

**Babu v. County of Alameda
Consent Decree
Case No. 5:18-CV-07677**

Third Status Report

**E. Carolina Montoya, Psy.D., P.A.
Miami, Florida**

September 29, 2023

This document addresses the provisions from the Consent Decree assigned to Dr. E. Carolina Montoya for monitoring. The specific provision language is presented followed by this Joint Expert's findings and recommendations. Connected provisions have been combined for this status report. However, several will likely be separated in future reports as the County increases compliance. Additional recommendations may also be added in subsequent reports as information is obtained during implementation. The rating period for this report covers information received and reviewed through June 30, 2023. The chart below reflects an overview of the specific provisions, utilizing the following codes:


SC	Substantial Compliance
PC	Partial Compliance
NC	Non-Compliance

Summary of Ratings

Provision	Rating
200. Sufficient Mental Health Staff to Comply with Consent Decree	PC
204. Hiring of Additional Mental Health (MH) Staff	PC
205. Training of Third-Party MH Providers	PC
206. Telehealth MH Services	PC
312. Develop Therapeutic Housing Committee	PC
700. Develop and Implement Policies/Procedures with Expert for Provisions	PC
701. Implement Revised Policies/Procedures for Therapeutic and Behavioral Health Services	PC
702. Develop a Plan to Implement Therapeutic Housing Units	SC
703. Individuals with SMI to Receive Therapeutic Services	PC
704. MH Staff Communication with Custody Staff	PC
705. Mental Healthcare at Intake	PC
706. "Emergent" MH Condition at Intake	PC
707. "Urgent" MH Condition at Intake	PC
708. "Routine" MH Condition at Intake	PC
709. Requests and Referrals for MH Services Following Intake	PC

Provision	Rating
710. Initial MH Screening by Qualified Mental Health Professional (QMHP)	PC
711. Intake Database Requirement to Flag Self-Harm Incidents from Prior Incarcerations	PC
713. Timely Verification of Medications for Newly Arriving Inmates	PC
714. MH Intake Interviews and Assessments in Private and Confidential Spaces	PC
715. Pre-booking Screening	SC
716. Implement Quality Assurance Policies and Procedures	NC
717. Conduct MH Encounters in Confidential Setting, with Consistent Providers, of Appropriate Duration	NC
718. Implement Electronic Tracking System for Referrals	PC
719. Develop and Implement Policy Addressing Timeliness of Routine and Emergency MH Referrals	PC
720. Provide Appropriate Training Regarding Psychiatric Referrals	NC
721. Develop and Implement Quality Assurance Policies and Procedures for Periodic Audits	PC
722. Develop and Implement MH Levels of Care	PC
723. Provide that MH Clinicians Offer Clinically Appropriate Encounters	PC
724. Identify Clinically Appropriate Spaces	PC
725. Provide Out-of-Cell Programming for Inmates in Restrictive Housing Units and Therapeutic Housing Units	PC
726. Provide Regular, Consistent Therapy and Counseling	PC
727. Provide In-Cell Activities to Decrease Boredom and Mitigate Isolation	PC
728. Develop Formal Clinical Treatment Teams	PC
729. Develop and Implement Policies/Procedures to Establish Treatment Teams	PC
730. Individualized MH Treatment Plans	NC
731. Develop and Implement Policies/Procedures for Treatment Teams	PC
732. Provide Information in Treatment Teams to Medical Providers	PC
733. Provide Calming and Restorative Instruction	NC
734. Provide Substance Abuse Programs for Co-occurring Disorders	PC
735. Provide Daily MH Rounds	PC
736. Offer Weekly Face-to-Face Clinical Contacts	PC
737. Provide Additional Clinical Contacts	NC
738. Ensure Individuals Expressing Suicidal Ideation are Provided MH Evaluation and Care	PC
739. Ensure Psychiatric Medications are Ordered in Timely Manner	PC
740. Maintain an Anti-Psychotic Medication Registry	PC
741. Ensure Health Care Staff Document Medication Refusals	PC
742. Conduct Audits of Patients Receiving Psychotropic Medications	PC
743. Develop a New Suicide Prevention Policy	PC

744. Use of Safety Cell as Last Resort for Suicidal Ideation/Phasing Out of Use	PC
745. Severely Curtail Use of Safety Cells	PC
746. Safety Cells Only Used in Exigent Circumstances	PC
747. Individuals in Safety Cells for Maximum of Eight Hours	PC
748. Adopt Graduated Suicide Precautions	PC
752. Develop Policies/Procedures and Training Regarding Suicide Procedures	PC
753. Continue Ongoing Training Regarding Safety Plans	PC
755. Initiating Suicide Precautions	PC
756. Individuals on Suicide Watch Placed on Close Observation	PC
757. Individuals on Suicide Precautions Continue to Receive Therapeutic Interventions	PC
758. QMHP Shall See Inmates on Suicide Precautions on an Individualized Schedule	NC
759. QMHP Complete and Document Suicide Risk Assessment	PC
762. MH Shall Receive Additional Training on Suicide Risk Assessment	PC
764. Develop and Implement Updated Policies and Practices Regarding Suicide Reviews	PC
766. Develop and Implement Standards for Emergency Referrals and Handling of 5150 Holds	PC
767. Assess and Review Quality of Care Provided to Persons Sent to John George	PC
769. Re-orient How Units, Including the Therapeutic Housing Units, are Managed	PC
770. MH Programming for Women	PC
771. Meet and Confer Within Three Months Regarding the Therapeutic Housing Units	PC
772. Therapeutic Housing Units Sufficiently Staffed	PC
900. Implement Systems to Facilitate Community-Based Services During and After Incarceration	PC
901. Develop a Written Re-entry Plan Prior to Inmate Release	PC
902. Evaluating an Individual's Eligibility for Benefits and Linking to Benefits	PC
903. Cooperate with Providers et al. to Support Individuals Post-Release	PC
904. Provide 30-Day Supply of Medications at Release	PC
905. Inform County's Full Service Partnerships of Mutual Clients	PC

Ratings → Report Dates 	Non-Compliance (NC)	Partial Compliance (PC)	Substantial Compliance (SC)
#2 - March 2023	11	63	0
#3 – September 2023	7	65	2

The following documents were reviewed and utilized in the preparation of this report and determination of the provision ratings:

- AFBH Brief Initial Assessment (BIA) Tool
- Draft – AFBH Diagnosing Severe Mental Illness (SMI) Policy and Procedure
- Draft – AFBH Re-entry Psychiatric Medications Upon ACSO Jail Release
- Draft – AFBH Therapeutic Housing Units Protocol
- Draft – AFBH/John George Psychiatric Hospital Coordination Protocol
- Draft – AFBH Levels of Care Policy and Procedure
- Draft – ACBH Polypharmacy Antipsychotic Medication Registry and Monitoring
- Draft – AFBH Preventing Suicide and Self-Harming Behavior Policy and Procedure
- Draft – ACBH Psychiatric Medications Verified/Bridge/Delivery Policy and Procedure
- Draft – AFBH Restricted Housing Unit Protocol
- Draft – AFBH Santa Rita Jail Intake Policy and Procedure
- AFBH Suicide Risk Assessment Tool
- Draft – AFBH Telehealth Psychiatric Provider Services Policy and Procedure
- Draft – AFBH Therapeutic Housing Units Protocol
- AFBH Bi-weekly Level of Care Reports
- AFBH Clients Served by Month, Ethnic Group, and Sex Report
- ACBH/SRJ Staffing Updates
- AFBH Telecare Groups Reports
- Draft – ACSO Behavioral Health Clients and Therapeutic Housing Inmates, #9.04
- Draft – ACSO Crisis Communications for Corrections Training
- ACSO Disciplinary Procedures Policy and Procedure, #16.01
- ACSO Inmate Death Policy and Procedure, #8.18
- ACSO Inmate Observation and Direct Visual Supervision Policy and Procedure, #8.12
- ACSO Safety Cells, Temporary Holding Cells, and Multipurpose Rooms Policy and Procedure, #8.13
- ACSO Alerts – Person Flags History Modesty Garment Inmate Observation Logs
- ACSO Safety Cell Log Reports
- ACSO SRJ ATIMS Medical Notes Report
- AFBH Chart Reviews of Current Caseload (N=10)

FINDINGS

200. Defendants shall maintain sufficient mental health and custody staff to meet the requirements of this Consent Decree, including maintaining sufficient mental health clinical staffing to provide for adequate 24-hour coverage, seven days a week, and sufficient custodial staff to ensure that programing, recreation, transportation and movement, out-of-cell and outdoor time and all other jail functions can proceed safely. To the extent possible, Custody staff assigned to positions where mental health training is required, including staff assigned to the Therapeutic Housing Units, shall be strongly encouraged to serve in these roles for at least three years to provide for consistency and to maximize the benefit of the training and expertise of the staff assigned to these areas.

204. The Parties agree that staffing for mental health services must be increased. The Board of Supervisors has authorized AFBH to hire an additional one hundred seven (107) employees for the Jail over three (3) fiscal years. Pursuant to this authorization, AFBH intends to hire an additional twenty-seven (27) positions for fiscal year (FY) 2020-2021, an additional forty-two (42) positions for FY 2021-2022, and an additional thirty-eight (38) AFBH positions for a total number of one hundred sixty-one (161) authorized positions by FY 2022-2023. AFBH has also created a new Forensic and Diversion Services Director (Forensic Director) position. The Forensic Director position is a system level director position overseeing all services in detention centers and forensic outpatient programs. In this role, the Forensic Director shall be the overall leader of AFBH incarcerated personnel and mental health contractors at the Jail. Defendants shall ensure that any third-party mental health providers are trained in all aspects of pertinent AFBH policies and procedures including those outlined by this Consent Decree and shall oversee and monitor third-party vendor services. Third-party vendors shall provide clinically appropriate services and shall maximize confidentiality.

Finding: Partial Compliance

Policies: N/A

Training: N/A

Metrics: Interviews with Staff, Review of Alameda Forensic Behavioral Health (AFBH) Current and Proposed Tables of Organization, Position Listings, Staff Schedules

Assessment: AFBH has continued its recruitment efforts to hire the 107 additional staff (administrative, clinical, and clerical) positions authorized by the County for the three-year fiscal period FY2020-2021 to FY 2022-2023; bringing the total AFBH staffing to 156 positions. However, finding suitable candidates and onboarding staff given the national shortage of clinicians and the County's complicated and extensive hiring process continues to be a serious impediment.

In the last report, it was indicated that AFBH had established a recruitment incentive program which offered AFBH staff hired after January 2022 a monetary incentive over a three-year period. This recruitment incentive program currently remains in place.

In addition, towards the end of filling the much-needed positions, in this report period, AFBH administration has:

- attended conferences and hosted recruitment tables at these events with the expectation of identifying possible candidates;
- established a new County position classification of Forensic Behavioral Health Clinician, specific to the work at SRJ, which includes a 25% salary increase. This has resulted in the recruitment of five (5) candidates which are being made employment offers; and
- established new Forensic Behavioral Health Supervisor and Forensic Behavioral Health Manager classifications with incentives in May 2023. However, this recruitment has yet to yield any additional staff.

A retention incentive for longer-term clinical staff, i.e., hired before January 2022, described in the prior report was approved by the County's Board of Supervisors on June 13, 2023. This retention incentive affects all AFBH Clinical staff including Mental Health Specialists, Rehabilitation Counselors, Clinicians, Clinical Supervisors and Managers.

The vacancy profile since the last report has remained essentially the same with a 62% vacancy rate in approved clinical/medical positions; a slight decrease from the prior report's 64% vacancy. Five (5) clinical services employees have resigned or retired, only one Behavioral Health Clinical Supervisor has been hired, and two Mental Health Specialists are being processed for employment. The vacancy rate for Behavioral Health Clinician positions is currently at 75%, an increase from the 72% vacancy rate in these positions. This very significant vacancy rate precludes the possibility of providing the treatment services required by the Consent Decree and the required 24 hour/7 day per week presence of clinical staff necessary for adequate mental health assessment and treatment.

Of concern are also the vacancies in the Behavioral Health Clinical Manager positions (5 allocated; 1 filled) and Behavioral Health Clinical Supervisor positions (9 allocated; 5 filled). Given that AFBH's ability to comply with the Consent Decree depends upon the ability to train, supervise, and audit the clinical work provided, vacancies to this extent in the supervisory level personnel will also severely limit movement towards Consent Decree compliance.

Since the last report, ACBH has expanded its contract with Telecare to increase clinical staffing positions. Telecare's expansion is focused on providing the clinical Intake Transfer and Release (ITR) functions for all weekend shifts. The next phase of expansion will be to take over ITR evening shifts Monday through Friday. The final phase of expansion will be covering ITR all weekend shifts. In the interim, ACBH staff will continue to work the same shifts as Telecare staff and will be designated to uncovered assignments. With the expansion, Telecare will be contracted to provide 21 clinical full-time employees (Clinicians, Team Leads and a Clinical Director). All Telecare employees are Masters level and are licensed or license-eligible. The Telecare expansion has been proceeding as planned. Current staff is covering ITR shifts evenings and overnights, seven days a week. Two new Telecare employees are being processed and five additional employees are being sought for vacancies. AFBH administration expects Telecare to perform all ITR functions by the end of 2023.

AFBH continues to rely heavily upon agency, "locum tenens," medical personnel for staff positions that have been difficult to recruit and fill. Of the nine Psychiatric Provider positions, four or 19% are currently vacant. The locum tenens employees (five Psychiatrists and two Medical Assistants) perform at the same level as AFBH staff.

It has been reported that Spanish-speaking clinicians are very limited. This issue needs to be assessed and remedies considered.

As previously reported, while the overall AFBH system of care and the Therapeutic Housing Units (THUs) are being established, the total number and type of clinical/direct service positions will need to be regularly reconsidered. As the average AFBH caseload is confirmed (and the average number of persons in the various "levels of care"), more accurate levels of mental health clinical and supervisory levels necessary to ensure service delivery according to the Consent Decree will be known.

Telecare continues to staff two group counseling positions that provide three to four groups daily, seven days a week which follow the evidence based "Seeking Safety" treatment model. for behavioral health clients in the Therapeutic Housing Units (THUs) 9, 24 (HU 21 since early June) and 35; with up to six participants per group. Activity records for the year 2023, January through June are as follows:

Month/Year	Total # of Groups Held
January 2023	73
February 2023	64
March 2023	102
April 2023	87
May 2023	95
June 2023	71

Assuming there were three groups held per day in the six-month period (except federal holidays), there would be at least 515 groups held. The reports indicate that a total of 490 groups were conducted, which is 93% of the expected number. According to the monthly Telecare Groups activity reports, the average number of group participants was four.

Recommendation(s):

1. It is recommended that ACBH consult with appropriate County Human Resources to ensure that the approval and hiring process of applicants is as efficient as possible.
2. It is recommended that additional contractual opportunities for clinical services, beyond Telecare, should be considered and established to temporarily offset the staff vacancy rate. While contracted services are not preferred to County staff, they will serve to address the ability of the agency to comply with the Consent Decree.
3. ACBH/AFBH should look to promote from within the existing staff to strengthen supervisory capacity.
4. ACBH/AFBH needs to look at the language capacity of their staff and consider second languages as important criteria for hiring.
5. The AFBH Table of Organization should be updated monthly to closely monitor the position vacancies and reviewed for possible changes in structure and position allocation.
6. An ongoing, at a minimum, monthly review of the mental health caseload report will permit the accurate determination of the type and number of clinical and supervisory staff necessary for the operation of the THUs in accordance with the Consent Decree.
7. ACSO should review the current role and deployment of BHAT Deputies and establish additional positions to ensure adequate support for the mental health service delivery.

205. Defendants shall ensure that any third-party mental health providers are trained in all aspects of pertinent AFBH policies and procedures including those outlined by this Consent Decree and shall oversee and monitor third-party vendor services. Third-party vendors shall provide clinically appropriate services and shall maximize confidentiality.

Finding: Partial Compliance

Policies: Require Development

Training: N/A

Metrics: Interviews with Staff, Training Logs

Assessment: The ACBH/AFBH contract with Telecare expects that agency clinicians will function equivalent to AFBH clinicians. As such, Telecare staff receive the same onboarding

training as AFBH personnel. They are trained to use and enter information (assessments, case notes) into the AFBH electronic medical record system, the Clinician's Gateway (CG). As modifications have been made to forms such as the Brief Initial Assessment (BIA) Tool and initiation of the Level of Care (LOC) documents, Telecare staff have participated in trainings regarding the changes and additions along with AFBH staff. Telecare staff also "shadow" AFBH clinicians as new procedures are put in place. New Telecare employees related to the expansion of the Telecare contract are involved in an 8-week "onboarding" training of ITR processes. In addition to the initial training, Telecare employees attend other AFBH training courses when available and Telecare "Leads" regularly participate in AFBH staff meetings.

Supervision of Telecare staff is a partnership between AFBH and Telecare. While on-duty, Telecare clinicians principally report to Telecare supervisors, if available. However, depending on supervisory coverage, Telecare staff may report to AFBH supervisors. AFBH Managers have weekly meetings with Telecare's on-site manager and program manager to discuss operational and staffing issues.

Recommendations:

1. AFBH to continue weekly meetings with Telecare administration.
2. Establish on-board training and monitoring arrangements with all other, additional contractors.
3. AFBH to revise training and assess which should be offered to contractor staff.
4. Develop a proof of compliance tool for training of all contracted and AFBH staff.

206. To the extent that Defendants provide telehealth mental health services, meaning the use of electronic information and telecommunications technologies to support long distance clinical health care, including telepsychiatry, Defendants shall ensure effective communication. Defendants shall also ensure that incarcerated persons are provided maximum confidentiality in interactions with telepsychiatry providers, but it is understood that custody staff may need to observe the interaction to ensure safety and security. In such circumstances, custody staff will stand at the greatest distance possible while ensuring safety and security. Defendants shall continue to provide Behavioral Health Clients with access to on-site, in-incarcerated person clinically appropriate services and any use of telehealth services shall be overseen and supported by on-site AFBH staff.

Finding: Partial Compliance

Policies: Draft-AFBH Telehealth Psychiatric Provider Policy and Procedure, ACSO Policy and Procedure 10.30 Behavioral Health Access Team (BHAT) Post Order

Training: N/A

Metrics: Observations, Interviews with Staff, Interviews with Incarcerated Persons, Grievances

Assessment: As previously reported, AFBH has significantly reduced the use of telehealth for the provision of mental health services. At this time, telehealth services are provided in the AFBH Clinic by one (1) Psychiatrist. This Psychiatrist provides telehealth services to persons with an assigned LOC 1 only. Telehealth services are no longer utilized in the housing units.

For the telehealth clinic services, the equipment is in a small, private office on the first floor in the AFBH clinic area. Incarcerated persons are brought down by custody staff to the office at the designated appointment time. Confidentiality is safeguarded to the extent that deputies remain outside the office while the consultations occur. An AFBH Licensed Vocational Nurse (LVN) is in the room to facilitate the sessions with the telehealth provider.

In this report period, AFBH has developed a draft policy regarding telehealth services. The policy addresses this Expert's request for handling clients who are assigned to telecare but not attending sessions to ensure that they are being serviced as necessary. The draft policy has been reviewed and approved by this Expert and is now under further review.

Recommendation(s):

1. Complete the "AFBH Telehealth Psychiatric Provider Policy and Procedure."
2. Telehealth providers should be integrated into treatment teams at the SRJ and, if appropriate, telehealth related interventions should be considered in treatment team discussions.
3. Initiate the monthly Telehealth Tracking Summary Report as the means for general monitoring of telehealth services and proof-of-practice.

312. Development and implementation of a formal process for the admission, review and release of individuals to and from the Therapeutic Housing Units shall include the development of a Therapeutic Housing Committee ("THC"). The THC shall be chaired by an AFBH representative at the supervisory level or higher, and further include a sergeant from the Classification Unit and an ACSO representative from outside the Classification Unit at the sergeant level or higher.

Finding: Partial Compliance

Policies: Draft-AFBH Therapeutic Housing Units Protocol

Training: Needs Development

Metrics: Interviews with Staff, Joint Experts

Assessment: As designed, the THUs are mental health service delivery areas. As a specialty area, the staff responsible for the admission and "release" (removal) of individuals from the THUs are the mental health clinicians and psychiatrists, i.e., AFBH staff. AFBH staff assigned to these units will work together as members of the unit's treatment team. While each level of clinician will individually assess and work with the incarcerated persons, team members will confer via, e.g., "huddles," treatment team meetings, "rounds," and jointly determine the person's condition, improvement/progress or lack thereof.

At this time, a weekly Therapeutic Housing Committee meeting is being held to discuss clients from the three THUs and their mental health issues. The goal of the meetings is to determine how the teams can improve the adaptation and stabilization of the persons on the units. Eventually, each THU should have their individual meetings.
being held regarding how to best address the requirements of the Provision as well as maintain the integrity of the clinical processes.

Recommendation(s):

1. AFBH must obtain final approval of the “AFBH Therapeutic Housing Units Protocol.”
2. A general agenda for the Therapeutic Housing Committee meetings should be developed.
3. ACSO Classification and Security representatives attending the THC’s must be at a rank level to allow for decision-making.
4. Therapeutic Housing Committee meetings should be held on each unit on a set date and time to ensure attendance.
5. “Minutes” of the meetings need to be kept as proof of compliance.

700. Defendants shall work with the agreed-upon joint subject matter expert, as discussed in Section IV(A), to develop and implement policies, procedures, and forms required to implement the provisions contained herein. All Staff shall be trained on the topics, as discussed in Section IV(A), including any modifications to policies and procedures described herein.

701. Consistent with the preceding paragraph Defendants shall implement revised policies and procedures to ensure appropriate access to therapeutic and behavioral health services throughout the Jail. These policies and procedures shall include the staffing, establishing admission and re-entry criteria, levels of care, and treatment plans and services for all therapeutic housing unit(s) within six (6) months of the Effective Date, including the current Behavioral Health Unit and any other unit’s housing Behavioral Health Clients designated as SMI, to ensure increased coordination between mental health and custody staff.

Finding: Partial Compliance

Policies: N/A

Training: N/A

Metrics: N/A

Assessment: Since the last report, AFBH has continued to make significant efforts in developing and drafting policies, procedures and forms related to the development of a mental health services delivery system in the SRJ. Several documents have received final approval by this Expert as final, following review by Joint Experts, and are currently in the AFBH/ACBH administrative and legal review process.

These include:

- Draft – AFBH Therapeutic Housing Units Protocol
- Draft – AFBH Levels of Care Policy and Procedure
- Draft – AFBH Preventing Suicide and Self-Harming Behavior Policy and Procedure
- Draft – ACBH Polypharmacy Antipsychotic Medication Registry and Monitoring
- Draft – ACBH Psychiatric Medications Verified/Bridge/Delivery Policy and Procedure
- Draft – AFBH Telehealth Psychiatric Provider Services Policy and Procedure
- Draft – AFBH Santa Rita Jail Intake Policy and Procedure
- Draft – AFBH Diagnosing Severe Mental Illness (SMI) Policy and Procedure

ACSO has also been working on their critical policy regarding behavioral health clients (#9.04, “Behavioral Health Clients and Therapeutic Housing Inmates”). They have requested review by this Expert and AFBH and have integrated the recommendations.

Recommendation(s):

1. Continued focus on revising and developing policies and related forms in accordance with Consent Decree provisions.
2. Draft versions of documents should be forwarded to this Expert for review as soon as appropriate.
3. Policies will require frequent “rewrites” as developments and improvements in the mental health services delivery system and compliance with the Consent Decree take place. Accurate policies must be available to all staff and contractors, even if only temporary, especially for employees that are new to the agency.
4. All policies should be reviewed at least every six months for accuracy with actual/current processes and revised, if necessary. Accurate and complete policies are essential as, eventually, they will be used to prepare auditing tools that will measure progress towards the Consent Decree provisions and measure maintenance of the changes.
5. Many, if not all, policies will require concomitant training to be developed. All trainings must include detailed lesson plans and related forms/documentation. Proof of training must be produced and obtained and is subject to Expert review.

702. Within three (3) months of the Effective Date, Defendants shall develop a plan to implement Therapeutic Housing Unit(s) at the Jail, as set forth in Section III(G)(6). Final implementation of the Therapeutic Housing Unit(s) shall be dependent upon completion of reconfiguration of the units; however, Defendants shall implement the Therapeutic Housing Unit(s) within one (1) year of the Effective Date.

Finding: Substantial Compliance

Policies: Draft-AFBH Therapeutic Housing Units Protocol

Training: N/A

Metrics: N/A

Assessment: While still not formally approved by all parties, both AFBH and ACSO have continued their efforts to establish and operate the THUs as designed and described in the THU Protocol.

As indicated in the last report, AFBH and ACSO initiated pilot THUs in Units 9, 24 (currently replaced by Housing Unit 21 while Housing Unit 24 is offline for construction) and 35. The pilots entail placing dedicated clinical team to provide clinical services on each unit. These teams also conduct daily “huddles” to discuss clients, daily “rounds” for LOC 4 clients, and the Therapeutic Housing Committee meetings.

Recommendation(s):

1. It is recommended that the draft THU Protocol be approved by administrative and legal partners to fully-implement the protocol and formalize operations through training and supervisory reviews.

2. As expressed in the prior report, the THU Protocol must be considered an “interagency” plan, dependent upon the involvement and cooperation of both ACSO and AFBH. Likewise, the implementation of the THUs will fail if a mutual sense of responsibility for the care and custody of incarcerated persons with mental health disorders is not developed.
3. AFBH needs to advise ACSO of additional THU needs as the number of incarcerated persons with mental health disorders in the Santa Rita Jail becomes better established.

703. During the interim period, individuals with SMI shall receive the therapeutic services described in Sections III(F)(2), (3), and (4) as deemed clinically necessary for their individual needs. Defendants shall also develop policies and procedures to provide incarcerated persons appropriate access to therapeutic and behavioral health services throughout the Jail. Defendants shall develop appropriate training to all custody staff including staff assigned to any units where Behavioral Health Clients may be housed regarding the needs of Behavioral Health Clients, mental health resources available at the Jail, and how to assist Behavioral Health Clients in accessing such resources within six (6) months of the Effective Date. Thereafter, Defendants shall implement the policies and procedures, including providing appropriate training to all staff, consistent with Section IV(A).

Finding: Partial Compliance

Policies: Draft-AFBH Therapeutic Housing Units Protocol, Draft-AFBH Diagnosing Severe Mental Illness (SMI) Policy and Procedure

Training: Requires Development

Metrics: Interviews with Staff, Observations, Training Logs

Assessment: As reported previously, AFBH staffing limitations (vacancies) have negatively impacted AFBH’s ongoing efforts to provide true therapeutic services for all identified persons. AFBH’s efforts are primarily focused on assessing incarcerated persons at intake, identifying those at risk of self-harm and or harm to others, assisting ACSO in placing incarcerated persons in the safest possible housing environment due to their mental health status, and continuing to pilot the THUs. AFBH Providers are also assessing all persons on the caseload for medication needs and providing supportive counseling regarding medications.

The establishment of the THUs in Units 9, 24 (currently replaced by Housing Unit 21 while Housing Unit 24 is offline for construction) and 35 has allowed for the placement of the severely disturbed incarcerated persons in an environment that focuses on their therapeutic needs. In the current THUs, clients are being seen individually outside of their cells and more individual services are being provided.

As the plan for the THUs is further implemented, incarcerated persons most in need of mental health services, the majority of which are SMI, will increasingly be placed in an environment that offers specific clinical services supported by more consistent observation and interaction. The availability of these clinical services can be achieved prior to establishing all the necessary THUs as AFBH hires additional staff and/or acquires more contracted clinical personnel. Staffing increases will result in the ability to provide therapeutic services in the various housing areas where persons on the mental health caseload are located.

AFBH has drafted a policy, “AFBH Diagnosing Severe Mental Illness (SMI) Policy and Procedure,” to assist Clinicians/Providers in determining who in the facility is a person with SMI to ensure that they receive adequate services and follow-up. This policy will be completed prior to the next report.

At this time, Housing Units 9 and 35 are entirely committed as THUs for males. Only one pod in Housing Unit 24 (Pod D) has been assigned as a THU for females (these inmates are currently housed in Housing Unit 21). Because of this limited space, LOC 3 and LOC 4 females have been placed in other (e.g., HU 21) non-THU areas. It is essential that ACSO place LOC 2-4, males and females in the identified THUs. THU 9 should be used for the more severely disordered males (LOC 3 and 4) and THU 35 for the LOC 2 male inmates. It is also essential that incarcerated individuals be moved out of the THUs when AFBH determines it is appropriate to do so.

Clinical Treatment Teams (AFBH Clinician and a Psychiatric Provider) have been designated for THUs 9, 24 (currently replaced by Housing Unit 21 while Housing Unit 24 is offline for construction), 35 and Restrictive Housing Unit 1. These teams are providing daily “rounds” for LOC 4 clients, individual counseling, medication monitoring, and small group counseling.

The chart below presents the number of AFBH clients served by month this year.

Month	# of Clients Served
January 2023	1,538
February 2023	1,366
March 2023	1,425
April 2023	1,275
May 2023	1,348

Additionally, Telecare is contracted to provide three/four groups daily, in THUs 9, 24 (currently replaced by Housing Unit 21 while Housing Unit 24 is offline for construction) and 35; with up to six participants per group. Activity records for the year 2023, January through June are as follows:

Month	Total # of Groups Held
January 2023	73
February 2023	64
March 2023	102
April 2023	87
May 2023	95
June 2023	71

Assuming there were three groups held per day in the six-month period (except federal holidays), there would be at least 515 groups held. The reports indicate that a total of 490 groups were conducted, which is 93% of the expected number. According to the monthly Telecare Groups activity reports, the average number of group participants was four.

Recommendation(s):

1. ACSO Classification needs to place LOC 2-4 incarcerated persons in the identified male and female THUs and move LOC 1 clients out of the THUs when indicated by AFBH.
2. AFBH needs to provide ACSO with the additional number/type of housing assignments needed for the size of the mental health caseload.
3. ACSO needs to convert additional housing units to become THUs based on the average size of the AFBH caseload.
4. AFBH needs to finalize the policy and procedure for identification of SMI clients and train staff accordingly.
5. Continue refining policies and procedures with related forms and training regarding therapeutic services provided both in the THUs and wherever incarcerated persons on the mental health caseload are housed.
6. Determine the type and number of clinical staff required to serve the mental health caseload; modify staffing plan and hiring of staff as necessary.
7. AFBH to increase the provision of treatment services as the availability of staff increases.
8. ACBH/AFBH to ensure that Telecare meets its contractual responsibilities.

704. Mental health staff shall communicate with custody staff regarding the mental health needs of Behavioral Health Clients on their housing unit where necessary to coordinate care. Defendants shall develop and implement policies and procedures governing coordination and sharing of information between mental health staff and custody staff in a manner that respects the confidentiality rights of Behavioral Health Clients to include standards and protocols to assure compliance with such policies.

Finding: Partial Compliance

Policies: ACSO Policy and Procedure 10.30 Behavioral Health Access Team (BHAT) Post Order, ACSO Policy and Procedure 13.02 Access to Care, Draft-ACSO Policy and Procedure 9.04 Behavioral Health Clients and Therapeutic Housing Inmates

Training: Draft-ACSO Crisis Communications for Corrections Training

Metrics: Observations, Interviews with Staff

Assessment: Formal opportunities for communication between mental health and custody staff have been established and are on-going. Daily “huddles” in the pilot THUs (Units 9, 24 (currently replaced by Housing Unit 21 while Housing Unit 24 is offline for construction) and 35) are reportedly taking place. However, this Expert has only been able to evaluate a few “huddles” but will provide further discussion of the quality of the “huddles” in a later report.

Therapeutic Housing Committee meetings, to discuss AFBH clients in all THUs, are being conducted on a weekly basis in Unit 9. These meetings include both AFBH and ACSO representatives and cover clients of concern from all three THUs.

Currently, BHAT Deputies are assisting in activities involving clinical services but are not assigned to units for the duration of their shifts. At the time of this report there were only two active BHAT deputies (an additional BHAT deputy was on modified duty). ACSO must make efforts to increase the number of BHAT Deputies in support of the THUs.

AFBH is also present at the facility’s Restrictive Housing Committee meetings to discuss individuals with mental health issues and participate in the decisions made by the committee.

AFBH has identified its Assistant Director as a dedicated representative at these meetings along with other AFBH staff including Clinicians and psychiatric Providers.

ACSO has provided this Expert with a revised draft of their “Crisis Communications for Corrections” Training. This draft of the training incorporates many of the Joint Experts’ concerns outlined after the training pilot was held in April 2022. A final version of the training and implementation is expected prior to the next report.

Several ACSO policies have been in the review process since the last report and have included AFBH review and input.

Recommendation(s):

1. Both ACSO and AFBH need to find ways to consistently assign staff to units servicing incarcerated persons with mental health designations.
2. A means of documenting daily “huddles” should be developed.
3. Both agencies need to continue developing and revising policies that address formal communication, e.g., ACSO Policy & Procedure 9.04, “Behavioral Health Clients and Therapeutic Housing Inmates.”
4. ACSO to address the insufficient number of BHAT deputies.
5. ACSO and AFBH to continue work with the Joint Experts to finalize and implement the Crisis Communication for Corrections Training.

705. Defendants shall take the following actions regarding mental healthcare at intake:
a. Implement an appropriate standardized initial assessment tool to screen clients at intake for mental health concerns. This assessment shall include specific screening for suicidality and potential for self-harm. At a minimum, the screening for suicidality and potential self-harm shall include: (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 including medication, and/or hospitalization; (c) Current suicidal ideation, threat, or plan, or feelings of helplessness and/or hopelessness; (d) Other relevant suicide risk factors, such as: (i) Recent significant loss (job, relationship, death of family member/close friend); (ii) History of suicidal behavior by family member/close friend; (iii) Upcoming court appearances; and (e) Transporting officer’s impressions about risk. The screening shall also include the specific questions targeted towards individuals with co-occurring mental health and substance abuse disorders, including: (1) substance(s) or medication(s) used, including the amount, time of last use, and history of use; (2) any physical observations, such as shaking, seizing, or hallucinating; (3) history of drug withdrawal symptoms, such as agitation, tremors, seizures, hallucinations, or delirium tremens; and (4) any history or serious risk of delirium, depression, mania, or psychosis.

Finding Partial Compliance

Policies: Draft-AFBH Santa Rita Jail Intake Policy and Procedure, ACSO Policy and Procedure 11.02 Intake Procedures, ACSO Policy and Procedure 10.04 Intake Deputy Post Orders

Training: Needs Development

Metrics: Observations, Interviews with Staff, AFBH BIA Tool, AFBH Suicide Risk Assessment Tool

Assessment: For several months, AFBH Intake staff has been using the revised BIA form for every individual booked into SRJ. The form meets all requirements of the Consent Decree and includes inquiry into relevant areas of mental health history, current functioning, and suicide risk though the quality of the assessments has not been confirmed. The form also includes a place to enter the LOC designation. The BIA Tool is completed electronically and becomes a part of the client's AFBH Electronic Health Record (EHR). A paper version is available as a "backup" should systems be unavailable. Training on the BIA and related procedural changes have occurred.

Since the last report, as recommended, AFBH has developed a policy/procedure for the intake process. This document is in draft form.

Recommendation(s):

1. AFBH to finalize the policy on the Intake process inclusive of the revised form and any other intake steps; develop and provide related training.
2. Ability to identify proof-of-practice to attest to the completion of the BIA and the timeframes of completion.

706. b. An "Emergent" mental health condition requires immediate assessment and treatment by a Qualified Mental Health Professional in a safe therapeutic setting to avoid serious harm. Individuals requiring "Emergent" mental health treatment include: individuals who report any suicidal ideation or intent, or who attempt to harm themselves; individuals about whom the transporting officer reports a threat or attempt to harm themselves; or individuals who are at imminent risk of harming themselves or others; individuals who have severely decompensated; or individuals who appear disorientated or confused and who are unable to respond to basic requests or give basic information. Individuals identified as in crisis or otherwise having Emergent mental health concerns shall be seen as soon as possible by a Qualified Mental Health Professional, but no longer than within four (4) hours of referral.

707. c. An "Urgent" mental health condition requires assessment and treatment by a Qualified Mental Health Provider in a safe therapeutic setting. Individuals requiring "Urgent" mental health treatment include: individuals displaying signs and symptoms of acute mental illness; individuals who are so psychotic that they are at imminent risk of severe decompensation; or individuals who have attempted suicide or report suicidal ideation or plan within the past thirty (30) days. Individuals identified as having Urgent concerns shall be seen by a Qualified Mental Health Professional within twenty-four (24) hours of referral.

708. d. A "Routine" mental health condition requires assessment and treatment by a Qualified Mental Health Professional in a safe therapeutic setting. Individuals requiring "Routine" mental health treatment include individuals who do not meet criteria for Urgent or Emergent referral. Individuals identified as having Routine concerns shall be seen by a Qualified Mental Health Professional within five (5) business days or seven (7) calendar days of referral.

Finding: Partial Compliance

Policies: Draft-AFBH Santa Rita Jail Intake Policy and Procedure, ACSO Policy and Procedure 8.12 Inmate Observation and Direct Visual Supervision, ACSO Policy and Procedure 11.4 Scope of Intake, Classification and Medical Screening Procedures

Training: Requires Development

Metrics: Interviews with Staff, Wellpath Receiving Screening-Alameda County form, AFBH BIA Tool, Intensive Observation Logs (IOL), AFBH ITR Activity Log

Assessment: As described in the last report, AFBH now has primary responsibility for obtaining mental health information at intake at the SRJ. This change in procedure has met the intended goals of streamlining the intake process and reducing redundancy in assessments. AFBH utilizes the revised BIA Tool which includes determination and assignment of the person's LOC. ACSO then uses the LOC to determine appropriate housing placement. If necessary, the arrestee is placed on Intensive Observation (IOL) until further steps are taken. ACSO will use the LOC information to determine the appropriate housing placement.

If an AFBH clinician is not available to conduct the BIA, Wellpath will conduct a suicide risk assessment using the Columbia Suicide Severity Rating Scale (C-SSRS) and make an appropriate referral (i.e., emergent, urgent, or routine) to AFBH. AFBH will follow up on the Wellpath referral within the appropriate timeframes for the level of referral and complete a BIA. However, this alternative has been utilized only a few times as AFBH and Telecare have been available to directly conduct the BIA.

The draft AFBH policy for intake needs to be finalized. Intake activities are documented on the ITR Activity Log; information needs to be captured electronically as much as possible. The Intake policy needs to address how this log is utilized, completed, and reviewed/verified by supervisors.

Consistent use of the levels of referrals (i.e., emergent, urgent and routine) has not been implemented and clients with urgent and routine referrals are not being seen according to the timelines in these provisions.

Recommendation(s):

1. AFBH needs to finalize the draft policy for the intake process. The policy must specify the documents to be completed and the process to follow. Training on the policy is to be conducted on all ITR staff and documentation attesting to the training obtained.
2. The ITR Activity Log needs to be reviewed and updated in accordance with the new intake policy. Instructions on the use of the log by both clinical and supervisory staff need to be developed. This will permit auditing of the assessments completed and timeframes.
3. AFBH needs to develop the capacity to have "emergent" referrals consistently seen for a clinically relevant assessment within four (4) hours of referral.
4. AFBH needs to develop capacity to consistently address referral appointments within 24 hours of "urgent" referrals for mental health services.
5. AFBH needs to develop capacity to consistently address "routine" referral appointments within five business days/seven calendar days of referral.

709. e. Following intake, individuals who request mental health services or who are otherwise referred by Staff for mental health services whose concerns are not Emergent or Urgent shall be seen by a Qualified Mental Health Professional within fourteen (14) days

of the request or referral. Individuals who present with Emergent or Urgent concerns post-intake shall be assessed and seen in accordance with the timelines set forth above.

Finding: Partial Compliance

Policies: Draft-AFBH Santa Rita Jail Intake Policy and Procedure

Training: Requires Development

Metrics: Interviews with Staff, AFBH Half-Sheet Referral Form

Assessment: Currently, AFBH continues to receive referrals for mental health services in various ways. Incarcerated persons can request services through a paper or electronic medical request form. ACSO and Wellpath refer persons for assessment and intervention via the AFBH Half-Sheet Referral Form, by phone, in person, and on ATIMS (the ACSO Jail Management System). AFBH also receives referrals from attorneys and family members of incarcerated persons by phone or email.

AFBH plans to streamline the referral process to ensure that referrals are correctly made, received and responded to within the required timeframes. To this end, a new referral form has been developed, reviewed and approved, and will be implemented in the near future. Implementation of the new form is pending completion of the policy and procedure related to the referral for services process. While an electronic tracking system for referrals is not available, a dedicated email is being established to receive the referrals. A draft policy has been completed and is pending review by this Expert.

AFBH staff receive a daily “Medical Notes” report which lists all referrals made via ATIMS. The report provides the incarcerated person’s information and the reasons for the referral which may be medication refusals.

Currently, non-emergency referrals are usually responded to within two weeks. Referral responses are tracked on an Excel spreadsheet; referral outcomes are entered into the individual incarcerated person’s file.

Recommendation(s):

1. AFBH needs to continue its plan to fully develop an efficient and effective referral process.
2. AFBH needs to finalize a policy regarding the process for mental health referrals with related forms and training.
3. Post-booking referrals must be responded to within the 14-day period and any “emergent” or “urgent” referrals seen within the timeframes noted in Provision #706 and #707.

710. f. This initial mental health screening shall be conducted by a Qualified Mental Health Professional in a confidential setting. The Jail shall ensure that the initial mental health screening is completed within four (4) hours of admission, or as soon as practicable if there are a large number of incarcerated persons being processed through intake or if there is a serious disturbance or other emergency within the Jail that prevents AFBH from fulfilling this task. The screening shall be documented and entered into AFBH’s electronic mental health records system. AFBH shall promptly obtain copies of records from community-based care provided through ACBH and request copies of records from other county contractors immediately following the individual’s admission to the Jail.

Finding: Partial Compliance

Policies: Draft-AFBH Santa Rita Jail Intake Policy and Procedure

Training: Requires Development

Metrics: Observations, Interviews with Staff

Assessment: During this reporting period, ACSO implemented its Reception Center Unit which has streamlined the booking process, both reducing the amount of time and improving the quality of the admission to SRJ for incarcerated persons. However, this has not altered the assessment process for AFBH. All persons entering the facility continue to be assessed using the BIA by AFBH or its contracted provider, Telecare, during the booking process. Anyone identified with a mental health disorder requiring special placement, i.e., a LOC 2-4, will not be taken to the Reception Center Unit but will be placed in a THU.

Since the last report, ACBH has expanded its contract with Telecare to ensure the availability of clinical staff 24/7 in the SRJ Intake area. Telecare has hired new clinical staff which are in the process of being trained to expand their presence in ITR. The goal of the expanded contract is for Telecare to assume AFBH's ITR functions in the evenings and all weekend shifts. In turn, this will allow AFBH to increase clinical teams in housing units and increase and improve therapeutic services to all AFBH clients.

AFBH intake staff are QMHPs classified as: Behavioral Health Clinician Is, with Master's degrees and working towards state licensure; and Behavioral Health Clinician IIs, with Master's degrees and state licenses.

AFBH has drafted the "AFBH Santa Rita Jail Intake Policy and Procedure" to guide the mental health intake process.

Refer to Provision #200 for more information.

The chart below presents the number of AFBH client "admissions" by month this year.

Month	Caseload Admissions
January 2023	700
February 2023	548
March 2023	667
April 2023	556
May 2023	703

The chart below presents the number of AFBH clients served by month this year.

Month	# of Clients Served
January 2023	1,538
February 2023	1,366
March 2023	1,425
April 2023	1,275
May 2023	1,348

Recommendation(s):

1. The draft AFBH Santa Rita Jail Intake Policy and Procedure needs to be completed and include all related forms and training.
2. Further, ongoing review of facility mental health service needs and staff assignments should be conducted to ensure that an AFBH presence in the ITR area to complete the BIA within the four-hour timeframe.

711. g. Develop and implement an intake database requirement to flag self-harm incidents from prior incarcerations. This flag shall be entered by AFBH into ACSO's Jail Management System (ATIMS) and AFBH's Clinician's Gateway System (or equivalents). This flag shall be used to identify patients who are "high moderate or high risk" based upon an appropriate scoring protocol. Individuals who engage in self-directed harm, either during arrest or while in custody at SRJ, including in prior incarcerations at SRJ, shall be referred by either ACSO, AFBH, or Wellpath, for evaluation and scoring. The flag shall incorporate a modifier to indicate the level of risk which shall only be visible within the Clinician's Gateway System. The flag shall be used to ensure that AFBH, ACSO, and Wellpath are all aware of the occurrence of higher risk behaviors so appropriate interventions can be made. The flag shall also be historical so that when an individual leaves and returns to custody, the flag shall auto-populate in all relevant systems to ensure the patient is evaluated as soon as possible and to mitigate risk for additional self-harm. Once the flag is implemented, ACSO and AFBH shall work together to conduct appropriate training for relevant staff members.

Finding: Partial Compliance

Policies: Draft-AFBH Santa Rita Jail Intake Policy and Procedure, Draft-AFBH Diagnosing Severe Mental Illness (SMI) Policy and Procedure, ACSO Policy and Procedure 11.40 Scope of Intake, Classification and Medical Screening Procedures

Training: AFBH Module 5-Red Flags & Special Circumstances

Metrics: Interviews with Staff

Assessment: The BIA currently in use includes a LOC designation and SMI and Suicide Risk "flags." AFBH staff can now enter the incarcerated person's LOA and both Suicide and Self-Harm flags into ATIMS. Suicide flags are being entered into ATIMS when noted on the BIA or when a person is placed on IOL. Some inconsistency has been noted by supervisors regarding the use of the flags. AFBH will be continuing its efforts to ensure that all flags and the LOC designations are provided for all incarcerated persons.

Recommendation(s):

1. AFBH needs to ensure that all staff are appropriately trained to use the LOC and "flags."

2. Supervisors need to review and audit compliance with the use of the “flags.”
3. The draft AFBH Santa Rita Jail Intake Policy and Procedure needs to be completed and include all related forms and training.
4. While not a requirement of the Consent Decree, an EMR that is also a “practice management system” and allows for “user-friendly” collection and manipulation of data elements and convert these into reports for auditing and compliance monitoring should be considered. It appears that the current EMR, Clinician’s Gateway, does not meet these specifications. Concerns regarding the ability of the current system to support the requirements of the Consent Decree are valid and the timeframe for a new system needs to be considered urgent since the Consent Decree will require data gathering for auditing and compliance in the future.

713. i. Develop and implement policies and procedures to provide for the timely verification of medications within twenty-four (24) hours for newly arriving inmates to prevent delays in medication continuity upon arrival to the facility.

Finding: Partial Compliance

Policies: Draft-ACBH Psychiatric Medications Verified/Bridge/Delivery Policy and Procedure

Training: Needs Development

Metrics: Interviews with Staff; AFBH Consent to Obtain Medication Verification form

Assessment: Since the last reporting period, the “ACBH Psychiatric Medications Verified/Bridge/Delivery” policy, which comprehensively addresses the process, has been further developed and reviewed by this Expert. It is now in its final form and pending review and approval by all appropriate parties.

In policy and practice, medications are verified within 24 hours by the on-site psychiatric Provider or on-call Telecare psychiatrist and entered in CorEMR (the Wellpath EMR). If medications cannot be verified, the person will be placed on the scheduled psychiatrist’s “Interim Care Coordination” (ICC) schedule for the following day.

A Bridge Medication report is produced monthly, and the information is available for review. The report details, by person, if a verification request was made and the outcome of the verification (e.g., person referred to ICC, medications ordered, verification received).

Recommendation(s):

1. All reviews of the draft “ACBH Psychiatric Medication Verification/Bridge/Delivery” policy need to be completed, and the policy finalized.
2. Training of all appropriate staff will be necessary.
3. Use of the “Continuity of Care Psychiatric Medications” audit tool needs to be initiated and reviewed.

714. j. Ensure that all mental health intake interviews and assessments conducted in ITR shall occur in private and confidential spaces. Staff shall inform newly arriving individuals how to request mental health services. Upon completion of the intake screening form staff

shall refer individuals identified as having mental health concerns for a follow-up assessment.

Finding: Partial Compliance

Policies: Draft-AFBH Santa Rita Jail Intake Policy and Procedures

Training: N/A

Metrics: Observations, Interviews with Staff

Assessment: Since the last reporting period, ACSO allocated an additional “booth” in the ITR area for intake assessments. There are now two booths which offer confidentiality. When necessary, assessments are also being conducted in the AFBH Clinic. However, as previously reported, this area provides no confidentiality. Based on current SRJ intake flow, the two booths appear to be sufficient for allowing AFBH to conduct intakes in a timely manner.

A draft comprehensive intake policy, the “AFBH Santa Rita Jail Intake,” has been recently developed.

At intake after completing the BIA Tool, Clinicians inform individuals about the mental health services available from AFBH. Individuals are informed that they can request mental health services by requesting an AFBH referral from Wellpath or an ACSO Deputy.

Recommendation(s):

1. The draft “AFBH Santa Rita Jail Intake” policy needs to be completed.
2. Training on the entire intake process should follow completion of the policy.

715. k. Prior to accepting custody of any arrestee, Jail personnel conduct a pre-booking screening of all individuals while they are still in the custody of an arresting officer to identify potentially urgent medical and/or emergent mental health issues and are deferred to outside treatment when necessary, including if arrestees indicate they are suicidal. Arrestees who express suicidality during the pre-booking screening shall be assessed to determine if they meet criteria under Welfare and Institutions Code § 5150 (“Section 5150”). Individuals who meet criteria under Section 5150 are deferred to psychiatric care and treatment and are not admitted to the Jail. Subsequent admission to the Jail of individuals who were deferred to outside medical or mental health treatment shall be predicated upon obtaining clearance from a community hospital.

Finding: Substantial Compliance

Policies: Draft-AFBH Santa Rita Jail Intake Policy and Procedures

Training: Needs Development

Metrics: Interviews with Staff

Assessment: Prior to accepting an arrestee into custody, Wellpath nursing staff perform an assessment of the arrestee’s physical condition and mental health state to determine whether they are appropriate to accept into the SRJ. AFBH ITR staff may be requested to assist in the

mental health assessment. If the person is deemed inappropriate for booking for medical reasons and/or meets criteria for the Welfare and Institutions Section 5150, the arresting agency will be responsible for taking the individual for a medical clearance prior to returning to SRJ.

Recommendation(s):

1. The draft AFBH Santa Rita Jail Intake policy and procedure needs to be completed.

716 I. Defendants shall implement quality assurance policies and procedures that provide for periodic audits of the intake screening process in accordance with the standards set forth above.

Finding: Non-Compliance

Policies: Draft-AFBH Santa Rita Jail Intake Policy and Procedures

Training: AFBH Module 3-ATIMS, Module 4-Clinician's Gateway

Metrics: Interviews with Staff

Assessment: Development and implementation of quality assurance measures will require a comprehensive and detailed intake assessment policy and procedure. At this time, there is some information regarding the intake process and referrals drawn from the CG. But, to ensure that the information regarding intake activities is complete, an interface with ATIMS or other means of verification using the ACSO information is necessary. Quality assurance processes related to the ITR Clinician's responsibilities will require a detailed intake policy and procedure which currently does not exist.

Recommendation(s):

1. The draft AFBH Santa Rita Jail Intake policy needs to be completed.
2. Develop and implement an AFBH policy addressing quality assurance for the intake process with related forms and training.
3. AFBH supervisory staff needs to conduct service delivery audits according to the established policy.
4. Quality assurance processes need to be modified and enhanced as the service system is expanded.

717. a. Conduct all mental health clinical and psychiatric encounters in confidential settings, with consistent providers, and ensure such encounters are of appropriate clinical duration. Cell-side check-ins are presumed to be inappropriate for clinical encounters absent clinically appropriate extenuating circumstances, such as when an inmate refuses to leave their cell. ACSO escort staff shall be made available as necessary to ensure that clinical contacts occur in confidential settings. Defendants shall also assess the current space available for incarcerated persons housed in Step 1, Step 2, or Therapeutic Housing Units located in Maximum custody units for clinical interviews and develop a plan for increasing access to appropriate, private, spaces for clinical interviews within six (6) months of the Effective Date. Individuals housed outside of these areas shall continue to be seen confidentially, including in AFBH's clinical offices. In addition to interim measures to address these issues, Defendants shall use best efforts to construct and activate the

Mental Health/Program Services Building which will provide programming, medical and mental health treatment and administrative space at SRJ.

Finding: Non-Compliance

Policies: N/A

Training: N/A

Metrics: Observations, Interviews with Staff, ACSO Proposed Conversion Floor Plans

Assessment: Since the last report, AFBH has continued to emphasize the delivery of tabletop therapeutic services and reduction of cell-side encounters. Currently, cell-side therapeutic encounters are limited to those situations where safety and security are concerned. In these cases, interventions are short in duration, lack clinical depth and confidentiality is forfeited.

During this (third) tour, attorney visitation booths in THU 9 were reviewed for their use as confidential meeting areas. While not ideal, these booths appear to be appropriate for clinical encounters until other, better areas become available. AFBH is encouraged to utilize these areas.

In response to concerns regarding the lack of confidential meeting areas expressed by the Joint Experts, ACSO responded with identification and detailing of areas for therapeutic activity including visitation areas and multi-purpose rooms. However, there has been no development in plans to retrofit these existing areas for confidential clinical meetings. Designs for new individual meeting spaces in the THUs were provided by ACSO in late April 2022, but these have not been implemented and, as of this report, do not appear to be forthcoming within the next year.

Recommendation(s):

1. AFBH to initiate the use of the attorney visitation booths in THUs for clinical encounters.
2. Continue active, frequent discussion of plans for establishing confidential meeting areas on units that will be used primarily for incarcerated persons with mental health disorders.
3. The current draft plans for a single meeting space per three-pod area (two per unit) will not be enough for the number/frequency of clinical encounters to be provided in the THUs.
4. Conduct staffing analysis to determine not just the space needs but the clinical and custodial personnel required to comply with the provision.
5. Maintain cell-side encounters to only those situations where the person adamantly refuses to leave their cell and/or true safety concerns for the person and staff exist.

718. b. Implement an electronic tracking system aimed at improving the process of referring patients to mental health services and tracking the timeliness of said referrals. This tracking system shall include alert and scheduling functions to ensure timely delivery of mental health services.

Finding: Partial Compliance

Policies: Draft-AFBH Santa Rita Jail Intake Policy and Procedure

Training: Needs Development

Metrics: Interviews with Staff, AFBH Half-Sheet Referral Form

Assessment: Referrals to AFBH continue to be made via phone calls, on paper and ATIMS. Non-emergency requests for services by ACSO are predominantly made on the AFBH Half-Sheet Referral Form. Upon receipt, AFBH staff reviews the form and sets an appointment with the incarcerated person. The referral information is presently entered into the CG system. AFBH has developed a new referral form which has been approved by this Expert and which needs to be implemented. Wellpath enters medical service requests and other details, e.g., medication refusals into ATIMS and a daily report is provided to AFBH to initiate services. There is a draft AFBH policy which addresses the referral processes and how these are audited.

Electronic referrals will be achieved by AFBH utilizing a dedicated email to receive and respond to referrals. Incarcerated persons will be able to access AFBH via tablets and messages to this dedicated email. It is unclear whether this process will satisfy the requirements of the provision.

Recommendation(s):

1. Review AFBH's current EMR (Clinician's Gateway) to determine whether it can support an electronic referral system and specifically whether the system includes alert and scheduling functions; meet with appropriate representatives to discuss an electronic referral mechanism for mental health services.
2. Finalize the draft policy regarding how referrals will be made; include discussions with ACSO, Wellpath and internally within AFBH.
3. Refer to Provision #709 for additional recommendations.

719. c. Develop and implement a policy addressing timelines for the completion of routine and emergency mental health referrals in accordance with community correctional and professional standards.

Finding: Partial Compliance

Policies: Draft-AFBH Santa Rita Jail Intake Policy and Procedure

Training: Needs Development

Metrics: Interviews with Staff

Assessment: While there has been an improvement in the development of essential policies and procedures, a policy addressing referrals and how compliance will be monitored and audited needs to be finalized.

Recommendation(s):

1. Develop, finalize and implement an AFBH policy addressing referral processes and required timelines for routine and emergency mental health referrals with related forms and training.
2. AFBH supervisory staff needs to conduct audits of the referral process to assess compliance and determine correction actions.
3. Refer to Provisions #706, #707, #708 and #709 for additional recommendations.

720. d. Provide appropriate training to ensure that psychiatric referrals are submitted as clinically indicated.

Finding: Non-Compliance

Policies: Draft-AFBH Santa Rita Jail Intake Policy and Procedures

Training: Needs Development

Metrics: AFBH Half-Sheet Referral Form; ATIMS "Medical Notes" report

Assessment: Training specific to the psychiatric referral process has not been developed. Recently, psychiatric Providers were trained on the use of the LOC. They are now expected to assess and determine the client's LOC at each therapeutic encounter and enter the information on/in the appropriate forms/formats to allow for communication to other AFBH staff and ASCO.

Recommendation(s):

1. AFBH needs to finalize the draft Intake policy.
2. As necessary, AFBH needs to develop a policy and procedure for psychiatric referrals.
3. Refer to Provision #709 for further recommendations.
4. Following the update of the referral processes, AFBH provides training to all employees and contractors regarding the revised mental health referral policy and procedure.
5. Revise training when the policy is revised/updated.

721. e. Develop and implement quality assurance policies and procedures that provide for periodic audits of the mental health care provided at the Jail in accordance with the standards set forth in this section.

Finding: Partial Compliance

Policies: AFBH Internal Peer Review Quality Assurance; External Peer Review and Credentialing, ACSO Policy and Procedure 13.22 Medical Quality Assurance Process for the Detention and Corrections Inmate Health Care System

Training: Requires Development

Metrics: Interviews with Staff

Assessment: As previously reported, AFBH is planning to develop a dedicated Quality Assurance (QA) Team. However, at this time there is only one member, the Medical Director Lead for QA. A policy outlining comprehensive quality assurance practices for the delivery and monitoring of mental health services has not been developed. But, several policies developed during this period have included proof-of-practice measures with concomitant reports to support the efforts.

Recommendation(s):

1. Continue developing the QA team; assign appropriate staff to QA duties.
2. Develop and implement the updated AFBH policy addressing QA processes for the various services with related forms and training.

3. AFBH supervisory staff needs to conduct service delivery audits according to the established policy.
4. Modify and enhance QA as the service system is expanded.

722. Defendants shall develop and implement the mental health levels of care, including a list of the clearly defined levels of care which shall describe the following: (1) level of functioning, and (2) service components, including treatment services, programming available, and treatment goals (“Levels of Care”).

Finding: Partial Compliance

Policies: Draft-AFBH Levels of Care Policy and Procedures

Training: AFBH Module-Levels of Care for Individuals Incarcerated at Santa Rita Jail

Metrics: Interviews with Staff, Exhibit C of Consent Decree

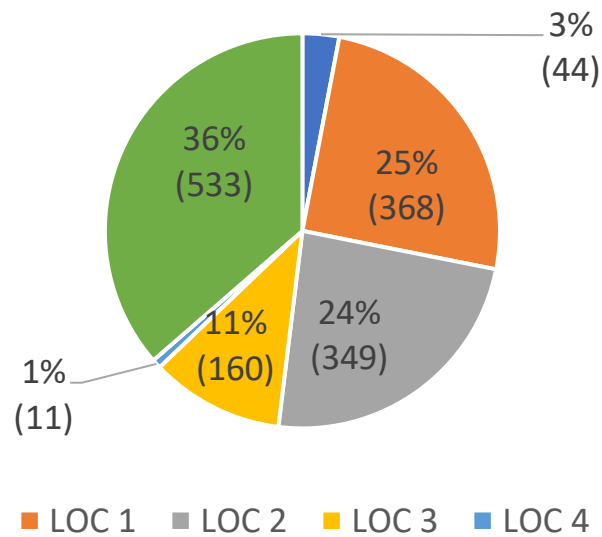
Assessment: AFBH has completed a LOC policy consistent with Exhibit C of the Consent Decree which presents the intended “Mental Health Levels of Care” model to be implemented. The document describes each level’s clinical presentation and the service components (type and frequency) that are to be provided. To ensure that all incarcerated persons have been assessed for mental health issues, AFBH has added another level, LOC “X,” to identify incarcerated persons that have been assessed but are clinically determined to not need mental health services and are not requesting mental health services. As the THUs are implemented, the clinical criteria for the levels has been modified to provide greater clarity to the clinical staff.

AFBH has provided training to its Qualified Mental Health Professionals (QMHPs) and use of the levels format is ongoing. Most recently (July 2023), psychiatric Providers were provided training on the determination of LOC. AFBH requires that all incarcerated persons be assessed a mental health LOC and that QMHPs reassess levels during clinical encounters. AFBH administration has indicated that more training is necessary.

Great strides have been made in assessing the LOC of the SRJ population; emphasis has been placed on assessing at intake given that the current BIA includes the LOC. ATIMS has been modified to accept LOC determinations; allowing ACSO staff to know the incarcerated person’s mental health status.

There are now three reports reflecting the AFBH caseload by LOC produced at regular intervals: the Biweekly LOC Percentage (summary), Biweekly Caseload Report (by client and level) and The LOC Data Report (weekly, by client).

6 MONTH LOC % (Jan-June)



At this time, all persons on the current AFBH caseload and all intakes (with minor exceptions as shown below) have been designated a LOC. The AFBH caseload in LOC Reports for the year 2023 are shown below.

Report Date	LOC 1	LOC 2	LOC 3	LOC4	LOC X	Pending LOC ("O")	Totals
1/09/23	29% n=422	24% n=351	11% n=169	1% n=16	29% n=436	6% n=85	1,479
1/23/23	28% n=415	24% n=356	10% n=154	1% n=12	32% n=473	5% n=71	1,481
2/06/23	26% n=386	24% n=357	10% n=144	1% n=17	34% n=513	5% n=70	1,469
2/20/23	25% n=367	25% n=372	10% n=152	1% n=13	34% n=495	4% n=63	1,452
3/06/23	24% n=351	25% n=369	10% n=154	1% n=11	38% n=559	2% n=35	1,479
4/04/23	24% n=349	25% n=372	11% n=165	1% n=9	37% n=556	2% n=33	1,484
4/17/23	22% n=328	24% n=348	11% n=163	0% n=0	40% n=586	2% n=29	1,454
4/24/23	24% n=341	24% n=338	12% n=165	1% n=11	38% n=533	2% n=23	1,411
5/23/23	24% n=358	23% n=340	11% n=163	0% n=0	39% n=572	2% n=25	1,458
6/05/23	26% n=389	23% n=344	11% n=168	1% n=12	39% n=590	1% n=22	1,525
Average	371	355	160	10	531	46	

The following observations of the AFBH caseload are worthy of mention and further consideration:

- It is notable that the number of persons pending an LOC (i.e., not having been assessed) has been steadily decreasing over the months, from 6% to 1%.
- The number of persons with an LOC 4 is relatively low given the size of the overall AFBH caseload.
- The size of the LOC X group, i.e., persons not assessed as having a mental health issue and also refusing services, has been steadily increasing, from 29% to 39% of the overall caseload.

When compared with the entire SRJ population, the AFBH caseload is approximately 50% of the population. This is consistent with national statistics for mental health disordered persons in jail settings. The data for 2023 is shown below:

2023	Average Totals LOC 1-4	SRJ Population/ Last Day of Month	AFBH Caseload v. SRJ Population
January	948	1,961	48%
February	890	1,888	47%
March	885	1,771	49%
April	863	1,744	49%
May	861	1,770	48%

Recommendation(s):

1. The review and approval process of the draft Levels of Care Policy and Procedure needs to be completed.
2. Psychiatric Providers need to be using the LOC model.
3. Full implementation of the LOC needs to be monitored by the QA Team and Supervisors.
4. ACSO needs to have a means of obtaining aggregate LOC data daily.
5. ACSO together with AFBH should use the aggregate LOC data to determine the need for additional THUs.

723. Provide that mental health clinicians offer encounters that are clinically appropriate, of clinically appropriate duration and conducted in confidential settings with consistent providers. The phrase “clinically appropriate” shall be defined to refer to the quality and quantity of mental care necessary to promote individual functioning within the least restrictive environment consistent with the safety and security needs of the patient and the facility, to provide patients with reasonable safety from serious risk of self-harm, and to ensure adequate treatment for their serious mental health needs.

Finding: Partial Compliance

Policies: Need Development

Training: Needs Development

Metrics: Interviews with Staff, Observations, AFBH Chart Reviews

Assessment: Due to the continued AFBH staffing limitations, a range of clinically appropriate services is not being provided. AFBH's efforts are focused on assessing all incarcerated persons at intake, identifying those at risk of self-harm or harm to others and in need of mental health intervention, and assisting ACSO in placing these incarcerated persons in the safest possible housing environment. AFBH Clinicians provide follow-up visits and contacts with incarcerated persons in housing units and in the clinic on IOL status and respond to crisis intervention and safety cell placement requests. AFBH psychiatrists are conducting medication assessments and follow-up encounters. However, these therapeutic efforts are not sufficient to comply with the expected type, frequency and duration as defined in the THU protocol.

Despite these limitations, the piloting of the THUs in Units 9, 24 (currently replaced by Housing Unit 21 while Housing Unit 24 is offline for construction) and 35 has improved the quality of mental health attention and services to incarcerated persons on these units. AFBH has also placed a dedicated team in Restrictive Housing Unit 1 to address clinical issues. While not a THU, the staffing increase will provide a more appropriate level of response and treatment.

The ability to provide appropriate clinical services is also negatively impacted by the lack of proper, confidential meeting areas. This results in most clinical encounters occurring at tables in the housing unit's dining/day room area and, when security and safety are concerns, cell-side.

Individualized support and counseling services (identifying triggers, developing coping skills, care and case management) are being provided. AFBH also provides supportive and therapeutic strategies such as informative hand-outs, art, worksheets, information on diagnoses, skill building exercises, sleep methods, information on breathing and meditation techniques, and information on community-based resources. However, intensive individual services are not being provided; treatment plans are not being developed or monitored.

Recommendation(s):

1. AFBH needs to develop policies regarding the therapeutic services to be provided both in the THUs and wherever incarcerated persons with a mental health LOC designation are housed.
2. As AFBH staff and contracted clinical services increase, a greater range and frequency of therapeutic services in the various housing areas where persons on the mental health caseload are housed should be provided.
3. ACSO and AFBH to continue to work together in the design of the THUs to ensure that sufficient staffing is available for clinically meaningful interventions and space is allocated for confidential meetings.

724. Identify clinically appropriate spaces for the provision of group and individual therapy and provide that these areas are available for use in providing confidential therapy and are given priority for such use.

Finding: Partial Compliance

Policies: N/A

Training: N/A

Metrics: ACSO Proposed Conversion Floor Plans

Assessment: THUs in the SRJ continue to lack space for appropriate therapeutic encounters; the most significant factor being the inability to safeguard confidentiality. A few areas have been identified outside of the housing units (visiting areas and “multi-purpose” rooms) for possible repurposing and discussions between ACSO and AFBH have taken place. But, efforts at making these areas fit for therapeutic activity have been very limited. Additionally, the draft plans for construction of individual, confidential meeting spaces (inside the housing units) have been developed but have not been acted upon.

During the most recent tour, a decision was made to utilize attorney visitation booths for individual counseling sessions. It is expected that AFBH and ACSO will continue the effort to implement these areas.

Clinicians are being encouraged by AFBH supervisors to conduct therapeutic encounters in day-room areas and require the support of ACSO housing unit staff.

Recommendation(s):

1. ACSO and AFBH to implement use of the attorney visitation booths for individual sessions.
2. ACSO and AFBH to objectively review treatment space needs according to the THU LOC requirements.
3. Consider all options for repurposing and retrofitting space for clinical services.
4. ACSO protocols should prioritize multi-purpose areas for the provision of AFBH clinical services.
5. ACSO to ensure sufficient staffing to support clinical encounters when spaces are identified.
6. Refer to Provision #717 for additional recommendations.

725. Provide out-of-cell programming, including but not limited to group therapy, education, substance abuse counseling, and other activities for inmates housed in Restrictive Housing Units and Therapeutic Housing Units.

Finding: Partial Compliance

Policies: Require Development

Training: Requires Development

Metrics: Interviews with Staff, Observations, Out-of-Cell Tracking Reports, Structured Activity Tracking Report

Assessment: AFBH provides group and individual out-of-cell programming through its contracts with Telecare and Options. Telecare provides three/four groups daily with up to six participants, in THUs 9, 24 (currently replaced by Housing Unit 21 while Housing Unit 24 is offline for construction) and 35. There is no evidence of group therapy being conducted in Restrictive Housing Units.

ACBH’s contract with Options Recovery Services (Options) provides on-site individual substance use counseling services and re-entry referrals to community services at SRJ. Options staff

currently see individual clients in the AFBH Clinic. During the intake process, AFBH staff will identify persons in need of substance use counseling and will make a direct referral to Options. AFBH would like to expand Options' services into housing units. Substance abuse services are critical and need to be expanded.

As restrictions for jail access have been reduced, it is very important that community service providers be permitted entry into the Jail. According to AFBH, as access to the SRJ is increased, additional contracted substance use providers will be returning on-site to provide services to clients.

Recommendation(s):

1. Based on current estimates of the mental health caseload, AFBH needs to determine the number of out-of-cell programming service hours required in the various areas where persons with a mental health LOC designation are housed.
2. AFBH to determine staff deployment based on service hours required; determine whether AFBH staffing requires modification.
3. ACBH to establish contracts with outside vendors as necessary.
4. As staff and/or contracted clinical services increase, AFBH to increase the range and frequency of therapeutic services and out-of-cell programming for the mental health caseload.
5. AFBH and ACSO to establish accurate metrics to assist with monitoring out-of-cell and structured activity time which this Expert understands is currently being explored by ACSO through the Guardian RFID system in conjunction with Joint Expert Terri McDonald.
6. Therapeutic groups for AFBH clients in Restrictive Housing needs to be developed and provided.

726. Provide regular, consistent therapy and counseling in group and individual settings as clinically appropriate.

Finding: Partial Compliance

Policies: Require Development

Training: Requires Development

Metrics: Interviews with Staff; Chart Reviews

Assessment: Clinically appropriate individual and group therapy are not being provided at this time to the extent required by the THU Protocol and the LOC Policy and Procedure. As previously stated, AFBH has an insufficient number of clinicians. This lack of clinicians and the limited, post-COVID involvement of community-based providers are negatively impacting mental health-related service delivery.

AFBH provides group and individual out-of-cell programming through its contracts with Telecare and Options. Telecare is expected to provide three/four groups daily with up to six participants, in THUs 9, 24 (currently replaced by Housing Unit 21 while Housing Unit 24 is offline for construction) and 35. Activity records for the year 2023, January through June are as follows:

Month/Year	Total # of Groups Held
January 2023	73
February 2023	64
March 2023	102
April 2023	87
May 2023	95
June 2023	71

Assuming there were three groups held per day in the six-month period (except federal holidays), there would be at least 515 groups held. The reports indicate that a total of 490 groups were conducted, which is 93% of the expected number. According to the monthly Telecare Groups activity reports, the average number of group participants was four.

AFBH Clinicians provide follow-up visits and contacts with incarcerated persons in housing units and in the Clinic, follow-up with persons on IOL status, and respond to requests for crisis intervention and safety cell placements. AFBH psychiatric Providers are conducting medication assessments and follow-up encounters. While the pilot THUs in Units 9, 24 (currently replaced by Housing Unit 21 while Housing Unit 24 is offline for construction) and 35 have resulted in a concentration of clinical efforts, there is still an insufficient number of staff persons to operationalize the THUs as designed.

The ability to provide appropriate clinical services is also limited by the lack of proper, confidential meeting areas. This results in most clinical encounters occurring at tables in the housing unit's dining/day room area. It is expected that this issue will be remediated with the use of the visiting booths and implementation of plans for unit confidential spaces.

Recommendation(s):

1. AFBH to develop policies regarding the therapeutic services, including descriptions and specifications of individual and group interventions, to be provided both in the THUs and wherever persons with a mental health LOC designation are housed.
2. As AFBH staff and/or contracted clinical services increase, a greater range and frequency of therapeutic services in the various housing areas where persons on the mental health caseload are housed should be provided.
3. AFBH to work with ACSO in the design of permanent spaces and staffing allocation for the THUs which will allow for confidential, clinically appropriate encounters.

727. Provide in-cell activities, such as therapeutic and self-help materials to decrease boredom and to mitigate against isolation.

Finding: Partial Compliance

Policies: Needs Development

Training: Requires Development

Metrics: Interviews with Staff, Observations

Assessment: AFBH Clinical Managers report that Clinicians provide clients with reading assignments/suggestions and therapeutic activities/worksheets. This, however, was not reported to consistently take place.

Recommendation(s):

1. AFBH to research current self-help materials for a range of clinical diagnoses and, upon review and approval, obtain/purchase as necessary.
2. AFBH to work with ACSO to ensure that selected self-help materials are acceptable to security.
3. AFBH to develop policies regarding the use of self-help materials to be disseminated wherever persons with a mental health LOC designation are housed; to include documentation of efforts and training.
4. AFBH to research the availability and applicability of therapeutic, self-help materials on electronic tablets; discuss with ACSO and vendor.
5. AFBH and ACSO to develop a system to track issuance and engagement.

728. Develop formal clinical treatment teams comprised of clinicians and other appropriate staff for each Therapeutic Housing Unit and Restrictive Housing Unit to deliver mental health care services to Behavioral Health Clients housed in those units within six (6) months of the Effective Date. These teams shall work similar schedules and be co-located in an adequately sized space to allow for frequent treatment team meetings for each individual client and collective pods, which shall enable them to collaborate on providing programming for their assigned housing units. For Behavioral Health Clients not housed in a Special Handling Unit, a clinician and/or another provider shall be assigned as needed.

Finding Partial Compliance

Policies: Draft-AFBH Therapeutic Housing Units Protocol

Training: Requires Development

Metrics: Interviews with Staff

Assessment: AFBH continues to operate pilot THUs in Units 9, 24 (currently replaced by Housing Unit 21 while Housing Unit 24 is offline for construction) and 35 with dedicated clinical teams providing services. The clinical team consists of two psychiatric Providers, two Behavioral Health Clinicians, and one Mental Health Specialist. A dedicated team of clinicians has also been assigned to Restrictive Housing Unit 1. There is an insufficient number of clinicians to consistently implement all the required treatment services.

Recommendation(s):

1. Refer to Provisions #200/204, #702, #723 and #726.

729. Develop and implement policies and procedures to establish treatment teams to provide formal, clinically appropriate individualized assessment and planning (treatment plans) for Behavioral Health Clients receiving ongoing mental health services. Assessment and planning for mental health services includes, at minimum, diagnosis or diagnoses; a brief explanation of the inmate's condition(s) and need for treatment; the anticipated

follow-up schedule for clinical evaluation and assessment including the type and frequency of diagnostic testing and therapeutic regimens if applicable; and counsel the patient about adaptation to the correctional environment including possible coping strategies.

Finding: Partial Compliance

Policies: Draft-AFBH Therapeutic Housing Units Protocol, ACSO Policy and Procedure 13.01 Medical and Mental Health Care

Training: Requires Development

Metrics: None

Assessment: Refer to Provisions #200/204, #702, #723 and #726.

Recommendation(s):

1. Refer to Provisions #200/204, #702, #723 and #726.
2. AFBH needs to develop a policy and procedures specific to Treatment Teams.

730. Individualized mental health treatment plans shall be developed for all Behavioral Health Clients by a Qualified Mental Health Professional within thirty (30) days of an incarcerated person's initial mental health assessment at intake or upon referral. Plans shall be reviewed and updated as necessary at least every ninety (90) days for Behavioral Health Clients generally and every thirty (30) days for SMI Clients, and more frequently as needed. The treatment plan shall include treatment goals and objectives including at least the following components: (1) documentation of involvement/discussion with the incarcerated person in developing the treatment plan, including documentation if the individual refuses involvement; (2) frequency of follow-up for evaluation and adjustment of treatment modalities; (3) adjustment of psychotropic medications, if indicated; (4) when clinically indicated, referrals for testing to identify intellectual disabilities, medical testing and evaluation, including blood levels for medication monitoring as required; (5) when appropriate, instructions about diet, exercise, incarcerated personal hygiene issues, and adaption to the correctional environment; (6) documentation of treatment goals and notation of clinical status progress (stable, improving, or declining); and (7) adjustment of treatment modalities, including behavioral plans, as clinically appropriate. The treatment plan shall also include referral to treatment after release where recommended by mental health staff as set forth in Section III(I) (Re-entry Planning). Where individuals are re-entryd from suicide precautions, the plan shall describe warning signs, triggers, symptoms, and coping strategies for if suicidal thoughts reoccur.

Finding: Non-Compliance

Policies: Require Development

Training: Requires Development

Metrics: Interviews with Staff

Assessment: Treatment plans are not being developed.

Recommendation(s):

1. AFBH needs to develop a policy related to mental health treatment plans (initial and follow-up) as specified in the Consent Decree; develop the appropriate form(s); submit for review and approval.
2. AFBH must conduct training on the treatment plan policy/procedures as necessary.
3. AFBH must develop an auditing/monitoring process for compliance with treatment plan policy.

731. Develop and implement policies and procedures to provide consistent treatment team meetings to increase communication between treating clinicians, provide a forum for the discussion of difficult or high-risk individuals, and assist in the development of appropriate treatment planning. AFBH shall consult with ACSO regarding an individual's treatment plan as deemed appropriate by a Qualified Mental Health Professional and in a manner which protects client confidentiality to the maximum extent possible consistent with HIPAA requirements.

Finding: Partial Compliance

Policies: Draft-AFBH Therapeutic Housing Units Protocol, ACSO Draft Crisis Communications for Corrections Training

Training: Requires Development

Metrics: Interviews with Staff

Assessment: At this time, a weekly Therapeutic Housing Committee meeting is being held to discuss clients from the three THUs and their mental health issues. The goal of the meetings is to determine how the teams can improve the adaptation and stabilization of the persons on the units. There are daily "huddles" at each THU where treatment team members share and discuss persons of concern and daily "rounds" of persons with a LOC 4 designation. Refer to Provision #702 and #704.

Recommendation(s):

1. Refer to Provisions #702 and #704.

732. Provide information discussed in treatment team meetings to medical providers when indicated to ensure communication of relevant findings and issues of concern.

Finding: Partial Compliance

Policies: Draft-AFBH Therapeutic Housing Units Protocol, ACSO-Draft Crisis Communications for Corrections Training

Training: Requires Development

Metrics: Interviews with Staff

Assessment: Refer to Provision #731

Recommendation(s):

1. Refer to Provision #731.

733. Provide calming and restorative instruction, which may include incarcerated person classes or groups on a regularly scheduled basis in units housing Behavioral Health Clients.

Finding: Non-Compliance

Policies: Require Development

Training: Requires Development

Metrics: Observation, Interviews with Staff, Interviews with Incarcerated Persons

Assessment: Individual AFBH clinicians provide services throughout the SRJ wherever AFBH clients are housed with concentrated efforts in the THUs (1, 9, 24 (21 since early June) and 35) and Restrictive Housing Unit 1. Refer to Provisions #725 and #726.

Telecare groups are held in THUs 9, 24 (currently replaced by Housing Unit 21 while Housing Unit 24 is offline for construction) and 35 on a regular basis. Telecare is contracted to provide three/four groups daily, in THUs 9, 24 (currently replaced by Housing Unit 21 while Housing Unit 24 is offline for construction) and 35; with up to six participants per group. Activity records for the year 2023, January through June are as follows:

Month/Year	Total # of Groups Held
January 2023	73
February 2023	64
March 2023	102
April 2023	87
May 2023	95
June 2023	71

Recommendation(s):

1. AFBH to increase the delivery of therapeutic/counseling services as their staffing increases.
2. AFBH to research the possibility of meditation, yoga, and other calming and restorative therapies for use; determine how these might be made available.

734. Provide substance abuse programs targeted to individuals with co-occurring mental health and substance abuse issues on a regularly scheduled basis for Behavioral Health Clients.

Finding: Partial Compliance

Policies: Require Development

Training: Requires Development

Metrics: Interviews with Staff

Assessment: ACBH contracts with Options to provide on-site individual substance use counseling services and re-entry referrals to community services. However, the contracted services are insufficient; additional substance abuse services are necessary.

Recommendation(s):

1. Additional contracted and/or volunteer community-based substance use treatment providers should be permitted to provide on-site services.
2. In the future, ACBH will need to increase the contractual arrangement with Options or other providers and/or AFBH staff will need to provide the substance use programming to meet the Consent Decree provisions.
3. AFBH to ensure that policies, with related forms and training, for substance abuse services are developed and followed by AFBH and contracted staff.

735. Provide daily mental health rounds in Restrictive Housing Units and Therapeutic Housing Units to allow for direct observation of and interaction with the incarcerated individual, including face-to-face contact and specific outreach to people on psychiatric medications to check their status. Individuals shall be permitted to make requests for care during these rounds. Where a Qualified Mental Health Professional determines that an individual's placement in Restrictive Housing Unit is contraindicated, they may initiate transfer of the individual to a higher level of care in a Therapeutic Housing Unit.

Finding: Partial Compliance

Policies: Draft-AFBH Therapeutic Housing Units Protocol

Training: Requires Development

Metrics: Interviews with Staff

Assessment: Implementation of the THUs in Housing Units 9, 24 (currently replaced by Housing Unit 21 while Housing Unit 24 is offline for construction) and 35 currently include the assigning of dedicated clinical teams and interdisciplinary "huddles" to discuss unit issues and identify specific persons in need of clinical attention. When a person is identified in a huddle they are being seen. Daily "rounds" for all LOC 4 incarcerated persons were initiated in mid-April in HU 9 and in mid-May for HU 24 (currently replaced by Housing Unit 21 while Housing Unit 24 is offline for construction) and 35.

Incarcerated persons on the AFBH caseload referred for placement in Restrictive Housing are being assessed by QMHP prior to their being determined for Restrictive Housing. The assessment entails an evaluation of whether placement in Restrictive Housing is contraindicated to the person's mental health status. AFBH provide their assessments at the weekly Restrictive Housing Committee meetings and make further treatment-related recommendations.

Refer to Provisions #200/204 and #702.

Recommendation(s):

1. Refer to Provisions #200/204 and #702.

736. Offer weekly face-to-face clinical contacts, that are therapeutic, confidential, and conducted out-of-cell, for Behavioral Health Clients in Restrictive Housing Units and Therapeutic Housing Units.

Finding: Partial Compliance

Policies: Draft-AFBH Therapeutic Housing Units Protocol

Training: Requires Development

Metrics: Interviews with Staff; Chart Reviews

Assessment: Refer to Provisions #200/204, #702 and #723 to #726.

Recommendation(s):

1. Refer to Provisions #200/204, #702 and #723 to #726.

737. Provide additional clinical contacts to individuals in Restrictive Housing Units and Therapeutic Housing Units, as needed, based on individualized treatment plans.

Finding: Non-Compliance

Policies: Draft-AFBH Therapeutic Housing Units Protocol

Training: Requires Development

Metrics: Interviews with Staff

Assessment: Therapeutic contacts are being provided and daily “rounds” are being conducted for certain incarcerated persons in the THUs and Restrictive Housing Units but are not consistently based on individualized treatment plans. Refer to Provisions #730 and #736.

Recommendation(s):

1. Refer to Provisions #730 and #736.

738. Defendants shall ensure individuals expressing suicidal ideation are provided clinically appropriate mental health evaluation and care. Individuals who express suicidal ideation shall be assessed by a Qualified Mental Health Professional and shall not be placed in restrictive housing if a Qualified Mental Health Professional determines they are at risk for suicide.

Finding: Partial Compliance

Policies: Draft-AFBH Preventing Suicide and Self-Harming Behavior Policy and Procedure

Training: Needs Development

Metrics: Interviews with Staff

Assessment: The draft “AFBH Preventing Suicide and Self-Harming Behavior Policy and Procedure” has continued to undergo additional revisions which have been reviewed by this Expert during this reporting period. The policy explains how AFBH assesses suicide at intake (using the BIA) and post-intake with the AFBH Suicide Risk Assessment tool. Based upon the information on the assessments as well as the LOC designation, the person may be placed in a THU, on IOL status, or may warrant an immediate Welfare and Institutions Code Section 5150 referral. AFBH’s ITR Crisis Team conducts an assessment when notified of an incarcerated person expressing suicidal ideation. An assessment is conducted “as quickly as possible” at this time given staff limitations.

Recommendation(s):

1. The AFBH Preventing Suicide and Self-Harming Behavior Policy and Procedure needs to be finalized and approved.
2. Training of all clinicians on the policy must take place.
3. ACSO needs to develop a proof-of-practice which demonstrates that persons identified as needing placement in a THU are placed according to their assigned LOC.
4. AFBH needs to develop a plan for timely response to referrals related to suicide risk.

739. Defendants shall ensure that psychiatric medications are ordered in a timely manner, are consistently delivered to individuals regardless of where they are housed, and are administered to individuals in the correct dosages. Defendants shall integrate the Jail’s electronic unit health records systems in order to share information regarding medication administration and clinical care as appropriate between the Jail’s medical and mental health providers and outside community providers operated through the County. Psychiatric medications prescribed by community-based providers shall be made available to Behavioral Health Clients at the Jail unless a Qualified Mental Health Professional makes a determination that it is not clinically appropriate. Any decision to discontinue and/or replace verified medication that an individual had been receiving in the community must be made by a prescribing mental health provider who shall document the reason for discontinuing and/or replacing the medication and any substitute medication provided. Defendants shall ensure that, absent exigent circumstances, initial doses of prescribed psychiatric medications are delivered to inmates within forty-eight (48) hours of the prescription, unless it is clinically required to deliver the medication sooner.

Finding: Partial Compliance

Policies: Draft-ACBH Psychiatric Medications Verified/Bridge/Delivery Policy and Procedure

Training: Needs Development

Metrics: Interviews with Staff

Assessment: A final draft of the “ACBH Psychiatric Medications Verified/Bridge/Delivery Policy and Procedure” has been approved by this Expert and is being reviewed by ACBH. The policy incorporates all the requirements of the provision and is being piloted pending final approval.

AFBH has developed the Bridge Medications Report which lists “new” clients in need of bridge medications and the outcome of efforts to provide the medication. The report is produced monthly. Quarterly audits of compliance with the policy are not being conducted.

Recommendation(s):

1. The draft policy regarding “Psychiatric Medication Verification/Bridge/Delivery” needs to be approved for implementation.
2. Training of all appropriate staff on the policy will be necessary.
3. The monthly report needs to be reviewed and audited as the necessary documentation for proof-of-practice.
4. Coordination between AFBH and Wellpath needs to be reassured to meet the requirements of the Consent Decree.
5. AFBH and Wellpath need to develop and provide proof-of-practice for the delivery of medications within the 48-hour timeframe.

740. Defendants shall maintain an anti-psychotic medication registry that identifies all inmates receiving two (2) or more anti-psychotic medications, the names of the medications, the dosage of the medications, and the date when each was prescribed. The lead psychiatrist shall review this registry every two (2) weeks to determine: (1) continued justification for medication regimen, (2) whether one medication could be used to address symptoms, and (3) whether medication changes are needed due to an adverse reaction. All determinations and required actions shall be documented.

Finding: Partial Compliance

Policies: Draft-ACBH Polypharmacy Antipsychotic Medication Registry and Monitoring

Training: Requires Development

Metrics: Interviews with Staff

Assessment: As previously reported, the draft “ACBH Polypharmacy Antipsychotic Medication Registry and Monitoring” policy addresses the specific requirements of this provision and has been reviewed and approved by this Expert. The policy details how inmate polypharmacy will be identified and how the prescriptions will be reviewed on a bi-weekly basis. An Audit Registry Tool will be completed to attest to the review. Once approved and implemented, AFBH will need to begin submitting proof of compliance.

Recommendation(s):

1. AFBH to finalize policy reviews and obtain approvals; conduct training.
2. Refer to Provision #742.

741. Defendants shall ensure that health care staff document when individuals refuse prescribed psychotropic medications and follow-up by referring the patient to the AFBH

prescribing provider after four refusals of the same medication in a one-week period or three (3) consecutive refusals of the same medication in a one-week period.

Finding: Partial Compliance

Policies: Require Development

Training: Requires Development

Metrics: Interviews with Staff, ATIMS “Medical-Notes” list

Assessment: According to AFBH administration, when an incarcerated person refuses three medication doses, Wellpath nursing enters a notification into ATIMS. Each day, ACSO runs the “Medical Notes” list and forwards it to AFBH supervisory personnel. The AFBH Licensed Vocational Nurse (LVN) reviews the ATIMS report and identifies any incarcerated persons with medication-related issues. The LVN notifies the appropriate psychiatric Provider who handles the referral and determines the response. The Wellpath policy on “Informed Consent and Right to Refuse” specifies that “if a patient misses four (4) doses in a seven (7) day period, or establishes a pattern of refusal, the patient is referred to the prescribing provider...after the fourth missed dose.”

Recommendation(s):

1. AFBH to develop and implement a policy that addresses “psychotropic medication refusal” in accordance with the Consent Decree; include Wellpath in the development of the procedures.
2. Develop related forms/reports as necessary.
3. Provide proof of compliance with the policy.

742. Defendants shall conduct audits on a periodic basis of 5% of charts of all patients receiving psychotropic medications with the frequency of such audits to be established in consultation with the joint neutral mental health expert to ensure that psychotropic medication is appropriately administered and that referrals for psychotropic medication refusals are being made consistent with policy. Charts will be randomly selected and are to include patients in all applicable housing units.

Finding: Partial Compliance

Policies: Draft-ACBH Polypharmacy Antipsychotic Medication Registry and Monitoring

Training: Requires Development

Metrics: Require Development

Assessment: The audit process required by this provision is included in the draft “ACBH Polypharmacy Antipsychotic Medication Registry and Monitoring Policy and Procedure.”

AFBH’s Medical Director Lead of QA has initiated the “Medication Monitoring Pharmacy Audit” utilizing an audit tool (AFBH Medication Monitoring Tool) developed by the AFBH Psychiatric Provider leadership from measures utilized by other ACBH programs in the community.

To conduct the audits, the ACBH Director of Pharmacy provides a randomized list of five patients per Provider and the audit tool is completed by reviewing medication progress notes. The average progress notes reviewed per patient range from three to eight dates of service. The completed audit tool with a draft summary letter is provided to the Director of Pharmacy for review and a final summary letter report with copies of the audit tools is forwarded to the AFBH Chief Psychiatrist and the individual psychiatric Providers for review. The individual psychiatric Providers are invited to make comments about the review, and follow-up is conducted if needed.

A review for 2022 has been completed and a review for the current year is underway. However, due to time limitations and the lack of a dedicated audit team, a review of 5% of charts (estimated to be double the number of charts reviewed by Provider) has not been achieved.

Recommendation(s):

1. AFBH to finalize the draft policy and conduct appropriate training.
2. AFBH to develop a QA plan with appropriate policies that addresses the requirements of this provision with related forms and training, if necessary.
3. AFBH to continue developing its QA Team; hiring appropriate staff persons to support the Consent Decree provisions.
4. Refer to Provision #740.

743. Defendants shall develop, in consultation with Plaintiffs, a new mutually agreed upon Suicide Prevention Policy and associated training that shall include (a) Safety Cells.

Finding: Partial Compliance

Policies: Draft-AFBH Preventing Suicide and Self-Harming Behavior Policy and Procedure, Draft-ACSO Policy and Procedure 8.12 Inmate Observation and Direct Visual Supervision, Draft-ACSO Policy and Procedure 8.13 Safety Cells, Temporary Holding Cells, and Multipurpose Rooms

Training: Requires Development

Metrics: ACSO Proposed Conversion Floor Plans and Cell Softening

Assessment: In this reporting period, the “AFBH Preventing Suicide and Self-Harming Behavior Policy and Procedure” has continued to undergo revisions and reviews by this Expert. The policy explains how AFBH assesses suicide and responds to suicide risk and how Safety Cells will be used.

Over the past six months, Safety Cell use has dramatically decreased. During most of the months, there was no Safety Cell use; there was one Safety Cell placement in May for less than six hours. According to AFBH administration, Safety Cell use is being phased out in favor of IOL placements. Furthermore, “modified” IOLs are being used more frequently which allow for more individualized, less restrictive arrangements during the IOL placement.

ACSO has provided the Joint Experts with proposed plans for “cell softening” and floor conversion which address the issue of increased suicide resistance on the units. These have been reviewed and modification recommendations have been provided. The project is underway as of June 2023.

Recommendation(s):

1. The “AFBH Preventing Suicide and Self-Harming Behavior Policy and Procedure” needs to be completed, approved as appropriate and training of all clinicians must take place.
2. Refer to Provision #738.
3. AFBH and ACSO should continue to use Safety Cells only in the most exigent of circumstances to protect incarcerated persons and adhere to the 8-hour limit for placement.

744. Use of a safety cell should only be used as a measure of last resort for inmates expressing suicidal ideation and actively demonstrating self-harm. It is a primary goal of this Agreement to phase out the use of such cells to the maximum extent feasible as soon as it is safe to do so. To this end, Defendants shall reconfigure and/or construct suicide resistant cells within six months of the Effective Date. The Parties shall meet and confer within three (3) months of the Effective Date regarding: (1) the status of reconfigurations and/or construction efforts; (2) methods to expedite such efforts including areas to prioritize; and (3) any interim actions necessary to protect the mental health and safety of class members pending the completion of reconfiguration and/or construction efforts.

745. Once that work is completed, Defendants agree to severely curtail the use of safety cells, except as a last resort, and to only use safety cells when an inmate expresses suicidal ideation and is actively demonstrating self-harm and there is no other safe alternative, subject to the limitations set forth below.

746. In the interim, safety cells should only be used in exigent circumstances in which the inmate poses an imminent risk of self-harm. A Qualified Mental Health Professional must evaluate the need to continue safety cell placement within one (1) hour of the initial placement to the extent feasible.

747. Individuals may not be housed in a safety cell for longer than eight (8) hours. During that time, the individual shall be re-assessed by mental health and either transported on a 5150 hold if appropriate or transferred from the safety cell to another appropriate cell, including a suicide resistant cell if necessary.

Finding: Partial Compliance

Policies: Draft-AFBH Preventing Suicide and Self-Harming Behavior Policy and Procedure, Draft-ACSO Policy and Procedure 9.04 Behavioral Health Clients and Therapeutic Housing Inmates, ACSO Policy and Procedure 8.12 Inmate Observation and Direct Visual Supervision, ACSO Policy and Procedure 8.13 Safety Cells, Temporary Holding Cells, and Multipurpose Rooms

Training: Requires Development

Metrics: ACSO Proposed Conversion Floor Plans and Cell Softening

Assessment: Since the last report, there has been negligible use of Safety Cells. When used, events have conformed to the less than eight (8) hour limit. According to AFBH, depending on the person’s psychiatric presentation, other management options are being utilized including placement in a THU, initiation of an IOL, and a Welfare and Institutions Code Section 5150 transfer.

Recommendation(s):

1. AFBH and ACSO should continue to use Safety Cells only in the most exigent of circumstances to protect incarcerated persons and adhere to the 8-hour limit for placement.
2. Continued documentation of Safety Cell placements and monthly review of changes in the pattern of use, i.e., increases.
3. AFBH and ACSO need to ensure consistency and coordination in their respective agency policies and procedures related to the use of Safety Cells and related documentation.
4. A QA mechanism for monitoring compliance with the Safety Cell procedures, especially the eight-hour safety cell maximum needs to be developed and implemented.
5. ACSO needs to attend to the continued development of suicide resistant cells as required by Provision #744.

748. Defendants shall adopt graduated suicide precautions, including use of special purpose cells, reconfigured suicide resistant cells, one-on-one suicide watch, and a step down to suicide precautions with less intensive observation. Cells with structural blind spots shall not be used for housing individuals on suicide precautions. Once Defendants have completed reconfiguration and/or construction of suicide resistant cells, the use of safety cells shall be limited to no more than four (4) hours.

752. Defendants shall develop new policies and associated training, as set forth in Section IV(A), regarding the use of suicide precautions, including one-on-one suicide watch, step down to suicide precautions, and associated cleaning schedules for any cells used for suicide precautions. Defendants shall identify and implement a suicide risk assessment tool to assist staff in the appropriate determination of suicide risk described in Section III(F)(1)(A).

753. Defendants shall also continue to provide ongoing training regarding the appropriate use and development of safety plans with supervisory monitoring and feedback regarding the adequacy of safety plans developed. To the extent it occurs, Defendants shall discontinue the use of language referencing suicide and/or safety contracts.

755. Custody staff, medical staff, or mental health staff may initiate suicide precautions to ensure client safety. If the suicide precaution was not initiated by and then we have 48mental health staff, as soon as possible but at least within four (4) hours absent exigent circumstances, a Qualified Mental Health Professional must conduct a face-to-face assessment of the individual and decide whether to continue suicide precautions using a self-harm assessment and screening tool establishing actual suicide risk as described in Section III(F)(1)(A). The assessment shall be documented, as well as any suicide pr 52eactions initiated, including the level of observation, housing location, and any restrictions on privileges.

756. Individuals placed on suicide watch shall be placed on Close Observation. Individuals on Close Observation sha 52ll be visually observed at least every fifteen (15) minutes on a staggered basis. A Qualified Mental Health Professional may determine that Constant Observation is necessary if the individual is actively harming themselves based on the application of specific criteria to be set forth in written policy. Individuals on Constant Observation shall be observed at all times until they can be transported in accordance with the Jail's Emergency Referral process as outlined in Section III(G)(5) or until a Qualified

Mental Health Professional determines that Constant Observation is no longer necessary. A Qualified Mental Health Professional shall oversee the care provided to individuals placed on either Close Observation or Constant Observation status.

759. A Qualified Mental Health Professional shall complete and document a suicide risk assessment prior to discharging a prisoner from suicide precautions in order to ensure that the re-entry is appropriate, that appropriate treatment and safety planning is completed, and to provide input regarding a clinically appropriate housing placement. Individuals discharged from suicide precautions shall remain on the mental health caseload and receive regularly scheduled clinical assessments and contacts as deemed clinically necessary by a mental health clinician. Unless individual circumstances direct otherwise, mental health staff shall conduct an individualized follow-up assessment within twenty-four (24) hours of re-entry, again within seventy-two (72) hours of re-entry, and again within one week of re-entry.

762. All clinical mental health staff shall receive additional training on how to complete a comprehensive suicide risk assessment and how to develop a reasonable safety plan that contains specific strategies for reducing future risk of suicide.

Finding: Partial Compliance

Policies: Draft-AFBH Preventing Suicide and Self-Harming Behavior Policy and Procedure, ACSO Policy and Procedure 8.12 Inmate Observation and Direct Visual Supervision, ACSO Policy and Procedure 8.13 Safety Cells, Temporary Holding Cells, and Multipurpose Rooms

Training: Requires Development

Metrics: Interviews with Staff, Safety Cell Placement Report, Individual Safety Cell Logs

Assessment: The draft “AFBH Preventing Suicide and Self-Harming Behavior Policy and Procedure” has continued to undergo revisions and review by this Expert since the last report. The policy explains how AFBH assesses suicide and responds to suicide risk. The draft policy is consistent with the requirement of Provisions #748, #752, #753, #755, #756, #759 and #762.

Specific to Provision #748, the draft policy addresses the use of “graduated” responses to suicide risk dependent upon the degree of the assessed risk. These include placement in a THU, transfer to JGPH, placement in Safety Cells, placement in IOL status and placement in a Restraint Chair.

Specific to Provision #752 and #759, AFBH has modified and implemented its AFBH Suicide Risk Assessment tool. The tool is available in the AFBH EHR. The revised tool is used at intake and whenever a person is considered for placement on suicide precautions and prior to being removed from precautions. The decision to re-entry the person is consulted with a psychiatrist, supervisor or manager.

Specific to Provision #753 and #762, the draft policy also addresses the use of Safety Plans in response to an assessment of suicide risk. The Safety Plan document has been developed; implementation is pending final reviews.

Recommendation(s):

1. The “AFBH Preventing Suicide and Self-Harming Behavior Policy and Procedure” needs to be completed to include all details regarding the use of Safety Cells, graduated suicide precautions, Safety Plans, approved and training of all clinicians must take place.
2. Refer to Provision #738 and #743.

757. Individuals placed on suicide precautions shall continue to receive therapeutic interventions and treatment, including consistent out-of-cell therapy and counseling in group and/or individual settings and medication, as clinically appropriate. AFBH shall document in the individual’s mental health record any interventions attempted and whether any interventions need to be modified, including a schedule for timely follow-up appointments. All individuals shall be encouraged to be forthcoming about any self-injurious thoughts and all reports of feeling thoughts of self-harm shall be taken seriously and given the appropriate clinical intervention including the use of positive incentives where appropriate.

Finding: Partial Compliance

Policies: Draft-AFBH Preventing Suicide and Self-Harming Behavior Policy and Procedure, Draft-ACSO Policy and Procedure 9.04 Behavioral Health Clients and Therapeutic Housing Inmates, ACSO Policy and Procedure 13.06 Suicide Prevention

Training: Needs Developing

Metrics: Interviews with Staff; Chart Reviews

Assessment: As previously reported, with the implementation of the THUs, clients on suicide precautions (LOC 4) are receiving greater attention due to the efforts of the dedicated treatment team on the units. All clinical efforts, whether provided or refused, are documented in the person’s individual mental health case file.

Of concern are reports (ACSO Alerts-Person Flags History Modesty Garment Inmate Observation Logs) that show persons placed on Intensive Inmate Observation (IOL) and in a modesty garment (an indicator of suicidal risk) but not housed in an appropriate THU. In the month of June, two males were housed in THU 35 instead of THU 9 and, in May, one male was housed in THU 35 and another in Housing Unit 23, which is not a designated THU.

Recommendation(s):

1. AFBH needs to finalize the “AFBH Preventing Suicide and Self-Harming Behavior Policy and Procedure.”
2. As AFBH staffing levels increase, allocate staff to perform more frequent, as needed (individualized) clinical encounters with persons on suicide precautions/IOL status.
3. Frequency/pattern of individualized assessments need to be documented in the person’s mental health case record.
4. Revision of the current IOL status policy to reflect the requirements of the Consent Decree with concomitant training needs to be made.
5. ACSO and AFBH need to better coordinate to ensure that inmates on IOL/Modesty Garment are placed in THUs appropriate to the assigned LOC.

758. Qualified Mental Health Professionals shall see inmates on suicide precautions on an individualized schedule based on actual suicide risk, for instance, daily or hourly as needed to assess whether suicide precautions shall be continued. These assessments shall be documented including any modifications to suicide precautions deemed necessary, whether the individual refused or requested the assessment cell-side. Where individuals refuse assessment, a Qualified Mental Health Professional shall continue to attempt to see the individual and document all follow-up attempts. Psychiatrists, clinicians, or other providers as appropriate shall meet with custody staff on a daily basis to review any individuals placed on suicide precautions regarding any collaborative steps that should be taken. These meetings shall be documented in the form of minutes stored and maintained by mental health staff or by entry in the individual inmate's record.

Finding: Non-Compliance

Policies: Draft-AFBH Preventing Suicide and Self-Harming Behavior Policy and Procedure, Draft-ACSO Policy and Procedure 9.04 Behavioral Health Clients and Therapeutic Housing Inmates, ACSO Policy and Procedure 13.06 Suicide Prevention

Training: Needs Development

Metrics: Interviews with Staff

Assessment: Efforts to provide clinical services in person and in areas that offer greater privacy are being made. Cell-side services are limited to encounters that are safety/security concerns. While individual and group therapy is not denied of persons in the THUs or on IOL status, the availability of these interventions is limited due to staffing and situations regarding security. All clinical efforts, whether provided or refused, are documented in the person's individual mental health case file.

Incarcerated persons on suicide precautions are either housed in a THU or on IOL status in other units and on 15-minute custody checks. LOC 4 incarcerated persons are seen daily by a mental health clinician.

Recommendation(s):

1. As AFBH staffing levels increase, allocate staff to perform more frequent, as needed (individualized) clinical encounters with persons on suicide precautions/IOL status.
2. Frequency/pattern of individualized assessments need to be documented in the person's mental health case record.
3. Revision of current IOL status policy to reflect the requirements of the Consent Decree with concomitant training.
4. Maintain cell-side encounters to only those situations where the person adamantly refuses to leave their cell and/or true safety concerns for the person and staff exist.
5. Policies regarding therapeutic services need to be developed and implemented.
6. Service delivery needs to be monitored by supervisory staff. AFBH supervisory staff needs to regularly audit clinician caseloads and client records to ensure that all clinical encounters are documented.
7. Refer to Provision #748 and #752.

764. Defendants shall develop and implement updated policies, practices, and associated training regarding reviews of suicides and suicide attempts at the Jail. All suicide and serious suicide attempt reviews shall be conducted by a multi-disciplinary team including representatives from both AFBH and custody and shall include: (1) a clinical mortality/morbidity review, defined as an assessment of the clinical care provided and the circumstances leading to the death or serious suicide attempt; (2) a psychological autopsy, defined as a written reconstruction of the incarcerated person's life with an emphasis on the factors that led up to and may have contributed to the death or serious suicide attempt, (3) an administrative review, defined as an assessment of the correctional and emergency response actions surrounding the incarcerated person's death or serious suicide attempt; and (4) a discussion of any changes, including to policies, procedures, training, or other areas, that may be needed based on the review.

Finding: Partial Compliance

Policies: Draft-AFBH Preventing Suicide and Self-Harming Behavior Policy and Procedure, ACSO Policy and Procedure 8.2 Inmate Death

Training: Requires Development

Metrics: Interviews with Staff

Assessment: ACSO has recently revised its "Inmate Death" policy which details the requirements of a Death Review Board Meeting which AFBH is expected to attend. The Death Review Board Meeting is an administrative review defined as an assessment of the correctional and emergency response actions surrounding the incarcerated person's death or serious suicide attempt and a discussion of any changes, including to policies, procedures, training, or other areas, that may be needed based on the review.

In the draft "AFBH Preventing Suicide and Self-Harming Behavior Policy and Procedure," AFBH will conduct an internal review within 72 hours of these events to ascertain information in a timely manner. This internal AFBH review will encompass an assessment of the clinical care provided and the circumstances leading to the death or serious suicide attempt.

There is also a monthly Suicide Prevention Meeting that includes ACSO and Wellpath representatives where incarcerated persons of concern are discussed.

This Expert has not reviewed any formal "psychological autopsy" defined in this Provision as a written reconstruction of the incarcerated person's life with an emphasis on the factors that led up to and may have contributed to the death or serious suicide attempt.

Joint Experts are receiving notifications of any serious suicide attempts and incarcerated person deaths in line with notifications made to other parties.

Recommendation(s):

1. The formal review process for serious suicide attempts needs to be documented.
2. ACSO to forward any existing psychological autopsy documentation for review by this Expert.

766. Defendants shall develop and implement standards and timelines for emergency referrals and handling of 5150 psychiatric holds for incarcerated persons. For individuals sent to John George Psychiatric Hospital, AFBH in coordination with ACSO, shall coordinate with John George to promote continuity of care, including sharing records and information about what led to decompensation, strategies for treatment, and treatment plans to promote patient well-being after returning to the jail. AFBH shall further reassess the individual upon return to the jail to ensure the individual is stabilized prior to returning them to a housing unit. If AFBH staff determine that the individual is not sufficiently stabilized to safely function in a jail setting, they shall re-initiate a 5150 to John George. AFBH shall track the number of 5150 holds initiated from the Jail and perform a review of all cases where individuals were sent to John George, on at least a quarterly basis, to identify any patterns, practices, or conditions that need to be addressed systematically.

767. The County shall assess and review the quality of the care provided to incarcerated persons sent to John George, or any other psychiatric facilities that accept 5150s from the Jail, including continuity of care between John George and the Jail, the types and the quality of services provided to incarcerated clients and resultant outcomes including any subsequent suicide attempts or further 5150s. In particular, AFBH shall assess inmate/patients upon their return to the Jail to confirm they are no longer gravely disabled and/or suicidal. The County shall develop a process and procedures by which AFBH shall seek input from treating clinicians at John George regarding any needed changes to the individual's treatment plan. The County shall conduct this analysis within sixty (60) days of the Effective Date and develop a plan for addressing any issues, including whether the County could create any alternatives to sending Behavioral Health Clients in crisis to John George. A copy of the analysis and plan shall be provided to Class Counsel.

Finding: Partial Compliance

Policies: Draft-AFBH and JGPH Client Care Coordination Protocol, ACSO Policy and Procedure 8.12 Inmate Observation and Direct Visual Supervision, Draft-AFBH Santa Rita Jail Intake Policy and Procedures, Draft-Therapeutic Housing Units Protocol

Training: AFBH Module 6-John George Pavilion

Metrics: Interviews with Staff

Assessment: As previously reported, the draft "Client Care Coordination Protocol," which addresses the emergency referral process from SRJ to John George Psychiatric Hospital (JGPH) and return from JGPH, has been reviewed by this Expert but was returned for lack of specificity and compliance with the Consent Decree requirements. The draft has not been returned for further review.

AFBH maintains a manual spreadsheet of referrals to JGPH. Policy and accompanying procedures are dated and inaccurate. Currently, JGPH emails AFBH with re-entry documentation regarding any incarcerated person sent to their facility for treatment. Upon return to the SRJ, ITR Clinicians will assess the person using the Criminal Justice Mental Health Program Assessment (331) form before accepting the person's return to the facility.

AFBH and JHPH representatives meet on a monthly basis and continue to have specific care coordination meets for clients of concern who frequent JGPH as needed.

Recommendation(s):

1. The "Client Care Coordination Protocol" needs to be revised, reviewed, and finalized.
2. Training on the final policy needs to be developed and provided.
3. AFBH needs to conduct a review of all referrals to JGPH on a quarterly basis to determine whether the policy and its procedures are being followed and to assess the efficacy of the arrangement.

769. Defendants shall re-orient the way in which all units, including the Therapeutic Housing Units, are managed so that all units provide appropriate access to therapeutic and behavioral health services as appropriate. Placement in and re-entry from a Therapeutic Housing Unit shall be determined by a Qualified Mental Health Professional, in consultation with custody staff as appropriate. Defendants shall provide a sufficient number of beds in the Therapeutic Housing Units at all necessary levels of clinical care and levels of security, including on both the Maximum and on the Minimum and Medium sides of the Jail, to meet the needs of the population.

Finding: Partial Compliance

Policies: Draft-AFBH Therapeutic Housing Units Protocol, Draft-AFBH Levels of Care Policy and Procedure

Training: Requires Development

Metrics: N/A

Assessment: It has been reported that AFBH's clinical decisions on the THUs are not being consistently upheld by ACSO. It is imperative that decisions regarding the placement and removal of a person from a THU be made by the members of the clinical treatment team.

ACSO needs to follow-through on AFBH's placement recommendations (based on the person's LOC) as opposed to focusing on the person's classification security level. Concerns have been raised regarding classification and housing placement challenges when persons do not require a high level of mental health intervention (e.g., LOC 2) but require "maximum security" classification. Conversely, persons in need of a higher level of mental health intervention (e.g., LOC 3) not being housed in the most appropriate THU because of their "minimum security" classification.

It is imperative that AFBH continue to assess all persons in the SRJ at intake or upon referral and determine their LOC, if any. This will allow for the determination of how many THU areas are needed for the different levels of classification.

AFBH and ACSO administration need to have regular dialogue regarding the operations of the THUs and need for additional THU space allocation and space for clinical activities.

Refer to Provision #204, #312, #702 and #703.

Recommendation(s):

1. AFBH needs to document when a placement decision is not being implemented by ACSO for further discussion.
2. Refer to Provision #312 and #702.

770. Defendants shall also ensure that mental health programming and care available for women is equivalent to the range of services offered to men.

Finding: Partial Compliance

Policies: Draft-AFBH Therapeutic Housing Units Protocol

Training: Requires Development

Metrics: Require Development

Assessment: AFBH is piloting a THU in Unit 24 (currently replaced by Housing Unit 21 while Housing Unit 24 is offline for construction) for females. Refer to Provision #702. Women have the same service options as men outside the THUs, including services provided by Options and Telecare. Mental health services outside of the THU are limited to the AFBH Clinic and currently reduced to prioritize the THUs and ITR.

As AFBH resources expand, specialized treatment services and approaches for women should be considered for implementation.

Recommendation(s):

1. Refer to Provision #702.
2. AFBH to explore “best practice” therapeutic interventions for women.

771. The Parties shall meet and confer within three (3) months of the Effective Date regarding Defendants proposed plan for the Therapeutic Housing Units including staffing of these units, number of beds required for each level of care, programs and treatment services to be provided on the units, timing of any required construction and development of benchmarks with respect to measuring the efficacy of programs and treatment components offered on these units. Within six (6) months of the Effective Date, Defendants shall finalize and begin to implement the plan for creating the Therapeutic Housing Units and implement policies for the management of the Therapeutic Housing Units including providing access to AFBH staff in these units as appropriate and according to the severity of the unit’s mental health needs. Delays in the re-configuration of the Therapeutic Housing Unit(s) due to construction shall not delay implementation of therapeutic services, including but not limited to: mental health intake screening process, provision and monitoring of psychiatric medications, referral processes, treatment plans, and AFBH’s involvement in re-entry planning as set forth in Section III(I). Admission and re-entry decisions shall be made by a multi-disciplinary team led by an AFBH staff member and focused on the individual’s treatment needs. At a minimum, the plan shall also include: (1) the criteria for admission to and re-entry from the Therapeutic Housing Units as well for each level of care overall; (2) clear behavioral expectations for progression to less restrictive settings including step-down units and/or general population; (3) positive incentives for participation in treatment; (4) privileges and restrictions within each level of care with the goal of housing individuals in the least restrictive setting possible; and (5) an orientation at each level or pod as to the rules and expectations for that level or pod.

Finding: Partial Compliance

Policies: Draft-AFBH Therapeutic Housing Units Protocol

Training: N/A

Metrics: None

Assessment: The draft “THU Protocol” has been reviewed with counsel and final approval is pending. Policies and procedures particular to the operation of the THUs are being developed consistent with the THU Protocol. Refer to Provision #702.

Recommendation(s):

1. The “THU Protocol” needs final approval.
2. Continue developing policy and procedures consistent with the THU Protocol.

772. The Therapeutic Housing Units shall be sufficiently staffed with appropriate Mental Health Providers and dedicated custodial staff including on nights and weekends. ACSO staff assigned to these units shall receive specialized training in mental health. AFBH shall have qualified staff available onsite twenty-four (24) hours a day, seven (7) days a week to address crisis situations in-person as needed throughout the Jail. Additionally, AFBH staff shall be assigned to the Behavioral Health Units and Therapeutic unit(s) during the day to allow for constant client contact and treatment, and give AFBH the ability to provide programming and other therapeutic activities.

Finding: Partial Compliance

Policies: Require Development

Training: Draft-ACSO Crisis Communications for Corrections Training

Metrics: Refer to Provisions #200/204 and #702

Assessment: Pilot THUs are operating in Units 9, 24 (currently replaced by Housing Unit 21 while Housing Unit 24 is offline for construction), 35 and Restrictive Housing Unit 1. Piloting is a useful means of determining how to further develop the THU concept. A draft THU Protocol has been reviewed with counsel. Policies and procedures particular to the operation of the THUs are being developed. As explained in Provisions #200/204, AFBH is challenged with finding clinicians to fill their vacant positions. Further, they must reassign existing clinicians to full-time assignments in the THUs to effectuate the reforms required by the Consent Decree.

Refer to Provisions #200/204 and #702.

Recommendation(s):

1. Refer to Provisions #200/204 and #702.

900. Defendants shall implement systems, including through close coordination between Alameda County Behavioral Health and the Jail, to facilitate the initiation or continuation of community-based services for people with mental health disabilities while

incarcerated and to transition seamlessly into such services upon release, as described below.

Finding: Partial Compliance

Policies: Require Development

Training: N/A

Metrics: N/A

Assessment: AFBH has initiated “Re-entry Meetings” with ACSO, Probation Services and Wellpath to increase interagency collaboration efforts. AFBH has made connections with several community providers available to provide services at SRJ for clients in the THUs and is working with ACSO to coordinate providers’ access.

AFBH identifies clients who have been served by community-based mental health services and makes efforts to re-connected clients to their community-based providers. The AFBH Re-entry Team has an email (AFBHRe-entry@acgov.org) that is checked on a regular basis. This email is where outpatient teams can request release medications or follow up with their client while they are incarcerated. There have been requests for crisis residential treatment referrals sent to this email as well. Additionally, the re-entry team makes new referrals for clients to be connected to various community-based re-entry providers. Clients with higher mental health disorder acuity are referred for more intensive case management through Alameda County Behavioral Health ACCESS unit.

An AFBH staff member has been assigned to do community outreach and development of connections to Community Based Organizations (CBO’s) for “warm hand-offs.” AFBH staff received additional information/training during monthly all-staff meetings regarding referrals and services available to SRJ clients. Since March 2023, trainings by Felton REP (Re-entry Engagement Program), Roots Community Health, Felton SMI/M2M and Lifelong Medical have taken place. Staff has been receiving education regarding re-entry/re-entry resources while the process is in development. All these providers have completed the clearance process to return to SRJ and their access to THUs is pending. AFBH is working with ACSO to ensure the providers get access to THUs to enhance service delivery to clients.

Recommendation(s):

1. AFBH should continue coordinating with ACSO/ACBH’s separate re-entry planning services provided via the Transition Center with providers such as Operation My Home Town (OMHT) to streamline re-entry planning efforts.
2. AFBH to establish contacts with the appropriate agencies that assist incarcerated persons with obtaining entitlement benefits and discuss their ability to work with the SRJ’s population.
3. Arrangements for services should be reviewed with ACSO and converted into agreements.

901. AFBH staff shall work to develop a written plan prior to release for inmates who are current Behavioral Health Clients and who remain in the Jail for longer than seventy-two (72) hours following booking. Transition and re-entry planning for current Behavioral

Health Clients shall begin as soon as feasible but no longer than seventy-two (72) hours following booking or identification as a Behavioral Health Client in an effort to prevent needless psychiatric institutionalization for those individuals following release from Jail. The re-entry plan shall be updated by AFBH on at least a quarterly basis, regardless of whether a release date has been set.

905. AFBH shall coordinate informing each Full Service Partnership in the County when a client or individual with whom they have had contact is incarcerated. Defendants shall also collect data regarding the number of individuals with a serious mental illness in the jail, including the number of days that these individuals spend in the Jail, the number of times these individuals have been booked in the Jail previously, the number of times that these individuals have returned to the jail due to probation violations, and the number of Behavioral Health Clients released with a written release plan.

Finding: Partial Compliance

Policies: AFBH Policy and Procedure Continuity of Care, Re-entry Planning/Community Connections, ACSO Policy and Procedure 11.09 Inmate Release Process

Training: Requires Development

Metrics: Interviews with Staff; AFBH Post-Release Instructions form

Assessment: Since the last report, AFBH has increased its attention to re-entry planning. Their recently hired Clinical Supervisor is tasked with overseeing re-entry services. AFBH Clinicians address re-entry issues with incarcerated persons during their initial contacts. Efforts are made to create a re-entry plan that supports the incarcerated person's continuity of treatment upon return to the community by reconnecting clients to their existing community mental health providers; making referrals to new community mental health services; making referrals to crisis residential treatment, when needed; and ensuring re-entry medication orders are in place, when applicable.

Arrangements for post-re-entry services are handled by the AFBH Re-entry Team which is now staffed six days a week. On a weekly basis, ACSO provides Clinicians with a list of pending releases. In turn, Clinicians meet with clients to support re-entry. The Re-entry Team will prepare a Post-Release Instructions form for each person which include medication information/order, referrals and will refer persons to the Felton Re-Entry Program (REP). A Re-entry Team member will meet with the incarcerated person, go over the instructions form, and obtain a signature. In the case of an unplanned release, ACSO "Release" Deputies have been asked to contact the AFBH Re-entry Team. While ACSO prepares the person's release, AFBH will review the Post-Release Instructions form with the person and provide them with a copy.

Beginning in late July, AFBH will be generating 90-day release list in efforts to begin release planning earlier.

AFBH is currently in the process of re-designing the Post-Release Instructions form to reflect a more robust re-entry plan.

ACBH is also planning to establish/identify a pre-release behavioral health care Manager and a post-release Care Coordination Team to strengthen re-entry services and behavioral health linkages in the community.

AFBH needs to develop a Re-entry Policy and Procedure which reflects these updated processes.

As explained in earlier reports, when an incarcerated person on the mental health caseload meets the level of care required for Full Service Partnership (FSP) referral, AFBH will make efforts to ensure that the person's re-entry plan includes referrals to agencies that offer the level of care. ACBH will regularly send AFBH a list of incarcerated persons in Alameda County that meet the criteria for FSP. AFBH will use this list to determine if an incarcerated person meets the criteria. If not on the FSP list, AFBH Managers will work to have this person recognized as needing this level of follow-up treatment.

However, AFBH does not currently have a standard process/requirement for all Clinicians to comply with this provision. On individual basis, Clinicians coordinate and collaborate with Full Service Partnership providers to reconnect clients to community services. AFBH does not have proof-of-practice for these situations.

AFBH is currently finalizing a policy and procedure that would provide guidance to clinicians and psychiatric providers when identifying individuals with a SMI and allow for the reliable and valid identification of incarcerated persons with SMI. When this policy and procedure is complete, AFBH will be able to identify individuals with SMI, enter this data into ATIMS, and work with ACSO generate reports that meet the requirements of this provision.

Recommendation(s):

1. AFBH to develop a policy and procedure detailing the re-entry process including notification to CBOs and Full Service Partners.
2. AFBH to review and improve the referral of incarcerated persons meeting FSP criteria for appropriate agencies; develop appropriate procedures.
3. AFBH to finalize the policy and procedure related to SMI clients.
4. SMI policy to include all elements required to satisfy this provision.

902. AFBH shall work with Alameda County Social Services to facilitate evaluating the individual's eligibility for benefits, as appropriate, including SSI, SSDI, and/or Medicaid and to assist in linking clients to those possible benefits. Where AFBH is notified of upcoming release or transfer, AFBH shall work with the Behavioral Health Client to update their re-entry plan and provide the individual with a copy of the plan prior to release. The written plan shall help link the individual to community service providers who can help support their transition from jail to community living. The written plan shall identify community services, provider contacts, housing recommendations community supports (if any), and any additional services critical to supporting the individual in complying with any terms of release. In no case shall these efforts conflict with or interfere with the work of the Mental Health Courts.

903. Defendants shall cooperate with community service providers, housing providers, people with close relationships to the individual (including friends and family members), and others who are available to support the individual's transition and re-entry from jail are able to communicate with and have access to the individual, as appropriate and necessary for their release plan. Where an individual authorizes it, Defendants shall facilitate access to mental health and other records necessary for developing the release

plan. If an individual has a relationship with a community provider at the time of incarceration, AFBH staff shall meaningfully attempt to engage that provider in the re-entry planning for that individual and facilitating visits where requested by the provider. To facilitate a warm hand-off, Defendants shall initiate contact with community mental health providers in advance of a scheduled release for all incarcerated persons with serious mental illness, including assisting in facilitating meetings between incarcerated individuals and community mental health providers prior to or at the time of release and arranging a follow-up appointment as needed. With respect to planned and unplanned releases of Behavioral Health Clients, custody staff shall notify AFBH as soon as possible so that they can take appropriate steps to link these individuals with community services and resources as needed.

Finding: Partial Compliance

Policies: AFBH Policy and Procedure Continuity of Care, Re-entry Planning/Community Connections, ACSO Policy and Procedure 11.09 Inmate Release Process

Training: Requires Development

Metrics: Interviews with Staff; AFBH Post-Release Instructions form

Assessment: Since the last report, AFBH has assigned an additional staff person to conduct community outreach and development of connections to Community Based Organizations (CBOs) for “warm hand-offs.” AFBH staff has been receiving information/training during all-staff meetings regarding referrals and services available to SRJ clients including the following agencies/CBOs: Felton REP (Re-entry Engagement Program), Roots Community Health, Felton SMI/M2M, and Lifelong Medical. All these providers have completed the ACSO clearance process to return to SRJ and their access to THUs is pending. AFBH is working with ACSO to ensure the providers are granted access to THUs to enhance service delivery to clients. The newly-hired Clinical Supervisor overseeing re-entry is working with staff on enhancing coordination efforts and on developing proof-of-practice of the warm hand-off.

AFBH continues to coordinate with BALA (Bay Area Legal Aid) for SSI Advocacy support and is currently working with ACSO on providers’ access to clients at SRJ. Currently efforts are occurring on case-by-case basis. No current proof-of-practice available.

AFBH is currently finalizing a re-entry policy and procedure that will outline the requirements of this provision and identify proof-of-practice measures.

AFBH is currently in the process of re-designing the Post-Release Instructions form to reflect a more robust re-entry plan.

AFBH leadership has been working with ACSO and several CBOs to designate timeslots for service delivery in the SRJ THUs. One provider now has clearance and is working with ACSO to come up with a set schedule for them to visit with newly-referred clients. AFBH and ACSO continue to meet to finalize scheduling details about other groups to be facilitated by CBOs on the THUs.

The AFBH re-entry team makes referrals to Roots Community Health (a community-based provider) and directs clients needing more immediate resources/assistance upon release to the Roots trailer outside SRJ.

The re-entry team regularly collaborates with ACBH's Behavioral Health Court (BHC) to ensure clients who are going to programs through BHC have psychiatric medications and collaborates with Wellpath to ensure they also have needed medical screenings and other physical medications.

The re-entry team coordinates calls between outpatient teams and their clients, as do most AFBH clinicians. These calls/visits are also coordinated with ACSO Visiting Unit.

Recommendation(s):

1. AFBH to develop a detailed policy and procedure regarding re-entry processes with updated forms and training as necessary.
2. AFBH policy to include the mechanisms for a direct contact with service providers (a "warm handoff") when a person is released.
3. Ensure staff compliance with procedures via regular reviews of documentation.
4. AFBH should coordinate with ACSO/ACBH's separate re-entry services provided via Operation My Home Town (OMHT) to streamline re-entry planning efforts.
5. AFBH to continue work establish contacts with the appropriate agencies that assist incarcerated persons with obtaining entitlement benefits and discuss their ability to work with the SRJ's population.
6. Arrangements for the services should be reviewed with ACSO and converted into agreements.

904. If the individual takes prescription psychiatric medications in Jail (at the time of release), Defendants shall ensure that the individual leaves the Jail with access to a 30-day supply of the medication from a local pharmacy, when provided with adequate advance notice of the individual's release. Additionally, Defendants shall educate individuals who are prescribed psychiatric medications regarding the location and availability of drop-in clinics to obtain a refill of their medication in the community upon release. In addition to the 30-day supply of medication, Defendants shall coordinate with the County's outpatient medication services to have individuals' prescriptions refilled if necessary to ensure an adequate supply of medication to last until their next scheduled appointment with a mental health professional. Defendants shall ensure that SMI clients who are already linked to services have referrals to mental health providers and other service providers upon release, unless the individual refuses such referrals, or if staff was not provided adequate advance notice of release. SMI individuals who are not already linked to services shall be referred to the 24-7 ACCESS line.

Finding: Partial Compliance

Policies: Draft-AFBH Re-entry Psychiatric Medications Upon ACSO Jail Release, ACSO Policy and Procedure 11.09 Inmate Release Process

Training: Requires Development

Metrics: Interviews with Staff; Monthly Release Medications Report

Assessment: As previously reported, incarcerated persons are provided with a 30-day supply of their psychiatric medications at the time of release. Medications are either provided to the

person or a prescription sent to an area pharmacy. While medications are made available, sometimes they are refused by the person at the time of release.

The AFBH re-entry team provides clients being released with a Post-Release Instructions form which outlines the psychotropic re-entry medications. In preparation for a client's release, the AFBH re-entry team will check the client's chart to verify medications, and then email the MD OD to request 30-day supply of release medications. With advance notice these are provided "in kind" at the time of release. For unexpected court-released clients, the AFBH re-entry team can also reach out to the MD OD to request release medications be faxed over to a local pharmacy of the client's choice.

AFBH has drafted a new policy to address this process and ensure the consistency of the process and proof-of-practice for the re-entry procedures. The policy has been approved by this Expert and is pending ACBH leadership approval.

A monthly report of medications provided at the time of release continues to be produced and is available. This report will be enhanced and validated by the policy being developed.

Recommendation(s):

1. Upon ACBH approval, AFBH to release the policy regarding the provision of release medications, including all necessary forms.
2. Train staff on policy; document training.
3. Continue reporting on the re-entry medication process; determine why some medications are not received at re-entry; modify processes as necessary.