

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

First Status Report

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

July 8, 2022

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

SC **Substantial Compliance**
PC **Partial Compliance**
NC **Non-Compliance**
IN/YR-N/A **Implementation Not Yet Required – Not Applicable**

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
700. Develop and Implement Policies/Procedures with Expert for Provisions	NC
701. Implement Revised Policies/Procedures for Therapeutic and Behavioral Health Services	NC
702. Develop a Plan to Implement Therapeutic Housing Units	PC
703. Individuals with SMI to Receive Therapeutic Services	NC
704. MH Staff Communication with Custody Staff	NC
705. Mental Healthcare at Intake	PC
706. "Emergent" MH Condition at Intake	PC
707. "Urgent" MH Condition at Intake	PC
708. "Routine" MH Condition at Intake	PC
709. Requests and Referrals for MH Services Following Intake	PC

Provision	Rating
710. Initial MH Screening by Qualified Mental Health Professional (QMHP)	PC
711. Intake Database Requirement to Flag Self-Harm Incidents from Prior Incarcerations	NC
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	PC
716. Implement Quality Assurance Policies and Procedures	NC
717. Conduct MH Encounters in Confidential Setting, with Consistent Providers, of Appropriate Duration	INJR-N/A
718. Implement Electronic Tracking System for Referrals	PC
719. Develop and Implement Policy Addressing Timeliness of Routine and Emergency MH Referrals	NC
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	NC
724. Identify Clinically Appropriate Spaces	PC
725. Provide Out-of-Cell Programming for Inmates in Restrictive Housing Units and Therapeutic Housing Units	NC
726. Provide Regular, Consistent Therapy and Counseling	NC
727. Provide In-Cell Activities to Decrease Boredom and Mitigate Isolation	PC
728. Develop Formal Clinical Treatment Teams	INJR-N/A
729. Develop and Implement Policies/Procedures to Establish Treatment Teams	INJR-N/A
730. Individualized MH Treatment Plans	NC
731. Develop and Implement Policies/Procedures for Treatment Teams	INJR-N/A
732. Provide Information in Treatment Teams to Medical Providers	INJR-N/A
733. Provide Calming and Restorative Instruction	INJR-N/A
734. Provide Substance Abuse Programs for Co-occurring Disorders	PC
735. Provide Daily MH Rounds	INJR-N/A
736. Offer Weekly Face-to-Face Clinical Contacts	INJR-N/A
737. Provide Additional Clinical Contacts	INJR-N/A
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	NC
743. Develop a New Suicide Prevention Policy	INJR-N/A

744. Use of Safety Cell as Last Resort for Suicidal Ideation/Phasing Out of Use	INYR-N/A
745. Severely Curtail Use of Safety Cells	INYR-N/A
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	INYR-N/A
752. Develop Policies/Procedures and Training Regarding Suicide Procedures	INYR-N/A
753. Continue Ongoing Training Regarding Safety Plans	INYR-N/A
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	NC
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	INYR-N/A
770. MH Programming for Women	INYR-N/A
771. Meet and Confer Within Three Months Regarding the Therapeutic Housing Units	PC
772. Therapeutic Housing Units Sufficiently Staffed	INYR-N/A
900. Implement Systems to Facilitate Community-Based Services During and After Incarceration	PC
901. Develop a Written Discharge Plan Prior to Inmate Release	PC
902. Evaluating an Individual's Eligibility for Benefits and Linking to Benefits	PC
903. Cooperate with Providers et al. to Support Individuals Post-Release	PC
904. Provide 30-Day Supply of Medications at Release	PC
905. Inform County's Full Service Partnerships of Mutual Clients	PC

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 programming, 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

Assessment: Alameda Forensic Behavioral Health (AFBH) has been authorized to hire 107 additional staff (administrative, clinical, and clerical) in the three-year fiscal period FY2020-2021 to FY 2022-2023. Since position authorization, AFBH has been aggressively establishing positions and attempting to hire additional staff. However, they report delays in finding suitable candidates and onboarding staff given the County's extensive hiring process. At the time of this report, in the third quarter of the second fiscal year, they have a 40% vacancy in approved clinical/medical positions. Nearly half (43%) of their Behavioral Health Clinician positions are vacant. If not successfully addressed, this vacancy rate will significantly hamper AFBH's ability to meet Consent Decree provisions, especially a 24-hour, seven-day presence.

In April 2022, to increase recruitment and retention of licensed clinical staff, the Alameda County Board of Supervisors approved:

- a recruitment incentive program for AFBH staff hired after January 24, 2022, which will offer a monetary incentive over three-years from \$8,000 to \$17,000, depending on the position; and
- contracting with an executive recruiter to identify qualified supervisors and managers.

AFBH utilizes agency, "locum tenens" medical personnel for staff positions that have been difficult to recruit and fill. The locum tenens employees (five of nine Psychiatrists; all three Nurse Practitioners) perform at the same level as AFBH staff.

Staffing arrangements made during the pandemic to curtail the spread of COVID-19 resulted in AFBH staff being permitted to work remotely for an extensive part of their workday. Now that concerns for the pandemic have waned, operations and staffing patterns are returning to pre-pandemic arrangements. In order to effectuate the reforms required by the Consent Decree and provide constitutionally adequate health care, it is essential that clinicians work inside the facility, not remotely. Further, with the development of the Therapeutic Housing Units, it will be necessary

for clinicians to be situated on units to provide and coordinate care and have an ongoing presence in the housing environment.

At this time, it is anticipated that AFBH will have a total of 163 positions when fully staffed. However, the number and type of clinical/direct service positions will need to be regularly reconsidered as the mental health caseload (i.e., all incarcerated persons that meet a Level of Care designation) becomes more accurate. This will occur when the mental health continuum of care is improved (i.e., timely assessments, a Level of Care identification for all incarcerated persons and increased therapeutic services) and the Therapeutic Housing Units are developed.

A complete and accurate report of the incarcerated persons on the mental health caseload and their assigned Level of Care is not available. Currently, both ACSO (Alameda County Sheriff's Office) and AFBH have independent and probably incomplete listings since the information gathered is paper-based and the "leveling" of mental health incarcerated persons is still being phased-in. As a result, determining the most accurate levels of mental health clinical and supervisory levels necessary to ensure service delivery according to the Consent Decree is still unknown. An on-going review of the mental health caseload by level will assist in determining the number and type of employees necessary for the operation of the Therapeutic Housing Units as well as the necessary number of housing areas in the facility which will require mental health staffing.

For the position of Forensic and Diversion Services Director, ACBH hired Mr. Juan Taizan in March 2021. To date, Mr. Taizan has demonstrated himself to be an engaged administrator; accessible, knowledgeable, and committed to the improvement of AFBH service delivery at the Santa Rita Jail.

In July 2020, Alameda County Behavioral Health (ACBH) contracted with community-based mental health provider, Telecare Corporation (Telecare), to provide overnight services at Santa Rita Jail. Telecare has a staff of clinicians who provide on-site services between 11:30 p.m. and 7:30 a.m. During the overnight shift, priority is given to intake assessment of individuals booked into Santa Rita Jail. However, when capacity is available (e.g., sufficient overnight staffing and steady flow of new bookings), Telecare staff are available to respond to crises. Telecare also contracts with on-call psychiatrists for overnight services. (AFBH also has a Clinician and a Supervisor/Manager on call for after-hours crisis consultation. In January 2021, ACBH expanded Telecare's contract to include group services, using the evidence-based "Seeking Safety" treatment model, for behavioral health clients. Telecare now runs four groups, seven days a week.

ACBH has also contracted with Options Recovery Services (Options) to provide on-site individual substance use counseling services and re-entry referrals to community services. Due to COVID-19, Options services are limited to 2-days a week in the AFBH clinic area. The goal is to increase services provided by Options and for services to occur in the housing units.

Recommendation(s):

1. It is recommended that ACBH consider additional hiring incentives for potential employees and consult with appropriate County Human Resources to ensure that the approval and hiring process of applicants is as efficient as possible.
2. It is recommended that contractual opportunities for clinical services be considered and established to temporarily offset the staff vacancy rate. While contracted services are not preferred to County staff, they will serve to address the ability of the agency to comply with the Consent Decree.

3. AFBH needs to look to hire County staff in the place of the agency personnel and reduce dependence on locum tenens employees.
4. The AFBH Table of Organization should be updated monthly to closely monitor the position vacancies and reviewed for possible changes in structure and position allocation.
5. ASCO and AFBH need to continue work on developing the “flags” to be used at intake or whenever an incarcerated person is assessed a mental health Level of Care designation and that identifies an incarcerated person’s history of self-harm behavior. The flags will also be a valuable tool in determining the numbers of incarcerated persons in need of mental health services in the jail (the mental health caseload) and assist in calculating the necessary type/number of staff, bed allocation and staff deployment.
6. A complete, accurate information systems-based report of the mental health caseload must be jointly developed by ACSO and AFBH and available to both agencies on platforms that interface. At a minimum, this report should identify the incarcerated person, their designated Level of Care and housing assignment.
7. 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 Therapeutic Housing Units in accordance with the Consent Decree.

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

Assessment: The ACBH/AFBH contract with Telecare expects that clinicians will function equivalent to AFBH clinicians. As such, Telecare staff receive the same onboarding training as AFBH personnel. They are trained to use and enter information (assessments, case notes) into the AFBH electronic medical record, the Clinician’s Gateway. In addition to the initial trainings, Telecare employees attend other AFBH trainings when available. AFBH Managers have weekly meetings to discuss operational and staffing issues with Telecare’s on-site manager and program manager.

Although ACBH has also contracted with Options Recovery Services (Options) to provide on-site individual substance use counseling services and re-entry referrals to community services, they are not provided any on-boarding training by AFBH nor are their activities being supervised/monitored by AFBH.

Recommendations:

1. AFBH to continue weekly meetings with Telecare administration.
2. Establish an arrangement with Options Recovery Services to discuss contracts and employees on a regular basis.
3. Establish similar training and monitoring arrangements with all other, additional contractors.
4. AFBH to revise trainings and assess which should be offered to contractor staff.
5. Develop a proof of compliance tool for training of all staff, contracted and AFBH.

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

Assessment: Telehealth has been regularly used to provide initial and follow-up psychiatric consultations of incarcerated persons. Especially since COVID-19, telehealth has offered continuity of care. AFBH psychiatrists had been using telehealth equipment to provide cell-side consultations but, as of this report and the return of the psychiatrists to the facility, AFBH is phasing out the use of telehealth on the units; now only one day per week, per psychiatrist. For the cell-side telehealth consultations, Behavioral Health Access Team (BHAT) Deputies accompany the psychiatrists and engage the incarcerated person for the psychiatric encounter. Cell-side consultations, which are being eliminated, are not a quality interaction and do not provide confidentiality.

Telehealth services are still being offered (approximately 25% of the workweek for three MDs and one Nurse Practitioner), the equipment is in a small, private office on the first floor in the AFBH clinic area. Incarcerated persons are brought down by custody staff to the office at the designated appointment time. Confidentiality is safeguarded to the extent that deputies remain outside the office while the consultations occur. An AFBH Licensed Vocational Nurse (LVN) is in the room to facilitate the sessions with the telehealth provider. There is a concern regarding continuity of treatment if an incarcerated person refuses to attend the telehealth session. There is no AFBH policy regarding telehealth services.

Recommendation(s):

1. Telehealth is an important mode of service delivery for emergencies when staffing is limited and/or during late night/overnight hours. However, it cannot replace face-to-face consultation. If the person cannot or refuses to go to the clinic for the telehealth contact, additional efforts for the psychiatric consultation to take place must be implemented. The phasing out of cell-side telehealth services should continue. Telehealth, and especially non-confidential cell-side telehealth, should be used as a last resort for incarcerated persons with serious mental health issues. Telehealth providers should be integrated into treatment teams at the Jail, and all telehealth related interventions should be considered in treatment team discussions.
2. A specific policy for telehealth services, describing the limited circumstances in which it is appropriate, must be developed and implemented. Staff should benchmark telehealth delivery services with other agencies of similar size and scope. Training for the procedure will need to be provided and documentation regarding the completion of training obtained. The Jail should make efforts to obtain quality equipment and stable internet connections to facilitate the provision of telehealth.
3. Efforts should be made to ensure the confidentiality of all therapeutic encounters, including telehealth. This should be remedied once all cell-side telehealth encounters no longer take place.

4. A means for determining the number of telehealth encounters needs to be developed and implemented.

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 discharge 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: Non-Compliance

Assessment: At the time of this report, no new or revised policies/procedures have been provided to the mental health Expert Monitor for review. However, based on discussions and correspondence, numerous policies/procedures are being revised and/or developed in accordance with the Consent Decree.

Recommendation(s):

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

Assessment: A draft document describing AFBH's plan for the Therapeutic Housing Units was submitted on April 7th, within the 60-day report period as mandated, to this Expert Monitor for review. A response was returned to the County on April 14th detailing required changes to the document, questions for clarification or further consideration, and areas that require further elaboration. While the effort to develop the plan is noted and the current document has merit, there are several issues that need to be addressed.

AFBH and ACSO initiated a pilot THU in Unit 9 in mid-March. The pilot entailed placing a dedicated clinical team on the unit and creating a workstation on Unit 9 for AFBH staff.

Recommendation(s):

1. It is recommended that AFBH address the recommendations in the Experts' responses to the draft THU Protocol.
2. The THU protocol must be considered an "interagency" plan, dependent upon the involvement and cooperation of both ACSO and AFBH. Likewise, the implementation of the THUs will fail if a mutual sense of responsibility for the care and custody of incarcerated persons with mental health disorders is not developed.

The following Provisions are related to #702 but currently rated as "Not Yet Required for Implement – N/A."

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.

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.

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.

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

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 discharge 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.

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

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.

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: Non-Compliance

Assessment: At this time, both as a function of the pandemic (which curtailed services and the availability of clinicians) and staffing limitations (vacancies), true therapeutic services are not being provided. AFBH's efforts are focused on assessing incarcerated persons at intake, identifying those at risk of self-harm and or harm to others, and assisting ACSO in placing these incarcerated persons in the safest possible housing environment. Unfortunately, in many instances, these arrangements have been Intensive Observation (IOL) or Safety Cell placement, neither of which is appropriate for a lengthy period given the isolation, restrictions, and lack of privileges of these designations/arrangements.

As the plan for the THUs is developed, incarcerated persons most in need of mental health services will 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 the 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 housed.

The actual “size” of the mental health caseload is uncertain. AFBH must “level” all persons in the facility and work with ACSO to determine the number and type of housing areas which will be necessary/utilized for housing persons with a Level of Care designation.

Recommendation(s):

1. Determine an accurate mental health caseload for the facility.
2. Identify the number/type of housing assignments for the size of the mental health caseload.
3. Develop policies and procedures with related forms and trainings regarding therapeutic services provided both in the THUs and wherever incarcerated persons on the mental health caseload are housed.
4. Determine the type and number of clinical staff required to serve the mental health caseload; modify staffing plan and hiring of staff as necessary.
5. AFBH to increase the provision of treatment services as the availability of staff increases.

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: Non-Compliance

Assessment: Efforts are being made to establish formal opportunities for communication between mental health and custody staff. Daily “huddles” in the pilot THU (Unit 9) are taking place; the consistency and quality however is questionable. AFBH staffing limitations do not allow full-time allocation of clinical staff to units servicing incarcerated persons with mental health designations. Also at this time, BHAT deputies are assisting in activities involving clinical services but are not assigned to units for the duration of their shifts. Policies and procedures related to the THUs and other areas served by AFBH have not been developed.

ACSO developed and piloted an Advanced Crisis Intervention Team (CIT) Training in early April 2022. Joint Experts provided detailed recommendations to the training and will be involved in the further development of the training.

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. Both agencies need to create/revise policies that require formal communication.
3. ACSO and AFBH to continue work with Joint Experts to develop the Advanced CIT Training for formal approval and compliance with the Consent Decree.

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

Assessment: ACBH/AFBH have revised the Brief Clinical Assessment form to be used at intake for every arrestee. The form is intended to meet all requirements of the Consent Decree and includes inquiry into relevant areas of mental health history and current functioning. The updated version of the form includes a place to enter the Level of Care designation. This form is being reviewed and is still not in use.

Currently, AFBH has no relevant policy/procedure to guide the intake assessment process and the use of the assessment document.

AFBH staff completes the form either by hand or on the computer. The form is then scanned and, eventually, becomes a part of the incarcerated person's record.

Recommendation(s):

1. The revision of the Brief Clinical Assessment form meets the requirements of the Consent Decree except for "(e) Transporting officer's impressions about risk." This information appears to be available on the ACSO Intake/Receiving Screening Form but needs to be available to AFBH staff. The draft form needs to be modified and submitted for appropriate review.
2. AFBH to develop/revise a policy on the Intake process inclusive of the revised form and any other intake steps; develop and provide related training.
3. ACBH/AFBH needs to develop and implement a current electronic health record system that will allow the online completion ("fillable") of the assessment and treatment forms. These forms should actively direct the assessment and documentation process with prompts and "drop-downs" for additional inquiry when necessary and free text capability. The system should be able to allocate the data gathered into individual "files," and allow for gathering vital information regarding incarcerated persons and services rendered in an aggregate form. To comply with the Consent Decree in the future, AFBH must have an EHR system with "practice management capacity" that will permit data oversight and generate reports according to individual data elements and combinations of data elements.

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

Assessment: In the past two months, AFBH has changed the assessment process at intake. Whereas before there was no order as to whether arrestees would be first assessed by the Wellpath nurse or the AFBH Counselor, it has now been established that arrestees will be first evaluated by the Wellpath nurse. The Wellpath “Receiving Screening,” an electronic medical record (EMR) instrument, contains explicit questions regarding the incarcerated person’s potential for suicide and self-harm, and presentation of signs/symptoms of severe mental illness. Based on the information gathered, responses will trigger a recommendation for a mental health referral, if any. The EMR specifies if the incarcerated person’s mental health status requires an “Emergent” (same day) referral. Upon completion, the Wellpath Receiving Screening document is provided to the AFBH ITR Clinician who then completes the AFBH Brief Clinical Assessment form verifying the urgency of the mental health referral. The incarcerated person is provided a Level of Care designation and referred to ACSO for appropriate placement. If necessary, the arrestee is placed on Intensive Observation (IOL) until further steps are taken. There is no AFBH policy and procedure that details this process.

A current policy for AFBH ITR activities is not available. Intake activities are documented on the ITR Activity Log. Intake policy needs to address how this log is completed, utilized, reviewed/verified by supervisors.

Recommendation(s):

1. The intake process must be formalized with all parties in agreement on the order of the assessments, i.e., medical followed by mental health.
2. AFBH needs to develop the appropriate policy for the intake process. The policy should specify the documents to be completed. Training on the policy is to be conducted on all ITR staff and documentation attesting to the training obtained.
3. 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.
4. AFBH needs to develop the capacity to have “emergent” referrals seen for a more clinically relevant assessment within four hours of intake. Completing the Brief Clinical Assessment immediately upon an incarcerated person being identified as an “emergent” referral by Wellpath does not constitute, as stated in the Consent Decree, “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.”
5. AFBH needs to develop the capacity for referral appointments within 24 hours of “urgent” intake referrals for mental health services.
6. AFBH needs to develop capacity for “routine” referral appointments within five business days/seven calendar days of intake.

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

Assessment: Currently, AFBH receives referrals for mental health services in various ways. Incarcerated persons can request services through a 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.

At this time, referrals are usually responded to within two weeks.

Recommendation(s):

1. AFBH needs to reconsider the referral processes for efficacy and discuss/review with ACSO.
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 specified in the intake process.

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

Assessment: AFBH has focused its rather limited resources (due to staff vacancies) on ensuring that all individuals presenting to the Santa Rita Jail receive a mental health assessment during their booking process and documented on the Brief Clinical Assessment form. Intake staff are now present seven days a week from 7:00 a.m. to 11:30 p.m. After 11:30 p.m., contracted clinicians from Telecare conduct the intake assessments, following the same protocol as AFBH staff. However, meeting the four-hour timeframe is problematic. At this time, AFBH clinicians are determining the arrestee's mental health Level of Care, which is used to assist in classification and housing decisions and determines the services to be offered and the related timeframes for service delivery.

AFBH intake staff are Qualified Mental Health Professionals (QMHPs); classified as Behavioral Health Clinician IIs, with Master's degrees and state licenses.

The AFBH Program Description is dated and general.

There is no current and comprehensive policy for Intake services.

Recommendation(s):

1. The AFBH Program Description needs to be updated to reflect the current, actual intake process.
2. An intake policy needs to be developed that is comprehensive and incorporates all elements of the intake assessment, "leveling" and housing assignment processes. The policy needs to include all related forms and training.
3. Further, ongoing review of facility mental health service needs and staff assignments should be conducted to ensure that AFBH staff is available in the Intake and Release (ITR) area to complete the initial assessment within the four-hour timeframe.

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

Once the flag is implemented, ACSO and AFBH shall work together to conduct appropriate training for relevant staff members.

Finding: Non-Compliance

Assessment: Preliminary discussions between ACSO and AFBH regarding development of two “flags,” one which identifies the arrestees as having a mental health Level of Care designation and the second which identifies the arrestees as having a history of self-harm behavior, have taken place. However, due to other anticipated changes and enhancements to the mental health service delivery system, e.g., full implementation of the Levels of Care and development of the THUs, it was determined to temporarily discontinue the development of the flags until other steps had occurred.

Until the ACSO/AFBH interface is available, AFBH will complete a Classification and Housing Recommendation form which will indicate to ACSO if the incarcerated person is a Behavioral Health Inmate (BHI). AFBH will continue to enter the Level of Care designation in the Clinician’s Gateway System.

Recommendation(s):

1. In order to effect the facility changes necessary to meet the Consent Decree provisions regarding mental health treatment services, the development and implementation of the mental health flags is necessary. It is critical that a reliable number of incarcerated persons in need of these services (the mental health caseload) be determined. These flags are essential to that process.
2. ASCO/AFBH need to have a means of sharing the information ASCO receives from the AFBH referrals and the information that AFBH currently obtains and stores regarding the Levels of Care designations.
3. AFBH needs to develop a timeline for computer-system enhancements. These may be temporary and replaced in time as the information systems are improved.
4. To comply with the Consent Decree, AFBH needs an EMR that is also a “practice management system,” which will allow for “user-friendly” collection and manipulation of data elements and convert these into reports for auditing and compliance monitoring. It is not certain whether the current EMR, Clinician’s Gateway will be able to support the requirements of the Consent Decree. Given the limited timeframe for meeting the Consent Decree provisions, these issues must be addressed quickly 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

Assessment: Information regarding a person’s psychiatric medication prescriptions is gathered at intake. A Consent to Obtain Medication Verification form is completed and AFBH staff obtain information from pharmacies, wherever possible. If the person’s previous incarceration was within 30 days, prior records for medications can be used.

Irrespective of how the information is obtained, medications are verified within 24 hours by the on-site psychiatrist or on-call Telecare psychiatrist and entered in CorEMR (the Wellpath EMR).

If medications cannot be verified, the person will be placed on the scheduled psychiatrist's "Interim Care Coordination" (ICC) schedule for the following day.

Recommendation(s):

1. A current Psychiatric Medication Verification policy needs to be written with concomitant forms.
2. Training of all appropriate staff needs to be completed.
3. A log or means to document verifications when made is necessary for review and proof of practice.

714. j. Ensure that all mental health intake interviews and assessments conducted in ITR shall occur in private and confidential spaces. Staff shall inform newly arriving individuals how to request mental health services. Upon completion of the intake screening form staff shall refer individuals identified as having mental health concerns for a follow-up assessment.

Finding: Partial Compliance

Assessment: Like most jail settings, the Jail has limited meeting areas for mental health services that offer confidentiality for the incarcerated person as well as safety for staff. AFBH clinicians conduct intake assessments in the facility's ITR area. The dedicated interview area is a long and narrow space that permits only one incarcerated person and is separated from the staff incarcerated person by a plexiglass partition. The area, referred to as "the booth," is secured by a locked door; a Deputy is outside the door during the assessment. This space offers confidentiality because of its cinder-block walls.

During observation of actual intakes, the Clinician did not complete the Brief Clinical Assessment form but wrote down information. It's unclear whether this is a standard practice in the absence of a policy or a personal preference for the particular staff person. However, to ensure reliability and the entirety of the process, the form should be automated and completed during the course of the interview.

After the intake assessment, intake staff indicate what type of interventions/follow-up appointments are indicated and assesses a "Provisional Level of Care." On April 20th, AFBH issued a directive to staff that all incarcerated persons must be assessed a Level of Care during the intake process and after each therapeutic encounter (e.g., in housing units) by a QMHP.

An AFBH policy regarding "access to care" indicates that the incarcerated person is provided information about requesting mental health services while at Santa Rita Jail.

Documentation on the intake process is scattered, dated and not inclusive of the role and activities of ACSO staff.

Recommendation(s):

1. A comprehensive and detailed intake assessment policy, with related forms and training, must be developed. It should specify the step-by-step actions expected of the AFBH ITR clinicians and describe the AFBH process in the context of the greater ACSO intake process.
2. AFBH and ACSO should consider developing an "interagency policy" for the ITR process. Since there are three agencies (AFBH, ACSO and Wellpath) involved in the intake of an

arrestee, a detailed, stepwise intake procedure will be useful for completeness and accountability of intakes.

3. The intake procedure should clarify how the Brief Clinical Assessment form is to be completed (e.g., online or paper-based), and the steps subsequent to completion of the form (e.g., appointments made).

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: Partial Compliance

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 jail. If the person meets criteria for the Welfare and Institutions Section 5150, Wellpath and ACSO will prepare the necessary documentation. AFBH clinicians may be called upon to assist in the assessment and prepare documentation to remit the person for psychiatric care, treatment, and clearance.

Recommendation(s):

1. AFBH must develop a comprehensive and detailed intake assessment policy, with related forms and training. It should specify the step-by-step actions expected of the AFBH ITR clinicians and describe the AFBH process in the context of the greater ACSO intake process.
2. AFBH and ASCO policies and procedures regarding the Section 5150 process should be reviewed and revised as necessary, including the forms related to the process and trainings regarding the revised/updated processes.

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

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

Recommendation(s):

1. A comprehensive and detailed intake assessment policy, with related forms and training, must be developed. It should specify the step-by-step actions expected of the AFBH ITR clinicians and describe the AFBH process in the context of the greater ACSO intake process.
2. Develop and implement the AFBH policy addressing quality assurance for the intake process with related forms and training.
3. AFBH supervisory staff needs to conduct service delivery audits according to the established policy.
4. Quality assurance processes need to be modified and enhanced as the service system is expanded.

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

Finding: Implementation Not Yet Required - N/A

Assessment: Due to several variables, including the limited number of clinical staff, consistent availability of staff, housing and movement restrictions related to COVID-19 and a lack of confidential meeting areas, cell-side therapeutic encounters are the norm, not the exception. These cell-side interventions are short in duration, lack clinical depth and confidentiality is forfeited. Plans are being made to retrofit existing rooms for confidential clinical meetings and designs for new individual meeting spaces are being discussed.

In late April, ACSO provided proposed conversion floor plans for the Therapeutic Housing Units. Concerns regarding the lack of confidential meeting areas were expressed by the Joint Experts and ACSO responded with further identification and detailing of areas for therapeutic activity.

Recommendation(s):

1. 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.
2. The current draft plans for a single meeting space per three-pod area (two per unit) will not be enough for the number/frequency of clinical encounters to be provided in the THUs.
3. Conduct staffing analysis to determine not just the space needs but the clinical and custodial personnel required to comply with the provision.

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

Assessment: At present, service referrals to AFBH are 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 Clinician's Gateway system. The available AFBH policy is dated and incorrect. The AFBH Mental Health Referrals training does not specify what to do when a request for services is made.

Recommendation(s):

1. Review the current EMR (Clinician's Gateway) to determine whether it will support an electronic referral system and specifically whether the system includes alert and scheduling functions.
2. Discuss the referral process with ACSO, Wellpath and internally within AFBH.
3. Meet with appropriate representatives to discuss an electronic referral mechanism for mental health services.
4. Determine possible means of complying with the Consent Decree provision.

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: Non-Compliance

Assessment: Policies and related procedures for many AFBH activities are missing/have not been developed. Those that are available are, for the most part, outdated and unclear. Existing policies lack critical details such as the title/level of staff person responsible for the action(s), steps to follow, and required timeframes.

Recommendation(s):

1. Develop and implement the AFBH policy addressing 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. ACSO requires a supplemental policy and supervisory support if urgent or emergent mental health needs are not being addressed.

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

Finding: Non-Compliance

Assessment: A review of the AFBH training, Module 2 "Mental Health Referrals" does not include language regarding the referral form currently in use and does not specify types of referrals and how they will be scheduled and addressed.

Recommendation(s):

1. Following the update of the referral processes, AFBH to afford training regarding the revised mental health referral policy and procedure.
2. Revise training whenever 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

Assessment: According to policy, the current quality assurance process involves peer chart reviews, grievance reviews and major critical incident reviews. However, it is unclear when and how these quality assurance processes are completed, how many charts are reviewed and how these reviews are documented and communicated to improve operations. According to AFBH administration regarding quality assurance processes, there is a plan to create a quality assurance team.

Recommendation(s):

1. Assign appropriate staff to quality assurance duties.
2. Develop and implement the updated AFBH policy addressing quality assurance 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 quality assurance processes as the service system is expanded.

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

Finding: Partial Compliance

Assessment: Exhibit C of the Consent Decree presents the agreed-upon “Mental Health Levels of Care” model to be implemented. The document describes each level’s clinical presentation and the service components (type and frequency) that are to be provided.

AFBH has provided initial training to its Qualified Mental Health Professionals (QMHP) and the use of the levels format has been initiated. As of April 20th, AFBH requires that all incarcerated persons be assessed a mental health Level of Care and that QMHP reassess levels following clinical encounters. AFBH administration has indicated that more training is necessary.

Approval of the revised Brief Clinical Assessment, which includes the Levels of Care, is pending. It’s uncertain what other clinical forms and instructions regarding documentation require modification to include the Levels of Care designation.

To ensure that all incarcerated persons have been assessed for mental health issues, AFBH has determined that another level should be added to the model. This level will identify incarcerated persons that are not exhibiting mental health symptoms or requiring mental health services.

Recommendation(s):

1. The addition of a level to describe those not in need of mental health services needs to be discussed/reviewed with the Expert Monitor; follow the review and approval process.
2. AFBH needs to ensure that all clinical forms are modified to include the Levels of Care.
3. Full implementation of the Levels of Care needs to be monitored.
4. Training on the Levels of Care needs to be updated and provided.
5. A mechanism to ensure that all incarcerated persons have been assessed and provided a Level of Care designation and services commensurate with the level assigned needs to be developed and implemented.

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: Non-Compliance

Assessment: Due to staffing limitations and the pandemic, which curtailed services and clinician availability, a range of clinically appropriate services is not being provided. AFBH’s efforts are focused on assessing all incarcerated persons at intake, identifying those at risk of self-harm or harm to others and in need of mental health intervention, and assisting ACSO in placing these incarcerated persons in the safest possible housing environment. AFBH Clinicians provide follow-up visits and contacts with incarcerated persons in housing units and in the clinic, follow-up with persons on IOL status and respond to crisis intervention and safety cell placements requests. AFBH psychiatrists are conducting medication assessments and follow-up encounters.

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 cell-side. Reportedly, cell-side encounters also result from the inability or reluctance of ACSO Deputies to take the incarcerated person out of their cell though this has not been verified by the Expert.

Individualized treatment services are not being provided; treatment plans are not being developed. AFBH provides supportive strategies such as informative hand-outs and “therapeutic coloring” activities.

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 Level of Care 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.

The following Provisions are related to #723 but are currently rated as "Implementation Not Yet Required-N/A."

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

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.

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.

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

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

Assessment: Housing units in the Santa Rita Jail have essentially no space available for appropriate therapeutic encounters; the most significant factor being the inability to safeguard confidentiality. Further, if there are security and safety concerns regarding the incarcerated person being moved out of their cell or unit, cell-side encounters are the only option at this time. A few areas have been identified outside of the housing units (unit Safety Cells and "multi-purpose" rooms) for possible repurposing. ACSO and AFBH have discussed the viability of these spaces for clinical service use. Additionally, draft plans for construction of individual confidential meeting spaces (inside the housing units) have been developed and are being evaluated.

Recommendation(s):

1. ACSO and AFBH to objectively review treatment space needs according to the THU's Level of Care requirements.
2. Consider all options for repurposing and retrofitting space for clinical services.
3. ACSO protocols should prioritize multi-purpose areas for the provision of AFBH clinical services.
4. ACSO to ensure sufficient staffing to support clinical encounters when spaces are identified.

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: Non-Compliance

Assessment: AFBH provides group and individual out-of-cell programming through its contracts with Telecare and Options. Telecare provides four therapy groups daily and Options provides individual substance use counseling services and re-entry referrals to community services, twice a week, in the ITR area.

Due to COVID-19 restrictions, community service providers have been severely limited from being on-site. Once restrictions are eased, AFBH intends to expand Options' services into housing units. According to AFBH, when access to the jail is increased, additional contracted substance use providers will be returning on-site to provide services to clients.

Recommendation(s):

1. Based on 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 Level of Care designation are housed.
2. AFBH will 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. AFBH to develop policies regarding the out-of-cell programming for the THUs and wherever persons with a mental health Level of Care designation are housed.
5. 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.
6. AFBH and ACSO to establish accurate metrics to assist with monitoring out-of-cell and structured activities.

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

Finding: Non-Compliance

Assessment: Clinically appropriate individual and group therapy are not being provided at this time. As previously stated, AFBH has an insufficient number of clinicians and a high vacancy rate. The decreased availability of clinicians and the limitations placed on community-based providers from entering the facility during the pandemic have also negatively impacted mental health-related service delivery.

AFBH has focused its staffing efforts on assessing all incarcerated persons at intake, identifying those at risk of self-harm and or harm to others and/or in need to mental health intervention, and assisting ACSO in placing these incarcerated persons in the safest possible housing environment. AFBH Clinicians provide follow-up visits and contacts with incarcerated persons in housing units and in the clinic, follow-up with persons on IOL status and respond to requests for crisis

intervention and safety cell placements. AFBH psychiatrists are conducting medication assessments and follow-up encounters.

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 cell-side. Reportedly, cell-side encounters also result from inability or reluctance of ACSO Deputies to take the incarcerated person out of their cell.

Recommendation(s):

1. AFBH to develop policies regarding the therapeutic services to be provided both in the THUs and wherever persons with a mental health Level of Care 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 the THUs to ensure that sufficient space and staffing is allocated 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

Assessment: AFBH Clinical Managers report that Clinicians provide incarcerated persons with reading assignments/suggestions and therapeutic coloring activities. This, however, was not reported to consistently take place nor occur as a planned clinical intervention.

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 Level of Care designation are housed; to include documentation of efforts and training.
4. AFBH to research the availability and applicability of therapeutic, self-help materials on the electronic tablets; discuss with ACSO and vendor.
5. AFBH and ACSO to develop a system to track issuance and engagement.

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) (Discharge 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

Assessment: Treatment plans are not being developed.

Recommendation(s):

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

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

Assessment: ACBH contracts with Options to provide on-site individual substance use counseling services and re-entry referrals to community services. Due to COVID-19, Options' services are currently limited to two days a week in the AFBH ITR area. The goal is to increase services provided by Options and for services to occur in the housing units.

Recommendation(s):

1. Once access to the facility (as restrictions related to COVID-19 are lifted) is improved, additional contracted substance use providers are expected to re-start on-site services.
2. In the future, ACBH will need to increase the contractual arrangement with Options 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.

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

Assessment: AFBH's ITR Crisis Team conduct an assessment when notified of an incarcerated person expressing suicidal ideation. This assessment is conducted "as quickly as possible" at this time given staff limitations. Pending the assessment, ITR Clinicians typically request that the person be placed in IOL status "with modifications" (if possible) pending AFBH evaluation. The person's presentation, however, may warrant an immediate Section 5150 referral or placement in a Safety Cell.

Recommendation(s):

1. AFBH needs to determine a standardized approach to responding to situations involving reported suicidal ideation. It is recommended that all notifications of a person expressing suicidal ideation warrant placement in IOL pending full assessment.
2. All policies related to this process need to be rewritten or, if none exists, developed with related forms and training.

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

Assessment: AFBH Psychiatrists enter prescriptions for medications directly into Wellpath's electronic medical record (CorEMR). Prescriptions from community-based programs are verified by AFBH Psychiatrists and continued while in Santa Rita Jail.

Recommendation(s):

1. Although a "medication verification" process exists, the policy needs to be reviewed and updated along with related forms and training, if necessary.
2. Coordination between AFBH and Wellpath needs to be reassured to meet the requirements of the Consent Decree.
3. AFBH and Wellpath need to develop and provide proof of practice.

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

Assessment: According to AFBH administration, the Lead Psychiatrist currently reviews the “Patient Polypharmacy Reports” every two weeks. The Report currently contains the specifications in the Consent Decree: (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. However, proof of compliance has not been obtained.

Recommendation(s):

1. AFBH to develop an Antipsychotic Medication Registry policy in accordance with the Consent Decree; with related forms and training.
2. Develop/provide proof of compliance with the policy.

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

Assessment: According to AFBH administration, when an incarcerated person refuses three medication doses, Wellpath nursing enters a notification into ATIMS. On a daily basis, ACSO runs the “Medical Notes” list and forwards to AFBH supervisory personnel. The AFBH Licensed Vocational Nurse (LVN) reviews the ATIMS report and identifies any incarcerated persons with medication-related issues. The LVN notifies the appropriate psychiatrist who handles the referral and determines the response.

Recommendation(s):

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

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

Finding: Non-Compliance

Assessment: AFBH's Lead Psychiatrist has not performed this function. AFBH plans to hire an additional psychiatrist (with qualifications consistent with the Lead Psychiatrist) to serve in an administrative role and develop quality assurance processes.

Recommendation(s):

1. AFBH to develop a quality assurance policy that addresses the requirements of this provision with related forms and training, if necessary.
2. The current Lead Psychiatrist should conduct audits until the dedicated quality assurance team is available.

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.

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).

Finding: Implementation Not Yet Required – N/A

Assessment: Both ACSO and AFBH have Suicide Prevention policies but these need to be updated to comply with the Consent Decree provisions, details and integrated. Policies need to also address the use of safety cells.

Recommendation(s):

1. AFBH to develop a Suicide Prevention policy, with related forms and training, to include Safety Cells.
2. AFBH and ACSO should consider developing an "interagency" policy for Suicide Prevention.
3. Work with Experts to update ACSO Suicide Prevention Policy and related training.

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

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

Finding: Implementation Not Yet Required – N/A

Assessment: ACSO has provided Joint Experts with proposed plans for “cell softening” and floor conversion which address the issue of increased suicide resistance on the units. These have been reviewed and modification recommendations have been provided.

Recommendation(s):

1. ASCO to continue modification and construction efforts to increase suicide resistance in individual cells and on units.

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.

Finding: Partial Compliance

Assessment: Staff members report that the use of Safety Cells has been significantly curtailed since the initiation of the Consent Decree. However, due to inconsistencies in documentation and reporting, this cannot be verified. According to AFBH administration, Safety Cell use is being phased out in favor of IOL placements. Furthermore, “modified” IOLs are being used more frequently which allows for more individualized, less restrictive arrangements during the IOL placement.

Recommendation(s):

1. AFBH and ACSO to use Safety Cells only in the most exigent of circumstances to protect incarcerated persons and adhere to the 8-hour limit for IOL placement.
2. Continue documentation of Safety Cell placements and monthly review of changes in the pattern of use, i.e., increases.
3. AFBH and ACSO to update associated Safety Cell policies, and related forms; conduct related trainings as necessary.

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

Assessment: Incarcerated persons who, for their own protection, require temporary removal from their housing assignment and placement in a Safety Cell are being assessed within one hour of placement by AFBH Clinicians. Persons are reportedly no longer kept in a Safety Cell for more than eight hours. However, due to inconsistencies in documentation and reporting, this cannot be

verified as of the time of this report. If AFBH is unable to assess the person at the eight-hour mark, ACSO will (depending on the person's psychiatric presentation) remove the person from the Safety Cell (place on an IOL) or initiate a Section 5150 transfer. At the time of this report, AFBH administration reports that Safety Cell placements have been greatly reduced from prior months in favor of placing the person on an IOL "with modifications" such as the person being allowed to keep some personal possessions and use an electronic tablet.

Recommendation(s):

1. AFBH and ACSO Safety Cell policies with related forms need to be updated; trainings need to be developed.
2. AFBH needs to train clinical staff on the new Safety Cell requirements.
3. A mechanism for monitoring compliance with the eight-hour safety cell maximum needs to be developed and implemented.

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.

Finding: Implementation Not Yet Required – N/A

Assessment: At present, AFBH does not develop Safety Plans. A draft form has been submitted to the Expert Monitor for review. The form and its planned use will be discussed with AFBH.

Recommendation(s):

1. AFBH will need to develop a policy regarding the use of a Safety Plan; will include the required forms.
2. Trainings will be developed as necessary.

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.

Finding: Partial Compliance

Assessment: When an incarcerated person requires placement on suicide precautions, ITR Crisis Team staff will respond and conduct a Suicide Risk Assessment. The person will likely be placed on IOL status and reassessed twice weekly. AFBH documents the intervention on their ITR Activity Log.

Recommendation(s):

1. AFBH to ensure that the incarcerated person is seen within the four-hour timeframe as required by the Consent Decree.
2. AFBH needs to revise all related policies to include specific, required documentation; provide trainings as necessary.
3. Develop means of monitoring response requirements.

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.

Finding: Partial Compliance

Assessment: Current ACSO and AFBH practice for IOL status requires 15-minute checks of the incarcerated person on suicide watch.

Recommendation(s):

1. ACSO and AFBH to update policies and associated training regarding suicide watch activities including close and constant observation. Conduct trainings as necessary.
2. AFBH to develop a policy and associated training that meets Consent Decree requirements.

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

Assessment: Incarcerated persons on IOL status are currently receiving cell-side services. While individual and group therapy is not denied to persons on IOL status, the availability of these interventions is limited. All clinical efforts, whether provided or refused, are documented in the person's individual mental health case file.

Recommendation(s):

1. Cell-side encounters need to be reduced to only those situations where the person adamantly refuses to leave their cell and/or true safety concerns for the person and staff exist.

2. Policies regarding therapeutic services need to be developed and implemented.
3. 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.

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

Assessment: Currently, there is no individualized schedule of observations and assessments of persons on suicide precautions. Incarcerated persons on suicide precautions are likely on IOL status and a cell-side assessment (typically) made twice weekly.

Recommendation(s):

1. As AFBH staffing levels increase, allocate staff to perform more frequent, as needed (individualized) clinical encounters with persons on suicide precautions/IOL status.
2. Frequency/pattern of individualized assessments need to be documented in the person's case record.
3. Revision of current IOL status policy to reflect the requirements of the Consent Decree with concomitant trainings.

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 discharge 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 discharge, again within seventy-two (72) hours of discharge, and again within one week of discharge.

Finding: Partial Compliance

Assessment: AFBH Clinicians complete a Suicide Risk Assessment form when a person is being considered for discharging from suicide precautions/IOL status. The decision to discharge the person is consulted with a psychiatrist, supervisor or manager.

Recommendation(s):

1. The process for discharging an incarcerated person on suicide precautions need to be written into AFBH policy; forms and documentation must be reviewed and modified as necessary; submitted for approval.
2. Training on policy needs to be conducted.
3. Supervisory auditing of policy compliance needs to be developed and implemented.

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: Non-Compliance

Assessment: Trainings are pending the updating of a comprehensive suicide policy that includes the Suicide Risk Assessment and the Safety Plan.

Recommendation(s):

1. Trainings should be developed once the policy is completed; to include forms and documentation requirements.
2. Trainings on revised policy need to take place before policy implementation.

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

Assessment: According to policy, ACSO conducts a Death Review Board Meeting within 30 days of an incarcerated person's death which AFBH is expected to attend. There is also a monthly Suicide Prevention Meeting that includes ACSO and Wellpath representatives where incarcerated persons of concern are discussed.

Recommendation(s):

1. ACSO needs to update policy to include the formal review process for serious suicide attempts, defined as attempts that requiring hospitalization. This process should involve both ACSO and Wellpath.

2. The formal review process needs to be documented.
3. All suicides and serious suicidal attempts need to be reported to the Joint Experts.

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

Assessment: AFBH maintains a manual spreadsheet of referrals to John George Psychiatric Hospital (JGPH). Policy and accompanying procedures are dated and inaccurate. A protocol outlining the referral to JGPH and the process upon the person's return was developed and provided to the Joint Experts for review on April 1st. The document was determined to lack detail and did not meet all the specifications of the Consent Decree. Recommendations for revision were made and returned to AFBH/ACSO.

Currently, JGPH emails AFBH with discharge documentation regarding any incarcerated person sent to their facility for treatment. Upon return to the Santa Rita Jail, 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.

Recommendation(s):

1. The protocol regarding the ACSO referral process to JGPH needs to be detailed according to the recommendations of the Joint Experts.
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.

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 discharge planning as set forth in Section III(I). Admission and discharge 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 discharge 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

Assessment: A draft THU Protocol was developed within the three-month period and submitted to the Joint Experts for review. Joint Experts have requested significant revisions to the proposed THU plan.

Recommendation(s):

1. AFBH and ACSO to revise the THU Protocol in response to Joint Experts' comments; return for review.
2. Continue developing the THU plan and revise the document accordingly.

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.

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 discharge 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 discharge plan shall be updated by AFBH on at least a quarterly basis, regardless of whether a release date has been set.

Finding: Partial Compliance

Assessment: AFBH Clinicians address discharge issues with incarcerated persons during their initial contacts. If a community-based provider is indicated, the Clinician will complete a referral form and forward to the AFBH Discharge Team for further handling.

Arrangements for post-discharge services are handled by the AFBH Discharge Team's Mental Health Specialists. When the Discharge Team receives a referral form from a treatment Clinician, they will forward the referral form to the identified community-based provider. The referral form alerts the community provider of the person's incarceration and need for continued services upon release. AFBH Discharge Team is expected to develop a "discharge form" for each incarcerated person with pertinent information available for when the release occurs.

ACSO will usually advise the AFBH Discharge Team of planned releases a few days in advance. The Discharge Team will prepare a Post-Release Instructions form for each person. A Discharge 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 Discharge 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.

Recommendation(s):

1. AFBH to review and update their discharge procedures and amend/update policies, forms and trainings as necessary.
2. Ensure staff compliance with procedures via regular reviews of documentation.

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 discharge 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.

Finding: Partial Compliance

Assessment: Alameda County Social Services discontinued providing these services on-site at the Santa Rita Jail following COVID-19 restrictions. Efforts are being made for the agency to provide these services again. Bay Area Legal Aid (BALA) and the Homeless Action Center currently evaluate incarcerated persons for SSI.

Recommendation(s):

1. AFBH to establish contacts with the appropriate agencies that assist persons with obtaining entitlement benefits and discuss their ability to work with the Jail's population.
2. Arrangements for the services should be reviewed with ACSO and converted into agreements.

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 discharge 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

Assessment: AFBH Clinicians address discharge issues with incarcerated persons early in their incarceration. If a community-based provider is identified, the Clinician will complete a referral form and forward to the AFBH Discharge Team for further handling. If the person was actively being followed by an Alameda County service provider on the Clinician's Gateway information platform, the agency will receive an alert that the person is at Santa Rita Jail and, according to staff, will likely make contact with AFBH.

Arrangements for post-discharge services are handled by the AFBH Discharge Team's Mental Health Specialists. When the Discharge Team receives a referral form from a treatment Clinician, they forward the referral form to the identified community-based provider. The referral form alerts the community provider of the person's incarceration and need for continued services upon release.

Efforts are made to create a discharge plan that supports the incarcerated person's continuity of treatment upon return to the community.

Recommendation(s):

1. AFBH to develop a discharge policy that incorporates the requirements in the Consent Decree.
2. Discuss the mechanisms for a direct contact with service providers (a "warm handoff") when a person is released.

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

Assessment: Incarcerated persons discharged to treatment programs will usually receive a 30-day supply of their psychiatric medications at release. If the person is being released into the community, AFBH psychiatrists will have a 30-day supply sent to a local CVS pharmacy of the individual's choice.

Recommendation(s):

1. AFBH to develop/update policy regarding the provision of release medications, including all necessary forms.
2. Train staff on policy; document training.

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

Assessment: 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 discharge plan includes referrals to agencies that offer the level of care. ACBH will regularly send AFBH a list of persons in Alameda County that meet the criteria for FSP. AFBH will use this list to determine if an incarcerated person meets the criteria. If not on the FSP list, AFBH Managers will work to have this person recognized as needing this level of follow-up treatment.

Activity logs, "spreadsheets" and reports with information regarding the activities of AFBH staff and the services they provide are underutilized. Information regarding services and activities are entered into at least two information systems that do not interface, the Clinician's Gateway and the ACBH Community Health Record (AFBH uses the Jail Scheduling function). ACSO's jail management system ATIMS also gathers important information regarding incarcerated persons.

These three systems currently contain the necessary information for accountability, monitoring and auditing.

Recommendation(s):

1. AFBH to review and improve the referral of incarcerated persons meeting Full Service Partnership criteria for appropriate agencies; develop appropriate procedures.
2. Develop a list, description and instructions of all currently used:
 - a. forms
 - b. activity logs, and
 - c. reports regularly compiled.
3. Develop a list and description of form, activity logs and reports that will be required as Consent Decree provisions are addressed.
4. ACBH/AFBH should consider a way to enter, gather and compile all data into one, single information system.