

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

Fourth Status Report

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

April 15, 2024

This document addresses the provisions of the Consent Decree (CD) 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 January 30, 2024. For this report, four additional provisions were added to this Joint Expert's monitoring (CD Provisions 304, 317, 404 and 406). Monitoring of two provisions (304 and 317) will now be bifurcated and reported on by both this Expert and the Classification Expert, Dr. James Austin, in order to cover all aspects of the provisions. 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
304. Development/implementation of Formal Processes for Administrative Housing	PC
312. Develop Therapeutic Housing Committee	PC
317. Development/implementation of Step-down Protocols for Therapeutic Housing Units	PC
404. Restrictive Housing Step 1 Population Evaluated Within 14 & 30 Days; SMI Cases Reviewed	PC
406. Assessment of SMI Persons in Step 1 Within 24 Hours of Noted Deterioration	NC
700. Develop and Implement Policies/Procedures with Expert for Provisions	PC
701. Implement Revised Policies/Procedures for Therapeutic and Behavioral Health Services	PC

Provision	Rating
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
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	PC
734. Provide Substance Abuse Programs for Co-occurring Disorders	PC
735. Provide Daily MH Rounds	PC

Provision	Rating
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	SC
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

Provision					Rating
904. Provide 30-Day Supply of Medications at Release					PC
905. Inform County's Full Service Partnerships of Mutual Clients					PC
Ratings → Report Date ↓	Non-Compliance (NC)	Partial Compliance (PC)	Substantial Compliance (SC)	Implementation Not Yet Required (INJR)	Total
#1 – July 2022	15	40	0	18	73
#2 – March 2023	11	63	0	0	74
#3 – September 2023	7	65	2	0	74
#4 – April 2024	7	68	3	0	78

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 Client Re-Entry Plan
- Draft – ACBH Refusals of Prescribed Psychiatric Medications and Compliance Audit Procedures
- Draft – AFBH Restrictive Housing Unit Protocol
- Draft – AFBH Santa Rita Jail Intake Policy and Procedure
- AFBH Suicide Risk Assessment Tool
- Draft – AFBH Suicide Prevention Safety Plan
- 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
- 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 Suicide Prevention and Suicide Reviews, #13.06

- 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=26) AFBH charts from Clinician’s Gateway (CG), AFBH’s electronic health record, were reviewed covering the period July 1, 2023 through January 31, 2024. The charts included persons with Levels of Care (LOC) 1 through 4. The records were reviewed for content and quality of information. Records include: intake assessments, LOC documents, clinical casenotes, and medication assessments and casenotes.

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: In this reporting period, AFBH has made notable improvements in its efforts to hire additional administrative, clinical, and clerical staff. As reported in prior reports, 107 additional positions were authorized by the County for the three-year fiscal period FY2020-2021 to FY2022-2023; bringing the total AFBH staffing to 156 authorized positions. Prior reports have stated that hiring suitable candidates and onboarding staff given the national shortage of clinicians and the County's complicated and extensive hiring process have limited AFBH in meeting this Provision. To streamline the hiring process, the County has established an "open" application process for clinical positions that allows interested persons to apply at any time. According to AFBH leadership, when applications are received, they are quickly forwarded to AFBH for consideration. This immediate notification and improved interview and consideration process have resulted in 13 applicants for clinical positions, of which ten were hired during this reporting period.

Within the last year, as previously reported, AFBH has:

- established and maintains a recruitment incentive program which offers AFBH staff hired after January 2022 a monetary incentive over a three-year period, established a retention incentive for longer-term clinical staff, i.e., hired before January 2022, which included all AFBH Clinical staff including Mental Health Specialists, Rehabilitation Counselors, Clinicians, Clinical Supervisors and Managers;
- attended national conferences and hosted recruitment tables at these events with the expectation of identifying possible candidates; most recently at the National Commission on Correctional Healthcare (NCCCHC) in October 2023;
- 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 hiring of ten new clinicians during this reporting period; and
- established new Forensic Behavioral Health Clinical Supervisor and Forensic Behavioral Health Clinical Manager classifications with incentives in May 2023.

As a result of these and other efforts, the overall vacancy profile since the last report has improved. The current vacancy rate of 50% in clinical/medical positions is a significant reduction from the 62% noted in the prior report. All but one position in both the Forensic Behavioral Health Clinical Manager and Forensic Behavioral Health Clinical Supervisor classifications are vacant. The vacancy rate for Forensic Behavioral Health Clinician positions is currently at 56%, a significant drop from 75% in the last report. These improvements in staffing are resulting in improved availability of clinical staff, greater supervisory oversight of service Provision, and the development of a clinical services structure, i.e., the creation of unit treatment teams and service teams such as the Re-Entry Team. While these improvements are notable, there are still staffing deficits that will not allow for 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. The remaining supervisory/managerial position vacancies must also be 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.

As AFBH staffing has increased at SRJ, the lack of office space has become a serious concern. It has been reported that some employees sit on the floor to complete documentation. Since it's essential that AFBH continue working on-site for their entire shift, i.e., not travel to the off-site AFBH office, this problem needs to be discussed with ACSO and all viable solutions considered.

The last report indicated that Alameda County Behavioral Health (ACBH) had expanded its contract with Telecare to increase clinical staffing positions and provide the clinical Intake Transfer

and Release (ITR) functions for all overnight, evening and weekend shifts. The coverage was to be phased-in over time. AFBH administration had expected Telecare to entirely perform all ITR functions by the end of 2023. With the expansion, Telecare has been contracted to provide 21 clinical full-time employees (Clinicians, Team Leads and a Clinical Director). All Telecare employees are Master’s level and are licensed or license eligible. However, due to Telecare’s own challenges with obtaining and maintaining appropriate clinical staff, coverage for these functions continues to depend upon AFBH staff to work the overnight and weekend shifts.

AFBH continues to rely heavily upon agency, “locum tenens,” medical personnel for staff positions that have been difficult to recruit and fill. Of the 21 Psychiatric Provider positions, five or 24% are currently vacant. The locum tenens employees perform at the same level as AFBH staff.

The prior report suggested that there was a lack of Spanish-speaking clinicians. Since July, five Spanish-speaking Clinicians and one Psychiatrist have been hired.

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. The average AFBH caseload is being monitored (and the average number of persons in the various Levels of Care” (LOC)), and a more accurate assessment of the number and type of mental health clinical and supervisory levels necessary to ensure service delivery according to the Consent Decree is being determined.

During this reporting period, one additional Behavioral Health Access Team (BHAT) Deputy has been assigned to assist AFBH and the behavioral health population bringing the total number of BHAT Deputies to four. Additional BHAT Deputies to support AFBH clinical services will be required however the necessary number of these specialized deputies is not yet 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 and 35; with up to six participants per group. More recently on the weekends, Telecare has begun conducting groups on the topic of “co-occurring disorders,” i.e., substance abuse and mental health problems, which is a widespread problem among incarcerated persons. Activity records for the reporting period of July 2023 through January 2024 are as follows:

Month/Year	Total # of Groups Held
July 2023	49
August 2023	77
September 2023	66
October 2023	59
November 2023	85
December 2023	118
January 2024	96
Total	550

Assuming there were three groups held per day in the seven-month period (except federal holidays), there would be at least 621 groups held. The reports indicate that a total of 550 groups were conducted, which is 88% of the expected number. According to the monthly Telecare

Groups activity reports, the average number of group participants was between two and three participants per group, which is significantly below the expected six participants per group. The availability of group therapy sessions is a much-valued resource. Efforts should be made to determine why participation is low and how to increase interest in the group experience.

Recommendation(s):

1. 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.
2. ACBH/AFBH should continue looking to promote from within the existing staff to strengthen supervisory capacity.
3. ACSO and AFBH need to consider possible on-site office work areas for staff.
4. The AFBH Table of Organization should be updated monthly to closely monitor the position vacancies and review for possible changes in structure and position allocation.
5. 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.
6. AFBH should establish a draft schedule of therapeutic activities in the THUs in order to address the required number of BHAT Deputies.
7. ACSO should continue to review the current role and deployment of BHAT Deputies and establish additional positions to ensure adequate support for the mental health service delivery.
8. AFBH should explore with Telecare why group treatment is not being utilized by the incarcerated persons as expected and consider ways in which to improve participation.

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: ITR Training Checklist; AFBH ITR Booth Training-5 Week Milestones; AFBH ITR Runner Training-7 Week Milestones; Ongoing, in accordance with AFBH trainings

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 (e.g., 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 training 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 consult with AFBH supervisors. AFBH Forensic Behavioral Health Clinical 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 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, telehealth services are only provided to AFBH LOC 1 clients by one (1) Psychiatrist.

Telehealth is provided in the AFBH Clinic, in a small, private office. 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. However, an AFBH Medical Assistant (MA) is in the room to facilitate the sessions with the telehealth provider.

The AFBH draft policy regarding telehealth services approved by this Expert remains in draft form and is being reviewed by appropriate parties. The policy addresses this Expert’s request for handling clients who are assigned to telehealth, but not attending sessions to ensure that they are being provided services, if requested.

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. AFBH Forensic Behavioral Health Clinical Managers should review the Telehealth Services Logs to ensure compliance with the draft policy.

304. Development and implementation of a formal process for the admission, review and release of individuals to and from Administrative Housing, including sufficient due process and transparency to provide the incarcerated person with a written basis for the admission within seventy-two (72) hours, explanation of the process for appealing placement in the unit, conditions of confinement in the unit, an ongoing 30-day review process, and the basis for release to the general population.

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.

317. Development and implementation of step-down protocols for the Restrictive Housing Units and Therapeutic Housing Units that begin integration and increase programming opportunities with the goal to safely transition incarcerated individuals to the least restrictive environment as quickly as possible.

Finding: Partial Compliance

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

Training: Needs Development

Metrics: Interviews with Staff, Joint Experts, Chart Reviews

Assessment: As of this report (#4), CD Provisions 304 and 317 are being monitored by two Joint Experts, Dr. Montoya for Mental Health and Dr. Austin for Classification. This decision was determined and approved by all parties given that, while both Restrictive Housing (RH) Units and Therapeutic Housing Units are forms of Administrative Housing, these areas are significantly different in their “process for the admission, review and release of individuals.”

As designed, the THUs are mental health service delivery areas within the Santa Rita Jail (SRJ). 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.

Provision 304 requires that incarcerated persons in Administrative Housing be provided with “a written basis for the placement” and a “process of appealing placement.” However, persons requiring placement in a THU are very often unable to participate in these processes due to their

decompensated thought processes, volatile emotional state, and being at risk of harm to themselves or others.

As required by Provision 312, the Draft-AFBH Therapeutic Housing Unit Protocol describes the clinical criteria for persons to be placed in a THU. Based on the person's assessed LOC, the protocol explains the services to be provided to assist in the stabilization of these persons, improvement in their LOC, and removal from the THU when improvement has been achieved.

Also, regarding compliance with Provision 312, weekly Therapeutic Housing Committee Meetings are required to discuss clients from the three THUs (Housing Units 9, 24 and 35) especially those who are not demonstrating signs of improvement. The goal of the meetings is to discuss the mental health status of persons on the unit, their adaptation and stabilization, and improvement which will allow their removal from the THU. Eventually, each THU should have their own individual meeting. To ensure that these committee meetings function effectively, it is essential that they be attended by AFBH Psychiatrists, conducted by the unit's Treatment Team, and that ACSO Security and Classification representatives participate in the meetings.

Regarding Provision 317 and the requirement for "step-down protocols," AFBH staff assigned to these units will work together as members of the unit's treatment team. While each clinician will individually assess and work with the incarcerated persons, team members will confer via, e.g., "huddles," treatment team meetings, and "rounds" to jointly determine the person's condition, improvement/progress or lack thereof. The incarcerated person's condition and improvements are regularly assessed. Step-down from the more restrictive levels of care, warranted by the acuity of the person's danger to self and others, and removal from the unit is based on these reviews and a determination of when the person can be placed in a less restrictive, albeit more (for the stability of their mental health) challenging environment.

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 THCs 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.

404. This population (persons in Restrictive Housing Step 1) shall be evaluated within fourteen (14) days of placement in Step 1 for ability to return to general population or to transition to Step 2. Inmates retained in Step 1 following initial review will be evaluated no less than every thirty (30) days thereafter. Incarcerated persons with SMI placed in Step 1 for longer than thirty (30) days shall have their cases reviewed by the Classification Lieutenant and Assistant Director of AFBH, or their designee, weekly following the initial thirty (30) days. If continued placement on Step 1 is approved by the Classification Lieutenant and Assistant Director of AFBH the reasons for doing so must be documented.

Finding: Partial Compliance

Policies: Draft-AFBH Diagnosing Severe Mental Illness (SMI) Policy and Procedure, ACSO Policy and Procedure 9.02 Restrictive Housing

Training: Needs Development

Metrics: Joint Experts Information

Assessment: As of this report (#4), this CD Provision is being monitored by this Expert instead of Dr. Austin, the Classification Expert. This decision was based on the provision's emphasis on incarcerated persons with SMI.

The first part of this Provision is a function of ACSO. As reported by Dr. Austin's last report and supported by his reviews during this reporting period, ACSO continues to conduct formal reviews of all persons placed in RH within the specified timeframes, i.e., within 14 days of being placed in Step 1 and every 30 days while in Step 1, as required by the Consent Decree. According to Dr. Austin, the Classification Unit Lieutenant and Sergeant review all persons assigned to RH with special attention to those who have difficulties progressing out of the unit. For those who are retained in Step 1 due to negative behavior, a decision is made by the RH Committee which has an AFBH representative assigned to it. Documentation for this decision is shown on the weekly RHP census report.

During this reporting period, attention has been placed on persons with SMI which are considered for placement in RH. Following notification of a person being considered for RH, AFBH will conduct a clinical assessment within seven days. The AFBH representative at the weekly RH Committee is present to discuss the results of the assessment and state whether placement in the RH unit is appropriate. More recently, if a person has a SMI and is "contraindicated" by AFBH for placement in RH Step 1, they may be placed in the newly-developed contraindicated pod in HU 2 or in RH Step 2 depending upon the nature of the contraindication. Persons with SMI who are not contraindicated for RH may be placed in RH Step 1 or 2.

For those persons with SMI in Step 1 for more than 30 days, this expert has found no evidence that weekly reviews of these cases by ACSO and AFBH as required by the second part of this Provision, are occurring and documented.

Recommendation(s):

1. ACSO and AFBH to ensure that the weekly RH Step 1 case review requirements are incorporated into draft policies and procedures.
2. AFBH and ACSO to conduct and document the weekly RH assessments, as required.
3. ACSO to ensure that persons are assessed for retention and/or release from RH according to the assessment schedule and discussed at the RH Committee meetings on a weekly basis. Proof-of-practice to be provided to this Expert.
4. ACSO and AFBH to ensure that documentation is completed as required.

406. If an incarcerated person with SMI placed in Step 2 suffers a deterioration in their mental health, engages in self-harm or develops a heightened risk of suicide, or if the individual develops signs and symptoms of SMI that had not previously been identified, the individual will be referred for appropriate assessment from a Qualified Mental Health Professional, within twenty-four (24) hours, who shall recommend appropriate housing and treatment and shall provide the recommended treatment.

Finding: Non-Compliance

Policies: Draft-AFBH Diagnosing Severe Mental Illness (SMI) Policy and Procedure, ACSO Policy and Procedure 9.02 Restrictive Housing

Training: Needs Development

Metrics: Joint Expert Information, Chart Reviews

Assessment: As of this report (#4), this CD Provision is being monitored by this Expert instead of Dr. Austin, the Classification Expert. This decision was based on the Provision's emphasis on incarcerated persons with SMI.

Regarding referrals to AFBH for people who experience a notable deterioration in their mental health status, there is currently no proof-of-practice. However, AFBH has staff on both RH Unit 1 and the RH Referral HU 2 five days per week. As such, there is an opportunity to clinically address any noted changes in the incarcerated persons' behavior or mental state. Observations of the housing units and interviews with Classification staff indicate that AFBH are making daily rounds in the units to help ensure such situations are quickly detected.

Recommendation(s):

1. AFBH to develop a referral mechanism for ACSO to follow when AFBH is not present.
2. AFBH to develop proof-of-practice 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: Draft-AFBH Therapeutic Housing Units Protocol, Draft-ACSO Policy and Procedure 9.04 Behavioral Health Clients and Therapeutic Housing Inmates

Training: N/A

Metrics: N/A

Assessment: Since the last report, AFBH has continued to revise and modify draft policies, procedures and forms related to the development of a mental health services delivery system in the SRJ. A number of documents have received final approval by this Expert, following review by

Joint Experts, and are currently in the AFBH/ACBH administrative and legal review process. To date, no policies have been approved for implementation by ACBH.

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
- Draft – ACBH Refusals of Psychiatric Medications and Compliance Audit Requirements

ACSO has also completed a draft of their critical policy regarding behavioral health clients (#9.04, “Behavioral Health Clients and Therapeutic Housing Inmates”). The draft policy, submitted to attorneys for review in July, had been reviewed by this Expert and AFBH and recommendations were integrated. However, another draft of this policy was received in mid-March (during the writing of this report) and has been reviewed by this Expert and returned to ACSO.

Recommendation(s):

1. AFBH policies that have received final approval from all parties need to be formally approved for implementation by ACBH.
2. ACSO to complete policy and procedure 9.04 Behavioral Health Clients and Therapeutic Housing Inmates.
3. 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.
4. Many, if not all, policies will require concomitant training to be developed. All training 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: The essence of this Provision, which is the development of a plan for implementing and operating THUs, has been met. Several past reports have described how pilot THUs have

been implemented in Units 9, 24 and 35. The pilots entail placing dedicated clinical Treatment Teams to provide clinical services on each unit. These teams conduct daily “huddles” to discuss clients, and “rounds” for LOC 4 clients five days per week, and the Therapeutic Housing Committee meetings. Both AFBH and ACSO have continued their efforts to establish and operate the THUs as designed and described in the THU Protocol. Full implementation of the THUs, according to the plan has not yet been achieved and is dependent upon additional staffing and provision of a complement of treatment services. Other provisions related to the implementation of the THUs that have not been met include Provisions 723, 725, 726, 728 and 730.

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 prior reports, the THU Protocol must be considered an “interagency” plan, dependent upon the involvement and cooperation of both ACSO and AFBH. It is recommended that ACSO and AFBH continue their mutual emphasis for the implementation of the THUs and responsibility for the care and custody of incarcerated persons with mental health disorders.
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.
4. Treatment Team rounds in the THU and RH for LOC 4 persons are to be conducted daily (seven days per week).

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: Needs Development

Metrics: Interviews with Staff, Observations, Training Logs, Chart Reviews

Assessment: During this reporting period, AFBH staff improved their ability to assess and identify persons with SMI at SRJ. AFBH leadership reviewed client records and progress notes of all persons with a SMI “flag” to confirm diagnosis, and removed the SMI flag when it was not clinically appropriate. SMI flags are being placed during the BIA process at ITR but only when clients have a qualifying SMI diagnosis from another correctional facility or hospital. An SMI flag

may be added during a person's incarceration but only when persistent symptom presentation and history with AFBH/ACBH supports the diagnosis.

To improve the clinical identification of SMI, AFBH has developed and initiated a SMI Pilot Training. Guidance is being provided regarding the review of records (from other agencies) in the process of determining SMI. Training has also focused on the documentation of SMI and ACSO notification as to the person with SMI's LOC and housing assignment needs.

The SMI Pilot also includes ensuring that all persons with SMI being released from custody have a documented Re-entry Plan. For those persons, AFBH will coordinate a direct contact (in-person or via telehealth) with a community-based mental health/substance abuse provider with a history of having treated the person or initiate a new referral and, as necessary, provide the agency with records such as case notes and prescriptions.

AFBH has drafted a policy. "AFBH Diagnosing Severe Mental Illness (SMI) Policy and Procedure," is being piloted to assist Clinicians/Providers in determining who in the facility is a person with SMI to ensure that said persons receive adequate services and follow-up. Formal training for staff on this pilot has been conducted and ongoing training should be held as required.

As reported previously, AFBH staffing limitations due to vacancies have hindered AFBH's ability to provide true therapeutic services for all identified persons, especially those with SMI. Since the last report, however, clinical staff increases are resulting in greater availability of clinical services in a timelier manner. Case record reviews for the period appear to reflect a greater continuity in treatment interventions both clinical and psychiatric. Chart reviews have noted BIAs followed by more extensive assessments and casenotes by both Clinicians and Psychiatrists for Medication Support.

AFBH has maintained its focus 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 ongoing operation of the THUs in Units 9, 24 and 35 continues to allow for the placement of 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.

As previously reported, Housing Units 9 and 35 are entirely committed as THUs for males. Given the housing arrangements in these units, THU 9 (single/double cells) should be used for the more severely disordered males (LOC 3 and 4) and THU 35 (dorm-like setting) for the LOC 2 male inmates. This would ensure that, as a person's mental health stabilizes, they would be "rehoused"

to a unit that offers greater freedom of movement and activities. However, it has been challenging for ACSO to house according to a person's LOC given that custody classifications (minimum, medium, maximum) must generally be separated.

The THU for women (LOC 2-4) is Housing Unit 24 in pods D, E, F. However, these pods are also used to house women that do not require THU placement, i.e., not LOC 2-4, nor even on the AFBH caseload. According to ACSO Classification, while D pod is usually only for Therapeutic Housing Inmates (THIs), E and F pods may be used to house females with classifications such as Protective Custody (PC), gang affiliations (Sureños) and serve as Restrictive Housing (RH). Although this does not necessarily conflict with AFBH's provision of individual counseling or groups, it will impact the creation of a "therapeutic milieu" as the units are further developed if not all inmates are part of the AFBH caseload.

It is essential that ACSO continue to place LOC 2-4, males and females in the identified THUs and also that incarcerated individuals be moved out of the THUs when AFBH determines it is appropriate to do so.

Towards the development of the THU milieu, the County should endeavor to modify and renovate the units and create a more therapeutic environment using art, wall colors, and other decorative features to reduce the institutional "feel" of the units. This issue has been discussed and ACSO has indicated that efforts will be made towards improving the aesthetic environment in the THUs.

Clinical Treatment Teams (AFBH Clinician and a Psychiatric Provider) have been designated for THUs 9, 24 and 35, HU 21, RH Unit 1 and, very recently, in the "Contraindicated" Pod in the Special Handling Unit (HU 2). These teams are providing five-day "rounds" for LOC 4 clients, individual counseling and medication support for all LOCs, and small group counseling in the THUs. "Rounds" are taking place in the RH unit and the Contraindicated Pod three days per week.

The chart below presents the average AFBH caseload (LOC 1 – LOC 4) by month since July 2023 this year.

Month	AFBH Caseload
July 2023	820
August 2023	809
September 2023	830
October 2023	804
November 2023	836
December 2023	811
January 2024	804

The chart above indicates that there is relative stability in the size of the AFBH caseload. The numbers for the past seven months are consistent with the prior reporting period. As such, for the past year, the number of clients that require services on a monthly basis has been consistent. While this includes LOC 1 through LOC 4 and each level requires a different variety and intensity of services, these figures allow AFBH leadership to better establish staffing requirements. These figures can also be used by ACSO to establish requirements for THUs and security staffing for units and services involving the SRJ mentally disordered population.

Telecare continues to staff two group counseling positions that provide three to four groups daily, seven days a week. Group facilitators follow the evidence based “Seeking Safety” treatment model for behavioral health clients in the Therapeutic Housing Units (THUs) 9, 24 and 35, with up to six participants per group. More recently, on the weekends, Telecare has begun conducting groups on the topic of “co-occurring disorders,” i.e., substance abuse and mental health problems, which is a widespread problem among incarcerated persons. Activity records for the reporting period of July 2023 through January 2024 are as follows:

Month/Year	Total # of Groups Held
July 2023	49
August 2023	77
September 2023	66
October 2023	59
November 2023	85
December 2023	118
January 2024	96
Total	550

Assuming there were three groups held per day in the seven-month period (except holidays), there would be at least 621 groups held. The reports indicate that a total of 550 groups were conducted, which is 88% of the expected number. According to the monthly Telecare Groups activity reports, the average number of group participants was between two and three participants per group, which is significantly below the expected six participants per group. The availability of group therapy sessions is a much-valued resource. Efforts should be made to determine why participation is low and how to increase interest in the group experience.

Recommendation(s):

1. Whenever possible, 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 continue to 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 availability of staff increases.
8. ACBH/AFBH to ensure that Telecare meets its contractual responsibilities.
9. Treatment Team rounds in the THU and RH for LOC 4 persons are to be conducted daily (seven days per week).

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: ACSO Crisis Communications for Corrections Training

Metrics: Observations, Interviews with Staff

Assessment: As previously reported and observed during the tour, 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 and 35) are reportedly taking place. However, as in the past, this Expert has only been able to evaluate a few “huddles.” What has been observed is positive in that custody staff are part of the dialogue regarding the status of persons in the THUs and offer their perspective and thoughts.

Therapeutic Housing Committee meetings to discuss AFBH clients in all THUs are being conducted on a weekly basis in HU 9. These meetings include both AFBH and ACSO representatives and cover clients of concern from all three THUs. It is critical that Security, Classification and AFBH staff participate in these committee meetings as they are intended to develop strategies to help the mentally disordered persons on the unit to stabilize and be ultimately housed in a less restrictive environment.

BHAT Deputies are assisting in activities involving clinical services but are not assigned to units for the duration of their shifts. BHAT Deputies are assisting in activities involving clinical services such as Telecare groups, AFBH clinic visits from housing unit, but are not specifically assigned to units. Since the last report, the number of BHAT Deputies has increased. There are now four Deputies designated for the function when all posts are filled.¹ However, additional BHAT Deputies will be required as treatment services expand.

AFBH is also present at the facility’s weekly RH Committee meetings to discuss individuals on the AFBH caseload and participate in the decisions made by the committee. AFBH has identified its Forensic Behavioral Health Clinical Manager and Forensic Behavioral Health Clinical Supervisor as designee for Assistant Director to be a dedicated representative at these meetings along with other AFBH staff including Clinicians and psychiatric Providers. During this reporting period, there has been extensive discussion regarding the process of “clearing” persons with SMI for placement in RH. While AFBH is assessing these persons within seven days to determine their suitability, their recommendations have been questioned and, in some instances, not followed. In order to comply with the Provisions related to incarcerated persons with SMI, AFBH assessments must be considered, and recommendations followed. At the time of this report, an agreement on how to handle and where to place these persons has been made and is being

¹ Refer to the Custody Expert’s report concerning availability of BHAT deputies.

implemented. The outcome of this plan will be monitored closely by both the Classification Expert, Dr. Austin, and this writer.

The “Crisis Communications for Corrections” Training has been finalized and an initial training session was held in early March 2024. This training incorporates many of the Joint Experts’ concerns outlined after the training pilot was held in April 2022. This monitor intends to attend the next scheduled training on this topic.

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 continue reviewing and assessing the number of BHAT deputies necessary to support mental health treatment functions.
5. ACSO and AFBH to implement the Crisis Communication for Corrections Training for all staff.

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, ACSO Policy and Procedure 13.06 Suicide Prevention and Suicide Reviews

Training: Ongoing

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

Assessment: The last tour report noted that AFBH Intake staff and contracted staff working in ITR had been using the revised BIA Tool 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 includes a suicide risk screening. The form also includes a place to enter the LOC designation which is intended to identify the person's level of mental health service need. The BIA Tool is completed electronically and becomes a part of the client's AFBH Electronic Health Record (EHR). Chart reviews have supported the fact that the BIA is being completed. The suicide risk portion of the BIA is being completed and LOC designations are consistent with the results of the suicide screening portion of the tool. A paper version is available as a "backup" should systems be unavailable. Training on the BIA and related procedural changes has occurred.

The last report indicated that AFBH has developed a policy/procedure for the intake process. This document is still in draft form.

The chart below presents the number of intakes completed, by month for this reporting period, by either AFBH or contracted ITR staff.

Month	# of Intakes Completed
July 2023	1,547
August 2023	1,641
September 2023	1,556
October 2023	1,544
November 2023	1,431
December 2023	1,456
January 2024	1,459

As with the size of the AFBH caseload, the chart above indicates that there is relative consistency in the number of intakes conducted by AFBH each month. These figures allow AFBH leadership to better establish staffing requirements for the ITR functions.

In order to comply with CD Provisions related to intake, AFBH must complete the BIA/intake process within four (4) hours of the person entering into ACSO custody. Currently, AFBH has no efficient way to identify the time in which the intakes are being completed. A means of obtaining this information needs to be identified and developed.

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 and implement proof-of-practice to attest to the completion of the BIA within the timeframe of completion required by the Provision.

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, Draft-AFBH Levels of Care Policy and Procedure, ACSO Policy and Procedure 13.06 Suicide Prevention and Suicide Reviews

Training: Requires Development

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

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 assignation 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, the “Santa Rita Jail Intake Backup Protocol” is activated. This results in Wellpath conducting a suicide risk assessment using the

Columbia Suicide Severity Rating Scale (C-SSRS) and making an appropriate referral (i.e., emergent, urgent, or routine) to AFBH. The C-SSRS is a well-established measure of suicide risk that can be validly administered by nursing staff and has historically been a part of Wellpath's intake process prior to the streamlining of the intake process (and AFBH taking over all of the mental health assessment process at Intake) which took place last year. AFBH will follow up on the Wellpath referral within the appropriate timeframes for the level of referral and complete a BIA. According to AFBH leadership, the backup protocol has been infrequently required, primarily on holidays and the overnight shifts. Although reported that Telecare staff has been unable to cover overnight and weekend shifts, AFBH staff has continued to work these shifts and conduct the intakes.

The draft AFBH policy for intake has been completed but continues to be modified as other processes are refined. 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.

Following assessment, clinicians assign a LOC to each person. The LOC identifies the acuity of mental health issues, identifies the timeframe for follow-up after intake, and identifies the appropriate housing placement, e.g., THU. Emergent referrals are equivalent to LOC 4, Urgent referrals are equivalent to LOC 3 and Routine referrals are equivalent to LOC 2, each with specific timeframes for follow-up. Given staffing limitations, 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: AFBH continues to receive referrals for mental health services in various ways. Incarcerated persons can request services through 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 has been established to receive referrals.

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.

The CD also requires that agencies within the SRJ (ACSO, AFBH and Wellpath) monitor the welfare of all incarcerated persons and take action when persons are isolating themselves, refusing to come out of their cells, refusing medications and/or food. When these issues are noted, the agencies must refer the incarcerated person to the appropriate party or immediately contact the appropriate party. AFBH and ACSO need to ensure that these requirements are incorporated into their policies and procedures and that the processes are adhered to.

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 develop 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 Provisions 706 and 707.
4. Interagency referrals and notifications regarding the welfare of incarcerated persons, as required by the CD, must be completed and documented. A proof-of-practice for these referrals must be established.

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, Chart Reviews

Assessment: As reported in the last report, ACSO allocated an additional “booth” in the ITR area for intake assessments. There are now two booths which offer a confidential interview process. While the two booths for AFBH intake are an improvement, as AFBH strives to complete intake assessments within the four-hour period required by the CD, additional confidential interview space will need to be identified for use.

According to ACSO, implementing its Reception Center (as previously reported) was intended to streamline the booking process to meet required timelines. However, AFBH continues to be responsible for assessing all persons entering the facility during the booking process. This allows for the early identification of anyone with a mental health disorder that requires special placement in a THU, i.e., a LOC 2-4. While the intake process for persons without mental health issues appears to have been shortened, for persons requiring an intake assessment by AFBH, the intake process remains rather lengthy. Currently, there is no report that provides information regarding the time it is taking to complete the BIA.

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 who 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. Unfortunately, Telecare has not been able to provide the number and quality of clinicians necessary to provide the “expanded” functions as such requiring that AFBH continue to staff ITR.

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

The chart below presents the number of intakes completed, by month for this reporting period, by either AFBH or contracted ITR staff.

Month	# of Intakes Completed
July 2023	1,547
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December 2023	1,456
January 2024	1,459

As with the size of the AFBH caseload, the chart above indicates that there is relative consistency in the number of intakes conducted by AFBH each month. These figures allow AFBH leadership to better establish staffing requirements for the ITR functions.

During the chart review process, no evidence of records from community-based care providers were noted as required by this Provision.

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 (to include contracted staff) in the ITR area to complete the BIA within the four-hour timeframe.
3. AFBH to establish a process by which the time between admission to custody and completion of the BIA can be known.
4. Discuss additional intake space needs with ACSO and identification of confidential interview area to be used, if necessary.
5. Continue supervisory assessments of whether the two interview booths are sufficient to provide AFBH intake assessments within the required four-hour period.

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, SMI Training Pilot, Chart Reviews

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 LOC 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. AFBH's reported inconsistency in the use of the flags, stated in the last report, has been addressed by leadership which has conducted a review of the SMI flag in the entire caseload, and is being addressed in training, especially the SMI Training Pilot. AFBH will be continuing its efforts to ensure that all flags and 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" and provide training as necessary.
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: The "ACBH Psychiatric Medications Verified/Bridge/Delivery" policy remains under review as noted in the last report. This policy comprehensively addresses the process. The audit process was initiated during this review period and modifications to the audit tool have been made.

In policy, medications are to be verified within 24 hours by the on-site psychiatric Provider or on-call Telecare psychiatrist and entered in CorEMR (the Wellpath EMR). Efforts to comply with this procedure are made and documented in the person's chart. If medications cannot be verified, the person will be scheduled for the next available appointment with a psychiatrist in their housing unit. If the person's psychiatric condition requires more immediate attention, the on-call MD will be notified and they will be placed on the scheduled psychiatrist's "Interim Care Coordination" (ICC) schedule for the following day.

AFBH clerical has been compiling and submitting a Bridge Med Log tracking form usually monthly. The Log is available for review. The Log lists each person for whom a verification request was

made and the outcome of the verification (e.g., person referred to ICC, medications ordered, verification received).

A pilot audit of the Bridge Medication Logs was conducted during this reporting period reviewing a small sample of entries. The audit pilot was successful and resulted in modification of the audit tool. The audit tool has been modified from the version provided with the draft policy and procedure.

According to AFBH, a formal serial audit of the bridge medication process will be conducted quarterly. Given the large number of medication verifications completed each month, a representative sample of the incidents will be used for the audit.

The first audit of 20 of the 59 entries in the December 2023 Bridge Medication Log has been completed for compliance with the draft policy and procedure.

Below are a few of the results:

Requirement	Description	Audit Result
Verified Meds Within 24 hours	BIA forms reviewed; found med requests, notifications to psychiatric providers within 24 hours	16 of the 20; 80% Compliance
Bridge Meds Ordered Within 24 hours/Reviewed and or Documentation by Psychiatric Providers	Timelines and documentation by the psychiatric providers in CG of bridge med ordered and or documentation noted	12 of the 20; 60% Compliance
Medications Delivered Within 48 hours by Wellpath Nurses	Delivered within 48-hour timeframe after referral to psychiatric provider	10 of the 20; 50% Compliance

Audit results indicate areas of non-compliance with draft policy. Audit report provides further details of findings, reasons for non-compliance and remedies.

Recommendation(s):

1. All reviews of the draft “ACBH Psychiatric Medication Verification/Bridge/Delivery Policy and Procedure” need to be completed, and the policy finalized.
2. Training of all appropriate staff will be necessary.
3. AFBH needs to follow-up on the audit findings and remedies for non-compliance.
4. Use of the “Continuity of Care Psychiatric Medications” audit tool needs to be continued on a quarterly basis.

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: Substantial Compliance

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

Training: N/A

Metrics: Observations, Interviews with Staff, Chart Reviews

Assessment: As reported in the last report, ACSO allocated an additional “booth” in the ITR area for intake assessments. There are now two booths that offer a confidential interview process. Based on current SRJ intake flow, the two booths appear to be sufficient for allowing AFBH to conduct intakes but are not necessarily occurring within the four-hour requirement. As discussed in Provision 710, as AFBH strives to complete intake assessments within the required four-hour period, additional confidential interview space will need to be identified for use.

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

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.

Based on the person’s LOC as identified during the BIA, follow-up interventions are provided. Chart reviews support that persons are receiving clinical counseling and medication support services with a greater number of these services being provided to persons in a THU environment.

Recommendation(s):

1. The draft “AFBH Santa Rita Jail Intake Policy and Procedure” needs to be completed.
2. Training on the entire intake process should follow completion of the policy.
3. Continue supervisory assessments of whether the two interview booths are sufficient to provide AFBH intake assessments within the required four-hour period.
4. Discuss additional intake space needs with ACSO and identification of confidential interview area to be used, if necessary.

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: N/A

Metrics: Interviews with Staff, Observations; Wellpath Policies & Procedures, Draft-HCD 110_E-02 "Receiving Screening-Alameda CA

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. While AFBH ITR staff may be requested to assist in the mental health assessment, this function is the responsibility of Wellpath, the medical provider. 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. Wellpath's "Receiving Screening" policy which has been reviewed by this Expert addresses this process. Wellpath leadership has provided random proof-of-practice examples of their pre-booking screening process to this Expert for the period July 1, 2023 through January 31, 2024.

Recommendation(s):

1. The draft "AFBH Santa Rita Jail Intake Policy and Procedure" needs to be completed.
2. Wellpath to continue providing proof-of-practice documentation for the pre-booking screening to this Expert.

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: Needs Development

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. For example, there is no means of obtaining how long it takes for a BIA to be completed; CD requires it be within four hours of admission. Given that ACSO manages the ITR process and determines when AFBH is provided with the person to complete the BIA, it will be the responsibility of ACSO to make best efforts to ensure that persons are brought to AFBH intake staff no later than three hours from being admitted to custody for the four-hour requirement to be met. Quality assurance processes related to the ITR Clinician's responsibilities will require a detailed intake policy and procedure which currently does not exist. During this reporting period, an AFBH Forensic Behavioral Health Clinical Manager responsible for quality assurance measures was hired.

Recommendation(s):

1. The draft “AFBH Santa Rita Jail Intake Policy and Procedure” 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.
5. ACSO to modify the ITR process to provide AFBH with persons at intake no more than three hours after admission to the SRJ in order to complete the BIA within four hours as required by this Provision.

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: AFBH continues to emphasize the delivery of tabletop therapeutic services with cell-side encounters only when either the person refuses to exit their cell or when safety and security are an issue. In these limited circumstances, interventions are short in duration, lack clinical depth and confidentiality is forfeited.

At the third tour, it was agreed that non-contact visitation booths in THU 9 would be temporarily used as confidential meeting areas. While not ideal, these booths are appropriate for clinical encounters. In the last six months, AFBH has expected staff to use these booths and clients have been encouraged to agree to meet in them. However, this Expert has been advised that these booths are infrequently used as clients are refusing to use them, staff have encountered difficulties with accessing the booths, with obtaining ACSO assistance to use the booths, and what continues to be concerns regarding confidentiality.

To address this Provision:

- ACSO is in the process of obtaining secure programming chairs for the THU multi-purpose rooms and RH Units which will allow these areas to be used for confidential group and/or individual interventions;
- ACSO has agreed to allow AFBH to use an area of the Clinic (near the Outpatient Housing Unit) and the Sandy Turner Center (on Fridays for 1.5 hours); and
- Designs for new individual meeting spaces in the THUs are still planned and will be provided in the next monitoring period. Since completion of these spaces was not scheduled for completion until 2026, new plans for meeting the confidential office and group meeting areas are being developed.

Recommendation(s):

1. AFBH to continue encouraging the use of the THU non-contact visitation booths 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. Conduct staffing analysis to determine not just the space needs but the clinical and custodial personnel required to comply with the Provision.
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.

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. An AFBH Forensic Behavioral Health Clinical Supervisor/Manager monitors these referrals daily and AFBH Clerical confirms if the person has an upcoming appointment or schedules an appointment.

Electronic referrals will be achieved by AFBH utilizing a dedicated email to receive and respond to referrals. There is a plan that will enable incarcerated persons 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 Procedure

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. AFBH Clinicians and Wellpath housing unit nurses enter referral requests into ATIMS. These referrals are addressed by the Psychiatric Nurse Practitioner. An audit of how these referrals are handled is required.

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 "AFBH Santa Rita Jail Intake Policy and Procedure."
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: During this reporting period, AFBH hired a Forensic Behavioral Health Clinical Manager dedicated to Quality Assurance (QA). With the addition of Managers over the last six months, AFBH has been developing "teams" focused on specific areas. The Manager joins the Medical Director Lead for QA in developing and implementing quality assurance and auditing efforts.

There are plans for establishing a Quality Assurance Committee.

A policy outlining comprehensive quality assurance practices for the delivery and monitoring of mental health services has not been developed. But several draft policies in review have included proof-of-practice measures with concomitant reports to support the efforts.

As an example of future quality assurance efforts, 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 audit, the ACBH Director of Pharmacy provides a randomized list of five patients per Provider. 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. This auditing occurs every trimester. A review for 2023 is underway.

Recommendation(s):

1. Continue developing the QA team; assign appropriate staff to QA duties.
2. Develop and implement an 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.
5. Establish QA Committee meetings and provide this Expert with minutes of the meetings.

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 Procedure

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

Metrics: Interviews with Staff, Exhibit C of Consent Decree, Chart Reviews

Assessment: As previously reported, 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. This policy, while in draft, is being followed. 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 who 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. For example, during this reporting period, further refinement of the criteria to distinguish persons identified as an LOC 4 versus those who are better identified as a LOC 3 was made in the draft policy.

AFBH has provided training to its QMHPs and use of the levels format is ongoing. In 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.

AFBH continues to prepare 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).

Currently, persons admitted to the SRJ are being assessed by AFBH (or contracted staff) and assigned an initial LOC. As shown below, for example, on 7/03/2023, 41% of persons in the SRJ

were identified as not needing or requesting mental health services (LOC X) and 60% had been identified as having a mental health LOC 1 through LOC 4. Also below, in the column labeled "Pending LOC," typically only 1% of persons admitted were pending a LOC designation between

July 1st and January 31st, 2024. The AFBH caseload in LOC Reports for the period July 1, 2023 through January 31, 2024 are shown below.

Level of Care Reports for the Period 7/01/2023-1/31/2024

Report Date	LOC 1	LOC 2	LOC 3	LOC 4	LOC X	Pending LOC ("0")
7/03/23	27% N=380	20% N=287	10% N=139	1% N=19	41% N=583	1% N=15
7/17/23	27% N=379	20% N=277	17% N=146	1% N=12	40% N=554	1% N=15
7/31//23	30% N=409	19% N=267	9% N=126	1% N=20	39% N=542	1% N=16
8/14/23	29% N=389	19% N=260	9% N=117	2% N=29	40% N=556	1% N=18
8/28/23	30% N=419	20% N=272	8% N=106	2% N=26	38% N=559	1% N=12
9/11/23	29% N=398	18% N=255	8% N=109	2% N=31	42% N=578	1% N=12
9/25/23	29% N=443	18% N=272	7% N=112	4% N=58	42% N=645	1% N=14
10/9/23	29% N=412	17% N=245	8% N=107	3% N=43	42% N=605	1% N=12
10/23/23	30% N=420	16% N=231	8% N=115	2% N=35	43% N=613	1% N=12
11/6//23	30% N=448	17% N=257	7% N=112	2% N=32	42% N=636	1% N=13
11/20/23	31% N=449	16% N=237	7% N=106	2% N=32	42% N=617	1% N=11
12/4/23	29% N=449	15% N=235	7% N=108	2% N=38	44% N=697	0.5% N=7
12/18/24	29% N=423	16% N=227	7% N=109	2% N=33	45% N=656	1% N=8
1/1/24	29% N=420	18% N=263	7% N=104	3% N=37	43% N=626	0.4% N=6
1/15/24	28% N=391	18% N=249	7% N=92	3% N=35	44% N=598	0.5% N=7
1/29/24	28% N=414	18% N=267	6% N=95	3% N=46	44% N=647	0.6% N=9

Level of Care - Averages & Ranges for the Period 7/1/2023-1/31/2024

Level of Care	Percentage	Percentage Range	Number	Number Range
LOC 1	29%	27% - 31%	415	379-449
LOC 2	18%	15% - 20%	256	227-287
LOC 3	8%	6% -17%	113	92-146
LOC 4	2%	1% - 4%	33	12-58
Average Caseload			817	710 – 940

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 remained extremely low (<1%) and at times negligible indicating that incarcerated persons are being assessed and “leveled.”
- The number of persons with an LOC 4 (range of 1-4% of the caseload) is relatively low given the size of the overall AFBH caseload.
- The LOC 3 population fluctuated the most between 6 and 17% of the caseload likely reflecting the changes made by AFBH in the criteria for LOC 3 with related changes in the size of the LOC 4 population.
- 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 to an average of 42% of the SRJ population.

When compared with the entire SRJ population, the AFBH caseload is approximately 50% of the population. These figures are consistent with those in the last report and remains at 50% even as the ACSO population appears to be smaller in the second half of the year. The SRJ mental health population figures are also consistent with national statistics for mental health disordered persons in jail settings. As apparent, the AFBH caseload size appears to be stable at approximately 850 incarcerated persons and is consistent with the figures previously reported. The data for July through December 2023 is shown below:

AFBH Caseload for the Period July 2023-December 2023

Months	Average Caseload LOC 1-4	SRJ Population/ Last Day of Month	% of SRJ Population on AFBH Caseload
July 2023	820	1,686	48%
August 2023	809	1,664	48%
September 2023	839	1,682	49%
October 2023	804	1,721	46%
November 2023	836	1,632	51%
December 2023	811	1,606	50%
All Months Average	817	1,665	49%

Recommendation(s):

1. The review and approval process of the draft “AFBH Levels of Care Policy and Procedure” needs to be completed.
2. Psychiatric Providers need to be determining LOC at every encounter and documenting their impressions.
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: Although AFBH clinical staffing has improved during this reporting period, a range of clinically appropriate services is still not being provided. The plan for Telecare to assume responsibility for ITR functions and facilitate additional AFBH clinical staff for assignment to the housing units has not yet come to fruition. While chart reviews demonstrate that intake assessments are taking place, suicide and self-harm is being identified and communicated, and the THUs are offering daily clinical presence (huddles, rounding), clinical interventions are required by the Provision and according to a person’s assigned LOC are not being provided.

Specifically, AFBH Clinicians provide follow-up visits to persons on their assigned caseloads in housing units and in the clinic, follow-up on persons placed on IOL status, and respond to ACSO requests in the event of a referral due to crisis, “uses-of-force” and safety cell placement. 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 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 RH Unit 1 to address clinical issues. While not a THU, the staffing increase will provide a more appropriate level of response and treatment.

Following the recent tour, ACSO and AFBH agreed to establish a “Contraindicated” pod in the Special Handling Unit (HU 2). The Contraindicated pod is not RH. Instead, this pod is the placement option for persons who would otherwise be placed in RH but for their SMI diagnoses

and/or acute self-harm and active psychosis. It was agreed that AFBH would place a clinical Treatment Team on the unit and provide clinical services according to the person's LOC.

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. Use of the multi-purpose rooms would increase viable treatment areas but due to security are not in use. ACSO is in the process of ordering secure programming chairs that will allow for treatment services to be provided without the presence of an ACSO deputy.

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 and treatment plans are not being developed as required.

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: The current THUs do not have space for appropriate therapeutic encounters and the milieu of the units is not consistent with a therapeutic environment. Day room table-tops do not afford confidentiality. A few areas have been identified outside of the housing units (non-contact visitation areas and "multi-purpose" rooms) for possible repurposing. Most recently, ACSO has agreed to order secure programming chairs to make confidential therapeutic services possible in the THU multi-purpose rooms. Additionally, the draft plans for construction of individual, confidential meeting spaces (inside the housing units) have been developed.

The non-contact visitation booths for individual counseling sessions which were determined for use at the last tour have been used infrequently for several reasons including client refusal and staff concerns with accessibility.

Recently, ACSO has offered AFBH an area of the Clinic (near the Outpatient Housing Unit) and the Sandy Turner Center (on Fridays for 1.5 hours) for treatment services.

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

No specific plan to reimagine the housing units to provide a more therapeutically appropriate environment has been presented for consideration or implemented despite the fact there are units at SRJ where improvements have been made, such as the veteran's unit, but this Joint Expert has been advised that plans are being developed and will be provided soon.

Recommendation(s):

1. ACSO and AFBH to continue using the non-contact visitation booths for individual sessions.
2. ACSO and AFBH to objectively review treatment space needs according to the THU LOC requirements.
3. ACSO and AFBH to 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, Chart Reviews

Assessment: AFBH provides group out-of-cell programming through its contract with Telecare in THUs 9, 24 and 35. Group therapy is not being conducted in RH Units. ACSO is in the process of ordering secure programming chairs that will allow for treatment services to be provided without the presence of an ACSO deputy.

Telecare provides three/four groups daily with up to six participants, in THUs 9, 24 and 35. The groups conducted by Telecare follow the "Seeking Safety" nationally recognized model and, on weekends, Telecare is offering "co-occurring" groups to address the relationship between substance use and mental health disorders.

ACBH no longer has a contract with Options Recovery Services for on-site substance use counseling services and re-entry referrals to community services at SRJ. However, AFBH has established an arrangement with a local ACBH provider, Lifelong Medical, to provide substance use counseling. Prior to COVID-19, Lifelong had been providing substance use disorder groups and individual services in THU 9 but these stopped due to the pandemic. When clearance of additional Lifelong providers is completed, the plan is to have individual and group substance use disorder counseling in THUs.

Even with the efforts made through Lifelong and Telecare, 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 RH need 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. AFBH has an insufficient number of clinicians and the limited, post-COVID involvement of community-based providers are negatively impacting mental health-related service delivery.

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 and 35; with up to six participants per group. More recently, on the weekends, Telecare has begun conducting groups on the topic of “co-occurring disorders,” i.e., substance abuse and mental health problems, which is a widespread problem among incarcerated persons. Activity records for the reporting period of July 2023 through January 2024 are as follows:

Month/Year	Total # of Groups Held
July 2023	49
August 2023	77
September 2023	66
October 2023	59
November 2023	85
December 2023	118
January 2024	96
Total	550

Assuming there were three groups held per day in the seven-month period (except federal holidays), there would be at least 621 groups held. The reports indicate that a total of 550 groups were conducted, which is 88% of the expected number. According to the monthly Telecare Groups activity reports, the average number of group participants was between two and three participants per group, which is significantly below the expected six participants per group. The availability of group therapy sessions is a much-valued resource. Efforts should be made to determine why participation is low and how to increase interest in the group experience.

AFBH Clinicians provide follow-up visits to persons on their assigned caseloads in housing units and in the clinic, follow-up on persons placed on IOL status, and respond to ACSO requests in the event of a referral due to crisis, “uses-of-force” and safety cell placement. 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.

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 continued use of the non-contact visitation booths, the use of the multi-purpose rooms when security measures are taken, and implementation of plans for unit confidential spaces. ACSO is in the process of ordering secure programming chairs for the THUs and RHUs that will allow for treatment services to be provided without the presence of an ACSO deputy.

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, Chart Reviews

Assessment: This Provision has not been addressed since the last report. AFBH Forensic Behavioral Health 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 and 35 with dedicated clinical teams providing services. A clinical team is also assigned to RH Unit 1. Very recently, a clinical

team was assigned to the Special Handling Unit (HU 2) to address the treatment needs of clients that have been “contraindicated” for RH. A clinical HU team typically consists of one psychiatric Provider, two Behavioral Health Clinicians, and one Mental Health Specialist. There is an insufficient number of clinicians to consistently implement all the required treatment services.

Since the last report, AFBH leadership has hired three Forensic Behavioral Health Clinical Managers to oversee specific areas of operations including ITR/Crisis Team, THU/RHU/Clinical Services, Re-entry/Cal-AIM and QA/ADA/Consent Decree.

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: AFBH continues to operate pilot THUs in Units 9, 24 and 35 with dedicated clinical teams providing services. A clinician team is also assigned to RH Unit 1. Very recently, a clinical team was assigned to RH Referral Unit 2 to address the treatment needs of clients who have been “contraindicated” for RH. A clinical housing unit team typically consists of one psychiatric Provider, two Behavioral Health Clinicians, and one Mental Health Specialist. There is an insufficient number of clinicians to consistently implement all the required treatment services.

A policy regarding treatment teams has not been developed.

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 discharged 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, Chart Reviews

Assessment: Treatment plans are not being developed. However, AFBH launched a pilot program for Treatment Plans in November 2023. Three training sessions were provided by the AFBH locum Psychologist, Dr. Warner, specific to developing treatment plans for personality, depressive, and psychotic disorders. Dr. Warner worked individually with each clinician on treatment planning development. For the implementation pilot, ten clients were chosen from the THUs and RH. Clients were selected based on their acuity and intentionally chosen as more challenging clients to engage. Dr. Warner meets with participating clinicians weekly and assists clinicians in implementing clinical incentives. According to AFBH leadership, some clients are becoming more engaged in meeting their treatment goals.

Recommendation(s):

1. AFBH to continue implementing the Pilot Program related to Treatment Planning.
2. 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.
3. Conduct training on the treatment plan policy/procedures as necessary.
4. 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: As previously reported, a weekly Therapeutic Housing Committee meeting, which constitutes a treatment team meeting, is held to discuss clients from the three THUs and their mental health issues. The goal of the meetings is to discuss the clinical presentation of persons and how the teams can improve the adaptation and stabilization of the persons on the units. These meetings, as well as individual case treatment team meetings, are also the venue for discussing clients who are not progressing out of LOC 4 to determine appropriate follow-up. While less formal, the daily “huddles” at each THU provide a forum for treatment team members to share and discuss persons of concern. Refer to Provisions 702 and 704.

Recommendation(s):

1. Begin conducting Therapeutic Housing Committee/treatment team meeting in the separate housing units.
2. Increase the rounds of LOC 4 clients in the THUs and appropriate areas of RH to daily (seven days a week) as soon as AFBH staffing permits.
3. 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: AFBH Psychiatrists and representatives of the medical provider, Wellpath, are expected to participate in the THU Committee meetings. 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:** Partial Compliance
- Policies:** Require Development
- Training:** Requires Development
- Metrics:** Observation, Interviews with Staff, Chart Reviews

Assessment: Individual AFBH clinicians provide services throughout the SRJ wherever AFBH clients are housed with concentrated efforts in the THUs (9, 24 and 35) and RH Unit 1, RH Referral Unit 2, and the newly-created “Contraindicated” Pod in the Special Handling Unit (HU 2). Refer to Provisions 725 and 726.

AFBH has plans to initiate a pilot, “Extended Therapeutic Milieu,” comprised of small group therapeutic activities in THU 35 this quarter.

Telecare, a contracted provider, continues to staff two group counseling positions that provide three to four groups daily, seven days a week. Group facilitators follow the evidence based “Seeking Safety” treatment model for behavioral health clients in the THUs 9, 24 and 35; with up to six participants per group. More recently, on the weekends, Telecare has begun conducting groups on the topic of “co-occurring disorders,” i.e., substance abuse and mental health problems, which is a widespread problem among incarcerated persons. Activity records for the reporting period of July 2023 through January 2024 are as follows:

Month/Year	Total # of Groups Held
July 2023	49
August 2023	77
September 2023	66
October 2023	59
November 2023	85
December 2023	118
January 2024	96
Total	550

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 no longer has a contract with Options Recovery Services for on-site substance use counseling services and re-entry referrals to community services at SRJ. However, AFBH has established an arrangement with a local ACBH provider, Lifelong Medical, to provide substance use counseling. Prior to COVID-19, Lifelong had been providing substance use disorder groups and individual services in THU 9 but these stopped due to the pandemic. When clearance of additional Lifelong providers is completed, the plan is to have individual and group substance use disorder counseling in THUs.

On the weekends, Telecare has recently begun conducting groups on the topic of “co-occurring disorders,” i.e., substance abuse and mental health problems, which is a widespread problem among incarcerated persons on the weekends.

Even with the treatment efforts made through Lifelong and Telecare, 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. 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 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, Tour Observations, Chart Reviews

Assessment: Implementation of the THUs in Housing Units 9, 24 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. “Rounds” for all LOC 4 incarcerated persons and persons identified in need of clinical attention were initiated in April/May of 2023 and continue to date. Rounds are being conducted five days per week for any persons with a LOC 4 in a THU. LOC 4 persons in RH Unit 1 or the RH Referral Unit 2 are being seen three days a week. In addition to rounds not occurring daily, they are often taking place without the involvement of the AFBH Psychiatrist.

Incarcerated persons on the AFBH caseload referred for placement in RH are being assessed by a QMHP prior to their being determined for RH. The assessment entails an evaluation of whether placement in RH is contraindicated to the person’s mental health status. AFBH staff provide their assessments at the weekly RH Committee meetings and make further treatment-related recommendations. In this reporting period, great emphasis has been placed on ensuring that persons on the AFBH caseload, especially those with a SMI are assessed and that the results of the assessment be included in the decision of whether to place that person in RH.

Since there are cases where a person is to be placed in RH but has a SMI or active symptoms self-harm or psychosis, ACSO and AFBH have agreed to establish a “Contraindicated” pod in the Special Handling Unit (HU 2). This pod is the placement option for persons who would otherwise be placed in RH but for their SMI diagnoses and/or acute self-harm and active psychosis. It was agreed that AFBH would place a clinical Treatment Team on the unit and provide clinical services according to the person’s LOC. Secure programming chairs will be provided by ACSO to allow for group and individual treatment services.

Refer to Provisions 200/204 and 702.

Recommendation(s):

1. Refer to Provisions 200/204 and 702.
2. Treatment Team rounds in the THU and RH for LOC 4 persons are to be conducted daily (seven days per week).
3. AFBH Psychiatrists are required to participate in the LOC 4 rounds.

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, Chart Reviews

Assessment: Individual treatment plans are not being developed. Therapeutic contacts are being provided and daily “rounds” are being conducted for certain incarcerated persons in the THUs and RH Units but are not consistently based on individualized treatment plans.

AFBH launched a pilot program for Treatment Plans in November 2023. Three training sessions were provided by the AFBH locum Psychologist, Dr. Warner, specific to developing treatment plans for personality disorders, depression, and psychosis. Dr. Warner worked individually with each clinician on treatment planning development. For the implementation pilot, ten clients were chosen from the THUs and RH. Clients were selected based on their acuity and intentionally chosen as more challenging clients to engage. Dr. Warner meets with participating clinicians regularly and assists clinicians in implementing clinical incentives. According to AFBH leadership, some clients are becoming more engaged in meeting their treatment goals.

Refer to Provisions 728, 730 and 736.

Recommendation(s):

1. Refer to Provisions 728, 730 and 736.
2. Treatment Team rounds in the THU and RH for LOC 4 persons are to be conducted daily (seven days per week).

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, ACSO Policy and Procedure 13.06 Suicide Prevention and Suicide Reviews

Training: Needs Development

Metrics: Interviews with Staff, Chart Reviews

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. According to AFBH leadership, the suicide risk assessment is typically conducted within one hour of receiving the notification.

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 and classification.
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, Chart Reviews

Assessment: The “ACBH Psychiatric Medications Verified/Bridge/Delivery” policy remains under review as noted in the last report. This policy comprehensively addresses the process. The audit process was initiated during this review period and modifications to the audit tool have been made.

In policy, medications are to be verified within 24 hours by the on-site psychiatric Provider or on-call Telecare psychiatrist and entered in CorEMR (the Wellpath EMR). Efforts to comply with this procedure are made and documented in the person’s chart. If medications cannot be verified, the person will be scheduled for the next available appointment with a psychiatrist in their housing unit. If the person’s psychiatric condition requires more immediate attention, the on-call MD will be notified and they will be placed on the scheduled psychiatrist’s “Interim Care Coordination” (ICC) schedule for the following day.

AFBH clerical has been compiling and submitting a Bridge Med Log tracking form usually monthly. The Log is available for review. The Log lists each person for whom a verification request was made and the outcome of the verification (e.g., person referred to ICC, medications ordered, verification received). A pilot audit of the Bridge Medication Logs was conducted during this reporting period reviewing a small sample of entries. The audit pilot was successful and resulted in modification of the audit tool. The audit tool has been modified from the version provided with the draft policy and procedure.

According to AFBH, a formal serial audit of the bridge medication process will be conducted quarterly. Given the large number of medication verifications completed each month, a representative sample of the incidents will be used for the audit.

The first audit of 20 of the 59 entries in the December 2023 Bridge Medication Log has been completed for compliance with the draft policy and procedure.

Below are a few of the results:

Requirement	Description	Audit Result
Verified Meds Within 24 hours	BIA forms reviewed; found med requests, notifications to psychiatric providers within 24 hours	16 of the 20; 80% Compliance
Bridge Meds Ordered Within 24 hours/Reviewed and or Documentation by Psychiatric Providers	Timelines and documentation by the psychiatric providers in CG of bridge med ordered and or documentation noted	12 of the 20; 60% Compliance
Medications Delivered Within 48 hours by Wellpath Nurses	Delivered within 48-hour timeframe after referral to psychiatric provider	10 of the 20; 50% Compliance

Audit results indicate areas of non-compliance with draft policy. Audit report provides further details of findings, reasons for non-compliance and remedies.

A new draft policy, “Refusals of Prescribed Psychiatric Medications and Compliance Audit Requirements,” has been developed. Wellpath policy requires nurses to document and advise when clients refuse medications. Nurses enter a note in ATIMS; the “Medical Notes” report is reviewed daily by AFBH staff and steps are taken to address medication refusals which include chart reviews, discussing the person in a huddle, or making an appointment to see the person.

The draft policy also states that a formal audit of the medication refusal process will be conducted by AFBH nursing staff.

Recommendation(s):

1. The draft policies regarding “Psychiatric Medication Verification/Bridge/Delivery” and “Refusals of Prescribed Psychiatric Medications and Compliance Audit Requirements” need to be approved for implementation.
2. Training of all appropriate staff on the policy will be necessary.
3. Auditing of the processes needs to occur and be provided to this Expert as 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 has been 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. Training slides for the policy have been reviewed and approved by this Expert. A Patient Polypharmacy Report is completed every two weeks and has been made available to this Expert.

Recommendation(s):

1. AFBH to finalize policy reviews, obtain approvals, and conduct training.
2. Continue to submit proof-of-compliance with the audit process to this Expert.

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: Draft-AFBH Refusals of Prescribed Psychiatric Medications and Compliance Audit Requirements

Training: Requires Development

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

Assessment: As previously reported, 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 Medical Assistant (MA) reviews the ATIMS report and identifies any incarcerated persons with medication-related issues. The MA 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.”

AFBH has drafted a policy during this reporting period titled, “Refusals of Prescribed Psychiatric Medications and Compliance Audit Requirements.” Using the information entered in ATIMS by Wellpath, AFBH staff will review and take steps to address medication refusals which include chart reviews, discussing the person in a huddle, or making an appointment to see the person. The draft policy also states that a formal audit of the medication refusal process will be conducted by AFBH nursing staff.

Chart reviews conducted by this Expert found that referrals by Wellpath regarding medication non-compliance are being made and that follow-up interventions by Psychiatry, identified as “Medication Support” in CG, are being provided and documented.

Recommendation(s):

1. AFBH to finalize and implement the “Refusals of Prescribed Psychiatric Medications and Compliance Audit Requirements” policy and procedures.
2. Develop related forms/reports as necessary.
3. Provide proof of compliance with the policy and related audit process.

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-AFBH Refusals of Prescribed Psychiatric Medications and Compliance Audit Requirements

Training: Requires Development

Metrics: AFBH Medication Monitoring Tool

Assessment: The audit processes required by this Provision are included in the draft “AFBH Refusals of Prescribed Psychiatric Medications and Compliance Audit Requirements.” These audits have not been conducted.

Recommendation(s):

1. AFBH to finalize policy reviews, obtain approvals, and conduct training.
2. Submit proof-of-compliance with the audit process to this Expert.
3. Refer to Provision 741.

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, 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, ACSO Policy and Procedure 13.06 Suicide Prevention and Suicide Reviews

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.

Since the last report, there has been only one incident involving the use of a Safety Cell. As previously reported, Safety Cell use is being phased out in favor of IOL placements. IOL restrictions are being individualized to allow for less restrictive arrangements during an IOL placement.

ACSO’s “cell softening” projects to retrofit and make cells more suicide resistant in THUs 9 and 24 have been completed. ACSO’s installation of anti-jump fencing has also been complete.

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.

Finding: Substantial Compliance

Policies: N/A

Training: N/A

Metrics: ACSO Proposed Conversion Floor Plans and Cell Softening

Assessment: ACSO's "cell softening" projects to retrofit and make cells more suicide resistant in THUs 9 and 24 have been completed. ACSO's installation of anti-jump fencing has also been completed.

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, ACSO Policy and Procedure 13.06 Suicide Prevention and Suicide Reviews

Training: Requires Development

Metrics: ACSO Proposed Conversion Floor Plans and Cell Softening

Assessment: There has been only one incident involving the use of a Safety Cell since July 2023. 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. IOL restrictions are being individualized whenever possible to allow for less restrictive arrangements during the IOL placement.

The one incident involved self-harm and was an appropriate safety cell placement. ACSO, Wellpath and the on-call AFBH clinician were involved in the initial decisions. Although the placement was warranted, the requirements for timely follow-up were not met.

Recommendation(s):

1. The ACSO and AFBH policies and procedures which cover the use of Safety Cells need to be finalized and implemented.
2. 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.
3. AFBH needs to respond as required by the Provisions.
4. Continued documentation of Safety Cell placements and a monthly review for changes in the pattern of use, i.e., increases, should be conducted.

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 mental 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 precautions 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 shall 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, ACSO Policy and Procedure 13.06 Suicide Prevention and Suicide Reviews

Training: Requires Development

Metrics: Interviews with Staff, Chart Reviews

Assessment: Since the last report, the draft "AFBH Preventing Suicide and Self-Harming Behavior Policy and Procedure" has continued to undergo review and revisions by this Expert. The policy explains how AFBH assesses suicide and responds to suicide risk. The draft policy is consistent with the requirements 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. Now that the "cell softening" project, i.e., the addition of suicide resistant features to cells, has been completed, the timeframe for use of Safety Cells should be decreased to four hours (no longer eight hours). However, as noted during these past seven months, there has only been one incident of Safety Cell use.

Specific to Provision 752 and 759, AFBH has made additional modifications and is piloting the 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 remove the person from suicide precautions is consulted with a Psychiatrist, Supervisor, or Manager.

Specific to Provisions 755 and 756, when ACSO identifies a person with concerns of suicide risk, AFBH is notified to conduct a Suicide Risk Assessment. This typically occurs within one hour of notification by ACSO. Pending assessment, the person is likely to be placed on IOL status with Close Observation.

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 AFBH Safety Plan document has undergone additional modifications since the last report. Use of the Safety Plan document has not been initiated pending additional review.

As required by Provision 762, training efforts on identifying suicide risk and preventing suicidal and self-harm behaviors are ongoing and will be modified as necessary once policies are finalized.

AFBH needs to comply with ACSO policy regarding their role in use-of-force incidents. When summoned, AFBH needs to respond and assist in these attempts to thwart further escalation of an incident. AFBH needs to document their efforts in the person's mental health case record and/or ACSO documents.

AFBH is also required to assess all restraint chair placements within specified time periods and document as appropriate. During this monitoring period, as reported by the Custody Expert, records indicate that AFBH responded accordingly at the onset of 24 of 25 restraint chair placements. However, the interval AFBH assessments required during the restraint chair placements could not be readily assessed. Incidents of repeated placements in a restraint chair of a single person should be carefully evaluated by an interdisciplinary treatment team.

Chart reviews conducted for this report indicate that AFBH clinical staff are responding to communication from ACSO HU staff and ITR staff when inmates report suicidal ideation or display suicide risk behavior. AFBH clinical staff are responding by meeting with the persons and conducting assessments of suicide risk within hours of the referrals and appropriately respond by changing the person's LOC, placing them in a THU and notifying psychiatry for a medication consult.

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. AFBH Supervisors and Managers need to conduct chart reviews to ensure that draft policies regarding the handling of incidents of suicide risk are being followed.
3. AFBH to respond, as required by policy and procedure, to use-of-force incidents and restraint chair placements.
4. Refer to Provisions 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 and Suicide Reviews

Training: Needs Development

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.

The past report indicated concerns with LOC 4 males or males on IOL not being placed in THU 9. During this reporting period, it seems that efforts have been made to place persons at risk of suicide in THU 9. However, there are still people on IOL in other housing units.

Chart reviews conducted for this report indicate that AFBH clinical staff are responding to communication from ACSO HU staff and ITR staff when inmates report suicidal ideation or display suicide risk behavior. AFBH clinical staff are responding by meeting with the persons and conducting assessments of suicide risk within hours of the referrals and appropriately respond by changing the person's LOC, placing them in a THU and notifying psychiatry for a medication consult.

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 and Suicide Reviews

Training: Needs Development

Metrics: Interviews with Staff, Chart Reviews

Assessment: Compliance with this Provision requires that QMHP "see inmates on suicide precautions on an individualized schedule based on actual suicide risk, for instance, daily or hourly as needed." This is not occurring. Further, the past report indicated concerns with LOC 4 males or males on IOL not being placed in THU 9. During this reporting period, it seems that efforts have been made to place males at risk of suicide in THU 9. However, there are still people on IOL in other housing units. LOC 4 persons, i.e., those considered to be actively at risk of self-harm are monitored every 15 minutes by ACSO staff. LOC 4 persons are also "rounded" by clinicians five days per week and 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. Clinical efforts, whether provided or refused, are being documented in the person's individual mental health case file.

Recommendation(s):

1. As AFBH staffing levels increase, allocate staff to perform more frequent and individualized clinical encounters with persons on suicide precautions/IOL status.
2. Supervisors to ensure that the frequency/pattern of individualized assessments are documented in the person's mental health case record.
3. 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.
4. Policies regarding therapeutic services need to be developed and implemented.
5. 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.
6. Refer to Provisions 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 8.18 Inmate Death, ACSO Policy and Procedure 13.06 Suicide Prevention and Suicide Reviews

Training: Requires Development

Metrics: Interviews with Staff

Assessment: ACSO and AFBH conduct individual agency reviews of suicides and serious suicide attempts as described in their policies. Interagency meetings are also held within ten business days and further discussed at the monthly Suicide Prevention Meeting.

As previously reported, ACSO has revised its "Inmate Death" policy which details the additional requirements of a long-term "Inter-Agency Review," 120 days after a death, which AFBH is expected to attend. This 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. According to AFBH leadership, a Long-term Agency Review meeting has been held to discuss incidents as required. However, this Expert has not reviewed minutes of these meetings. In any future events, this Expert will request to review minutes of these meetings.

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.

AFBH coordinates a monthly Suicide Prevention Meeting that includes ACSO and Wellpath representatives where incarcerated persons of concern are discussed. AFBH to develop minutes of these meetings.

This Expert has not reviewed any formal "psychological autopsy" defined in this Provision as a written reconstruction of the incarcerated person's s life with an emphasis on the factors that led up to and may have contributed to the death or serious suicide attempt. During this reporting period, three AFBH supervisors began a four-class series on conducting a "psychological autopsy." The first session was completed in December 2023 and the additional sessions are pending scheduling.

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. AFBH Supervisors to complete the “psychological autopsy” training and utilize this tool to better understand suicidal behavior and develop preventative measures.

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, Chart Reviews

Assessment: 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 not been provided for further review by this Expert.

AFBH maintains a manual spreadsheet of referrals to JGPH. Policy and accompanying procedures are dated and inaccurate. Currently, JGPH emails AFBH with discharge 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 JGPH representatives meet monthly to discuss procedural issues and specific care coordination meetings 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: The THU model requires that the inmate's housing environment/restrictions "match" their mental health condition, i.e., their LOC. As such, those most at risk of self-harm are placed in an setting that reduces the risk of self-harm, e.g., single cell with more frequent observation. But, as the person's mental health improves, the environment becomes less restrictive, e.g., dorm like setting with less frequent observation. These adjustments in housing will allow the person to function within an environment that supports their mental health needs while also allowing for the person to be "challenged" to adjust to a less clinical/restrictive environment. It is understood that ACSO may have concerns and policies and practices that conflict with the delivery of mental health services, e.g., classification and housing placement when persons do not require a high level of mental health services such as a LOC 2 but are security risks and require placement in cells. These situations need to be discussed and options developed to ensure security while placing the person in the environment most amenable to their mental health treatment needs. The Therapeutic Housing Committee is an excellent venue for these discussions.

In order to comply with this Provision, 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. At the Classification and HU level, ACSO and AFBH are working together to address the housing issues raised by attempting to LOC and security risk but need to be supported by placement options. 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.

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.

Recommendation(s):

1. AFBH needs to document when a placement decision is not being implemented by ACSO for further discussion.
2. Refer to Provisions 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 female THU in Unit 24. Refer to Provision 702. Women have the same service options as men outside the THUs, including services provided by 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: Chart Reviews

Assessment: During this reporting period, the draft "THU Protocol" has been further detailed and refined, although the basic concepts of the THU model remain consistent. While the protocol is still in draft form, the THU pilots have been operating under the protocol for over a year. The majority of the policies and procedures related to the operation of the THUs are in draft form and are consistent with the THU Protocol. Refer to Provision 702.

Chart reviews support the provision of assessments at intake, identification of needs and assignment of LOC, placements in THUs according to LOC, clinical interventions and follow-up, medication support, and discharge planning. It is important to note that AFBH is making efforts to implement the THU Protocol as written despite not being able to provide all services as required due to staffing limitations.

Recommendation(s):

1. The "THU Protocol" needs final approval.
2. Continue developing policy and procedures consistent with the THU Protocol.
3. Continue implementing services according to the THU Protocol as staffing levels allow.

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: Clinical treatment teams are providing services in the pilot THUs in Housing Units 9, 24 and 35. Clinical treatment teams have also been assigned to HU 21, RH Unit 1 and the “Contraindicated” Pod in the Special Handling Unit (HU 2). As explained in Provisions 200/204, AFBH has been challenged with finding clinicians to fill their vacant positions although there has been a significant increase in clinicians since the last report. AFBH needs to continue deploying clinicians to assignments in the THUs to effectuate the reforms required by the Consent Decree.

There is 24/7 coverage in the ITR area by either AFBH or Telecare staff. AFBH clinical staff is available in the Housing Units, Monday through Friday from 7:00 a.m. to 9:30 p.m. “Runner” clinicians, both AFBH employees or Telecare staff, are available 24/7 and are responsible for coverage and response beyond the AFBH clinical schedule. THUs are not staffed by clinicians on nights and weekends.

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: During this reporting period, AFBH has added a Forensic Behavioral Health Clinical Manager to oversee re-entry operations and help develop program protocol and procedures. In addition to SRJ re-entry efforts, this Manager will work towards compliance with Cal-AIM requirements. The dedicated efforts of the Re-Entry Team (Manager, Supervisor and Clinicians) will give these efforts a much-needed boost in attention.

As previously reported, AFBH continues to meet with ACSO and Wellpath monthly to support re-entry efforts. The frequency of these collaborative meetings has increased with the upcoming deadlines associated with Cal-AIM. Information sharing systems and procedures are in the development process to ensure continuity of care for clients. Care is being taken to ensure HIPAA compliance while increasing collaboration among ACSO, AFBH and Wellpath.

At this time, AFBH identifies clients who have been served by community-based mental health services and makes efforts to reconnect clients to their community-based (CBO) providers. The AFBH Re-Entry Team has a dedicated email that is checked on a regular basis. This email is where outpatient teams can request release medications or follow up with their clients 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.

In this reporting period, AFBH has designated a new Post Release Re-Entry Clinician who has been instrumental in gathering clinical history from charts to prepare and submit referrals to ACCESS and facilitating warm handoffs with CBOs. In the short time this clinician has joined the team in this capacity, AFBH Re-Entry Team has been able to make: 13 referrals to full-service partnerships (the highest level of community-based care); 44 referrals to re-entry treatment teams; one referral to an outreach and engagement team; six referrals to Crisis Residential Treatment centers; one referral to the individual's health plan for enhanced care management; 13 referrals for advocacy for Social Security income; and has assisted the Public Guardian's Office with several referrals to sub-acute treatment facilities.

AFBH continues to make referrals to Bay Area Legal Aid and Homeless Action Center for Social Security income (SSI) advocacy supports to those applying for SSI benefits.

AFBH is working with ACSO to ensure the providers get access to THUs to enhance service delivery to clients.

AFBH continues to educate staff on re-entry practices. At an all staff meeting in January 2024, instruction was provided on proper documentation of re-entry plans in progress notes. Community-based re-entry mental health providers have also provided overview and training at all staff meetings to educate staff about their services and how to make referrals to those programs to support re-entry efforts.

Recommendation(s):

1. AFBH should continue collaborative efforts with ACSO and Wellpath as necessary to meet Cal-AIM requirements.
2. AFBH to continue establishing contacts with 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.

Finding: Partial Compliance

Policies: Require Development

Training: N/A

Metrics: Draft-AFBH Client Re-Entry Plan form, Chart Reviews

Assessment: In this reporting period, AFBH has implemented a new and more detailed Re-Entry Plan form with the SMI Re-Entry Pilot Program. As part of the greater SMI Pilot, all persons with a SMI and a known, upcoming release date will have a documented Re-entry Plan. AFBH has created a system wherein clerical staff will notify Re-Entry staff when SMI clients have a release date within 90 days. Re-Entry staff will then begin discussing re-entry plans with the client at that time. AFBH will make necessary referrals and provide the client with a written copy of their plan at the time of release. For those persons, AFBH will coordinate a direct contact (in-person or via telehealth) with a community based mental health/substance abuse provider with a history of having treated the person or initiate a new referral and, as necessary, provide the agency with records such as case notes and prescriptions.

Recommendation(s):

1. AFBH should continue developing collaborative efforts with area mental health and substance abuse providers to increase referral mechanisms for re-entry plans.
2. AFBH Re-entry Team to continue developing re-entry plans for SMI clients with known release dates and expand re-entry planning when possible.

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: Draft-AFBH Diagnosing Severe Mental Illness (SMI) Policy and Procedure

Training: Requires Development

Metrics: Interviews with Staff; AFBH Post-Release Instructions form; Draft-AFBH Client Re-Entry Plan, Chart Reviews

Assessment: 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.

AFBH has established a process for ACSO to send a list of newly-incarcerated individuals to ACBH. ACBH reviews this list and identifies those who are enrolled in services with FSP agencies as well as all other community-based providers. From there, a list is generated through the ACBH database and sent out to each service team to notify them of clients on their caseload who have been incarcerated.

Since the last report, AFBH has increased its attention to re-entry planning. The recently hired Forensic Behavioral Clinical Manager and Supervisor are tasked with overseeing re-entry services. Additionally, AFBH has assigned a Clinician to specifically assist with post-release referrals to community-based mental health providers and treatment facilities and facilitating warm handoffs with CBOs. This increased attention to re-entry planning supports the communication with FSP agencies and the availability of services for clients.

Arrangements for post-re-entry services are handled by the AFBH Re-entry Team which is now staffed six days a week. 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. 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.

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) when appropriate. AFBH utilizes other providers as appropriate on case-by-case basis. The Re-Entry team continues to make referrals to providers based on the needs of the individual. Additionally, AFBH post-release Re-Entry clinician has increased ACCESS referrals, connecting clients with higher acuity to FSP level care. 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.

AFBH is currently in the process of re-designing the Post-Release Instructions form to reflect a more robust re-entry plan. The Re-Entry Team continues to create re-entry plans for clients leaving the jail and has begun to use a more detailed version of that plan to include information about housing resources, support network, medication regimen, and care recommendations for SMI client.

AFBH has hired a Forensic Behavioral Health Clinical Manager and Forensic Behavioral Health Clinical Supervisor to coordinate pre-release re-entry services and initiate referrals to community-based services and treatment facilities. AFBH has also staffed a post-release Forensic Behavioral Health Clinician to establish behavioral health linkages after a client is released.

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

AFBH has also focused re-entry efforts for persons with SMI. In January 2024 the Re-Entry Team launched a pilot program for clients tagged SMI who have a planned release in the next 90 days. The list of these individuals is circulated to the Re-Entry Team by AFBH Clerical staff on a daily basis. The Re-Entry Team meets with these clients and will complete a Re-Entry Plan that will be updated as needed until the day of release when a hard copy of the plan will be provided to the client. The plan will include identified items such as community services, provider contacts, housing recommendations/plans, community supports, and medication regimen/instructions. This pilot program will work with those who are not already connected with the Behavioral Health Courts.

AFBH is currently finalizing a policy and procedure specific to SMI clients that will 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.

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 increased its re-entry efforts with additional, dedicated staff, including a Forensic Behavioral Health Clinical Manager, and has assigned a Clinician to lead in post-release care coordination/community connection. This Clinician makes referrals through the ACBH ACCESS unit directly to community-based mental health providers, increasing AFBH's working relationship with community-based services.

AFBH staff have been receiving information/training during all-staff meetings regarding referrals and services available to SRJ clients. Referrals to the following agencies are being arranged: Felton Institute, La Familia, Second Change, Center Force, Building Opportunities for Self-Sufficiency (BOSS) and Bay Area Community Services. 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 and working with staff on enhancing coordination efforts and on developing proof-of-practice of the warm hand-off.

AFBH continues to make referrals to Bay Area Legal Aid (BALA) and Homeless Action Center (HAC) for SSI advocacy. These referrals are being tracked by staff and liaisons at both agencies. HAC and BALA can also support referred individuals with a subsidy for friends or family willing to house individuals with pending SSI applications through a program known as "Mending Bridges". Individuals referred to these programs may also be eligible for limited housing through HAC or BALA.

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.

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

AFBH is currently in the process of re-designing the Post-Release Instructions form to reflect a more robust re-entry plan. AFBH has begun using a more detailed Client Re-Entry Plan with clients in the Re-Entry SMI Pilot Program. These plans are co-created with clients and a copy is being provided to these clients as they leave the jail.

AFBH leadership has been working with ACSO on the process of approving CBOs to return to the SRJ. However, AFBH reports challenges with inconsistency and a lack of clarity in the process. For example, the requirements of site clearance for CBOs remains unclear and establishing timeslots for CBO visits have not been finalized. It is critical, given the importance of addressing linkages with CBOs for persons prior to their return to the community, that ACSO and

AFBH maximize coordination regarding the return of CBOs to SRJ and supporting their work within the facility.

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 is available. However, this report needs to be reconsidered and modified as appropriate policies are developed. The report needs to be enhanced and validated in collaboration with Wellpath.

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.
4. Modify the Discharge 200 Medication report according to changes in policy and procedure; involve Wellpath.