

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

**Second Status Report**

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

**March 6, 2023**

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

**SC**            **Substantial Compliance**  
**PC**            **Partial Compliance**  
**NC**            **Non-Compliance**

**Summary of Ratings**

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

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

744. Use of Safety Cell as Last Resort for Suicidal Ideation/Phasing Out of Use	PC
745. Severely Curtail Use of Safety Cells	PC
746. Safety Cells Only Used in Exigent Circumstances	PC
747. Individuals in Safety Cells for Maximum of Eight Hours	PC
748. Adopt Graduated Suicide Precautions	PC
752. Develop Policies/Procedures and Training Regarding Suicide Procedures	PC
753. Continue Ongoing Training Regarding Safety Plans	PC
755. Initiating Suicide Precautions	PC
756. Individuals on Suicide Watch Placed on Close Observation	PC
757. Individuals on Suicide Precautions Continue to Receive Therapeutic Interventions	PC
758. QMHP Shall See Inmates on Suicide Precautions on an Individualized Schedule	NC
759. QMHP Complete and Document Suicide Risk Assessment	PC
762. MH Shall Receive Additional Training on Suicide Risk Assessment	PC
764. Develop and Implement Updated Policies and Practices Regarding Suicide Reviews	PC
766. Develop and Implement Standards for Emergency Referrals and Handling of 5150 Holds	PC
767. Assess and Review Quality of Care Provided to Persons Sent to John George	PC
769. Re-orient How Units, Including the Therapeutic Housing Units, are Managed	PC
770. MH Programming for Women	PC
771. Meet and Confer Within Three Months Regarding the Therapeutic Housing Units	PC
772. Therapeutic Housing Units Sufficiently Staffed	PC
900. Implement Systems to Facilitate Community-Based Services During and After Incarceration	PC
901. Develop a Written 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

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

- ✓ Draft – AFBH Therapeutic Housing Unit Protocol
- ✓ Draft – AFBH Level of Care Policy and Procedure
- ✓ Draft – AFBH Suicide Prevention Policy and Procedure
- ✓ AFBH Brief Initial Assessment
- ✓ AFBH Suicide Risk Assessment
- ✓ Draft-ACBH Polypharmacy Antipsychotic Medication Registry and Monitoring

- ✓ Draft – ACBH Psychiatric Medications Verified/Bridge/Delivery Policy and Procedure
- ✓ Draft – AFBH/John George Psychiatric Hospital Coordination Protocol
- ✓ Draft – AFBH Restricted Housing Unit Protocol
- ✓ Bi-weekly Level of Care Report
- ✓ Safety Cell Log Report
- ✓ ACBH/SRJ Staffing Updates
- ✓ AFBH Telecare Groups Report
- ✓ ACSO SRJ ATIMS Medical Notes Report

## FINDINGS

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

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

**Finding:** Partial Compliance

**Assessment:** As reported in the first status report (June 2022), AFBH was 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 continue to report delays in finding suitable candidates and onboarding staff given the national shortage of clinicians and the County's complicated and extensive hiring process.

At the time of this report, in the first quarter of the third fiscal year, their vacancy profile has actually increased over the past seven months. AFBH has a 64% vacancy in approved clinical/medical positions. Well over half (72%) of their Behavioral Health Clinician positions are vacant. The contract with Telecare Corporation supplements AFBH staffing by covering certain clinical services (as explained further on in this report), but the vacancy rates only reflect AFBH positions. Of the 49 AFBH clinical positions currently filled, 22 are non-licensed staff. 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.

To address the vacancy rates, a recruitment incentive program was approved in April 2022, for AFBH staff hired after January 24, 2022 to offer a monetary incentive over three-years from \$8,000 to \$17,000, depending on the position. ACBH also contracted an executive recruiter to identify qualified supervisors and managers. However, these efforts have not yielded the expected results.

More recently, ACBH drafted new clinical job specifications to increase recruitment specifically for the Santa Rita Jail (SRJ). The specifications include Behavioral Health Clinician, Clinical Supervisor and Clinical Manager. Each of the new specifications reflect a 25% salary increase compared to the ACBH's non-jail clinical specifications. Full approval of these new position descriptions and salaries is anticipated in March/April 2023.

To encourage existing staff, ACBH/AFBH is finalizing a retention incentive for clinical staff in place prior to the April 2022 incentive approved for new staff.

AFBH continues to rely heavily upon agency, "locum tenens," medical personnel for staff positions that have been difficult to recruit and fill. Of the nine Psychiatric Provider positions, seven or 77% are currently vacant. The locum tenens employees (five Psychiatrists and two Medical Assistants) perform at the same level as AFBH staff.

Existing staff have now returned to work within the facility on a full-time basis after the lifting of COVID-19 restrictions. As expressed in the first report, to effectuate the reforms required by the Consent Decree, 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.

A notable addition to the AFBH staffing during this reporting period is the hiring of an Assistant Director.

At this time, it is anticipated that AFBH will have a total of 153 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 LOC designation, becomes more accurate. This will occur as the mental health continuum of care continues to improve (i.e., timely assessments, a LOC identification for all incarcerated persons and increased therapeutic services) and the Therapeutic Housing Units are implemented as designed. 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.

In this reporting period, a significant effort has been made to determine an accurate report of the incarcerated persons on the mental health caseload and their assigned Level of Care (LOC). However, in the months of November and December, 7% of incarcerated persons in the facility had yet to be assessed for their level of mental health needs (Bi-Weekly LOC Report). 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.

Telecare Corporation (Telecare) continues to provide on-site mental health assessment and overnight clinical coverage at SRJ between 11:30 p.m. and 7:30 a.m. During the overnight shift, priority is given to intake assessment of individuals booked into the SRJ. 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. In support of the Telecare clinicians, AFBH has a Clinician and a Supervisor/Manager on call for after-hours crisis consultation.

Telecare also currently staffs two group counseling positions that provide three to four groups daily, seven days a week which follow the evidence-based “Seeking Safety” treatment model for behavioral health clients.

To offset the AFBH vacancies, ACBH reported in October 2022 that they will expand the contract with Telecare to increase clinical staffing positions in Spring 2023. AFBH leadership has met with Telecare to discuss their hiring and onboarding plans for the extended staff support at the SRJ. Telecare will be hiring a Program Director and Clinical Director to oversee their increased staff. Telecare’s expansion will first focus on taking over the Intake Transfer and Release (ITR) function for all weekend shifts. The next phase of expansion will be to take over ITR evening shifts Monday through Friday. The final phase of expansion will be covering housing units on all weekend shifts. ACBH staff will continue to work the same shifts as Telecare staff and will be designated to uncovered assignments. With the expansion, Telecare will be contracted to provide 21 clinical full-time employees.

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

**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 additional contractual opportunities for clinical services, beyond Telecare, should be considered and established to temporarily offset the staff vacancy rate. While contracted services are not preferred to County staff, they will serve to address the ability of the agency to comply with the Consent Decree.
3. ACBH should proceed with plans to provide monetary retention incentives to its current, experienced AFBH staff.
4. ACBH/AFBH should look to promote from within the existing staff to strengthen supervisory capacity.
5. ACBH/AFBH needs to look at the language capacity of their staff and consider second languages as important criteria for hiring.
6. 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.

7. 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. At a minimum, this report should identify the incarcerated person, their designated LOC and housing assignment.
8. 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 agency clinicians will function equivalent to AFBH clinicians. As such, Telecare staff receive the same onboarding training as AFBH personnel. They are trained to use and enter information (assessments, case notes) into the AFBH electronic medical record system, the Clinician's Gateway (CG). In addition to the initial trainings, Telecare employees attend other AFBH trainings when available. The onboarding trainings will be extremely important for the upcoming expansion of Telecare services.

In recent months, as modifications have been made to forms such as the Brief Initial Assessment (BIA) and initiation of the Level of Care (LOC) documents, Telecare staff have participated in trainings regarding the changes and additions along with AFBH staff. Telecare staff also "shadow" AFBH clinicians as new procedures are put in place.

AFBH Managers have weekly meetings with Telecare's on-site manager and program manager to discuss operational and staffing issues.

**Recommendations:**

1. AFBH to continue weekly meetings with Telecare administration.
2. Establish on-board training and monitoring arrangements with all other, additional contractors.
3. AFBH to revise trainings and assess which should be offered to contractor staff.
4. 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:** AFBH has significantly reduced the use of telehealth for the provision of mental health services. However, following County State of Emergency Orders related to COVID, it has not been eliminated. Three (3) Psychiatrists provide telehealth services one (1) day per week (of their four-day workweek) in Housing Units 1 and 9 and in the AFBH Clinic.

For telehealth services in the housing units, all clients are offered to come out of their cell for their appointment with psychiatry to occur at a tabletop with a laptop. In situations when the client declines to come out of the cell, or the client is not safe to come out of the cell due to behavioral issues, or for the safety of the client, other inmates, the clinician and ASCO Agency members, a cell-side telehealth wellness check will be conducted, and the Provider will schedule the patient for another appointment.

For the telehealth clinic services, the equipment is in a small, private office on the first floor in the AFBH clinic area. Incarcerated persons are brought down by custody staff to the office at the designated appointment time. Confidentiality is safeguarded to the extent that deputies remain outside the office while the consultations occur. An AFBH Licensed Vocational Nurse (LVN) is in the room to facilitate the sessions with the telehealth provider. 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.
2. Telehealth providers should be integrated into treatment teams at the SRJ, and all telehealth related interventions should be considered in treatment team discussions.
3. 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 SRJ should make efforts to obtain quality equipment and stable internet connections to facilitate provision of telehealth.
4. 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.
5. A means for determining the number of telehealth encounters needs to be developed and implemented.

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



**from the Classification Unit and an ACSO representative from outside the Classification Unit at the sergeant level or higher.**

**Finding:** Partial Compliance

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

According to the draft THU Protocol, placements in the THU may be made by ACSO, Wellpath, as well as AFBH, but placements (admissions) will be confirmed following assessment by a clinician of the THU’s treatment team. The person’s level of functioning will be regularly reviewed by the clinical staff and modifications to LOC will be made. The goal of the service is to stabilize the person’s mental health and, as such, place them in the least restrictive housing environment within the SRJ.

“Release” of the person from the THU or, more appropriately, the transfer of the person to a less restrictive unit or a general population housing unit, will be dependent upon the individual’s ability to handle the demands of functioning within the jail environment. A client’s “release” from the THU is not dependent upon the completion of steps, particular activities, or specific length of time, as is often the case in many mental health programs. The decision to move a person out of the THU to another THU or non-THU housing area is a clinical decision, possibly made by an individual team member when the timing is appropriate, but in keeping with the overall plans of the treatment team. However, these decisions should not be limited to meetings of a Therapeutic Housing Committee (THC), as described in the Provision, that will determine the “release of individuals... from the THUs.” Operationally, the THC will provide a space for in-depth planning and coordination related to client progress and compliance or lack thereof, and discussion/development of engagement and support interventions. The THC will include the unit’s clinical treatment team members as well as ACSO representatives. As described, the THC will have the opportunity to discuss/make decisions regarding persons in the THU but the movement in and out of the unit will not be held up nor strictly determined by the THC.

At this time, one weekly THC meeting is being held to discuss incarcerated persons in Units 9, 24 and 35. Eventually, each THU should have their structure of meetings.

Ongoing discussions are being held regarding how to best address the requirements of the Provision as well as maintain the integrity of the clinical processes.

**Recommendation(s):**

1. AFBH must finalize revisions to the THU Protocol.
2. A general agenda for the meetings should be developed.
3. ACSO Classification and Security representatives need to participate in the THCs as specified in the Provision.
4. THC meetings should be held on each unit on a set date and time to ensure attendance.
5. “Minutes” of the meetings need to be kept as proof of compliance.

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

**701. Consistent with the preceding paragraph Defendants shall implement revised policies and procedures to ensure appropriate access to therapeutic and behavioral health services throughout the Jail. These policies and procedures shall include the staffing, establishing admission and 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:** Partial Compliance

**Assessment:** During the past review period, AFBH has made significant effort in developing and drafting policies, procedures and forms related to the development of a mental health services delivery system in the SRJ and, specifically, the development and implementation of the Therapeutic Housing Units. These plans, policies and procedures and related forms are, for the most part, in draft form but have been prepared and reviewed with this Expert, shared and reviewed with other Joint Experts, ACSO and shared and discussed with counsel, as appropriate.

**Recommendation(s):**

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

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

**Finding:** Partial Compliance

**Assessment:** Ongoing improvements to the first draft (in April 2022) have been submitted to this Expert for review. AFBH's most recent draft protocol for the Therapeutic Housing Units Protocol was submitted in late October 2022 and has been reviewed with ACSO and counsel. Additional clarifications and details are being written into the plan and another version is expected by the end of January.

AFBH and ACSO has initiated pilot THUs in Units 9, 24 and 35. The pilots entail placing a dedicated clinical team to provide clinical services on each unit and conducting daily huddles to discuss clients.

**Recommendation(s):**

1. It is recommended that AFBH continue to address the recommendations in the Joint 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.

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

**Finding:** Partial Compliance

**Assessment:** At this time, due to the staffing limitations (vacancies), true therapeutic services for all identified persons 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 incarcerated persons in the safest possible housing environment due to their mental health status.

The establishing of the THUs in Units 9, 24 and 35 now allow for the placement of the severely disturbed incarcerated persons in an environment that focuses on their therapeutic needs. However, there are still a number of persons placed in Intensive Observation (IOL) in other units which are not focused on the mental health issues nor staffed with clinicians. In the current THUs, clients are being seen in individually outside of their cells and more individual services are being provided.

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 all the necessary THUs as AFBH hires additional staff and/or acquires more

contracted clinical personnel. Staffing increases will result in the ability to provide therapeutic services in the various housing areas where persons on the mental health caseload are located.

The actual “size” of the mental health caseload is still somewhat uncertain. AFBH needs to ensure that all intakes in the facility receive an LOC and work with ACSO to determine the number and type of housing areas which will be necessary/utilized for housing persons with a LOC designation.

At this time, Housing Units 9 and 35 are entirely committed as THUs for males. But, only one pod in housing unit 24 (Pod D) has been assigned as a THU for females. Because of this limited space, there are a number of LOC 3 and LOC 4 females in other (e.g., HU 21) areas and a number of LOC 2 females remain in HU 24, Pod D which could be moved to a non-THU housing placement. It is essential that ACSO place LOC 4 and 3, males and females in the identified THUs and move incarcerated individuals out of the THUs when AFBH determines it is appropriate to do so.

Telecare is contracted to provide three/four groups daily, in THUs 9, 24 and 35; with up to six participants per group. Available records for group services seem incomplete. While the more recent figures indicate an appropriate number of groups being held, prior months appear to have lacked group services as shown in the table below.

Month/Year	Total # of Groups Held
October 2022	34
November 2022	85
December 2022	118

**Recommendation(s):**

1. Continue efforts at obtaining an accurate mental health caseload for the facility.
2. ACSO Classification needs to place LOC 3 and LOC 4 incarcerated persons in the identified male and female THUs and move LOC 2 clients out of the THUs when indicated by AFBH.
3. ACSO to dedicate additional HU 24 pods for LOC 3 and LOC 4 females.
4. AFBH to continue to assess the number/type of housing assignments needed for the size of the mental health caseload.
5. Continue refining 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.
6. Determine the type and number of clinical staff required to serve the mental health caseload; modify staffing plan and hiring of staff as necessary.
7. AFBH to increase the provision of treatment services as the availability of staff increases.
8. ACBH/AFBH to ensure that Telecare meets its contractual responsibilities.

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

**Finding:** Partial Compliance

**Assessment:** Formal opportunities for communication between mental health and custody staff have been established and are on-going. Daily “huddles” in the pilot THUs (Units 9, 24 and 35) are reportedly taking place. However, it is important that the quality of these interactions is ensured and the Neutral Expert has not been able to evaluate the quality of the huddles.

Therapeutic Housing Committee meetings are being conducted on a weekly basis in Unit 9. These meetings include both AFBH and ACSO representatives.

At this time, BHAT deputies are assisting in activities involving clinical services but are not assigned to units for the duration of their shifts.

AFBH is also present at the facility’s Restrictive Housing Committee meetings to discuss individuals with mental health issues and participate in the decisions made by the committee. It has been recommended that AFBH develop an outline of information that should be shared during these meetings to ensure the quality of communications.

ACSO needs to continue development of the Advanced Crisis Intervention Team (CIT) Training which was piloted in April 2022 incorporating the recommendations of the Joint Experts. A meeting was held with ACSO Training personnel to discuss the development of the training in October; a draft of the training has been recently provided for review.

**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. Documentation of the huddles should be initiated.
3. Both agencies need to continue developing and revising policies that address formal communication, e.g., ACSO Policy & Procedure 8.04, “Behavioral Health Inmates.”
4. ACSO and AFBH to continue work with the 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:** Since the last status report, AFBH has implemented the revised Brief Initial Assessment form to be used at intake for every individual booked into SRJ. The form meets all requirements of the Consent Decree and includes inquiry into relevant areas of mental health history, current functioning, and suicide risk though the quality of the assessments has not been confirmed. The updated version of the form includes a place to enter the LOC designation.

AFBH staff completes the Brief Initial Assessment form on a computer; the information is entered into the AFBH Electronic Health Record (EHR). A paper version is available as a “backup” should systems be unavailable.

Currently, AFBH has no relevant policy/procedure to guide the intake assessment process and the use of the assessment document, and no formal trainings have been developed and provided.

**Recommendation(s):**

1. 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.

**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:** Since the last status report, there have been significant changes in the assessment process at intake. ACSO requested and Wellpath (SRJ Medical Provider) agreed to have the mental health assessment be the primary responsibility of AFBH. Wellpath has revised their medical intake process to streamline mental health related questions. This is intended to reduce the duplication of questions and the length of the intake process. AFBH now asks all mental health questions in the revised Brief Initial Assessment form. The information gathered and the LOC assigned at intake, determines the type of mental health referral, if any. In turn, the LOC designation is used by ACSO to determine appropriate housing placement. If necessary, the arrestee is placed on Intensive Observation (IOL) until further steps are taken.

If an AFBH clinician is not available to conduct the Brief Initial Assessment, Wellpath will conduct a suicide risk assessment using the Columbia Suicide Severity Rating Scale (C-SSRS) and make an appropriate referral (i.e., emergent, urgent, or routine) to AFBH and ACSO will use this information to determine the appropriate housing placement. If necessary, the arrestee is placed on Intensive Observation (IOL) until further steps are taken. AFBH will follow-up on the Wellpath referral within the appropriate timeframes for the level of referral and complete a Brief Initial Assessment.

The AFBH policy for intake needs to be developed. Intake activities are documented on the ITR Activity Log. Intake policy needs to address how this log is utilized, completed, and reviewed/verified by supervisors.

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

**Recommendation(s):**

1. 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.
2. The ITR Activity Log needs to be reviewed and updated in accordance with the new intake policy. Instructions on the use of the log by both clinical and supervisory staff need to be developed. This will permit auditing of the assessments completed and timeframes.
3. AFBH needs to develop the capacity to have “emergent” referrals seen for a clinically relevant assessment within four (4) hours of referral.
4. AFBH needs to develop capacity for referral appointments within 24 hours of “urgent” referrals for mental health services.
5. AFBH needs to develop capacity for “routine” referral appointments within five business days/seven calendar days of referral.

**709. e. Following intake, individuals who request mental health services or who are otherwise referred by Staff for mental health services whose concerns are not Emergent or Urgent shall be seen by a Qualified Mental Health Professional within fourteen (14) days of the request or referral. Individuals who present with Emergent or Urgent concerns post-intake shall be assessed and seen in accordance with the timelines set forth above.**

**Finding:** Partial Compliance

**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.

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

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

AFBH plans to streamline the referral process to ensure that referrals are correctly made, received and responded to within the required timeframes. To this end, a new referral form has been developed, reviewed and approved, and will be implemented in the near future. While an electronic tracking system for referrals is not available, a dedicated email is being established to receive the referrals.

**Recommendation(s):**

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

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

**Finding:** Partial Compliance

**Assessment:** AFBH has focused its rather limited resources (due to staff vacancies) on ensuring that all individuals presenting to the SRJ receive a mental health assessment during their booking process that is documented on the Brief Initial 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. Issues regarding the ability to assess within the four-hour period are dependent not only on AFBH but also on the ACSO booking process. At this time, AFBH clinicians are determining the incarcerated individual’s mental health LOC, 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 QMHPs; classified as Behavioral Health Clinician Is, with Master's degrees and working towards state licensure, and Behavioral Health Clinician IIs, with Master's degree and state licenses.

There is no current and comprehensive policy for Intake services.

Refer to Provision #200 for more information.

**Recommendation(s):**

1. An intake policy needs to be developed that is comprehensive and incorporates all elements of the intake assessment, LOC designation and housing assignment processes. The policy needs to include all related forms and training.
2. Further, ongoing review of facility mental health service needs and staff assignments should be conducted to ensure that AFBH staff is available in the Intake Transfer 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:** Partial Compliance

**Assessment:** The current Brief Initial Assessment includes a LOC designation and SMI and Suicide risk "flags." Since the last status report, ACSO has modified their jail management system, ATIMS, to allow AFBH to enter an incarcerated person's LOC designation. Suicide flags are being entered into ATIMS when noted on the BIA or when a person is placed on IOL. The SMI flag is available in ATIMS but is still not in use. Input of this information is delayed pending validation of information by AFBH. AFBH needs to work with ACSO to create a Self-harm flag. AFBH will be continuing its efforts to ensure that all flags and the LOC designations are provided for all incarcerated persons.

**Recommendation(s):**

1. It is necessary to have the SMI, Suicide and Self-harm flags information in ATIMS.
2. AFBH needs to ensure that staff is appropriately trained to use the LOC and "flags."
3. 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 appears that the current EMR, Clinician's Gateway, does not meet these specifications.

Concerns regarding the ability of the current system to support the requirements of the Consent Decree are valid and the timeframe for a new system needs to be considered urgent since the Consent Decree will require data gathering for auditing and compliance in the future.

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

**Finding:** Partial Compliance

**Assessment:** The Psychiatric Medications Verified/Bridge/Delivery policy, which comprehensively addresses the process, has been drafted and reviewed by this Expert and is being modified. Information regarding a person's psychiatric medication prescriptions is currently gathered at intake. A "Consent to Obtain Medication Verification" form is completed and AFBH staff obtain information from pharmacies, whenever 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.

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

**Recommendation(s):**

1. The draft Psychiatric Medication Verification/Bridge/Delivery policy needs to be finalized.
2. Subsequent to policy completion and approval, training of all appropriate staff will be necessary.
3. Use of the "Continuity of Care Psychiatric Medications" audit tool needs to be initiated and reviewed.

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

**Finding:** Partial Compliance

**Assessment:** Like most jail settings, the SRJ has limited meeting areas for mental health services that offer confidentiality for incarcerated persons 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 holds only one incarcerated person and is separated from the interviewing staff 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. Assessments are also being conducted in the AFBH ITR Clinic.

However, this area provides no confidentiality. Additional space for AFBH intakes is required to improve the efficiency of the intake process and ensure confidentiality.

A comprehensive intake policy is needed as documentation on the intake process is scattered, dated and not inclusive of the role and activities of ACSO staff.

At intake after the Brief Initial Assessment, clinicians inform individuals about the mental health services available from AFBH. Individuals are informed that they can request mental health services by requesting an AFBH referral from Wellpath or an ACSO Deputy.

**Recommendation(s):**

1. 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. Additional space needs to be identified and allocated for AFBH use in the intake process.

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

**Recommendation(s):**

1. AFBH needs to develop a comprehensive and detailed intake assessment policy, with related forms and training, which includes their role in the pre-booking process. 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.

**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:** Non-Compliance

**Assessment:** In this reporting period, AFBH has emphasized the delivery of tabletop therapeutic services rather than cell-side. However, due to several variables, including the limited number of clinical staff, consistent availability of staff and a lack of confidential meeting areas, cell-side therapeutic encounters continue to occur. 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. ACSO provided proposed conversion floor plans for the Therapeutic Housing Units in late April 2022, but these have not been implemented and as of this report do not appear to be forthcoming within the next year. 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 including visitation areas, safety cells, and multi-purpose rooms.

**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:** Referrals to AFBH continue to be made in a number of ways, i.e., phone calls, on paper and via ATIMS. Non-emergency requests for services by ACSO are predominantly made on the AFBH Half-Sheet Referral Form. Upon receipt, AFBH staff reviews the form and sets an appointment with the incarcerated person. The referral information is presently entered into the Clinician's Gateway system. Wellpath enters medical service requests and other details, e.g., medication refusals into ATIMS and a report is run daily which AFBH uses to initiate services. The available AFBH policy is dated and incorrect.

AFBH's new referral form has been in review since November 2022; feedback on the new referral form was received in December 2022. AFBH will now begin finalizing a new referral process to allow for emergent, urgent, and routine referrals from partner agencies and self-referrals from incarcerated individuals. In the absence of electronic referrals, AFBH plans to establish a dedicated email to receive and respond to referrals.

**Recommendation(s):**

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

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

**Finding:** Non-Compliance

**Assessment:** Policies and related procedures for many AFBH activities are missing or 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.
4. Refer to Provisions #706, #707, #708 and #709 for additional recommendations.

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

**Finding:** Non-Compliance

**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. AFBH needs to develop a policy and procedure for medical referrals.
2. Refer to Provision #709 for further recommendations.
3. Following the update of the referral processes, AFBH to provide training to all employees and contractors regarding the revised mental health referral policy and procedure.
4. Revise training when the policy is revised/updated.

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

**Finding:** Partial Compliance

**Assessment:** AFBH will be developing a dedicated QA team. Towards this end, Dr. Andrew Swanson was hired to be the Medical Director Lead for QA. In his short tenure, Dr. Swanson has developed two important policies (Psychiatric Medications Verified/Bridge/Delivery policy and Polypharmacy Antipsychotic Medication Registry and Monitoring policy) which are still in draft but well-along in the process. Additional positions will need to be hired. AFBH is currently adapting ACBH QA processes to meet program needs. According to the available, outdated policy, the current QA process involves peer chart reviews, grievance reviews and major critical incident reviews. However, it is unclear when and how these QA processes are completed, how many charts are reviewed and how these reviews are documented and communicated to improve operations.

**Recommendation(s):**

1. Continue developing the QA team; assign appropriate staff to QA duties.
2. Develop and implement the updated AFBH policy addressing QA processes for the various services with related forms and training.
3. AFBH supervisory staff needs to conduct service delivery audits according to the established policy.
4. Modify and enhance QA as the service system is expanded.

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

**Finding:** Partial Compliance

**Assessment:** AFBH has drafted a LOC policy consistent with Exhibit C of the Consent Decree which presents the intended “Mental Health Levels of Care” model to be implemented. The document describes each level’s clinical presentation and the service components (type and frequency) that are to be provided. Further descriptive detailing of the LOC 1 through 4 and training will be required. To ensure that all incarcerated persons have been assessed for mental health issues, AFBH has determined that another level, LOC “X” be added to the model. This level will identify incarcerated persons that are not exhibiting mental health symptoms or requesting mental health services.

AFBH has provided initial training to its Qualified Mental Health Professionals (QMHPs) and the use of the levels format has been initiated and is ongoing. AFBH requires that all incarcerated persons be assessed a mental health LOC and that QMHPs reassess levels following clinical encounters. AFBH administration has indicated that more training is necessary. Great strides have been made in assessing the LOC of the SRJ population; emphasis has been placed on assessing at intake. The revised Brief Initial Assessment includes the LOC and has been implemented. ATIMS has been modified to accept LOC determinations; allowing ACSO staff to know the incarcerated person’s mental health status.

At this time, all persons on the current AFBH caseload and all intakes (with minor exceptions as shown below) have been designated a LOC. The AFBH caseload in LOC Reports for the months of November and December 2022, are shown below.

	LOC 1	LOC 2	LOC 3	LOC4	LOC X	Pending LOC	Totals
11/30/22	32% n=484	22% n=333	11% n=156	1.5% n=21	28% n=430	6.5% n=99	1,523
12/12/22	31% N=471	23% n=357	10% n=160	2% n=23	28% n=424	6% n=95	1,530

It’s uncertain what other clinical forms and instructions regarding documentation require modification to include the Levels of Care designation.

**Recommendation(s):**

1. The draft Levels of Care Policy and Procedure needs to continue through the review and approval process; appropriate training to follow.
2. Full implementation of the LOC needs to be monitored.
3. A mechanism to ensure that all incarcerated persons have been assessed and provided a LOC 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, a range of clinically appropriate services is not being provided. AFBH’s efforts are focused on assessing all incarcerated persons at intake, identifying those at risk of self-harm or harm to others and in need of mental health intervention, and assisting ACSO in placing these incarcerated persons in the safest possible housing environment. AFBH Clinicians provide follow-up visits and contacts with incarcerated persons in housing units and in the clinic on IOL status and respond to crisis intervention and safety cell placement requests. AFBH psychiatrists are conducting medication assessments and follow-up encounters. However, these therapeutic efforts are not sufficient to comply with the expected type, frequency and duration as defined in the THU protocol.

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

The ability to provide appropriate clinical services is also limited by the lack of proper, confidential meeting areas. This results in most clinical encounters occurring at tables in the housing unit’s dining/day room area and, at times, cell-side.

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

**Recommendation(s):**

1. AFBH needs to develop policies regarding the therapeutic services to be provided both in the THUs and wherever incarcerated persons with a mental health LOC designation are housed.
2. As AFBH staff and contracted clinical services increase, a greater range and frequency of therapeutic services in the various housing areas where persons on the mental health caseload are housed should be provided.



3. ACSO and AFBH to continue to work together in the design of the THUs to ensure that sufficient staffing is available for clinically meaningful interventions and space is allocated for confidential meetings.

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

**Finding:** Partial Compliance

**Assessment:** As previously reported, the housing units in the SRJ 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. While a few areas have been identified outside of the housing units (unit Safety Cells, visiting areas and “multi-purpose” rooms) for possible repurposing and discussions between ACSO and AFBH have taken place, there has been no apparent efforts at making these areas fit for therapeutic activity. Additionally, the draft plans for construction of individual, confidential meeting spaces (inside the housing units) have been developed but have not been acted upon.

**Recommendation(s):**

1. ACSO and AFBH to objectively review treatment space needs according to the THU LOC 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.
5. Refer to Provision #717 for additional recommendations.

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

**Finding:** Partial Compliance

**Assessment:** AFBH provides group and individual out-of-cell programming through its contracts with Telecare and Options. Telecare provides three/four groups daily with up to six participants, in THUs 9, 24 and 35. However, according to available records, in the months prior to December 2022, the anticipated number of groups were not being held mostly due to COVID restrictions. AFBH needs to ensure that Telecare meets its contractual obligations and that groups are being held as expected. There is no evidence of group therapy being conducted in Restrictive Housing units.

ACBH’s contract with Options Recovery Services (Options) provide on-site individual substance use counseling services and re-entry referrals to community services at SRJ. Options staff currently see clients in the ITR area. As restrictions continue to ease, AFBH intends to expand Options’ services into housing units. Although the contract holds for Options to provide services

two days per week, in recent months, they have done so only one-day per week. Substance abuse services are critical and need to be expanded.

Restrictions imposed due to COVID-19 have severely limited community service providers from being on-site. According to AFBH, when access to the SRJ is increased, additional contracted substance use providers will be returning on-site to provide services to clients.

**Recommendation(s):**

1. Based on current estimates of the mental health caseload, AFBH needs to determine the number of out-of-cell programming service hours required in the various areas where persons with a mental health LOC designation are housed.
2. AFBH 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 LOC 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:** Partial 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 provides group and individual out-of-cell programming through its contracts with Telecare and Options. Telecare is expected to provide three/four groups daily with up to six participants, in THUs 9, 24 and 35. However, as discussed in Provision #725, the groups were not being conducted as expected in the Fall of 2022. AFBH needs to determine why groups are not being held on certain days and take steps to remedy the causes.

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 incarcerated persons in the safest possible housing environment given their mental health issues. AFBH Clinicians provide follow-up visits and contacts with incarcerated persons 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. While the pilot THUs in Units 9, 24 and 35 have resulted in a concentration of clinical efforts, there is still an insufficient number of staff persons to operationalize the THUs as designed.

The ability to provide appropriate clinical services is also limited by the lack of proper, confidential meeting areas. This results in most clinical encounters occurring at tables in the housing unit's dining/day room area.

**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 LOC designation are housed.
2. As AFBH staff and/or contracted clinical services increase, a greater range and frequency of therapeutic services in the various housing areas where persons on the mental health caseload are housed should be provided.
3. AFBH to work with ACSO in the design of 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 clients with reading assignments/suggestions and therapeutic activities/worksheets. 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 LOC designation are housed; to include documentation of efforts and training.
4. AFBH to research the availability and applicability of therapeutic, self-help materials on the electronic tablets; discuss with ACSO and vendor.
5. AFBH and ACSO to develop a system to track issuance and engagement.

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

**Finding:** Partial Compliance

**Assessment:** As previously stated, AFBH has initiated pilot THUs in Units 9, 24 and 35 with a dedicated clinical team providing services. The clinical team consists of two psychiatrists, two Behavioral Health Clinicians, and one Mental Health Specialist. Although the staff concentrate

their efforts on the units to which they are assigned, there are not sufficient clinicians to implement all the required treatment services.

**Recommendation(s):**

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

**729. Develop and implement policies and procedures to establish treatment teams to provide formal, clinically appropriate individualized assessment and planning (treatment plans) for Behavioral Health Clients receiving ongoing mental health services. Assessment and planning for mental health services includes, at minimum, diagnosis or diagnoses; a brief explanation of the inmate's condition(s) and need for treatment; the anticipated follow-up schedule for clinical evaluation and assessment including the type and frequency of diagnostic testing and therapeutic regimens if applicable; and counsel the patient about adaptation to the correctional environment including possible coping strategies.**

**Finding:** Partial Compliance

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

**Recommendation(s):**

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

**730. Individualized mental health treatment plans shall be developed for all Behavioral Health Clients by a Qualified Mental Health Professional within thirty (30) days of an incarcerated person's initial mental health assessment at intake or upon referral. Plans shall be reviewed and updated as necessary at least every ninety (90) days for Behavioral Health Clients generally and every thirty (30) days for SMI Clients, and more frequently as needed. The treatment plan shall include treatment goals and objectives including at least the following components: (1) documentation of involvement/discussion with the incarcerated person in developing the treatment plan, including documentation if the individual refuses involvement; (2) frequency of follow-up for evaluation and adjustment of treatment modalities; (3) adjustment of psychotropic medications, if indicated; (4) when clinically indicated, referrals for testing to identify intellectual disabilities, medical testing and evaluation, including blood levels for medication monitoring as required; (5) when appropriate, instructions about diet, exercise, incarcerated personal hygiene issues, and adaptation 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.

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

**Finding:** Partial Compliance

**Assessment:** Refer to Provision #702 and #704

**Recommendation(s):**

1. Refer to Provisions #702 and #704.

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

**Finding:** Partial Compliance

**Assessment:** Refer to Provision #731

**Recommendation(s):**

1. Refer to Provision #731.

**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.**

**Finding:** Non-Compliance

**Assessment:** Refer to Provisions #725 and #726

**Recommendation(s):**

1. Refer to Provisions #725 and #726.
2. AFBH to research the possibility of meditation, yoga, and other calming and restorative therapies for use; determine how these might be made available.

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

**Finding:** Partial Compliance

**Assessment:** ACBH contracts with Options to provide on-site individual substance use counseling services and re-entry referrals to community services. While Options is contracted to provide services two days per week, in recent months only one day per week of services are provided. Additional substance abuse services are necessary.

**Recommendation(s):**

1. As access to the facility 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 or other providers and/or AFBH staff will need to provide the substance use programming to meet the Consent Decree provisions.
3. AFBH to ensure that policies, with related forms and training, for substance abuse services are developed and followed by AFBH and contracted staff.

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

**Finding:** Non-Compliance

**Assessment:** Implementation of the THUs in Housing Units 9, 24 and 35 currently include the assigning of dedicated clinical teams and interdisciplinary "huddles" to discuss unit issues and identify specific persons in need of clinical attention. When a person is identified in a huddle they are being seen. However, daily rounds for all LOC 4 incarcerated persons are not being conducted.

Refer to Provisions #200/204 and #702.

**Recommendation(s):**

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

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

**Finding:** Partial Compliance

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

**Recommendation(s):**

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

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

**Finding:** Non-Compliance

**Assessment:** Refer to Provisions #730 and #736.

**Recommendation(s):**

1. Refer to Provisions #730 and #736.

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

**Finding:** Partial Compliance

**Assessment:** A draft "Suicide Precautions" policy has been developed and reviewed by this Expert. The policy explains how AFBH assesses suicide at intake (using the Brief Initial Assessment) and, as needed, with the AFBH Suicide Risk Assessment tool. Based upon the information on the assessments as well as the LOC designation, the person may be placed in a THU, on IOL status, in a Safety Cell or may warrant an immediate Section 5150 referral. AFBH's ITR Crisis Team conduct an assessment when notified of an incarcerated person expressing suicidal ideation. An assessment is conducted "as quickly as possible" at this time given staff limitations. 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. The AFBH Suicide Precautions policy needs to be completed, approved as appropriate and training of all clinicians must take place.

**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:** 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, whenever 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). Prescriptions from community-based programs are verified by AFBH Psychiatrists and continued while in the SRJ.

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 draft policy regarding Psychiatric Medication Verification/Bridge/Delivery policy has been written and reviewed by this Expert. Recommended revisions were returned to AFBH in mid-November.
2. Subsequent to policy completion and approval, training of all appropriate staff will be necessary.
3. A log or means to document verifications when made is necessary for review and proof of practice.
4. Coordination between AFBH and Wellpath needs to be reassured to meet the requirements of the Consent Decree.
5. AFBH and Wellpath need to develop and provide proof of practice.

**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:** A policy to address the specific requirements of this provision has been drafted and reviewed by this Expert. The policy details how inmate polypharmacy will be identified and how the prescriptions will be reviewed on a bi-weekly basis. An Audit Registry Tool will be completed to attest to the review. Once approved and implemented, AFBH will need to begin submitting proof of compliance.

**Recommendation(s):**

1. AFBH to finalize the policy and obtain approvals; conduct training.



2. AFBH to initiate the use of the Audit Registry Tool as 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 has hired Dr. Andrew Swanson in the position of AFBH’s Medical Director Lead of QA. Dr. Swanson will be tasked with developing the AFBH QA plan and performing QA functions as described in this provision.

**Recommendation(s):**

1. AFBH to develop a QA plan with appropriate policies that addresses the requirements of this provision with related forms and training, if necessary.

**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.**

**744. Use of a safety cell should only be used as a measure of last resort for inmates expressing suicidal ideation and actively demonstrating self-harm. It is a primary goal of this Agreement to phase out the use of such cells to the maximum extent feasible as soon as it is safe to do so. To this end, Defendants shall reconfigure and/or construct suicide resistant cells within six months of the Effective Date. The Parties shall meet and confer**

**within three (3) months of the Effective Date regarding: (1) the status of reconfigurations and/or construction efforts; (2) methods to expedite such efforts including areas to prioritize; and (3) any interim actions necessary to protect the mental health and safety of class members pending the completion of reconfiguration and/or construction efforts.**

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

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

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

**Finding:** Partial Compliance

**Assessment:** A draft "Suicide Precautions" policy has been developed and reviewed by this Expert. The policy explains how AFBH assesses suicide and responds to suicide risk and how Safety Cells will be used. Over the past six months, Safety Cell use has been dramatically decreased. In the months of October and November there was no Safety Cell use as noted in the review of Safety Cell Log Reports. According to AFBH administration, Safety Cell use is being phased out in favor of IOL placements. Furthermore, "modified" IOLs are being used more frequently so this is 47 which allows for more individualized, less restrictive arrangements during the IOL placement.

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. If necessary, persons will no longer be kept in a Safety Cell for more than eight hours. 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.

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

**Recommendation(s):**

- 1. The AFBH Suicide Precautions policy needs to be completed, approved as appropriate and training of all clinicians must take place.**
- 2. Refer to Provision #738.**
- 3. AFBH and ACSO should continue to use Safety Cells only in the most exigent of circumstances to protect incarcerated persons and adhere to the 8-hour limit for placement.**
- 4. Continue documentation of Safety Cell placements and monthly review of changes in the pattern of use, i.e., increases.**

5. AFBH and ACSO need to ensure consistency and coordination in their respective agency policies and procedures related to the use of Safety Cells and related documentation.
6. A QA mechanism for monitoring compliance with the Safety Cell procedures, especially the eight-hour safety cell maximum needs to be developed and implemented.
7. ASCO to continue modification and construction efforts to increase suicide resistance in individual cells and on units.

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

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

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

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

**756. Individuals placed on suicide watch shall be placed on Close Observation. Individuals on Close Observation shall be visually observed at least every fifteen (15) minutes on a staggered basis. A Qualified Mental Health Professional may determine that Constant Observation is necessary if the individual is actively harming themselves based on the application of specific criteria to be set forth in written policy. Individuals on Constant Observation shall be observed at all times until they can be transported in accordance with the Jail's Emergency Referral process as outlined in Section III(G)(5) or until a Qualified Mental Health Professional determines that Constant Observation is no longer necessary. A Qualified Mental Health Professional shall oversee the care provided to individuals placed on either Close Observation or Constant Observation status.**

**759. A Qualified Mental Health Professional shall complete and document a suicide risk assessment prior to discharging a prisoner from suicide precautions in order to ensure**

that the 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.

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

**Finding:** Partial Compliance

**Assessment:** A draft "Suicide Precautions" policy has been developed and reviewed by this Expert. The policy explains how AFBH assesses suicide and responds to suicide risk. The draft policy is consistent with the requirement of Provisions #748, #752, #753, #755, #756, #759 and #762.

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

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

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

**Recommendation(s):**

1. The AFBH Suicide Precautions policy needs to be completed to include all details regarding the use of Safety Cells, graduated suicide precautions, Safety Plans, approved and training of all clinicians must take place.
2. Refer to Provision 3738 and #743.

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

**Finding:** Partial Compliance

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

**Recommendation(s):**

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

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

In keeping with the information above, there is no individualized schedule of observations and assessments of persons on suicide precautions. Incarcerated persons on suicide precautions are either housed in the THU or on IOL in other units and on 15-minute checks. LOC 4 incarcerated persons are seen daily by a clinician and others receive a cell-side assessment (typically) made twice weekly.

**Recommendation(s):**

5. As AFBH staffing levels increase, allocate staff to perform more frequent, as needed (individualized) clinical encounters with persons on suicide precautions/IOL status.
6. Frequency/pattern of individualized assessments need to be documented in the person's mental health case record.

7. Revision of current IOL status policy to reflect the requirements of the Consent Decree with concomitant trainings.
8. 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.
9. Policies regarding therapeutic services need to be developed and implemented.
10. 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.
11. Refer to Provision #748 and #752.

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

**Finding:** Partial Compliance

**Assessment:** According to policy, ACSO conducts a Death Review Board Meeting within 30 days of an incarcerated person's death and another within 120 days, 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.

It has been discussed and is recommended that a "combined" death review be conducted within seven days of the event with subsequent, additional meetings as additional information, e.g., autopsy report, is available. Individual agencies, e.g., AFBH, should conduct internal reviews within 72 hours to ascertain information in a timely manner.

Joint Experts have discussed the need to be apprised of any serious suicide attempts and incarcerated person deaths in line with notifications made to other parties.

**Recommendation(s):**

1. ACSO needs to update policy to include the formal review process for serious suicide attempts, defined as attempts that require hospital admission. This process should involve both AFBH 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:** As reported in June 2022, a draft of the Client Care Coordination Protocol, which addresses the emergency referral process from SRJ to John George Psychiatric Hospital (JGPH) and return from JGPH, has been reviewed by this Expert. However, the draft was found to lack specificity and has not been further developed at the time of this report.

AFBH maintains a manual spreadsheet of referrals to 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 SRJ, ITR Clinicians will assess the person using the Criminal Justice Mental Health Program Assessment (331) form before accepting the person's return to the facility.

**Recommendation(s):**

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

**769. Defendants shall re-orient the way in which all units, including the Therapeutic Housing Units, are managed so that all units provide appropriate access to therapeutic and behavioral health services as appropriate. Placement in and 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.**

**Finding:** Partial Compliance

**Assessment:** Refer to Provision #204, #312, #702 and #703. It is imperative that AFBH assess all persons in the SRJ at intake or upon referral and determine their LOC, if any. This will allow for the determination of how many THU areas are needed for the difference levels of classification.

**Recommendation(s):**

1. Refer to Provision #312 and #702.

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

**Finding:** Partial Compliance

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

**Recommendation(s):**

1. Refer to Provision #702.

**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 has been reviewed with counsel and further developments are forthcoming within the next month. Policies and procedures particular to the operation of the THUs will be developed/finalized upon approval of the THU Protocol. Refer to Provision #702.

**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 Protocol and revise the document accordingly.

**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-incarcerated person as needed throughout the Jail. Additionally, AFBH staff shall be assigned to the Behavioral Health Units and Therapeutic unit(s) during the day to allow for constant client contact and treatment, and give AFBH the ability to provide programming and other therapeutic activities.**

**Finding:** Partial Compliance

**Assessment:** Pilot THUs have been established in Units 9, 24 and 35. Piloting is a useful means of determining how to further develop the THU concept. A draft THU Protocol has been reviewed with counsel and additional developments are forthcoming. Policies and procedures particular to the operation of the THUs are being developed. As explained in Provisions #200/204, AFBH is challenged with finding clinicians to fill their vacant positions. Further, they must reassign existing clinicians to full-time assignments in the THUs in order to effectuate the reforms required by the Consent Decree.

Refer to Provisions #200/204 and #702.

**Recommendation(s):**

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

**900. Defendants shall implement systems, including through close coordination between Alameda County Behavioral Health and the Jail, to facilitate the initiation or continuation of community-based services for people with mental health disabilities while incarcerated and to transition seamlessly into such services upon release, as described below.**

**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.

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.

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

If a community-based provider is indicated, 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 SRJ 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 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. These clinicians are available six days a week (except Saturday) until 5 p.m. and several days a week until 9:00 p.m.; Saturday coverage will begin as of March 2023.

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.

Regarding coordination with community-based social services, Alameda County Social Services had discontinued providing these services on-site at the SRJ 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 develop a Discharge Process policy and procedure with updated forms and trainings as necessary.
2. AFBH policy to include the mechanisms for a direct contact with service providers (a "warm handoff") when a person is released.
3. Ensure staff compliance with procedures via regular reviews of documentation.
4. AFBH should coordinate with ACSO/ACBH's separate discharge planning services provided via Operation My Home Town (OMHT) to streamline discharge planning efforts.
5. AFBH to establish contacts with the appropriate agencies that assist incarcerated persons with obtaining entitlement benefits and discuss their ability to work with the SRJ's population.
6. Arrangements for the services should be reviewed with ACSO and converted into agreements.

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

**Finding:** Partial Compliance

**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.

A monthly report of medications provided at the time of release has been developed. In the month of October 2022, out of a total of 69 persons who were prescribed psychiatric medications at the time of release, 51 or 75% received their medications; 15 or 25% of the medications were available but either not received or rejected by the client and returned to the pharmacy.

**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.
3. Continue reporting on the discharge medication process; determine why some medications are not received at discharge; modify processes as necessary.

**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 incarcerated persons in Alameda County that meet the criteria for FSP. AFBH will use this list to determine if an incarcerated person meets the criteria. If not on the FSP list, AFBH Managers will work to have this person recognized as needing this level of follow-up treatment.

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). SRJ'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 FSP 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.