheets” (e.g., handouts on coping mechanisms for stress) to patients. No documentation was provided by Wellpath, or the jail, supporting in-service training facilitated or conducted by the MH Coordinator were provided to jail staff

The County reported there was clinical programming provided by outside organizations, pre-pandemic, but that all services were discontinued when the pandemic started, and before the current MH Coordinator was hired. The

County also stated that they plan to restart treatment programming once the new jail has been completed and pandemic restrictions allow for it.

Wellpath notified the Monitor during the fourth quarter of 2022 that the MH Coordinator is no longer with the County and that they are currently searching for someone to fill the position.

**Recommendations for achieving compliance:** To meet this provision the County first needs to hire another qualified MH Coordinator. The County then needs to develop and implement treatment programming supervised by the MH Coordinator. Taking the impact of the pandemic into consideration, I recommend that in the interim the County implement standardized in-cell clinically appropriate activities for patients (e.g., on the tablets or on paper if appropriate) while the County is awaiting the completion of the new jail. The County can also utilize currently available housing units in the jail to house inmates with mental illness (consistent with security classification) so that the consistency of the clinical services provided can be more easily facilitated in a therapeutically appropriate environment. The Northern Branch Jail was completed during the monitoring period and may also add additional space for MH units and programming at some future point in time. The County needs to develop measurable program objectives with collection of data to support achievement of the objectives. This will facilitate the supervision of clinical programming and care that is being provided.

**III.A.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.

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** The County continues to develop policies and procedures to meet this provision. At the time of the tour, most (>90% based on chart review and discussion with MH staff) in-person MH clinical contacts with patients occurred at the cell door, with custody staff standing nearby, or not present at all. The reasoning for this practice as described by MH staff and corrections varied. Explanations included that: a jail custody directive requires this practice; the jail does not have enough escort staff; MH staff failing to request that custody remove inmates from their cells; the dispersed locations of MH patients in the jail; and lack of escorts is restrictive to patient care services. These explanations exclude telepsychiatry visits, which occurred in a private setting, though not always clinical setting (e.g., some visits occurred in visitation booths per patient reports). This is an issue because patients tend to not be as forth



coming about their MH or personal issues if they are not being seen in a private setting, outside of hearing of custody staff.

The training materials provided to the Monitor did not demonstrate training on this provision of the Remedial Plan. The County has indicated they are still in the process of developing training to accompany the updated policies and procedures.

The Monitor was able to verify that there is no custody directive for cell-door MH visits, that there are shortages in officers to provide escorts to move patients to-and-from appointments, MH staff do not consistently request that patients be removed from their cells to be interviewed in a private setting because their requests have been denied in the past, and that the jail does not currently have MH units for inmates (e.g., other than the Jail-Based Competency Treatment [JBCT] program which is not covered by this plan).

Cell-door MH clinical encounters should be the exception, not the rule because they provide little to no privacy and confidentiality during the interview due to other inmates and staff being nearby and in audible range.

**Recommendations for achieving compliance:** Complete policies, procedures, and training on appropriate clinical interactions and the need to meet with patients in a private clinically appropriate setting. Custody and site-specific Wellpath policies and procedures must align with each other and this provision.

III.A.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.

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** The County reports they are still in the process of creating policies and procedures to address this provision. Per the County's Second Status Report, the County anticipates completion of the policies to address the requirements for this provision by 2<sup>nd</sup> quarter 2022.

**Recommendations for achieving compliance:** Complete policies and procedures per the requirements of this provision. Custody and site-specific Wellpath policies and procedures need to be in alignment with County P&Ps.

III.A.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.

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** The County did not provide any memorandums of agreement with trainee providers working at the jail. The County reports they are still in the process of fully implementing this provision. Per the County's Second Status Report, they indicate they have met the requirements of this provision as they do not currently have any trainees working at the jail, but that if they use trainees in the future, a memorandum of agreement needs to be in place. The County indicated in their 1<sup>st</sup> Status report that they were developing policies and procedures for this provision as well as a memorandum of agreement for trainees that work at the jail. Neither was provided in response to my document request.

**Recommendations for achieving compliance:** Provide any policies, procedures, and standardized memorandums of agreement that were produced by the County.

**B. Intake**

**III.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 mental illness. The screening tool shall:

- a) Identify risk factors or medication that require a mental health referral.
- b) Recommend housing and referrals based on the individual's diagnosis, strengths, and weaknesses.
- c) Refer inmates to mental health staff for any positive finding of mental illness, and triage all referrals as urgent, emergent, or routine.
- d) describe signs and symptoms of conditions which justify the assignment of a DSM1<sup>1</sup> diagnosis.

**MH Compliance Status:** Partial Compliance

**Activities/Analysis:** The Receiving Screening tool includes questions relevant to subsections a), b), and c). As there are not yet MH units, section b) usually results in arriving arrestees with mental illness being placed in non-mental health housing even if their screening suggests they may benefit from housing in a MH unit. For subsection d), the screening is performed by a Nurse (RN) who is not gathering information to permit a DSM diagnosis. RNs do not typically diagnose mental illness. However, there is a section where free text can be

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

entered in the MH section so, theoretically, information in the receiving form is consistent with subsection d) which then can be entered into the inmate's chart were a Psychiatric APRN or physician performing the screening. Such information entered into the EMR may then be used by the MH clinician or psychiatric provider who next sees the patient for verification of symptoms and possible DSM diagnosis. Documentation for subsection d) is not part of the Receiving Screening.

The County provided the monitor a blank form - Custody Classification to address this provision. The form has a section titled "Mental Health" that offers options for MH Staff to recommend that an inmate with mental illness not be placed in restrictive housing, or that the inmate be removed from restrictive housing. There is also a section on the form to provide a rationale for the decision. Other options include restrictions on belongings consistent with placement in a safety cell for suicide watch followed by a section where specific safety concerns can be documented. This form is completed by clinical staff and given to custody. No completed forms were provided for the monitor to review the clinical decision-making process, any consideration given to the recommendation by custody, or the final decision made by classification.

**Recommendations for achieving compliance:** The County needs to revisit if subsection d) can be met by the Receiving Screening form and process. This may require an innovative solution. For example, having the majority of the screening completed by the RN and the MH portion completed by a qualified MH clinician immediately after the RN completes the form (this is included as an option in Wellpath Receiving Screening policy). Such a solution requires the assignment of a MH clinician to the intake area. The Monitor is available and willing to help address this requirement with the County.

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

**MH Compliance Status:** Partial Compliance

**Activities/Analysis:** The County did not provide a policy that provides the process for inmates who refuse intake screening. Wellpath has a policy on Receiving Screening for MH but not a policy that specifically addresses this provision. During the site tour health leadership explained the procedure for inmates who refuse the receiving screening. Depending on their presentation the inmate can be placed on observation or if stable they can be seen again, by

medical staff (e.g., nurse) repeatedly, if necessary, to complete the receiving screening.

For this provision the County provided a list of inmate names who had, in the past, refused intake. During chart review, health staff used the option to create a “task” (an alert and option in the EMR that is assigned to medical/MH staff that must be completed in a specified time frame) to communicate that the inmate needed to be seen again due to refusal of the receiving screening. These tasks are checked daily by multiple staff to ensure the assigned tasks are all completed in a timely manner. Inmates were referred, sometimes immediate, for assessment by MH if they presented with overt outward signs of mental illness. In one example, an inmate was combative during intake, was evaluated by MH while in the intake trailer, and was not recommended for the safety cell or mental health observation. Most patients referred to MH were evaluated the same day. However, MH did not always enter a note in the EMR reflecting their evaluation and clinical decision making. Refusal did not impact attempts for further evaluation of the inmate or the delivery of mental health care at a later date.

**Recommendations for achieving compliance:** Collaborate with Wellpath to update the County’s P&Ps so that the two entities P&Ps are consistent with the requirements for the jail under the Remedial Plan. MH needs to document any evaluations performed including clinical decision making as the RN performing the receiving screening is documenting their participation and guidance and using their input to make very important decisions for inmates that may be at risk.

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

**MH Compliance Status:** Partial Compliance

**Activities/Analysis:** See III.B.2.

**Recommendations for achieving compliance:** See III.B.2.

III.B.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.

**MH Compliance Status:** Partial Compliance

**Activities/Analysis:** The County provided an extensive list of inmates who were seen for intake, placed on MH observation, or who submitted a sick call slip to be

seen that included both medical and mental health complaints. The data provided on the list usually included a quote from the inmate or a summary of their request. The various types of inmate encounters on the 108-page list made it extremely difficult to parse which specific patients were reviewed relevant to this provision. I was able to locate a handful of inmates who either reported at intake taking psychotropic medications or who requested, via sick call, to restart psychotropic medications they were taking in the community. There was no documentation in the psychiatry note in these instances that the medications the inmates claimed they were taking had been verified. In all cases the patient was referred to be seen by psychiatry and the medications were started. They were all seen by the same psychiatrist who sometimes altered the dose of the medication based on the content of the sick call without seeing the inmate for a face-to-face assessment. This psychiatrist was a contractor practicing via telemedicine and has since been let go by Wellpath.

**Recommendations for achieving compliance:** Audit this provision and include if the medication was verified, if the type of referral to psychiatry was clinically appropriate, when the patients were seen by psychiatry and if the prioritization was appropriate, and if verified medication was started by psychiatry and received by the inmate. The County needs to ensure that a face-to-face encounter with a psychiatrist or psychiatric nurse practitioner occurs when clinically appropriate before any substantial changes are made in medication management. Provide data and trend data to identify issues; or provide a corrective action plan.

### C. Patient Privacy and Confidentiality

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

#### **MH Compliance Status: Non-Compliance**

**Activities/Analysis:** During the site tour, the County showed to the Monitor rooms where patients could be privately seen for a clinical contact. However, interviews with MH staff revealed that the spaces were rarely used due to their inconvenient locations to where patients are housed and need to be seen, due to officers not being available or officers being unwilling to take the patient out of their cell and move them to the appointment, and due to other beliefs by staff regarding patients needing to be seen at the cell door. Most clinical contacts still occur at the cell door. See section III.A.6. However, intake occurred in a private setting, an outside trailer near Intake Reception Center, with the arresting officer nearby to ensure safety. The proximity of the officer to the arrestee at times

was concerning due to his ability to overhear the conversation with the intake nurse.

**Recommendations for achieving compliance:** Spaces to interview patients need to be near the patients' housing location, appropriately staffed by officers to assist with movement and security as well as private. These are requirements which are essential, and anything less makes the space practically unusable. Provide sufficient staffing, documented in a staffing plan, to allow movement of patients to their appointments with MH staff so that the patient can be interviewed in private spaces during the clinical contact vs. at the cell door. The proximity of escorting officers should be far enough away that they are not able to hear the content of the interview, but are able to maintain a line of sight and quick access to the inmate if needed should a safety concern arise.

III.C.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.

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** See III.C.1.

**Recommendations for achieving compliance:** See III.C.1.

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

**MH Compliance Status:** Partial Compliance

**Activities/Analysis:** Non-psychiatric (non-APRN or physician) MH staff are consistently and clearly documenting the location of patient encounters, including at the cell door. Psychiatric staff (psychiatrists and psychiatric nurse practitioners) are not consistently including this information not consistently indicating if the encounter was confidential, non-confidential, or the reasons why an encounter was non-confidential. The County did not provide Continuous Quality Improvement (CQI) reviews of data for this provision.

**Recommendations for achieving compliance:** Provide CQI reviews of this provision with corrective action plans (CAPS) and any updates on the CAPs.

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

**MH Compliance Status:** Partial Compliance

**Activities/Analysis:** The County did not provide a relevant policy to the Monitor. The County also did not provide any documentation to provide evidence of compliance with this provision. Wellpath has a sick call policy and has implemented the system at the jail consistent with this provision. Nursing staff assigned to medication administration pick-up sick call requests for patients throughout the jail, and the requests are given after nursing staff return to their office area to medical, MH, or both triaged by the type and severity of the complaint(s). During the tour, I was told that Officers do not handle sick call requests and I only observed RNs handling sick calls. As there is a process in place that was observed, in part, despite the County not providing documentation to demonstrate compliance with this provision, this provision is placed in partial compliance.

**Recommendations for achieving compliance:** Provide evidence of compliance with this provision either onsite or with documentation; or provision of a relevant County policy.

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

III.D.1. Mental health staff shall respond to mental health referrals and request within the following timelines:

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

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** A list of EMR tasks with inmate data was provided in the document request. It contained a list of patients' names and the associated

tasks. However, the type of associated referral was not identified on the list. Random selection of inmates from the EMR task list did not provide data for referral and time frame. This information was requested and not provided. Therefore, this provision is placed in non-compliance.

**Recommendations for achieving compliance:** Provide evidence of compliance with this provision either onsite or with documentation.

III.D.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.

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** The County did not provide in the document request response a policy that meets the requirements of this provision. Additionally, the County does not have MH housing units at the time of the tour. It was noted during the tour that most inmates on the mental health caseload were not housed in the least restrictive setting but were housed on restrictive housing units. During the monitoring period the Custody Monitor has worked with the jail to discontinue use of 42 segregation cells. The Custody Monitor has indicated she will continue to work with the County on continuing to move inmates out of segregated housing where appropriate.

**Recommendations for achieving compliance:** Provide proof of compliance with this provision through policy and proof of practice. Placement of inmates with mental illness in the least restrictive setting, and not restrictive housing units, will help to improve delivery of care. Placement on MH units will vastly improve care and allow more opportunities for MH programming.

III.D.3. The County shall develop and designate specialized mental health units, with the provision of the appropriate levels of programming and treatment for each mental health care service level.

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



- d) The County shall develop policies and procedures to house and treat inmates with mental illness at the clinically appropriate level of care.

**MH Compliance Status: Non-compliance**

**Activities/Analysis:** At the time of this report, the Main Jail did not have a specialized mental health program or housing unit for non-jail-based competency treatment program (JBCT) patients. The JBCT is an excellent model for any future specialized mental health programs at the jail. During the site tour, discussions were held about potential locations for a specialized MH program with both custody and Wellpath leadership. Suggested locations included in the intake area and in one of the units adjacent to the JBCT. However, during the time between the tour and this report, no specialized mental health program has been implemented at the jail. The Monitor realizes that the challenges associated with the COVID-19 pandemic have had an impact on the development of a specialized MH program. As the pandemic appears to be receding, the development and implementation of a specialized MH program with corresponding housing units needs to be prioritized given the suicides and serious suicide attempts that have occurred in this vulnerable and inadequately served population.

**Recommendations for achieving compliance:** The County needs to prioritize the creation of as many MH housing units as necessary to house inmates with mental illness (based on security classification, sex, and treatment needs, etc.) so they can receive specialized MH programming.

**III.D.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 is setting or who is housed in a specialized mental health unit, to coordinate individual health, mental health, classification and discharge needs.

- a) The County shall include the line officer, whenever possible, in the multidisciplinary treatment team meeting. The line officers shall provide day-to-day observations on an inmate’s functioning and receive input from the professional staff in management approaches.
- b) The multidisciplinary treatment team shall determine which privileges and property shall be available to inmates. The treating clinician shall provide input as to privileges and property for inmates on psychiatric observation or suicide watch.
- c) Treatment staff shall provide all inmates on specialty units an enhanced individualized treatment plan documented on a medical record treatment plan form and completed within the first seven days of placement on that

unit. These treatment plans shall be regularly reviewed and updated as needed by the multidisciplinary treatment team, with participation of the inmate.

**MH Compliance Status: Non-Compliance**

**Activities/Analysis:** The County indicated it was holding High Alert Risk Person (HARP) meetings to provide treatment planning for high-risk patients in the jail, some who also have serious mental illness. Participants in these meetings include custody, medical, and mental health staff who collaboratively discuss the patient and decide, together, on the best interventions to keep the patient safe. An agenda for one of these meetings was provided for review. These deliberations have included consideration of several patients in jail who have either made serious suicide attempts or self-harmed and has led to the creation of effective interventions to reduce their future risk of harm. However, the jail is not holding clinical multidisciplinary treatment planning meetings for inmates with SMI housed in the jail. The jail does not yet have specially designated MH programming or housing unit. Discharge planning is handled by the County using hotlines that inmates can use to contact and arrange their own community services. Wellpath is also performing discharge planning services for some release prescriptions and post-release clinical services. However, these activities are not coordinated, and not all documented in the EMR. While the importance of holding HARP meetings for the most at risk patients has significant value, the meetings do not meet most of the requirements for this provision. During the monitoring period, most inmates with mental illness continued to be housed in segregated housing units.

**Recommendations for achieving compliance:** Implement the requirements of this provision, including specialized MH programming and units. Provide written documentation, other than meeting minutes, of compliance with the policies (County and Wellpath).

III.D.5. The County shall provide a minimum of 6 hours per week, of Structured Out-of-Cell Time for therapeutic group and/or individual programming, and twelve (12) hours per week of Unstructured Out-of-Cell Time (including dayroom, outdoor/recreation time, and other self-directed activities) for people with mental illness housed in specialized mental health units. The County will also provide in-cell structured programming – *i.e.*, electronic tablets – to people in these units equivalent to that provided in the general population (at least four (4) hours per day, on at least three (3) separate days per week).

- a) It is recognized that not all inmates can participate in and or benefit from 6 hours per week of structured treatment programming. For those individuals

with mental health treatment needs housed in the specialized mental health units and for whom fewer hours of treatment services is clinically indicated, the treating clinician will present the case and recommended treatment program to the multidisciplinary treatment team for approval. Such a Modified Individualized Treatment Plan will include a description of the diagnosis, problems, level of functioning, medication compliance, and rationale for scheduling fewer hours of treatment services.

- b) The Modified Individualized Treatment Plan will be reviewed by the multidisciplinary treatment team at least monthly, with consideration of an increase in treatment activities and referral to a higher level of care as clinically indicated.
- c) The County shall establish an additional, less intensive mental health program for individuals with mental health treatment needs who are stable. Such a program shall provide a minimum of four (4) hours per week of Structured Out-of-Cell Time for therapeutic group and/or individual programming, subject to the Modified Individual Treatment Plan provisions described above.

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** The County did not provide documentation of out of cell time to demonstrate fulfillment of subsection a) of this provision. The County is not currently holding multidisciplinary treatment planning and does not have mental health programming or units yet.

**Recommendations for achieving compliance:** Provide documentation of out of cell time for this provision. Also, create MH housing units at the jails per this provision and begin multidisciplinary treatment planning as part of the mental health program.

**III.D.6.** The County shall not house inmates with SMI meeting criteria for placement and specialized mental health units in a segregation or isolation unit, except as outlined above.

- 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.
- b) The County shall continue to provide supervision, treatment, and out-of-cell time consistent with the inmate's Modified Individualized Treatment Plan.

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** This provision cannot be met as the Jail has not created MH units to house inmates with SMI. During the site tour most inmates with mental illness were not receiving out of cell time.

**Recommendations for achieving compliance:** Establish MH units and provide evidence of fulfillment of this provision.

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

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** The Jail has not created MH units, so this provision has not been met.

**Recommendations for achieving compliance:** Establish MH units and provide evidence of fulfillment of this provision.

III.D.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.

**MH Compliance Status:** Partial Compliance

**Activities/Analysis:** A review of 10 charts demonstrated 100% follow-up with a psychiatrist every 90 days or less. Follow-up was per clinical need and usually occurred every 30 days or less with a few outliers being >60 days or <1 week. Of issue was that one psychiatrist's progress notes were cut and pasted repeatedly with only the next follow-up appointment date changed in the language. Since the site visit, the Jail has stopped working with this psychiatrist. However, treatment plans at the end of psychiatrists' notes did not include recommendation for counseling services. Other than medications, the treatment plans focused on medication management. Although all inmates reviewed were seen regularly by MHPs, there was not an individualized treatment plan guiding delivery of care for the inmate.

**Recommendations for achieving compliance:** Develop and implement individualized treatment plans for inmates with mental illness at the jail.

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

**MH Compliance Status:** Partial Compliance

**Activities/Analysis:** The Jail provided evidence of two behavioral management plans for inmates who had made serious suicide attempts at the jail. Both plans were made in conjunction with custody and on chart review were effective in preventing further serious suicide attempts. Both patients were interviewed during the site visit and spoke positively about the interventions and their recovery at the jail. However, given that there are more inmates who have self-harmed at the jail and who have severe personality disorders, two inmates is an inadequate representation of this inmate population at the jail. There may be the inmates who are being discussed at the HARP meeting. However, inmates discussed at the HARP meeting do not necessarily end up on a behavioral management plan.

**Recommendations for achieving compliance:** The Jail will need to track inmates with severe personality disorders and those with frequent suicidal ideation or acts of self-harm who need to be or who are placed on a behavioral management plan.

III.D.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.

**MH Compliance Status:** Partial Compliance

**Activities/Analysis:** MHPs regularly indicate in their progress notes the inmate's housing location, type of service, location where the staff delivered the service (e.g., cell front), and the date and time of the encounter and when the record was generated. However, psychiatrists only mentioned the type of service, less often the location where staff delivered the service (e.g., telepsychiatry, cell front, etc.), and the date and time of the encounter and when the record was generated. The latter is part of the EMR. Psychiatrists did not include the housing location.

**Recommendations for achieving compliance:** Provide retraining and auditing to verify that all aspects of the information required in clinical contact record entries is included in MH documentation.

## E. Psychiatric Medication Practices

III.E.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.

### **MH Compliance Status:** Partial Compliance

**Activities/Analysis:** Wellpath has P&Ps that address all aspects of this provision. However, the County did not provide its own P&Ps that address this provision. Relying solely on Wellpath's P&Ps puts the County in a precarious position. If Wellpath does not renew the contract with the County the County will not have its own P&Ps in place.

**Recommendations for achieving compliance:** Develop and implement policies and practices consistent with this provision. Wellpath's policy must align with the County's policy.

III.E.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.

### **MH Compliance Status:** Partial Compliance

**Activities/Analysis:** The County provided a list of inmate names that was 108 pages long that included sick call requests. I selected 10 charts for review that included "MH Sick Call". Of the 10 charts, nine were locatable in the EMR based on the data provided from the list. Of the nine inmate charts, all nine received timely follow-up evaluations by a MHP within 24 hours or less with appropriate referrals to the next level of care in all but one of the cases. There was only one case where an inmate with confusion who had complained of visual hallucinations should have been referred for medical or psychiatric evaluation and was not. Psychiatric, or other (e.g., Medication Assisted Therapy Specialist), follow-up occurred within one week in all cases. The County is meeting the requirements of this provision. Wellpath has a policy that coincides with this provision but a policy for the County was not provided. The County needs to demonstrate it is tracking compliance with this provision over time.

**Recommendations for achieving compliance:** Provide a County policy to address this provision and demonstrate that the County is tracking compliance with this provision.

**III.E.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.

**MH Compliance Status:** Partial Compliance

**Activities/Analysis:** I reviewed 10 charts of inmates on the MH caseload and taking prescribed psychotropic medications. None of the charts reviewed demonstrated medication changes outside of an in-person psychiatric evaluation. If there was a medication change follow-up by a psychiatric provider occurred, in most cases, in 30-60 days or less. This provision was difficult to assess for the time frame of this report due to varied dates of inmates' initial psychiatric evaluation and follow-up. This provision will need to be audited by the County, or a targeted list of inmates will need to be provided, for review by the Monitor. Based on the data reviewed, the County is only partially compliant with this provision.

**Recommendations for achieving compliance:** Audit this provision for self-tracking of compliance. For the next report, the Monitor will request a list of inmates who had their initial psychiatric evaluation in the last 60 days prior to the document request for the Monitor for review. The County needs to provide a policy for this provision.

**III.E.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).

**MH Compliance Status:** Non-Compliance

**Activities/Analysis:** The County did not provide a P&P that meets the requirements of this provision. Wellpath has a Medication Services policy that addresses the timing of medication delivery but does not address the need to prescribe medications at "therapeutically appropriate times." This needs to be addressed in the policy the County develops and the corresponding Wellpath policy must be updated to reflect this site-specific requirement. Based on my review of charts for other provisions, it appears that psychotropic medications are being prescribed at therapeutically appropriate times based on how the prescriber wrote the prescription. However, during the monitoring period there have been repeated reports of medications being delivered at therapeutically

inappropriate times (i.e., 11 PM, 2 AM, etc.) or delays in delivery. Guiding P&Ps are needed to clearly define therapeutically appropriate delivery times for specific psychotropic medications. The County has indicated that staff shortages led to delivery delays and to administration at therapeutically inappropriate times.

**Recommendations for achieving compliance:** The County needs to develop a P&P that addresses this provision with a Wellpath policy that aligns, receiving an update to reflect this site-specific remedial plan requirement. Any underlying causes of delivery of medications at therapeutically inappropriate times (e.g., staffing shortages) should also be addressed (e.g., using agency nurses during staffing shortages to ensure timely medication delivery).

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

III.F.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.

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** The County did not provide a P&P that meets the requirements of this provision. Instead, the County referenced this provision in association with a 108-page list of inmates from the EMR. A list is insufficient to meet the requirements of this provision. Wellpath has a policy that, in brief, prohibits their involvement in the collection of data for the disciplinary process. Yet, this is required as part of the remedial plan.

**Recommendations for achieving compliance:** Develop a P&P for this provision and implement it. Wellpath needs to be involved in the creation and discussion of the policy to ensure it does not conflict with Wellpath's internal policies. Wellpath's involvement will be needed for any inmate non-disciplinary measures to address inmate behavior related to mental illness or intellectual disability, as well as to assess the impact of disciplinary measures on the health and well-being of this vulnerable class of inmates.

III.F.2. The County shall develop policies and procedures on the consideration of mental health input in the disciplinary process.

**MH Compliance Status:** Non-compliance



**Activities/Analysis:** See III.F.1.

**Recommendations for achieving compliance:** See III.F.1.

**III.F.3.** In cases where an inmate with SMI, with an intellectual disability, or who is exhibiting unusual or bizarre behavior may face a disciplinary sanction, including denial of property or privileges, placement in restrictive housing, or lock down for any period of time, a Qualified Mental Health Professional shall complete a Mental Health/Disciplinary Recommendation Form and provide written findings as to:

- a) Whether or not the reported behavior was related to mental illness, adaptive functioning deficits, or other disability;
- b) Any other mitigating factors regarding the inmate's behavior, disability, and/or circumstances that should be considered, and whether certain sanctions should be avoided in light of the inmate's mental health or intellectual disability, treatment plan, or adaptive support needs.

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** See III.F.1.

**Recommendations for achieving compliance:** See III.F.1.

**III.F.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.

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** See III.F.1.

**Recommendations for achieving compliance:** See III.F.1.

**III.F.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.

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** See III.F.1.

**Recommendations for achieving compliance:** See III.F.1.

III.F.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.

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** See III.F.1.

**Recommendations for achieving compliance:** See III.F.1.

III.F.7. Inmates shall not be subjected to discipline in any manner that prevents the delivery of mental health treatment or adaptive support needs.

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** See III.F.1.

**Recommendations for achieving compliance:** See III.F.1.

III.F.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.

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** See III.F.1.

**Recommendations for achieving compliance:** See III.F.1.

III.F.9. The County shall provide reasonable accommodations during the disciplinary process for inmates with mental health or intellectual disabilities.

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** See III.F.1.

**Recommendations for achieving compliance:** See III.F.1.

**III.F.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.

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** See III.F.1.

**Recommendations for achieving compliance:** See III.F.1.

**III.F.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.

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** See III.F.1.

**Recommendations for achieving compliance:** See III.F.1.

## G. Seclusion and Restraint

**III.G.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.

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** The County did not provide any data, policy, or response to my document request for this provision. I was unable to independently verify by chart review in the EMR that the County has not used clinical seclusion or clinical restraints at the jail, except for in conjunction with involuntary medication court orders for people deemed incompetent to stand trial in the JBCT program.

**Recommendations for achieving compliance:** Provide evidence (policy, procedure) that the jail is not using clinical restraints or seclusion.

## H. Discharge and Reentry Services

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

### **MH Compliance Status:** Partial Compliance

**Activities/Analysis:** During the site visit, the County and Wellpath each explained their discharge planning activities. The County is providing discharge planning services through both custody and Wellpath. The County (custody) has phones set up in the jail that place inmates in contact with individuals who assist them in connecting to community services to continue care after their release. Wellpath provides prescription and community MH continuity services for inmates on the MH caseload as well as assist with MAT services. These two different avenues of discharge planning are siloed and are not centralized. All discharge planning must be coordinated, based on clinical need, and documented in the EMR. At this time the discharge planning provided through custody is not documented in the EMR. This creates difficulty for MH when inmates return to the jail and their prior discharge plan is unknown. It is unclear if inmates with SMI are receiving enhanced discharge planning. Coordination of discharge planning and reentry services can be streamlined further by ongoing collaboration with County agencies providing the discharge and reentry services (i.e., Behavioral Health and Wellness, Housing Authority, etc.).

**Recommendations for achieving compliance:** Combine discharge planning services, preferably with Wellpath taking the lead, so that all planning is centralized, clinically relevant, and documented in the EMR. Ideally the County needs to track inmate usage of the discharge service phones to assess efficiency. The County also needs to track inmate usage of community services secured through the discharge planning process on reentry into the community (as described in provision III.I.4.). The latter will assist the County in assessing the effectiveness of discharge planning and promote efforts to improve it. The County should partner with community agencies providing discharge planning and reentry services to allow connection and usage data to be shared to coordinate and track services being provided.

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

**MH Compliance Status:** Partial Compliance

**Activities/Analysis:** See III.H.1.

**Recommendations for achieving compliance:** See III.H.1.

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

**MH Compliance Status:** Partial Compliance

**Activities/Analysis:** See III.H.1.

**Recommendations for achieving compliance:** See III.H.1.

III.H.4. The County shall track the elements of discharge planning for Continuous Quality Improvement purposes. Data shall include at least the following:

- a) The total number of inmates with SMI and/or meeting criteria for placement in the specialized mental health units who are eligible for discharge planning per month.
- b) The number of those inmates with SMI and/or meeting criteria for placement in the specialized mental health units who have received referrals for outpatient appointments, discharge medications, 5150 referrals, and other aspects of reentry services completed by the mental health care staff.

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** Information to document compliance with this provision was not provided by the County. The jail does not yet have specialized mental health housing units. See. H.1.

**Recommendations for achieving compliance:** Establish specialized MH housing units at the jail and begin to track the CQI data as described in this provision. See H.1.

## I. Cross-Agency Coordination of Mental Health Treatment and Service Need

III.I.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.

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** Information to document compliance with this provision was not provided by the County.

**Recommendations for achieving compliance:** Provide P&P, and meeting minutes from the Medical Administration Committee meetings including any corrective action plans and progress made towards completing them.

III.I.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.

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** Information to document compliance with this provision was not provided by the County. During the site tour, Wellpath leadership stated they had a process in place to involuntarily hospitalize inmates with grave mental illness or disability using the 5150 process. They discussed having to call the County crisis service and ask them to come into the jail and perform the evaluation for the 5150 and stated that Wellpath staff had not been approved to perform 5150 evaluations and certifications. However, Wellpath did not provide inmate identifiers to verify that this process is taking place. It will benefit the County to allow Wellpath staff to become 5150 certified to streamline the process of involuntarily hospitalizing inmates who require acute psychiatric treatment for grave mental illness. The process of voluntarily (vs. involuntarily) transferring inmates in need of acute MH treatment in an inpatient hospital setting was not explained and no documentation on the process was explained.

**Recommendations for achieving compliance:** Provide P&P and documentation that the County has a process in place for timely referrals to and placements in inpatient psychiatric hospital settings or other higher levels of care.

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

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** Information to document compliance with this provision was not provided by the County.

**Recommendations for achieving compliance:** Provide P&P, and documentation of compliance with this provision.

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

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** Information to document compliance with this provision was not provided by the County. See. III.H.1. regarding the aspects of this provision as part of the discharge planning process.

**Recommendations for achieving compliance:** Provide P&P and data demonstrating tracking of this provision and any associated corrective action plans with updates on their progress.

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

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** Information to document compliance with this provision was not provided by the County.

**Recommendations for achieving compliance:** Provide P&P and documentation of compliance with this provision.

## J. Continuous Quality Improvement

**III.J.1.** The County has implemented Continuous Quality Improvement meetings, which are modeled after J-A-06 Continuous Quality Improvement Program Standard<sup>2</sup> or a similar standard.

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** Information to document compliance with this provision was not provided by the County.

**Recommendations for achieving compliance:** Provide P&P and documentation of compliance with this provision.

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

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** Information to document compliance with this provision was not provided by the County.

**Recommendations for achieving compliance:** Provide P&P and documentation of compliance with this provision to ensure appropriate County oversight of the jail mental health care provider.

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

**MH Compliance Status:** Non-compliance

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<sup>2</sup> Standards of Health Services in Jails 2008, Essential Standard J-A-06 Continuous Quality Improvement Program, pg. 10. National Commission on Correctional Healthcare 2008.



**Activities/Analysis:** Information to document compliance with this provision was not provided by the County.

**Recommendations for achieving compliance:** Provide P&P and documentation of compliance with this provision.

III.J.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.

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** Information to document compliance with this provision was not provided by the County.

**Recommendations for achieving compliance:** Provide P&P and documentation of compliance with this provision.

III.J.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.

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** Information to document compliance with this provision was not provided by the County.

**Recommendations for achieving compliance:** Provide P&P and documentation of compliance with this provision.

III.J.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.

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** Information to document compliance with this provision was not provided by the County. The County does not have a working definition of SMI, but they do have an SMI alert in the EMR that is used to identify inmates with serious mental illness or who require a higher level of care. It is unclear if this data is being tracked other than the number of inmates with the SMI alert.

**Recommendations for achieving compliance:** Provide P&P and documentation of compliance with this provision.

III.J.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.

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** Information to document compliance with this provision was not provided by the County.

**Recommendations for achieving compliance:** Provide P&P and documentation of compliance with this provision.

III.J.8. The County shall conduct periodic quality reviews to assess whether:

- a) Health service requests are retrieved in a timely manner;
- b) Health service requests are triaged within the established timeframe;
- c) A proper level of triage is assigned, based on the nature of the request;
- d) Mental health staff appropriately resolved the request; and
- e) Mental health staff resolved the requests in a timely fashion.

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** Information to document compliance with this provision was not provided by the County.

**Recommendations for achieving compliance:** Provide P&P and documentation of compliance with this provision.

III.J.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.

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** Information to document compliance with this provision was not provided by the County.

**Recommendations for achieving compliance:** Provide P&P and documentation of compliance with this provision.

III.J.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.

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** Information to document compliance with this provision was not provided by the County.

**Recommendations for achieving compliance:** Provide P&P and documentation of compliance with this provision.

## IV. Suicide Prevention

### A. Overview

IV.A.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.

**MH Compliance Status:** Partial Compliance

**Activities/Analysis:** Wellpath has a comprehensive suicide prevention policy, but the County did not have a Suicide Prevention Policy at the time of the site tour. The County created a draft Suicide Prevention Policy later in the monitoring period that was not reviewed at the time of this report.

Two suicides occurred during the monitoring period. Any suicides that occur in the next monitoring period will be reviewed in the next report as part of the Suicide Prevention section. Appropriate feedback and recommendations will be provided if warranted.

**Recommendations for achieving compliance:** Provide the County's Suicide Prevention policy. Wellpath's policy must align with the County's policy.

### B. Screening for Suicide Risk

**IV.B.1.** The County shall ensure that its intake assessment procedures timely identify acute and high-risk mental health conditions, including:

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

**MH Compliance Status:** Partial Compliance

**Activities/Analysis:** The Mental Health and Suicide Risk Screening section of Wellpath's Receiving Screening form addresses sections a), b), c), and e) of this provision. However, it only addresses a portion of section d), specifically section d) (2). The Receiving Screening does not ask about recent significant loss or upcoming court appearances. These sections are not addressed elsewhere in the Receiving Screening form. Compliance with these two subsections is significant as they represent both risk factors and triggering reasons for suicide. These sections are addressed in the Suicide Risk Assessment form, which is separate from the Receiving Screening form, and is not routinely completed at intake.

**Recommendations for achieving compliance:** Add the above missing suicide risk screening questions to the Receiving Screening form so that this important suicide risk information can be captured and appropriately addressed to reduce risk of suicide. Assure P&P include procedures.

**IV.B.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.

**MH Compliance Status:** Partial Compliance

**Activities/Analysis:** The County did not provide a P&P nor a data set to verify that this is happening. I attempted to independently verify that this is happening by reviewing files of inmates housed in the safety cell from a list that was provided. However, most inmates were placed in the safety cell after, not

during, intake. During chart review for other provisions, I saw encountered referrals to MH for inmates with positive answers for a history of self-harm or suicide attempt. For this provision to be in substantial compliance the County will need to demonstrate how it is verifiably tracking this provision and has a governing P&P.

**Recommendations for achieving compliance:** Provide P&P and data (e.g., audits, etc.) that demonstrates how this provision is being met including tracking of data by the County to ensure it is consistently occurring.

**IV.B.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.

**MH Compliance Status:** Partial Compliance

**Activities/Analysis:** The County did not provide a P&P nor a clear data set that demonstrates compliance with this provision. The County provided lists of inmates on the MH case load. While reviewing inmate charts to assess compliance for other provisions I saw in other charts inmate who refused to respond during intake screening. However, the Receiving Screening was not completed in these cases vs. being partially completed. I also encountered charts where the Receiving Screening was only partially completed, but it was not marked as a refusal. When appropriate, MH referrals occurred based on the inmate's presentation at intake (e.g., visibly responding to auditory hallucinations despite refusing intake) and when the form was only partially completed. The County has not demonstrated that it is independently tracking compliance with this provision.

**Recommendations for achieving compliance:** See IV.B.2.

**IV.B.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.

**MH Compliance Status:** Substantial Compliance

**Activities/Analysis:** A review of a sample of inmates who were on suicide watch at the jail demonstrated that inmates who complained of thoughts of suicide or

self-harm, or who had attempted suicide, or harmed themselves were emergently referred for MH evaluation. The data set reviewed was of inmates who were already on suicide watch. It will be beneficial for the County to explore other means to track this provision to ensure compliance whenever an inmate expresses suicidal thoughts, self-harm thoughts or demonstrates suicidal or self-harming behavior. Other means of tracking may occur through the morbidity and mortality process, direct inmate report, or through inmate grievances.

**Recommendations for achieving compliance:** Explore into other ways to track inmate reports of thoughts or behaviors of suicide or self-harm so that cases are appropriately and timely referred.

IV.B.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.

**MH Compliance Status:** Partial Compliance

**Activities/Analysis:** A review of a sample of inmates who were on suicide watch at the jail demonstrated that all inmates who were placed on suicide watch received a suicide risk assessment with the Columbia Suicide Risk Rating Scale with a measure of acute suicide risk (i.e., low, intermediate, or high). Completion of the entire form (vs. only a portion) was specific to the MH staff completing it. Sometimes free text is entered despite an available pre-populated choice that corresponds to the information provided by the patient. MH staff completing these sections is significant as sections of the form contain information about risk and protective factors that can be used for subsequent safety planning and any futures suicide risk reduction efforts (e.g., continuous quality improvement studies or risk interventions).

**Recommendations for achieving compliance:** Ensure MH staff complete the suicide risk assessment tool in its entirety or note in the chart when they are unable to do so (e.g., patient was refused to answer). Audit compliance with relevant P&P and MH staff work.

**C. Housing of Prisoners on Suicide Precautions**

IV.C.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.

**MH Compliance Status:** Partial Compliance

**Activities/Analysis:** No suicide P&P for the County was provided to the Monitor. Wellpath has a P&P that addresses this provision. However, the County needs its own P&P for Suicide Prevention.

At the time of the tour the County was using suicide resistant safety cells for acutely suicidal inmates, and non-suicide resistant observation cells located at various locations around the jail for inmates who had recently been on suicide watch. The physical structure of the observation cells posed a suicide risk (e.g., bared cell doors, ladders, etc.). Evaluation and treatment was provided at the cell door. The County does not have MH units at the jail and therefore, less restrictive environments than those described above were not available.

**Recommendations for achieving compliance:** The County needs to develop its own P&P for Suicide Prevention, including use of restraint chairs. Wellpath's policy must align with the County's. Creating MH housing units will present additional safer, less restrictive housing options for inmates at risk of suicide.

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

**MH Compliance Status:** Partial Compliance

**Activities/Analysis:** See IV.C.1.

**Recommendations for achieving compliance:** See IV.C.1.

IV.C.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.

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** I reviewed charts to assess compliance with this provision. Of the charts reviewed: 80% of inmates remained in the safety cell (SC) for >12 hours; 40% remained in the SC for >24 hours; and no inmates who were in the safety cell for >12-24 hours were specifically evaluated for inpatient placement (e.g., evaluation for placement in the community psychiatric hospital facility [PHF]). These findings are inconsistent with the procedure I was told were in place at the time of the tour. The County said they were arranging evaluation of inmates in the safety cell >12 hours for placement in the PHF via 5150

certification for grave mental illness. However, evidence of this process was not demonstrated in the chart review. The jail has no mental health housing units. If they had an acute MH unit it may be able to meet the requirements of this provision per IV.C.4.

**Recommendations for achieving compliance:** Provide P&P and documentation of compliance with this provision, specifically documentation demonstrating that inmates in the safety cell >12 hours are being evaluated for inpatient placement at the PHF. Develop audit tools to assess compliance. Demonstrate corrective action plans, if needed.

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

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** See IV.C.3.

**Recommendations for achieving compliance:** See IV.C.3.

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

**IV.D.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.

**MH Compliance Status:** Partial Compliance

**Activities/Analysis:** Inmates are placed in a safety cell (SC) who are at risk of suicide are placed. MH follow-up for inmates in the SC occur every four hours during daytime hours. Follow-up occurred less often overnight and, on the weekends, but always at occurred at least once during these time periods. The



interviews with inmates in safety cells are conducted at the SC door, and I encountered no instances during review of 10 charts when an inmate was removed from the SC to be interviewed in space with sound privacy. MH staff do not document why inmates are not removed from the SC to be interviewed. However, this practice raises similar concerns as addressed in provision III.A.6. regarding beliefs of MH staff that jail policy precludes removal of inmates from their cells for evaluation. There was no evidence in the EMR of supervisory-level review and approval occurring when inmates are not taken out of the SC to be evaluated.

**Recommendations for achieving compliance:** Provide relevant P&P. Demonstrate compliance with this provision to include data regarding removal of inmates from the SC, when clinically appropriate and safe, to be interviewed; documentation of rationale for the times when inmates are not removed from the SC to be interviewed, and supervisory review and approval of those times when inmates are not removed for interview. Develop an audit tool.

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

**MH Compliance Status:** Partial Compliance

**Activities/Analysis:** I reviewed charts of inmates who were on suicide watch to assess compliance with this provision. All charts reviewed demonstrated orders for standard safety cell attire which included a suicide smock and finger foods with or without a suicide blanket. There were no instances of inmates being allowed to retain personal belongings and no clinical justification for this decision. Restoration of clothing and food served on a regular tray were restored when the inmate was downgraded to MH observation or when they were discharged from the safety cell back to a housing unit. There was no means for me to verify from chart review that what the MH staff indicated what should be given was provided to the inmate. This provision will be placed in partial compliance because of the failure to include a clinical rationale to justify restricting personal belongings.

**Recommendations for achieving compliance:** Provide P&P. Demonstrate that what the MH staff orders (e.g., clothing, property, and privileges) for inmates placed in the safety cell is provided and begin to include a clear clinical rationale to justify restriction of access to personal belongings. Consider an audit tool.

IV.D.3. Safety cells shall be sanitized after every use and the sewer grate inspected to ensure cleanliness and appropriate conditions.

**MH Compliance Status:** Partial Compliance

**Activities/Analysis:** During the site visit, I was shown the safety cell in intake area. There was a cleaning log posted near the cell that indicated it had been cleaned that day. However, on direct examination there were lumps of material on the wall that appeared to be old feces and other types of organic material. The custody officer escorting me explained that the inmates on the cleaning detail had trouble cleaning the walls. When I suggested a scraper it was met with humor. While the log indicates that the SC is being cleaned regularly, the old organic matter on the wall suggests that the cleaning has not been thorough. This is unsanitary. It makes a situation, being in a safety cell with no personal belongings, where it is already difficult to maintain appropriate hygiene even less sanitary.

**Recommendations for achieving compliance:** Provide the P&P governing cleaning. Thoroughly clean the safety cells including scraping old organic matter off of the wall to ensure cleanliness before the next inmate is placed. Assure supervisory and/or other inspections regularly occur.

IV.D.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.

**MH Compliance Status:** Partial Compliance

**Activities/Analysis:** Discussion with MH staff during the site visit indicated that most interviews of inmates in the SC occur at the cell door. This was also reflected in documentation during my chart review. MH follow-up for inmates in the safety cell is done by MH professionals (MHP) and rarely by a psychiatrist or Psychiatric Nurse Practitioner. The exception to the latter is if the inmate has a psychiatry follow-up appointment and is in the safety cell. MHP are periodically documenting provision of two specific interventions that are part of brief

supportive psychotherapy (e.g., “encouraged coping skills” and “provided active and reflective listening”, etc.). These interventions were repeated in documentation by almost all providers unless the inmate refused to engage with them. This was usually indicated in the “Interventions during session:” section of the Suicide Watch Daily Follow-up and Discharge for Mental Health form. What appears to be an updated version of the form includes specific types of psychotherapy (e.g., “CBT/DBT” [cognitive behavioral therapy/dialectical behavioral therapy]) as options though I saw no instances of them being selected. This provision is in partial compliance due to no instances of MH follow-up interviews happening away from the cell door and because of no instances during the review period of provision of psychotherapy (individual counseling) being provided. Other MH services are appropriately occurring.

**Recommendations for achieving compliance:** Provide P&P and documentation of interviews of inmates in the safety cell that are not only occurring at the cell door, and document provision of psychotherapy services vs. standardized language, as referenced above.

## E. Supervision/Monitoring of Suicidal Prisoners

**IV.E.1.** The County shall revise its policies regarding the monitoring of prisoners on suicide precautions to provide for at least the following two levels of observation:

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

**MH Compliance Status:** Partial Compliance

**Activities/Analysis:** Wellpath has a policy that addresses this provision, but the County did not provide a policy that addresses this provision.

**Recommendations for achieving compliance:** Provide a policy that addresses the requirements of this provision. Assure Wellpath and County’s policies align.

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

**MH Compliance Status:** Substantial Compliance

**Activities/Analysis:** This provision is in compliance based on review of charts in the EMR. Inmates who require suicide precautions are evaluated by qualified mental health professionals and placed on the clinically appropriate level of monitoring based on their clinical assessment. Safety cell placement is the primary response followed by placement in a step-down cell. Observation continues while the inmate is in the safety cell. The step-down cells are not the most suicide resistant based on what I was shown during the tour. There are no MH housing units for further step down currently.

**Recommendations for achieving compliance:** Provide P&P. Upgrade step-down cells so that they are more suicide proof or use different cells for step-down placements. Verification of monitoring of inmates, per MH staff orders, will be performed during the next monitoring period.

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

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** Documentation of compliance with this provision was not provided by the County. Documentation in the EMR reflects follow-up evaluations by MH staff, but not the 15-minute documented observations of staff who are observing the inmate.

**Recommendations for achieving compliance:** Provide P&P and documentation of compliance (i.e., paper observation logs, video footage of observations, etc.) that video monitoring isn’t the sole means that staff are observing inmates on MH observation.

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

**IV.F.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.

**MH Compliance Status:** Partial Compliance

**Activities/Analysis:** Based on my chart review, suicide risk assessments are being completed prior to discharging inmates from suicide precautions. However, these assessments most often take place at the cell door where there is no sound privacy. Specific safety concerns are not documented by MH staff to justify not removing the inmate from the cell. Cell door MH contacts is a system-wide issue.

**Recommendations for achieving compliance:** Provide P&P. Retrain correctional and MH staff to work together to ensure inmates are removed from their cells for MH evaluations when it is safety to do so. When it is not safe the reason needs to be clearly documented in the EMR.

IV.F.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.

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** The County is not creating individualized treatment plans for all inmates discharged from suicide precautions. The County provided two examples of treatment plans for inmates who had made serious suicide attempts. However, my chart review of inmates who had been released from suicide precautions revealed no other examples of these detailed, individualized treatment plans. The suicide risk assessment form used at the time of discharge has “check the box” choices with a free text area for treatment options. These choices are not individualized. I saw no free text entries and no updates to these entries during chart review.

**Recommendations for achieving compliance:** Provide P&P. Develop individualized treatment plans for all inmates discharged from suicide precautions, per this provision, and demonstrate compliance.

IV.F.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.

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** The County provided no documentation that MH staff have input on housing placement at the time of discharge from the suicide precautions. During chart review I encountered no documentation that supported compliance with this provision. Also, no documentation of discussion with MH staff or their advice for housing placement with custody and any consideration they gave it was provided.

**Recommendations for achieving compliance:** Implement this process and provide proof of practice. Provide P&P regarding housing and classification that supports compliance with this provision.

**IV.F.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.

**MH Compliance Status:** Partial Compliance

**Activities/Analysis:** During my chart review, Inmates who are discharged from suicide precautions were seen regularly by MH staff for follow-up more often than the specified time frame in this provision. However, it was not clear from the limited chart review that *all* inmates discharged from suicide precautions remain on the MH caseload.

**Recommendations for achieving compliance:** Provide proof that all inmates discharged from suicide precautions remain on the MH case load. Consider an audit tool.

**G. Emergency Response**

**IV.G.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.

**MH Compliance Status:** Partial Compliance

**Activities/Analysis:** The County maintains appropriately stocked emergency response bags around the jail in various locations (e.g., intake, treatment rooms, etc.). However, the County neither provided a P&P nor proof of training staff for this provision.

**Recommendations for achieving compliance:** Provide a P&P for this provision, documentation of staff training and inspection of response bags.

**IV.G.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.

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** Documentation that this is occurring was not provided to the MH Monitor. However, a review of the Custody Monitor’s report indicates this is occurring each shift on a daily basis.

**Recommendations for achieving compliance:** Provide P&P and documentation that this provision is being met, as described in the Correctional Monitor’s report.

**IV.G.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.

**MH Compliance Status:** Partial Compliance

**Activities/Analysis:** Neither a policy nor documentation of training per this provision was provided to the MH Monitor. Evidence of proof of practice was provided for two suicide attempts as evidenced in officer reports (e.g., first aid). Other staff reported that provision of first aid and CPR, if needed, is part of their response during a medical emergency.

**Recommendations for achieving compliance:** Provide a policy and proof of training for this provision.

## H. Continuous Quality Improvement

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

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** No evidence of a Continuous Quality Improvement (CQI) process was provided by the County. Wellpath has a CQI process for which access to data is restricted to Wellpath employee. To my knowledge, Wellpath's CQI data and findings are not shared with the County.

**Recommendations for achieving compliance:** Provide P&P and evidence of the CQI process per this provision. Provide reports and/or other documentation demonstrating the CQI process is in place.

**IV.H.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.

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** See IV.H.1.

**Recommendations for achieving compliance:** See IV.H.1.

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



**MH Compliance Status:** Non-compliance

**Activities/Analysis:** See IV.H.1.

**Recommendations for achieving compliance:** See IV.H.1.

## VII. CUSTODY OPERATIONS/SEGREGATION

### D. Minimum Out-of-Cell Time

VII.D.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.

**MH Compliance Status:** Not Rated

**Activities/Analysis:** No documentation supporting MH staff participation to demonstrate compliance with this provision was provided or encountered during chart review. See the Custody Monitor's report and findings for this provision as well.

**Recommendations for achieving compliance:** Provide P&P and documentation of practice and any associated policies for the MH portion of this provision.

### F. Safeguards for Prisoners Placed in Segregation

VII.F.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.

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** Although custody staff reported they considered MH input prior to placing inmates with mental illness in segregation, there was no documentation supporting MH staff participation to demonstrate compliance with this provision was provided or encountered during chart review. See the Custody Monitor's report and findings for this provision as well.

**Recommendations for achieving compliance:** The Monitor will work with the Custody Monitor to assist the County in developing a P&P and practice to meet the requirements of this provision.

**VII.F.4.** A Qualified Mental Health Professional shall conduct check-ins at least three times per week to assess and document the mental health status of all prisoners in Segregation and shall make referrals as necessary. The check-in shall include the following:

- a) Conversation with each prisoner;
- b) Visual observation of the prisoner’s cell, including the cleanliness of the prisoner’s clothing and bed linens; and
- c) Inquiry into whether the prisoner would like to request a confidential meeting with a mental health or medical provider.

**MH Compliance Status:** Substantial Compliance

**Activities/Analysis:** Based on my chart review in the EMR, the requirements for this provision are being met, most of the time. MH Staff enter a brief note in the EMR detailing the above data. However, the MH Staff also document a full evaluation if they encounter concerns for worsening mental illness or safety. Wellpath’s site specific policy needs to be updated to reflect rounding three times a week vs. once a week. No policy for the County was provided to coincide with this provision.

**Recommendations for achieving compliance:** Update site specific Wellpath policy for this provision and provide the County’s policy for this provision. Align the Wellpath and County policy. This policy should be included in CQI tracking.

## VIII. STAFFING FOR HEALTH CARE SERVICES

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

**MH Compliance Status:** Not Rated

**Activities/Analysis:** No data was provided describing any analysis to demonstrate sufficient MH staff and custody staff to escort inmates to MH appointments. Only one provider, a telepsychiatrist, complained of difficulty

with custody staff not having escorts to bring inmates to their appointments. This provider was fired shortly after the site visit. Other MH staff reported seeing inmates primarily at the cell door. This provision will be reviewed again during the next tour anticipating that MH visits will be occurring in a private office setting with sufficient custody escorts to ensure they are seen.

**Recommendations for achieving compliance:** Ensure inmates are seen in a private setting for MH visits with sufficient and timely escorts.

**VIII.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;
- c) Timeline for implementation of the staffing analysis (including authorization, funding, and hiring).

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** A staffing analysis was not provided for MH staff at the jail.

**Recommendations for achieving compliance:** Conduct a staffing analysis for MH staff at the jail using a process that recognizes shift relief factors for positions to assure coverage for required posts.

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

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** See VIII.2.

**Recommendations for achieving compliance:** VIII.2.

## IX. TRAINING RELATED TO TREATMENT OF PRISONERS WITH SPECIAL NEEDS

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

**MH Compliance Status:** Substantial Compliance

**Activities/Analysis:** The 90-day remedial plan training was completed per the requirements of this provision based on documentation provided by the County.

**Recommendations for achieving compliance:** N/A.

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

**MH Compliance Status:** Substantial Compliance

**Activities/Analysis:** See XI.1.

**Recommendations for achieving compliance:** See IX.1.

**IX.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.

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** No evidence of staff training to document compliance for this provision was provided, and the jail has yet to create any mental health treatment programs or housing units.

**Recommendations for achieving compliance:** Develop mental health treatment programs and housing units and then implement this training for custody officers assigned to those units.

**IX.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.

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** No evidence for staff training for this provision was provided. All training logs provided by the County only included staff from the sheriff's office and not Wellpath.

**Recommendations for achieving compliance:** Provide evidence of training for Wellpath staff.

**IX.5.** The County shall review and revise (as necessary) suicide prevention training for custody, health care, and other relevant staff, and ensure that it adequately covers the following topics:

- a) avoiding obstacles (negative attitudes) to suicide prevention;
- b) why facility environments are conducive to suicidal behavior;
- c) identifying suicide risk;
- d) predisposing factors to suicide;
- e) high-risk suicide periods;
- f) suicide risk warning signs and symptoms;
- g) components of the County's jail suicide prevention program;
- h) liability issues associated with prisoner suicide; and
- i) crisis intervention.

**MH Compliance Status:** Partial Compliance

**Activities/Analysis:** This provision has been met by custody staff but not Wellpath staff based on the documentation provided. See IX.4.

**Recommendations for achieving compliance:** See IX.4.

**XI.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.

**MH Compliance Status:** Not Rated

**Activities/Analysis:** This provision will be reviewed during the next monitoring period to include annual training.

**Recommendations for achieving compliance:** N/A.

XI.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.

**MH Compliance Status:** Not Rated

**Activities/Analysis:** See IX.6.

**Recommendations for achieving compliance:** See IX.6.

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

**MH Compliance Status:** Non-compliance

**Activities/Analysis:** See IX.4.

**Recommendations for achieving compliance:** Provide proof of first aid and CPR training for all custody and medical staff.