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Monitor Status Report#

Hedrick v. Grant

United States District Court
EASTERN DISTRICT OF CALIFORNIA, SACRAMENTO DIVISION
Case No. 2:76-cv-00162-EFB |

SECOND AMENDED CONSENT DECREE

AUGUST 2023

PREPARED BY:

JACKIE CLARK
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MAY 2023 MONITOR STATUS REPORT ON AMENDAED CONSENT DECREE

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EASTERN DISTRICT OF CALIFORNIA, SACRAMENTO DIVISION

Case No. 2:76-cv-00162-EFB

The Yuba Court Monitor, Jackie Clark Correctional Expert is submitting the First Round Monitoring Report to the parties on August 6, 2023.

The Monitor toured Yuba County Jail on May 17, 2023. The Monitor met with both parties prior to and following completion of the monitoring visit.

The Monitor thanks the Custody Staff of the Yuba County Sherriff Department and Wellpath staff for their time and their ongoing efforts to achieve and maintain compliance with the Second Amended Consent Decree.

This report utilizes four categories of compliance:

SC	SUBSTANTIAL COMPLIANCE	Indicates the Yuba County Jail has achieved compliance, with sufficient proof of practice, with all or most aspects of the relevant provision.
PC	PARTIAL COMPLIANCE	Indicates the Yuba County Jail achieved compliance on some of the components of the relevant provision, but significant work remains.
NC	NON-COMPLIANCE	Indicates that the Yuba County Jail has not met most or all the components of the provision.
NR	NOT RATED	Indicates data or other relevant material necessary to assess compliance were not provided, or were unavailable, to provide a compliance rating. This rating will not be utilized in future reports.

Respectfully,

Jackie Clark RN, MS, MBA
Correctional Medical and Mental Health Systems Expert

Enclosure

Copy to:

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The following are excerpts from the Remedial Plan provisions (“Second Amended Consent Decree”) assigned to Jackie Clark for monitoring. The specific provision language is followed by the expert’s summary of the Expert’s findings and recommendations.

PROVISION	REQUIREMENT	RATING
III.	STAFFING	
	<i>Health Personnel</i>	
III.A.	A Physician, NP, PA, and/or RN must be physically present at the jail twenty-four hours per day 7 days per week	SC
	<i>Psychiatrist</i>	
III.B.	The Jail shall employ a psychiatrist or psychiatrists to provide mental health services at the jail. Psychiatrist services will be available 3 days per week , 8 hours per day, non-consecutive days	SC
III.C.	<i>Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, Licensed Professional Clinical Counselor, Associate Marriage and Family Therapist, Associate Social Worker, and/or Associate Professional Clinical Counselor</i>	
III.C.p1	The Jail shall employ LCSWs, LMFTs, LPCCs, AMFTs, ASWs, and/or APCCs	SC
III. C.p2	Provide mental health screenings for those identified as possibly needing mental health services	SC
IV.	MENTAL HEATH CARE	
	<i>Procedures for New Arrestees</i>	
IV.A.p1	Defendants Intake and Booking Screening Plan shall include standards and timelines to ensure that arriving incarcerated persons are promptly screened for urgent and emergent mental health needs by a PA, NP or RN	SC
IV. A.p2	As part of the intake process the RN shell assess whether an arriving incarcerated person must be excluded from the jail and sent to a acute facility for an evaluation.	PC
IV.A.p3	The staff must assess whether an incarcerated person is intoxicated and or suffering from withdrawal or at risk for withdrawing and monitor per policy #77029	PC

IV.A.p4	<p>Defendants shall continue treating newly booked incarcerated people with medication-assisted treatment.</p> <p>Defendants shall explore ways to create and fund a program to initiate MAT for incarcerated people and continue MAT for people booked into the jail who were receiving MAT is not medically necessary.</p> <p>Defendant shall provide an update to Plaintiffs on a quarterly basis regarding its effort to create and fund this more expansive MAT program. The update shall be included in the quarterly.</p>	PC
IV.A.p5	If an arrestee is taken to an emergency mental health facility for a mental health evaluation and clearance prior to booking, documented evidence of such evaluation The incarcerated person shall be seen at the next mental health sick call to determine the future course of treatment, if any	SC
IV.A.p6	The mental health condition of a new arrestee found fit for incarceration by an examining health care professional, but requiring mental health care, shall be considered when making housing decisions	SC
IV.A.p7	Any new arrestee accepted into the Jail who the booking medical staff identifies as having any current suicidality shall have a risk assessment completed as soon as possible. Medical staff shall review the incarcerated person's Jail medical record to determine if records from any prior incarcerations in the Jail reflect issues related.	SC
IV.A.p8	Any new arrestee accepted into the Jail who the booking medical staff identifies as having any current suicidality shall have a risk assessment completed as soon as possible.	SC
IV.B.	Access to Mental Health Care	
IV.B.1	Initial Mental Health Assessment	
IV.B.1.p1	Mental health assessment conducted within (14) days, as required by Title 15	SC
IV.B.1.p2	A medical file must be opened for each incarcerated person at the time of assessment.	SC
IV.B.2	Continuity of Mental Health Care	
IV.B.2.p1	Defendants shall maintain a system of mental health care provide services that resemble what is provided in the community including, treatment plans and providing therapy in confidential setting as clinically indicated, with appropriate language interpretation services, with intent of coordination care beyond the walls of the jail an into the community upon release	PC
IV.B.3.	Treatment for Chronic Mental Health Conditions	
IV.B.3 p1	Defendants shall maintain system for managing pt. with chronic mental health conditions through screening identifying monitor and providing treatment to those pt. in the jail. Pt that chronic MH condition cannot be managed in jail will be transferred offsite for appropriate treatment and care	PC
IV.B.4.	Continuity of Community -Prescribed Mental Health Medication.	
IV.B.4.p1	Continuation and bridge of all medication begun prior to incarceration is essential to the health and well-being of incarcerated person. The jail shall make its best effort to ensure that incarcerated persons will not miss any medication Physician prescribed Psychiatric medication re-evaluation requirements	SC
IV.B.4.p2	All incarcerated person who at the time of booking are prescribed MH medication in the community, and are verified they are being taken, shall timely continued on those medication or comparable appropriate medication,	SC

	unless a MD, NP or PA makes a clinical determination via FTF assessment that the medication are not necessary	
IV.B.4.p3	Any incarcerated person who at time of booking reports to Defendants that he or she is taking medication in the community but his or her medication cannot be verified, shall be timely assessed by a MD, PA or NP and timely prescribed medication necessary to treat his or her MH needs to ensure continuity of care. If there is a question regarding the propriety of a medication a MD, PA or NP must be contacted before the prescription medication is denied.	SC
IV.B.4.p4	At the time of booking if an arrestee reports they need certain psychiatric medication that person shall be seen at the next psychiatrist sick call, unless it is determined that the person cannot wait until then shall be sent offsite facility for evaluation and treatment.	SC
IV.B.4.p5	Incarcerated person who are prescribed will be re-evaluated by psychiatrist every 30days until stable or 30-90 clinical discretion of the psychiatrist.	SC
IV.B.5	Medical Assistance for Intoxicated Incarcerated Person and/or Incarcerated Person in Withdrawal	
IV.B.5.p1	If there is responsible cause to believe that a person is experiencing or will experience symptoms of withdrawal from a controlled substance or alcohol the incarcerated person must be timely assessed and treated	SC
IV.B.5.p2	Detoxification from alcohol, opiates and other when performed in this facility will be done under medical supervisions in accordance with the Third-party medical provider's policies and protocols. MAT for withdrawal will be considered	SC
IV.B.5.p3	Custody shall conduct health and safety checks for those persons placed in a sobering cell. H&S checks shall occur every 30 mins at irregular and unpredictable intervals or more frequently if medical or mental health staff believe more frequent check are necessary to protect the patient.	SC
IV.B.5.p4	A QMP shall evaluate incarcerated person in sobering cells upon admission and every 6 hours thereafter or sooner if requested by custody. Defendants shall keep complete accurate and contemporaneous logs of each H&S check and shall review such logs for compliance. Sufficient custody staff must be maintained to allow medical staff to enter the sobering cells to make vital signs checks.	PC
IV.B.5.p5	Incarcerated person experiencing severe, life-threatening intoxication or withdraw which cannot be addressed in the Jail shall be transferred to a hospital or other facility where specialized care is available.	SC
IV.B.6.	Mental Health Services	
IV.B.6.p1	The jail will ensure that incarcerated persons are provided timely access to inpatient, and outpatient mental health care as needed. MHS at the jail shall include MH screening, evaluations, suicide risk assessments, diagnosis, treatment, psychosocial therapy, psych medications as needed and referral service. While a person is entitled to assessment and treatment they must be informed that they are also entitled to refuse such treatment. Incarcerated persons requiring services beyond the on-site capability of the jail shall be referred to appropriate off-site providers.	PC
IV.B.6.p2	Any incarcerated person identified as having any current suicidality shall have a suicide risk assessment completed within 4 hours of the identification. Only QMHP or PA, NP or RN who have been training regarding suicide risk assessment shall conduct such assessment.	SC
IV.B.6.p3	QMHP shall evaluate whether an incarcerated persons mental illness or risk of suicide requires that he or she be sent to Sutter-Yuba or an in-patient setting for evaluation and treatment, up to and including placement in or	SC

	removal from housing for incarcerated persons at risk of suicide, and confidential follow up assessment at clinically appropriate intervals.	
IV.B.6.p4	On a weekly basis a QMHP shall consult with Correctional Officers to exchanges information with respect to the MH of the incarcerated person. The QMHP must respect the confidential nature of communication to him or her but has an obligation to take steps to assure the safety of an incarcerated person who indicates that he or she may attempt to commit suicide or harm another.	SC
IV.B.6.p5	Wherever possible custody staff shall provide medical staff medical staff advanced notice of an incarcerated person's release's release from the jail. if medical staff receives sufficient notice of an incarcerated release medical staff shall provide medical discharge planning to the person, including providing written instruction for continuity of essential care, the name and contact information for community provider for follow up appointment, a 28-day prescription for any chronic care or psychotropic medication the person was receiving at the time of release. Defendants shall call the 28-day prescription into a local pharmacy and pay for the 7 days of the medications.	PC
IV.B.6A.	Telepsychiatry	
IV.B.6A.p1	Defendants shall adhere to the telepsych protocol entitled Wellpath Yuba county California P&P 80874. Defendants shall provide at least a 30 days notice to plaintiff's counsel prior to implementing any changes to this protocol. If Plaintiff's objects to the changes the parties shall meet and confer before it goes into effect.	SC
IV.B.6A.p2	Telepsychiatry can be used to provide services unless it is determined prior to or during a telepsych visit, that telepsych services are not appropriate for the incarcerated person. If the QMHP determines that telepsychiatry services are not appropriate for the incarcerated person. The person must be seen expeditiously by a psychiatrist in person. Reasonable efforts shall be made to ensure continuity of care so that an incarcerated person is seen by the same psychiatrist throughout the duration of their incarceration.	SC
IV.B.6A.p4	Before a psychiatrist providers telepsych service to incarcerated people in the jail, Defendants shall provide the telepsychiatry's with a briefing regarding the mental health and suicide prevention programs at the jail. The available options is a person experience a mental health emergency or otherwise requires care at a level not capable of being provided at the jail, and other information necessary to treat people in the jail. The briefing shall also include an in-person or virtual tour of the jails safety and step-down cell and once completed the new building constructed with SB 863 funding.	SC
IV.B.7	Sick Call	
IV.B.7.p1	Daily sick call must be provided by an RN to all incarcerated persons requesting mental health attention. All incarcerated person experiencing mental health issues must be permitted to fill out a sick call request form. Sick call slips that raise issues related to mental health shall be triaged within 24 hours. If it is unclear from the language on the sick call slip whether or how quickly a person needs to be evaluated by a QMHP the RN shall meet with the person and attempt to clarify the person's request for care within 24 hours of receipt.	SC
IV.B.7p2	If while triaging a sick call slip or other request relating to mental health care the RN determines that the incarcerated person should see a QMHP or other staff the RN shall make the appropriate referral. For emergent request the QMHP should see the person immediately or transfer he person to an outside for an immediate assessment. For urgent request the QMHP should see the person within 24 hours and a routine referral should be seen in 7days.	SC

IV.B.7p3	If a health care professional or QMHP believes that test, evaluations by a mental health specialist are medically indicated the healthcare professional or QMHP shall fill out a referral slip for the test , evaluation or treatment.	SC
IV.B.7p4	Defendants shall develop and implement a process to track and assess the timeliness of providing sick call services for mental health-related request. Defendants shall review and assess that information on a quarterly basis at a minimum. Defendants shall produce documentation of these quarterly assessment of mental health sick call timeliness as part of the quarterly production of documents to Class Counsel and appointed Monitor. The mental health staff shall, on a monthly basis meet to discuss the provisions of mental health care service in the jail. If the cause of any ongoing delays or issues that last for 3 months more is related to insufficient mental health staffing the jail should take all reasonable steps to revise the mental health staffing plan and retain funding to retain any additional position deemed to be necessary .	PC
IVB.8	Emergency Care and Hospitalization	
IV.A.8p1	Emergency psychiatric care must be available 24/7. In an emergency mental health situation, or at the request of health care personnel , an incarcerated person must be transferred to the appropriate hospital for treatment and evaluation .	SC
IV.B.8p2	For individual who are in acute psychiatric distress and in need of urgent inpatient psychiatric care that cannot be provided at the jail, whether or not awaiting transfer to a state hospital pursuant to a court order, the jail shall comply with the following plan. 1.The incarcerated person shall be taken to Rideout or similar facility 2. To determine if the person requires care that cannot be provided in jail. (A)If a determination is made a person doesn't require psychiatric care that cannot be provided in the jail, that person will be returned to the jail for further evaluation. (B) If the person does require psychiatric care that cannot be provided in the jail the expectation is SYBH or similar facility will care for that individual 3. Jail staff shall not for security reasons unreasonably deny or delay in providing transportation for emergency hospitalization	SC
IV.B.8p3	The jail shall provide incarcerated person adequate care when they are awaiting transfer to and from the facility. All incarcerated returned from such facilities will be screened at intake for continuity of care. The person should be seen the next sick call by QMHP and seen at the next available sick call conducted by a psychiatrist.	SC
IV.B.9	Recordkeeping	
IV.B.9.p1	QMHP and medical must maintain complete current, and accurate records regarding an incarcerated person's mental health care treatment and prescription drug use.	SC
IV.B.9.p2	All clinical contacts, diagnoses and treatment by QMHP and Medical must be entered in the record. All QMHP and Medical shall be trained to recognize the common side effects associated with the use of psychotropic medications. If a nurse observes these side effects they will document their observation and schedule the patient to see the medical provider at the next available sick call.	SC
IV.B.9.p3	If a prescribed substance is refused or withheld for 3 consecutive day the prescribing medical provider shall be notified	SC None Reported
IV.B.9.p4	Following the medication administration, the nursing staff also notify the physician promptly of the following: Any adverse reaction or response by	SC None Reported

	patient to medication and any error in the administration of medication to a patient.	
IV.C.	Mental Health Training for Correctional Officers	
IV.C.p1	Defendants shall ensure that all Correctional Officers receive annual training regarding the provisions of this SACD and the requirements of title 15 related to mental health and suicide prevention.	SC
IV.D.	Suicide Prevention	
IV.D.p1	QMHP shall be available on-site 7 days per week and on call as necessary to evaluate whether an incarcerated persons risk of suicide requires that he or she is sent out of the jail for evaluation and treatment up to and including hospitalization where warranted and shall issue all suicide precaution orders, including placement in or removal from housing for at risk persons and confidential follow up assessment at clinically appropriate intervals.	SC
IV.D.p2	Custody and health services staff shall be trained and alerted to the need and continuously monitor incarcerated person behavior for suicide potential during incarceration	SC
IV.D.p3	Custody, mental health staff shall maintain open lines of communications to ensure that all parties are kept apprised of suicide potential; precaution, placement, retention and release status; monitoring finding and end of shift reporting and on call contacts to ensure appropriate continuity of care and follow up.	SC
IV.D.p4	All custody and health care staff shall receive suicide prevention training and emergency response training during new employee orientation and annually. All such training shall be provided by or in collaboration with a QMHP, or person qualified to provide training in an area of suicide risk having expertise in correctional suicide prevention and the use of a suicide risk assessment form. Regularly scheduled training for all custody and health care staff shall include identification and management of suicidal behavior in a jail setting including high risk periods of incarceration, suicidal risk profile and recognition of verbal and behavioral cues that indicates potential suicide	PC
IV.D.p5	The jail shall undertake a mortality and morbidity review for every incarcerated person who dies from suicide while custody. Regardless if one died at the jail or hospital.	NC
V.	ENVIRONMENTAL HEALTH AND SAFETY CONDITIONS	
V.A	Suicide Hazards	
V.A.p1	A. Suicide Hazards. Defendants shall retained James Sida and Richard Bryce to conduct evaluations of suicide hazards at the jail.	SC
V.A.p2	For as long as this SACD is in effect, Defendants shall have a qualified consultant conduct a follow up safety assessment of the jail every 2 years. The first evaluation shall be completed no later than May 31, 2024.	SC
V.A.p3	If any of the changes to the physical plant at the jail that defendants made in response to the reports issues is damaged, breaks or otherwise becomes inoperable or ineffective , Defendants shall immediately replace or repair the element.	SC
V.B.	Housing for Incarcerated Person with mental illness or Who Are at Risk for Suicide	
V.B.p1.	An incarcerated person's serious mental illness and suicide risk will be considered when deciding where to house the incarnated person. Housing decisions for incarcerated person with serious mental illness shall take into	PC

	account that availability of sufficient structured and unstructured out of cell time and increase observation and supervisions commensurate with the incarcerated person's risk of suicide, as well as the risk by suicide hazards in various parts of the jail.	
V.B.p2	Defendants shall maintain suicide watch and suicide precaution procedures to ensure that incarcerated persons who pose a risk of suicide are not placed in punitive, unsanitary, and dangerous conditions. Where clinically warranted as decided by medical or mental health staff, an acutely suicidal incarcerated person shall be placed on suicide watch under consent observations until such time as a QMHP determines that the incarcerated person is no longer at risk of self-harm. Health and safety checks shall also be conducted every 15 minutes in locations where incarcerated person are housed who pose a high suicide risk; and every 30 minutes in locations where incarcerated person are housed that pose a moderate suicide risk. If the person cannot be safety housed in the jail the person shall be transferred to the hospital.	SC
V. B.p3	Defendants shall limit the use of Segregated Housing and safety cell for incarcerated person with serious mental illness or who present a serious suicide risk and shall have procedures to mitigate the impact of Segregated Housing on persons with mental illness. Custody shall conduct visual observation and verbal interaction with the persons. Custody shall conduct checks on unpredictable intervals to minimize the person ability to anticipate check and shall document their checks in a format that does not have pre-printed times.	PC
V.C.	Safety Cells	
V.C.p1	Defendants shall maintain a Safety Cell Policy. A person can only be placed in a safety cell if the person identified as an imminent threat to him/herself or others, then as a temporary measure until the incarnated person is able to be transferred to different housing where clinically warranted, to a hospital or in-patient facility.	SC
V.C.p2	Custody staff must visually observe each incarcerated person who is placed in a safety cell at least twice every 30 minutes. Observation must be conducted at irregular and unpredictable intervals and must be documented.	SC
V.C.p3	An incarcerated person must receive a medical assessment by a MD, PA, NP, or RN within 1hour or when safe, to determine whether the placement is appropriate. The staff must evaluate whether the person can safely be housed in a less restrictive environment than a safety cell and or requires transfer to an inpatient medical or mental health facility. If the RN, MD, PA or NP is unable to conduct a hand-on assessment of the incarcerated person, including a check of vital signs, within 6 hours of placement in the safety cell, the incarcerated person shall immediately be transferred to a hospital	PC
V.C.p4	If a QMHP shall conduct an evaluation as soon as possible but no later than 4 hours of placement of a person in a safety.	SC
V.C.p5	If a QMHP is unable to conduct an evaluation within 4 hours of placement in the safety cell, the evaluation than a MD, NP, PA or RN whom have been trained regarding how to conduct a suicide risk assessment shall conduct such assessment. .	SC

V.C.p6	If a MD, PA, NP or RN conducts the suicide risk assessment, within 2 hours after administering the suicide risk assessment, the staff member who conducted the assessment must consult with a QMHP to determine an appropriate plan of treatment and appropriate level of suicide precaution. If the MD, PA, NP, or RN conducts the assessment the QMHP must evaluate the person as soon as possible but no later than 2 hours of the start of the next shift of a QMHP.	PC
V.C.p7	If the person is placed on suicide watch safety cell protocol will be followed. If the assessment established that the incarcerated person is at risk of suicide, the incarcerated person will be placed on the next psychiatrist sick call. The QMHP who conducts the suicide risk assessment or whom the MD, PA, NP or RN who conducted the suicide risk assessment can consult with psychiatrist at any time or refer the person to the next psychiatrist sick call line or cause the incarcerated person to be transferred to a hospital for evaluation.	SC
V.C.p8	For incarcerated persons who are found to be at risk of suicide, the suicide risk assessment shall be used to determine the level of suicide precautions necessary the immediate term and whether the incarcerated person needs to be transferred to an in-patient psych facility or hospital in lieu of suicide precautions in the jail'	SC
V.C.p9	All incarcerated person placed in safety cell shall be evaluated at least once every 7 hours by medical and at least once every 13 hours by a QMHP.	PC
V.C.p10	Every 13 hours, custody, mental health and medical staff must review whether it is appropriate to retain a person in the safety cell or whether to transfer to a less restrictive housing placement.	PC
V.C.p11	An incarcerated person who has been in a safety cell or 24 hours consecutive hours or 36 total hours in any 120-hour period must either be transferred to a less restrictive setting or transferred to an in-patient mental health facility or hospital emergency room for assessment and care. A person cannot be placed in a safety cell more than 2 times in any 120-hour period. the staff must consult with the psychiatrist regarding that placement. An arriving incarcerated person that is unable to care for his/her personal needs despite being provided food, clothing and shelter by jail staff shall not be maintained in a safety cell and instead shall be immediately transferred to a hospital for treatment.	SC
V.C.p12	A QMHP may authorize the release of an person from the safety cell. The order authorizing the release from the safety cell shall include instructions regarding transitioning the person from suicide watch or suicide precautions.	SC
V.C.p13	An incarcerated person released from the safety cell or step-down cell to housing will be seen at the first mental health sick call following the release of the person and at least 2 additional times within 7 days of their release.	PC
V.C.p14	Defendants shall ensure that a safety cell is clean before placing a person in it. Defendants shall ensure that an occupied cell is cleaned at least twice per day at approx. 8 am and 8 pm unless it is not possible because safety concerns. Defendants shall indicate on the log when an occupied cell is cleaned.	SC
V.C.p15	Defendants shall not close the shutters to the window on the safety cell door. Defendants may cover up to half the window in order to protect the privacy of the incarcerated person. If defendants cover any part of the cell window on the cell the reason should be documented on the safety cell check sheet. The back of the safety cell window should never be covered or obstructed.	SC

V.C.p16	Incarcerated persons held in safety cell shall be offered food at least 3 times in a 24-hour period and provided water with the meals and upon request of the person in the cell. The offering of meals and water shall be documented on the safety cell logs.	SC
V.D.	Step Down Cell	
V.D.p1	Defendants shall maintain a “step – down” cell. The purpose of the step-down cell is to house person who because of their suicide risk and needs monitoring in a safe environment, but not require safety cell. For the purpose of the SACD, the step-down cells is less restrictive setting than a safety cell. The step-down cell shall be free of suicide hazards. Defendants shall ensure that all incarcerated person placed in a step-down cell have a sleeping surface off the ground. Staff shall ensure the cell is clean and sanitized.	SC
V.D.p2	Custody must visually observe each person who is placed in the step-down cell at least once every 30 minutes in irregular and unpredictable intervals and must be documented.	SC
V.D.p3	If a person is placed directly in a step-down cell for mental health issues or suicidality and is not first placed in a safety cell, then the requirement set forth in SECV.C regarding timeliness for initial medical and mental health evaluations and suicide risk assessment shall apply.	PC
V.D.p4	All person place in the step-down cell shall be evaluated at least once every 7 hours by medical staff and at least 13 hours from the QMHP	PC
V.D.p5	Persons may be housed in the step-down cell for more than 25 hours as long as every 25 hours the person is seen by QMHP and after consulting with the psychiatrist, agrees to continue the placement.	PC
V.D.p6	If a person has been housed in the step-down cell for 120 consecutive hours in a combination of safety and step-down cell cannot be returned to a setting in the jail that is less restrictive than the step down cell. He or she shall be immediately transferred to an inpatient mental health facility or to a hospital emergency room for assessment and care.	SC
V.D.p7	The parties agree as part of the first monitoring report the Monitor shall evaluate the policy set forth in the preceding paragraph. The parties shall then meet and confer regarding the recommendation.	N/A
VI.	Due Process in Discipline for Incarcerated Persons with Mental Illness	
VI.p1	If the jail Supervisor believes that an incarcerated person’s mental illness was a significant factor in the causing a rule violation, the incarcerated person shall be referred to mental health evaluation and possible treatment.	SC
VI.p2	Should the jail supervisor charge a person determined to have a mental illness which caused or contributed to the violation the jail supervisor must consult with a QMHP prior to imposing any sanctions to determine if the sanction will exacerbate an incarcerated person mental illness or expose him to increase risk danger, an alternate sanction shall be imposed, if at all unless safety security reason dictate otherwise	SC
VII.	Administrative Segregation and Segregated Housing	
VII.p1	Administrative Segregation is a housing classification decision. Every assignment of a person to Ad-Seg shall be based on written report providing an explanation of the facts and circumstances requirement	SC
VII.p2	Custody staff shall conduct appropriate health and welfare checks on all incarcerated people placed in Segregated Housing sufficient to ensure safety and security and minimize the risk of suicide.	SC

VII.p3	Incarcerated persons moved from the general population to Segregated Housing who either have not yet received their 14-day Initial Health Assessment or have received their 14-day Initial Health Assessment and are on the mental health case load will be screened for suicide risk by a Qualified Mental Health Professional as soon as possible but no later than forty-eight (48) hours after placement.	SC
VII.p4	A Qualified Mental Health Professional shall conduct rounds for those in Segregated Housing four (4) times per week.	SC
VII.p5	Defendants shall not house incarcerated persons with serious mental illness in Administrative Segregation (A-Pod, S-tank) or the medical cells unless those incarcerated persons demonstrate a current threat to Jail security, safety of incarcerated persons, or officer safety, as documented by custody staff, that prevents them from being safely housed in less restrictive locations. Incarcerated persons shall not be housed in Administrative Segregation solely because they have a mental illness.	SC
VII.A	Out-Of-Cell Time and Other Recreation and Treatment for Incarcerated People in Segregated Housing	
VII.A.p1	Defendants shall maximize out-of-cell time for incarcerated people in Segregated Housing.	SC
VII.A.p2	To the maximum extent possible, Defendants shall offer each incarcerated person in Segregated Housing the opportunity for out-of-cell time with as many other incarcerated persons as possible, so long as concerns over safety and security do not prevent the incarcerated person from being placed in the same space as other incarcerated persons.	SC
VII.A.p3	All incarcerated people in Segregated Housing shall be offered a minimum of at least fifteen (15) combined hours of indoor and outdoor out-of-cell time per week.	SC
VII.A.p4	Defendants shall continue to provide radios to incarcerated persons in Segregated Housing.	SC
VII.A.p5	As of the date of the parties entered this SACD, the Jail has made available a number of electronic tablets for use by incarcerated persons in Segregated Housing and other areas of the Jail. Defendants shall continue to permit incarcerated persons in Segregated Housing to use the tablets.	SC
VII.A.p6	As of the date the parties entered this SACD, persons in Segregated Housing have generally only been able to use the tablets when they are outside of their cells.	SC
VII.A.p7	Defendants shall make reasonable efforts to provide incarcerated persons in Segregated Housing with opportunities for in-cell access to the tablets, considering the number of available tablets and the number of incarcerated persons in Segregated Housing who are eligible for tablet use.	SC
VII.A.p8	Defendants may deny persons the right to use tablets for safety, security or disciplinary reasons. Defendants shall not be required to provide tablets to persons in Segregated Housing in accordance with the preceding two paragraphs if the cost of providing tablets unreasonably increases or the service of providing tablets becomes unavailable for all in the jail.	SC
VII.A.p9	Incarcerated persons in Administrative Segregation shall have access to a telephone, television, and bicycle exercise machine. Board games, cards, and other recreation equipment shall be maintained and available to administratively segregated incarcerated persons upon request.	SC
VII.A.p10	Defendants shall strive to limit the placement of incarcerated persons in Segregated Housing for prolonged periods of time.	PC
VII.A.p11	Defendants have broken ground on construction of a new building at the Jail using state funding pursuant to SB 863.	SC

PROVISIONS

III. STAFFING

III.A. Health Personnel

A Physician, NP, PA, and/or RN must be physically present at the Jail twenty-four (24) hours per day, seven (7) days per week.

Compliance Rating:

Substantial Compliance

Expert Review:

Staffing continues to be challenging at the jail. At the time of the monitoring visit and tour, Wellpath leadership stated they have very few nursing and mental health staff vacancies. The review of the documents regarding staffing levels indicates that the majority of the shifts are being staffed per the SACD. Additional information was requested and provided to support compliance with the measure. There is an RN scheduled 24/7 as required.

Recommendations:

I would like an assignment sheet (days, shifts, hours) to support the number of hours being worked by staff. I would like to know the reason why there are extra RN hours worked in all 3 months. Are the extra RN hours being worked for training, CEU or does the current patient workload require more RN hours of work?

III.B. Psychiatrist

The Jail shall employ a psychiatrist or psychiatrists to provide mental health services at the Jail. Psychiatry services will be available three (3) days per week, eight (8) hours per day.

- a) The three (3) days of psychiatry services shall not be provided on three (3) consecutive days (e.g., Monday, Tuesday, Wednesday).
- b) The Jail may use a telepsychiatry program or an on-site psychiatrist to provide these services, provided Defendants' use of telepsychiatry is consistent with this SACD and the telepsychiatry protocol entitled Wellpath Yuba County California Policies & Procedures 80874 and dated July 15, 2020.

Compliance Rating:

Substantial Compliance

Expert Review:

The documents indicate that Wellpath is complying with this section of the SACD. The documented hours show that the contracted hours were met and over by an average of 7.5 hours per month.

Recommendations:

Provide a schedule that shows the days and hours the providers is scheduled to see patients at Yuba jail.

III.C. Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, Licensed Professional Clinical Counselor, Associate Marriage and Family Therapist, Associate Social Worker, and/or Associate Professional Clinical Counselor

III.C.p1

The Jail shall employ:

- a) Licensed Clinical Social Workers (“LCSWs”),
- b) Licensed Marriage and Family Therapists (“LMFTs”),
- c) Licensed Professional Clinical Counselors (“LPCCs”),
- d) Associate Marriage and Family Therapists (“AMFTs”),
- e) Associate Clinical Social Workers (“ACSWs”), and/or
- f) Associate Professional Clinical Counselors (“APCCs”).

The Jail shall employ LCSWs, LMFTs, LPCCs, AMFTs, ASWs, and/or APCCs for a total of eighty (80) hours per week and at least eight (8) hours per day.

At least forty (40) of the eighty (80) hours per week shall be provided by LCSWs, LMFTs, and LPCCs.

Compliance Rating:

Substantial Compliance

Expert Review:

The document review indicates that Wellpath have staffed most of the shifts set forth in the SACD. Although the contracted hours were met, I was unable to determine if the number of hours scheduled and worked were in accordance with the SACD that requires mental health staff to work 80 hours per week/8 hours per day. Also, of the 80 required 40 of those hours shall be worked by a LCSW or LMFT. This information was not provided to the Monitor in the first set of documents. The second set of requested documents did provide sufficient information to show compliance with this measure.

Recommendations:

I would like to see the monthly schedule that clearly shows hours of work and location in the jail. It was unclear from the initial documents reviewed that the area in the jail were covered at all times. Also the monthly schedule should clearly show the classification of each person that worked and if the work was conducted on or off site.

III.C. Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, Licensed Professional Clinical Counselor, Associate Marriage and Family Therapist, Associate Social Worker, and/or Associate Professional Clinical Counselor

III.C.p2

Individuals in these positions must be able to provide mental health screenings for those identified as possibly needing mental health services, conduct psychosocial assessments to include a mental status examination and diagnosis, conduct suicide risk assessments, develop treatment plans, provide psychosocial therapy as clinically indicated with the intent of coordinating care beyond the walls of the Jail and into the community upon release, refer incarcerated persons for psychiatric evaluation to determine if psychotropic medication is needed, conduct mental health evaluations to determine whether an incarcerated person should be placed in or removed from a safety cell or transferred to a psychiatric hospital, and coordinate care with custody and medical staff as necessary.

- a) An AMFT, ASW, or APCC shall not approve the removal of an incarcerated person from a safety or step-down cell unless the AMFT, ASW, or APCC first confers with a psychiatrist, LMFT, LCSW, or LPCC who approves the decision.
- b) A psychiatrist, LMFT, LSW, or LPCC must be available for such conferences at all times during which an AMFT, ASW, or APCC is working in the Jail.
- c) Any conference between an AMFT, ASW, or APCC and a psychiatrist, LMFT, LSW, or LPCC regarding removing someone from a safety or step-down cell shall be documented in the incarcerated person's medical record.

Compliance Rating:

Partial Compliance

Expert Review:

The documents reviewed support that Wellpath has hired staff that can provide mental health screening and assessments in the jail. In reviewing the health records and the mental health staff sick call log the majority of the clinical contacts are suicide risk assessment or follow up per the suicide and step-down policies. There was little documentation that indicates that release and discharge planning and coordination of care between the different mental health staff is occurring.

Recommendations:

Create a process that supports care coordination for the mental health staff to plan care for the patients during their incarceration and release back into the community.

IV. MENTAL HEATH CARE

IV.A. Procedures for New Arrestees

IV.A.p1 Defendants' Intake and Booking Screening Plan shall include standards and timelines to ensure that arriving incarcerated persons are promptly screened for urgent and emergent mental health needs by a PA, NP, or RN in an area that provides for confidentiality.

Translators and interpreters will be used whenever necessary to ensure effective communication.

Compliance Rating:

Substantial Compliance

Expert Review:

Documents reviewed support compliance with this measure. There was no documentation that a translator service was used or required during this rating period.

Recommendations:

None

IV.A. Procedures for New Arrestees

IV.A.p2. As part of the intake process, the PA/NP/RN shall assess whether an arriving incarcerated person must be excluded from the Jail and sent for mental health evaluation and treatment to Rideout Hospital, Sutter-Yuba Behavioral Health Services, or to comparable facilities.

The PA/NP/RN shall also review the Jails' medical records to determine if the person has a history of mental illness and/or substance abuse.

Compliance Rating:

Substantial Compliance

Expert Review:

During my onsite visit the staff confirmed this process is taking place. Also, document review indicates the county is compliant with this measure. Paperwork returned with the patient returning from outside facilities support compliance.

Recommendations:

None

IV.A. Procedures for New Arrestees

IV.A.p3 The PA/NP/RN must also assess whether an arriving incarcerated person is intoxicated and/or suffering from withdrawal or is at high risk for withdrawal from alcohol or other drugs.

- a) Only after the examining PA/NP/RN certifies that the new arrestee is fit for incarceration may the arrestee be incarcerated.
- b) Incarcerated persons who display signs of non-acute alcohol or drug intoxication or withdrawal will be accepted into the Jail and will be treated in accordance with Wellpath's policy, entitled HCD-110_F-04 Medically Supervised Withdrawal and Treatment, Policy #77029, and dated February 17, 2021.

Compliance Rating:

Partial Compliance

Expert Review:

Onsite observation and the documents reviewed indicate the county has a process to identify and monitor patients at risk for D/T. In review of the intake screening forms there were a few patients that would have benefited from CIWA/COWS monitoring that according to the forms were not placed on monitoring protocol.

1. J.A #230269403 was screened on 4/29/23 with history of Suboxone using 20 mg TID, resent hospitalization March 2023 for drug rehab. He stated he was in a MAT program with his last dose of Buprenorphine taken 4/28/23. The nurse completing the screening failed to refer the patient to the medical or mental health provider for continuation of treatment or monitoring.
2. S. A #230269178 was screened on 4/12/23, was just transferred from Patton State Hospital. Patient stated history of suicide attempt (5years) yes to having Diabetes, STD and high Cholesterol. History of mental illness with diagnosis of Schizoaffective disorder, Bipolar being treated with Zoloft, Haldol, Ativan and Geodon. This patient was not referred to medical or mental health despite he medical and mental health history.
3. A.A. #230270091 was screened 4/11/23 stated resent hospitalization for medical issues. History of suicide attempt (cutting self) greater than 5 years ago. Patients are currently being treated for NIDDM, Hypertension, Asthma and PTSD. Patient states dental pain, yes to opiate use Fentanyl with history of withdrawal. This patient was not referred appropriately.
4. L.A # 230269285 patient was screened on 4/15/23 was last in Yuba County Jail in 3/15/23. He had had history of mental health; drug use of Fentanyl and opiates use for over a year. History of withdrawal. Denied being in a MAT program. Patient c/o dental pain, vital signs abnormal B/P 161/98, P 79, R 14. Patient was not referred to medical, dental or mental health for follow up.
5. A.A #230269823 patient was screened 4/13/23 had been cleared by the local hospital prior to coming into the facility. Patient had history of a heart condition, not being treated on medication, history of crank use, denied MAT, history of mental illness PTSD and Schizophrenia not taking medications. The screening nurse did not refer the patient to medical or mental health for follow up on his conditions.
6. A.J.B #2300269642 patient was screened 4/8/23 for his of Benzodiazepines, alcohol use and PTSD. Patient was not placed on COWS and was not referred to medical or mental health for follow up.

7. TBI #230269429 patient was screened 4/5/23 vital signs elevated B/P 158/98 P132 R 16. Does not appear that the patients' vital signs were rechecked nor did the nurse notify the provider or make a referral per policy.
8. T.B #230230269063 this patient was screened 4/4/23 vital signs B/P166/101, P 95. Patient stated a history of hypertension, methamphetamine use and dental pain. The nurse did not notify the provider of the elevated blood pressure and pulse and did not make urgent medical referral.

Information that supported the above patients were placed on monitoring was provided after the initial draft report was provided to Wellpath. Access to this information was requested during the document review but was denied.

Recommendations:

Reinforce when nursing should place a patient on alcohol or drug detox monitoring and notify the provider regarding abnormal vital signs.

IV.A. Procedures for New Arrestees

IV.A.p4 Defendants shall continue treating newly-booked incarcerated people with medication-assisted treatment (“MAT”) if medical staff determine MAT is medically necessary for the person (e.g., pregnant women who are taking MAT upon booking).

Defendants shall explore ways to create and fund a program to initiate MAT for incarcerated people and to continue MAT for people booked into the Jail who were receiving MAT in the community but for whom MAT is not medically necessary.

Defendants shall provide an update to Plaintiffs on a quarterly basis regarding its efforts to create and fund this more expansive MAT program. The update shall be included in the quarterly document production.

Compliance Rating:

Partial Compliance

Expert Review:

In the documents provided there were two patients that indicated they were receiving MAT prior to their arrest. In these two cases MAT was not ordered at intake. (JRA #230269403) also [REDACTED] a patient I spoke to that stated he was at San Quentin State prison in the mental health program and was receiving MAT there. He stated he requested MAT in Yuba but was denied. The county does not automatically honor newly booked patient’s medications for patients on MAT. Patients maybe referred to the provider for assessment and consideration for treatment.

There has been no substantial movement towards increasing the MAT program in the jail.

Recommendations:

I would recommend that the jail staff work with other stakeholders in the county and state level to assess how they can support a MAT program in the jail. A MAT program would be beneficial to a large number of patients within the jail.

IV.A. Procedures for New Arrestees

IV.A.p5

If an arrestee is taken to an emergency mental health facility for a mental health evaluation and clearance prior to booking, documented evidence of such evaluation, treatment, and clearance must be returned to the Jail so as to become part of the incarcerated person's medical record.

- a) The incarcerated person shall be seen at the next mental health sick call to determine the future course of treatment, if any.

Compliance Rating:

Substantial Compliance

Expert Review:

The 5150's reviewed did support this process is being followed. Reviewing the QMHP and psychiatrist sick call line it was not clear the patients were schedule per the SACD. The providers logs had to be reviewed multiple times to support compliance with measure.

Recommendations:

When scheduling the follow up clearly document reason.

IV.A. Procedures for New Arrestees

IV.A.p6 The mental health condition of a new arrestee found fit for incarceration by an examining health care professional, but requiring mental health care, shall be considered when making housing decisions.

Compliance Rating:

Substantial Compliance

Expert Review:

Data reviewed in the documents provided indicates this process is being followed, but the patient custody level is still the number one factor. Most of the intake screening forms reviewed the nurse wrote "house per custody". During my onsite visit the custody staff stated they do try and consider the patients' medical and mental health condition when attempting to house those patients. The concern is limited housing and an increase population of arrestees with mental health issues.

Recommendations:

Consider opening a mental health unit that would provide safe housing with peers and the ability for these patients to program together and possibly increase treatment

IV.A. Procedures for New Arrestees

IV.A.p7

Any new arrestee who states that he or she has a mental illness or who the medical booking staff identifies as having a mental illness or knows is receiving care from the Sutter-Yuba Behavioral Health Services, or other similar provider of behavioral healthcare services, must be seen by a Qualified Mental Health Professional within policy timeframes:

- a) emergent referrals are addressed immediately.
- b) urgent referrals are addressed within twenty-four (24) hours.
- c) routine referrals are addressed within seven (7) days).

As part of the intake screening, medical staff shall review the incarcerated person's Jail medical record to determine if records from any prior incarcerations in the Jail reflect issues related

- a) Medical staff shall consider any relevant information gathered from the medical record review when determining if and how quickly a new arrestee shall be seen by Qualified Mental Health Professional.

Compliance Rating:

Substantial Compliance

Expert Review:

Wellpath appears to have policies processes that allows for new arrestee with a documented history to be seen and assessed by a qualified mental health professional per policy. In reviewing the documents, it was difficult to determine if Wellpath is meeting this time frame on a consistent basis.

During the onsite visit it was confirmed this was occurring by the booking nurse. Additionally, the mental health provider was able to provide further explanation of the process. In reviewing safety and sobering cell check at times the clinical staff documented they were seeing patient for a 13 hour, or 3 day follow up, but it was very inconsistent.

Recommendations:

Provide a schedule for when patient are being seen and if they are being seen in the appropriate time frame.

IV.A. Procedures for New Arrestees

IV.A.p8

Any new arrestee accepted into the Jail who the booking medical staff identifies as having any current suicidality shall have a risk assessment completed as soon as possible.

- a) Only Qualified Mental Health Professionals, PAs, NPs, or RNs who have been trained regarding how to conduct a suicide risk assessment shall conduct such assessments. urgent referrals are addressed within twenty-four (24) hours
- b) A suicide risk assessment shall be conducted by a Qualified Mental Health Professional if one is on-site at the jail.
- c) A suicide risk assessment may be conducted by a PA, NP, or RN if no Qualified Mental Health Professional is on-site at the Jail or there is no Qualified Mental Health Professional available to timely complete the assessment due to servicing the urgent needs of other incarcerated persons.
- d) If the PA, NP or RN conducts the risk assessment, within two (2) hours after administering a suicide risk assessment, the staff member who conducted the assessment must consult with a Qualified Mental Health Professional (either on-site or by phone) to determine an appropriate plan of treatment and the appropriate level, if any, of suicide precaution. If the person is placed on suicide watch, safety cell protocol will be followed.
- e) If the suicide risk assessment establishes that the incarcerated person is at risk of suicide, the incarcerated person will, at minimum, be placed on the next psychiatrist sick call.
- f) The Qualified Mental Health Professional who conducts the suicide risk assessment or with whom the PA, NP, or RN who conducted the assessment consults, can, if necessary, consult with an on-site (if available) or on-call psychiatrist at any time, refer the incarcerated person to be seen by a psychiatrist before the next psychiatrist sick call, or cause the incarcerated person to be transferred to a hospital for evaluation.

Compliance Rating:

Substantial Compliance

Expert Review:

The documents reviewed indicated that patients that presents in booking with suicidal thoughts are being seen by a nurse or qualified mental health professional within the required time frames. The documents reviewed indicated a large number of these assessments are being performed by RNs and the RNs are notifying the QMHP per policy. It was difficult to determine when the QMHP checked the patients but the notes were clearer when the psychiatrist was conducting their line and the reasons why the patient was being seen and in most cases in the appropriate time frame.

Recommendations:

None

IV.B. Access to Mental Health Care

To address the provision of care for incarcerated persons with mental health needs and to ensure they receive timely treatment appropriate to the acuity of their conditions, Defendants are to provide the following:

IV.B.1. Initial Mental Health Assessment

IV.B.1.p1

As part of the initial health assessment required by Title 15 that must be conducted within fourteen (14) days of booking, the Jail shall conduct a mental health assessment of all newly-incarcerated persons, unless an earlier assessment has been conducted by a Qualified Mental Health Professional pursuant to Section IV.A.

- a) If, during the 14-day mental health assessment, the incarcerated person states that he or she has a mental illness or is taking psychiatric medications, or if the medical booking staff otherwise identifies the person as having a mental illness or knows the person is receiving care from the Sutter-Yuba Behavioral Health Services or other similar provider of behavioral healthcare services, then the Jail will see the person at the next mental health sick call.
- b) As part of the initial health assessment, medical staff shall conduct a full review of the incarcerated person's Jail mental health records to determine if records from any prior incarcerations in the Jail reflect issues related to mental health.
- c) Medical staff shall consider any relevant information gathered from the medical record review when determining if and how quickly a new arrestee shall be referred for mental health services.

Compliance Rating:

Substantial Compliance

Expert Review:

Documents reviewed and confirmation from the intake RN confirmed the staff are reviewing the patients' health records to determine how quickly a patient should be seen. Documents and confirmation from the QMHP indicate the patients are being seen for the initial and 14-day health assessment as set forth in the SACD and Title 15.

Recommendations:

Assessment all should be performed in a confidential manner.

IV.B.1 Initial Mental Health Assessment

IV.B.1.p2 A medical file must be opened for each incarcerated person at the time of assessment.

- a) Incarcerated persons must be advised at the commencement of the mental health assessment that they have a right to such an assessment but that they also have a right to refuse all or any portion of the assessment.
- b) The health assessment must also include an oral explanation of the health services available.
- c) Provision shall be made to communicate this information to non-English speaking incarcerated persons and to incarcerated persons with disabilities.
- d) The incarcerated person shall also be informed that detailed mental health education information is available in pamphlet form.

Compliance Rating:

Substantial Compliance

Expert Review:

Documents reviewed indicate substantial compliance with this provision. This was witnessed during the onsite tour and confirmed during the interview with the booking RN.

Recommendations:

None

IV.B.2 Continuity of Mental Health Care

IV.B.2.p1 Defendants shall maintain a system of mental health care to provide services that resemble what is provided in the community, including developing treatment plans and providing therapy in confidential settings as clinically indicated, with appropriate language interpretation services, with the intent of coordinating care beyond the walls of the Jail and into the community upon release.

Compliance Rating:

Partial-Compliance

Expert Review:

The county does not provide the level of care that is available in the community. Although some 1:1 therapy is provided in a confidential setting in booking, review of patient's health indicates some are occurring cell front. During my onsite visit I was informed that none of the patients were being offered groups or programs due to COVID. However according to staff even pre-COVID mental health groups and other mental health services, like substance use counseling, anger management or MAT did not occur do to limit space.

Recommendations:

I would recommend the county explore ways to improve access to more mental health services, like care coordination of patient's health care with their community providers. This would benefit the patients during their incarnation and would provide discharge planning and a warm hand off upon release.

IV.B.3. Treatment for Chronic Mental Health Conditions

IV.B.3.p1 Defendants shall maintain systems for managing patient's with chronic mental health conditions through screening, identifying, monitoring, and providing treatment to these patient's while detained at the Jail. Any patient whose chronic mental health condition cannot be managed at the Jail will be transferred offsite for appropriate treatment and care.

Compliance Rating:

Partial Compliance

Expert Review:

Although the county keeps a list of patients with chronic mental health conditions waiting transfer to State Hospital through screening at booking and reviewing the mental health history in the health records. These patients with chronic mental illness appear to receive very little treatment. According to the documents reviewed and interviews with patients and staff, the treatment is limited to medication and monthly visit with a mental health provider. The patients are housed throughout the facility which limits their ability to programs with their peers in groups and other activities.

Recommendations:

The county should explore the ability to house patients with chronic mental illness in a housing unit together. This would be a benefit the patient and staff.

IV.B.4. Continuity of Community-Prescribed Mental Health Medications

IV.B.4.p1 Continuation and bridging of all medications begun prior to incarceration is essential to the health and well-being of incarcerated persons. The Jail shall make its best effort to ensure that incarcerated persons will not miss any medications.

Compliance Rating:

Substantial Compliance

Expert Review:

In a review of the health records provided it was clear that the county is making its best efforts to bridge essential medications when those medications can be verified. When the medication is not able to be verified the process takes longer as the patient needs to be scheduled to see a provider to either order the medication or not. In the patients where the medications were confirmed, it was unclear when the first dose is provided due to the process of receiving medication for that specific patient. Patient medications verified intake on 4/7/23 [REDACTED] medication of Depakote, Seroquel, Hydrochloride, risperidone, not clear when patient received first dose of medication. 1/10/23 [REDACTED] outside MD requested jail to order risperidone and Lorazepam, unsure if patient received medication. [REDACTED] was seen by MD 2/23/23 recommended Keppra unclear if patient received the medication. [REDACTED] seen by MD. On 1/21/23 increase Amlodipine to 10 mg daily and hydralazine 25 mg TID, unclear if patient medications were ordered and provide to patients. Patient [REDACTED] #230268021 medications were verified on 1/16/23 7 day bridged order of by Dr. Litzinger I was unable to confirm when/if the patient received the medications.

In the five cases above the Wellpath staff reviewed the Medication Administration Record and confirmed that all five patients received ordered medication in less than 2 days

Recommendations:

None

IV.B.4. Continuity of Community-Prescribed Mental Health Medications

IV.B.4.p2 All incarcerated persons who, at the time of booking, are prescribed mental health medications in the community, and it is verified those medication are currently being taken,

- a) shall be timely continued on those medications, or prescribed comparable appropriate medication, unless a physician, NP, PA, or psychiatrist makes a clinical determination, via a face-to-face assessment (which includes use of tele psychiatrist under appropriate standards and policies),
- b) that the medications are not necessary for treatment,
- c) and documents the clinical justification for discontinuing a community-prescribed medication.
- d) Defendants shall not discontinue community-prescribed psychiatric medications based solely on an incarcerated person's history of substance abuse.

Compliance Rating:

Substantial Compliance

Expert Review:

Most of the mental health patients that are booked into the jail are receiving their community prescribed medication in a timely manner. According to mental health staff there are times when the community prescribed medication is not always ordered by Wellpath staff. While conducting the onsite visit, a patient stated his community prescribed medication was not ordered in the same dose that he received in the community. Staff also confirmed that not all community prescribed medication will be ordered. The patient will be referred to the psychiatrist and the psychiatrist can order the medication or start a different course of medication therapy.

Recommendations:

None

IV.B.4. Continuity of Community-Prescribed Mental Health Medications

- IV.B.4.p3** Any incarcerated person who, at the time of booking, reports to Defendants that he or she is taking medications in the community but his or her medications cannot be verified,
- a) shall be timely assessed by a physician, PA, NP, or psychiatrist
 - b) and timely prescribed medications necessary to treat his or her mental health needs, to ensure continuity of care.
 - c) If there is a question regarding the propriety of a medication, a physician, PA, NP, or psychiatrist must be contacted before the prescription medication is denied.

Compliance Rating:

Substantial Compliance

Expert Review:

I did not see documentation of this occurring. During my second site visit the medication LVN walked through the process of how this occurs.

Recommendations:

None

IV.B.4. Continuity of Community-Prescribed Mental Health Medications

IV.B.4.p4 At the time of booking, if an arrestee reports that he or she needs certain psychiatric medications, that person shall be seen at the next psychiatrist sick call, unless it is determined that the person cannot wait until then, in which case the person shall be sent promptly to an appropriate off-site facility for evaluation and treatment.

Compliance Rating:

Substantial Compliance

Expert Review:

During the tour and after review of the documents provided there were no patients noted that had to be sent off site for medication evaluation and treatment only. According to the psychiatrist she stated she is available for 7 days per week if necessary.

Recommendations:

Wellpath and custody staff to create a log/tracking system to measure the frequency of this occurrence.

IV.B.4. Continuity of Community-Prescribed Mental Health Medications

- IV.B.4.p5** Incarcerated persons who are prescribed psychiatric medication by a physician, PA, NP, or psychiatrist, or who are continued on community-prescribed psychiatric medication,
- a) will be re-evaluated by a psychiatrist every thirty (30) days until the condition is stable,
 - b) then every thirty (30) to ninety (90) days at the clinical discretion of the psychiatrist.
 - c) More frequent evaluations will be scheduled as determined by the incarcerated person's health care provider.

Compliance Rating:

Substantial Compliance

Expert Review:

It appears Wellpath schedules most patients with the physician every thirty (30) days for medication renewal. In reviewing the documents provided, it indicates a patient was referred to the physician after the medication order had expired. (SC#2302685220) medication Remeron expired, was placed on provider line for renewal it was unclear when patient received his medication after renewal.

Recommendations:

None.

IV.B.5. Medical Assistance for Intoxicated Incarcerated Persons and/or Incarcerated Persons in Withdrawal

IV.B.5.1 If there is reasonable cause to believe that a person is experiencing or will soon be experiencing symptoms of withdrawal from a controlled substance or alcohol, the incarcerated person must be timely assessed and, if indicated, treated by a Qualified Medical Professional at the Jail or transported immediately to an appropriate hospital facility, such as Rideout Memorial Hospital.

Compliance Rating:

Substantial Compliance

Expert Review:

A review of the documents provided indicates patients who are at risk for experiencing withdrawal symptoms are placed on monitoring. I was unable to assess if any of these patients needed to be transferred out to Rideout Memorial Hospital during the rating period. In reviewing the intake screening forms I did come across three patients where detox monitoring was indicated and not ordered. The following patients are as follows: (TWB 3230268661) (PAB #230267981) and (OPB#230268574) these are the same patients mentioned in an earlier area of this report.

Although the nurse did not document on the screening from that detox monitoring was ordered, during the second site visit I was provided information to support these patients were appropriately placed on monitoring as a function of the health records will generate a CIWA. If a patient response yes to an history of frequent alcohol or drugs use the health record will produce a task list for the RN to conduct monitoring of the patient regardless of if the box was checked or not.

Recommendations:

Reinforce with nursing staff on the fully completing all fields in the screening form

IV.B.5. Medical Assistance for Intoxicated Incarcerated Persons and/or Incarcerated Persons in Withdrawal

IV.B.5.2 Detoxification from alcohol, opiates, hypnotics, other stimulants, and sedative hypnotic drugs, when performed in this facility, will be done under medical supervision in accordance with the Third-party Medical Provider's policies and protocols. MAT for withdrawal will be considered.

Compliance Rating:

Substantial Compliance

Expert Review:

Patients are being monitored for detox and withdrawal. There was little data that indicated that patients are receiving and being started on MAT. If a patient is pregnant and is on confirmed treatment with MAT the facility will continue the treatment. According to staff if a patient state they are receiving MAT but the facility is unable to confirm such treatment the person can be placed on a providers line for assessment and consideration on a cases by case basis.

Recommendations:

Consider starting a robust MAT program and maintain a list of all patients receiving MAT treatment.

IV.B.5. Medical Assistance for Intoxicated Incarcerated Persons and/or Incarcerated Persons in Withdrawal

IV.B.5.3 Custody staff shall conduct health and safety checks for those incarcerated persons placed in a sobering cell.

- a) Health and safety checks shall occur every 30 minutes at irregular and unpredictable intervals or more frequently if medical or mental health staff believe more frequent checks are necessary to protect the health and safety of an incarcerated person.

Compliance Rating:

Substantial Compliance

Expert Review:

The documents produced and reviewed support the facility is consistent with monitoring patients in the sobering cell. The facility has installed a timer that rings as a reminder to the custody staff to conduct the checks. Staff appears to be consistent with the checks per policies. In the logs I reviewed the intervals for custody, medical and mental health staff to monitor these patients were consistent per policy.

Recommendations:

None

IV.B.5. Medical Assistance for Intoxicated Incarcerated Persons and/or Incarcerated Persons in Withdrawal

IV.B.5.p4 A Qualified Medical Professional shall evaluate incarcerated persons in sobering cells upon admission and then every six (6) hours thereafter or sooner if requested by custody staff.

- a) Defendants shall keep complete, accurate, and contemporaneous logs of each health and safety check and shall review such logs for compliance.
- b) Sufficient custody staffing must also be maintained to allow medical staff to enter the sobering cells to make vital checks.

Compliance Rating:

Partial Compliance

Expert Review:

The logs reviewed indicated that the 30-minute evaluations are consistently being documented per the SACD. However, it was not clearly documented that medical staff are consistently performing the required evaluations at the times directed in the SACD. Checks by medical and mental health staff were within the required 6-hour time frame. Although the check was completed I did not see any documentation that vital signs had been taken. The following patients are a few of the logs reviewed where the check by the correctional staff completed per policy but the nursing documentation lacked vital signs and assessment of medical status.

- 1. [REDACTED]
- 2. [REDACTED]
- 3. [REDACTED]
- 4. [REDACTED]

Recommendations:

Vital signs and health care evaluation should be clearly documented as performed or document if the staff was unable to take the vital signs and the reason why.

IV.B.5. Medical Assistance for Intoxicated Incarcerated Persons and/or Incarcerated Persons in Withdrawal

IV.B.5.p5 Incarcerated persons experiencing severe, life-threatening intoxication (an overdose) or withdrawal which cannot be addressed in the Jail by available medical staff, shall be transferred under appropriate security conditions to a hospital or other facility where specialized care is available.

Compliance Rating:

Substantial compliance

Expert Review:

There were no reports of patients being sent to Acute Care hospital for withdrawals that could not be managed in the jail.

Recommendations:

Maintain and provide a list of all patients sent to Acute Care hospital for life threatening intoxications or overdose which should also include when Narcan was used.

IV.B.6. Mental Health Services

IV.B.6.1 The Jail will ensure that incarcerated persons are provided timely access to inpatient, and outpatient mental health care as needed. Mental health services at the Jail shall include, at a minimum,

- a) mental health screenings and evaluations, suicide risk assessments, diagnosis, and treatment – including psychosocial therapy, and psychotropic medications as needed, and referral services.
- b) While incarcerated persons are entitled to assessment and treatment, they must be informed that they are also entitled to refuse such treatment. Incarcerated persons requiring services beyond the on-site capability of the Jail shall be referred to appropriate off-site providers.

Compliance Rating:

Partial Compliance

Expert Review:

The jail is substantially complying with mental health screening, providing psychotropic medication and performing suicide risk assessments. However, the county does not provide the patients with psychosocial therapy and timely access to in-patient psych hospital. The county has not provided the in-patient services for patients requiring a higher level of care. This is no fault of the staff at Wellpath or the Sherriff Department. Yuba County and Statewide has a lack of in-patient's beds for the serious mentally ill patients needing that level of care. During my site visit it was clear that the leadership in the jail have tried to advocate for more in-patient beds at the local and state level with little success. At the time of my visit over 10 patients were on the wait list for a bed at the State Hospital. According to the psychiatrist these patients are seen by her monthly until they are transferred to the State Hospital or released from custody. During my visit I was able to speak to the following patients regarding their stay in jail and treatment.

1. [REDACTED] history of chronic mental illness, stated he was taking medications and seeing the medical health provider. Denied any medical or acute mental health issues, stated he was being treated "ok" in the jail.
2. [REDACTED] - Stated there needs to be more doctors in jail. C/o turning in sick slip with no response for week. Stated he had returned from SQ prison in January 2023 where he was diagnosed with a brain tumor which is being monitored by medical staff. He stated was taking medication of Seroquel, Depakote, and Tylenol. Complained of no programs stated in prison he was EOP level of care and was involved in groups, rec therapy and church but is unable to get the same services in Yuba.
3. [REDACTED] – stated was in jail 14 months, on medications being seen by mental health weekly and the psychiatrist monthly. When asked was he having any issues and concerns he stated "no" I'm ok.
4. [REDACTED] the only female patient I spoke with. She stated she had dental issues, wanted/needed teeth pulled and Zyrtec for allergies . States she received Haldol injections and was feeling good. She stated she was looking forward to leaving and moving to a house in Yuba.

Recommendations:

Continue to work with your local community and statewide providers to increase access to the number of beds needed to support your facility. Also consider a jail based enhanced mental health program/unit for the patient's waiting acceptance to a State Hospital bed.

IV.B.6. Mental Health Services

IV.B.6.2 Any incarcerated person who, either during the booking process or at any time during their incarceration in the Jail, is identified as having any current suicidality shall have a suicide risk assessment completed within four (4) hours of the identification of current suicidality.

- a) Only Qualified Mental Health Professionals, PAs, NPs, or RNs who have been trained regarding how to conduct a suicide risk assessment shall conduct such assessments.
- b) A suicide risk assessment shall be conducted by a Qualified Mental Health Professional if one is on-site at the Jail.
- c) A suicide risk assessment may be conducted by a PA, NP, or RN if no Qualified Mental Health Professional is on-site at the Jail or there is no Qualified Mental Health Professional available to timely complete the assessment due to servicing the urgent needs of other incarcerated persons.
- d) If the PA, NP, or RN conducts the risk assessment, within two (2) hours after administering the risk assessment the staff member who conducted the assessment must consult with a Qualified Mental Health Professional (either on-site or by phone) to determine an appropriate plan of treatment and the appropriate level, if any, of suicide precaution.
- e) If the person is placed on suicide watch, safety cell protocol will be followed. If the suicide risk assessment establishes that the incarcerated person is at risk of suicide, the incarcerated person will, at a minimum, be placed on the next psychiatrist sick call.
- f) The Qualified Mental Health Professional who conducts the suicide risk assessment or with whom the PA, NP, or RN who conducted the assessment consults, can, if necessary, consult with an on-site (if available) or on-call psychiatrist at any time, refer the incarcerated person to be seen by a psychiatrist before the next psychiatrist sick call, or cause the incarcerated person to be transferred to a hospital for evaluation.

Compliance Rating:

Substantial Compliance

Expert Review:

The county consistently conducts a suicide risk assessment within the required timeframe. It was difficult to determine if the medical provider that conducted the assessment consulted with a psychiatrist or QMHP within the required 2-hour time frames. I was provided a list of RNs that have been trained in suicide risk assessment. In comparing the list of trained nurses to the suicide risk assessment done I only found one that did not match.

Recommendations:

Create a process to ensure all your RNs are trained to perform the Suicide Risk Assessment.

IV.B.6. Mental Health Services

IV.B.6.3 Qualified Mental Health Professionals shall evaluate whether an incarcerated person's mental illness or risk of suicide requires that he or she be sent to Sutter-Yuba Behavioral Health Services or an inpatient setting for evaluation and treatment, up to and including psychiatric hospitalization where warranted, and shall issue all suicide precaution orders including placement in or removal from housing for incarcerated persons at risk of suicide, and confidential follow-up assessments at clinically appropriate intervals.

Compliance Rating:

Substantial Compliance

Expert Review:

The mental health providers consistently evaluates when and if a person with mental illness or risk for suicide requires a higher level of care at Sutter-Yuba Behavioral Health Service. When speaking to the QMHP during my onsite visit she informed me that was a part of the assessment if the person can be safely monitored in the jail or did the patient's condition warrant transferring out to an outside facility. According to her if the patient needed that level of care they would consult with custody and the psychiatrist. During this monitoring visit there were two cases where this occurred. The cases were patient [REDACTED] on 3/16/23) stated hearing voices to kill self. The other case was (KBM on 2/9/2023 tied sheet around her neck attempted to hang self). Most of the 5150 I reviewed were due to the patients meeting their time limit in the step -down or safety cell. There was one patient referred due to attempting to hang self.

Recommendations:

The mental health staff should consistently perform this assessment in a confidential space.

IV.B.6. Mental Health Services

IV.B.6.4 On a weekly basis a Qualified Mental Health Professional shall consult with Correctional Officers to exchange information with respect to the mental health of the incarcerated persons. The Qualified Mental Health Professional must respect the confidential nature of communications to him or her, but has an obligation to take steps to assure the safety of an incarcerated person who indicates that he or she may attempt to commit suicide or harm another.

Compliance Rating:

Substantial Compliance

Experts Review:

During the second visit I was informed this meeting occurs weekly. According to the facility Captain conversation between nursing, mental health and his staff is occurring daily regarding medical and mental health patients. In an effort to better show compliance with this the facility will produce a brief one page documents to show attendance in the weekly meeting and the list of patients discussed

Recommendation:

Although it is extra work I appreciate the willingness of the Captain to take this extra steps

IV.B.6. Mental Health Services

IV.B.6.5 Whenever possible, custody staff shall provide medical staff with advanced notice of an incarcerated person's release from the Jail.

- a) If medical staff receive sufficient notice of an incarcerated person's release, medical staff shall provide medical discharge planning to the person, including providing written instructions for continuity of essential care,
- b) the name and contact information for community providers for follow-up appointments,
- c) and a 28-day prescription for any chronic care or psychotropic medications the person was receiving at the time of release.
- d) Defendants shall call the 28-day prescription into a local pharmacy and pay for seven (7) days of the medication(s).

Compliance Rating:

Partial Compliance

Expert Review:

I was not able to confirm that this process is occurring. During my interview with the staff, they did not indicate that this process is occurring. According to custody staff many of the patients may be released directly from court, or bail is posted that doesn't allow time to inform health care of the release. It was further reported when time permits the custody will notify health care staff of releases. During my review of health records, I did not see documented discharge and release planning, nor did I see documentation that 28 days of prescription medications were called into the local pharmacy.

Recommendations:

Wellpath and the Sherriff Department to create a process that clearly documents that discharge planning is occurring per the SACD.

IV.B.6. Mental Health Services

IV.B.6A. Telepsychiatry

IV.B.6.A.p1 Defendants shall adhere to the telepsychiatry protocol entitled Wellpath Yuba County California Policies & Procedures 80874 and dated July 15, 2020. Defendants shall provide at least 30-days' notice to Plaintiffs' counsel prior to implementing any changes to this protocol. If Plaintiffs object to the changes the parties shall meet and confer before the changes go into effect.

Compliance Rating:

Substantial Compliance

IV.B.6. Mental Health Services

IV.B.6A. Telepsychiatry

IV.B.6A.p2 Telepsychiatry can be used to provide psychiatry services unless it is determined, prior to or during a telepsychiatry visit, that telepsychiatry services are not appropriate for the incarcerated person. In determining whether telepsychiatry is appropriate, the following will be considered:

- a) the incarcerated person's acuity and severity of mental illness, including whether the person's mental illness affects their ability to communicate effectively with the psychiatrist by video;
- b) whether the incarcerated person has any disabilities that would make communicating with the psychiatrist by video difficult;
- c) whether any language barriers would render communication with the psychiatrist by video ineffective;
- d) whether the person has refused to be seen by the telepsychiatrist because the psychiatry services are not being provided in person;
- e) and any other considerations relevant to whether telepsychiatry is appropriate for the incarcerated person.
- f) If the Qualified Mental Health Professional determines that telepsychiatry services are not appropriate for the incarcerated person, the incarcerated person must be seen expeditiously by a psychiatrist in person.

Compliance Rating:

Substantial Compliance

Expert Review:

Speaking with the psychiatrist performing telepsychiatry service for patients housed in the jail, this process is being followed. Also, the MFT mental health provider that is the tele presenter is bilingual and she is able to translate for the provider when and if needed. There was no indication during this rating period that language was an issue.

Recommendations:

None

IV.B.6. Mental Health Services

IV.B.6A. Telepsychiatry

IV.B.6A.p3 If a tele psychiatrist determines during a telepsychiatry visit that telepsychiatry services are not appropriate for the incarcerated person:

- a) the psychiatrist shall note that finding in the medical record.
- b) and Defendants shall then ensure that the incarcerated person is seen expeditiously by a psychiatrist in person.
- c) Reasonable efforts shall be made to ensure continuity of care so that incarcerated persons are seen by same psychiatrist throughout the duration of their incarceration.

Compliance Rating:

Substantial Compliance

Expert Review:

According to the psychiatrist performing telepsychiatry services, it was confirmed that this process is occurring.

Recommendations:

None

IV.B.6. Mental Health Services

IV.B.6A. Telepsychiatry

IV.B.6A.p4 Before a psychiatrist provides telepsychiatry services to incarcerated people in the Jail,

- a) Defendants shall provide the tele psychiatrist with a briefing regarding the mental health and suicide prevention programs at the Jail,
- b) the available options if a person experiences a mental health emergency or otherwise requires care at a level not capable of being provided at the Jail, and any other information necessary to treat people in the Jail.
- c) The briefing shall also include an in-person or virtual tour of the Jail's safety and stepdown cells
- d) and, once completed, the new building constructed with SB 863 funding.

Compliance Rating:

Substantial Compliance

Expert Review:

According to the psychiatrist and the tele-presenter this process is occurring.

Here is a sample of patients seen by the tele-presenter and psychiatrist

1. [REDACTED] #220267659 medication concerns referred 1/19/23 seen 1/23/23 (4 days)
2. [REDACTED] #230269222 pt c/o unable to sleep referred 1/14/23 seen 1/19/23 (5days)
3. [REDACTED] #230268010 intake f/u referred 1/21/23 seen 1/31/23 (10 days)
4. [REDACTED] #230268476 initial MH intake referred 2/25/23 seen 3/2/23 (7 days)
5. [REDACTED] #210264218 med f/u referred 2/1/23 seen 2/20/23 (1 day)
6. [REDACTED] #230268483 initial MH referred 3/5/23 seen 3/6/23 (1 day)
7. [REDACTED] #230268312 pt. requesting sleeping meds referred 2/20/23 seen 3/20/23 (28 days)
8. [REDACTED] #230268686 pt referred 3/11/23 from sick call seen 3/14/23 (3 days)

Recommendations:

None

IV.B.7. Sick Call

IV.B.7.p1 Daily sick call must be provided by an RN/PA/NP to all incarcerated persons requesting mental health attention. All incarcerated persons experiencing mental health issues must be permitted to fill out a sick call request form.

- a) Sick call request forms shall be readily available to incarcerated persons,
- b) and Correctional Officers shall promptly provide these forms to incarcerated persons upon request.
- c) Sick call slips that raise issues relating to mental health shall be triaged within twenty-four (24) hours.
- d) If it is unclear from the language on a sick call slip whether or how quickly a person needs to be evaluated by a Qualified Mental Health Professional, the PA, NP, or RN shall meet with the person and attempt to clarify the person's request for care within twenty-four (24) hours of receipt.

Compliance Rating:

Substantial Compliance

Expert Review:

The facility appears to be consistently compliant with this standard. In the documents provided it appears that the majority of sick call slips are being triaged on the date the RN receives them.

1. █████ sick slip rec'ed 1/11/23 triaged 1/12/23 FTF triaged 1/13/23 appropriate
2. █████ sick slip rec'ed 1/12/23 triaged 1/13/23 FTF triaged 1/14/23 appropriate
3. █████ sick slip rec'ed 2/1/23 triaged 2/2/23 FTF triaged 2/2/23 appropriate

There was one patient interviewed that stated his sick call slips take weeks to be responded to this patient was Mr. █████. He also stated that he has filed grievances regarding the delay.

Recommendations:

None

IV.B.7. Sick Call

IV.B.7.p2 If while triaging a sick call slip or other request relating to mental health care the PA, NP, or RN determines that the incarcerated person should see a Qualified Mental Health Professional, or other mental health specialist, the PA, NP, or RN shall make an appropriate referral.

- a) For emergent requests, a Qualified Mental Health Professional shall see the person immediately or Defendants shall transfer the person to an outside facility for immediate assessment.
- b) For urgent request, a Qualified Mental Health Professional shall see the person within twenty-four (24) hours.
- c) For routine requests, a Qualified Mental Health Professional shall see the person within seven (7) days.
- d) Correctional Officers shall ensure that the incarcerated person is transported to the proper person or facility.

Compliance Rating:

Substantial Compliance

Expert Review:

Health Care staff collects and triage the health care slip daily. If any of the patient's requests are of an urgent nature, nursing staff will notify the on-site mental health staff or call if the mental health staff is off site. This was confirmed in interviews with both nursing and the MFT.

Recommendations:

None

IV.B.7. Sick Call

IV.B.7.3 If a healthcare professional or Qualified Mental Health Professional believes that tests, evaluation, or treatment by a mental health specialist are medically indicated, the healthcare professional or Qualified Mental Health Professional shall fill out a referral slip for the test, evaluation, or treatment.

Compliance Rating:

Substantial Compliance

Expert Review:

This process was confirmed during the interview with nursing and mental health staff.

Recommendations:

None

IV.B.7. Sick Call

IV.B.7.p4 Defendants shall develop and implement a process to track and assess the timeliness of providing sick call services for mental health-related requests.

Defendants shall review and assess that information on a quarterly basis, at a minimum.

Defendants shall produce documentation of these quarterly assessments of mental health sick call timeliness as part of the quarterly production of documents to Class Counsel and the appointed Monitor.

The mental health staff shall, on a monthly basis,

- a) meet to discuss the provision of mental health care services in the Jail,
- b) including addressing the timeliness of sick calls and prescription renewals,
- c) identification of causes of systematic delays
- d) or other impediments to providing timely access to mental health care, and develop protocols and practices to address such issues.
- e) If the cause of any ongoing delays or issues that last for three (3) months or more is related to insufficient mental health staffing, the Jail shall take all reasonable steps to revise their mental health staffing plan and obtain funding to retain any additional positions deemed to be necessary.

Compliance Rating:

Partial Compliance

Expert Review:

The facility states they have a process to track and assess timeliness of providing sick call service to for patients in the jail to include patients with mental illness. I was not provided with any documents to support the requirement of mental health staff conduct monthly meeting to discuss provisions of care in the jail.

Recommendations:

I would recommend Wellpath conduct a CQI study to assess the timeliness of providing sick call to the mental health population and provide minutes to the monthly meeting if they are occurring

IV.B.8. Emergency Care and Hospitalization

IV.B.8.p1 Emergency psychiatric care must be available twenty-four (24) hours per day, seven (7) days a week. In an emergency mental health situation, or at the request of health care personnel, an incarcerated person must be transported to the appropriate hospital for treatment and evaluation. Security requirements and concerns cannot unreasonably delay the incarcerated person's transportation.

Compliance Rating:

Substantial Compliance

Expert Review:

Emergency services are available twenty-four (24) hours per day for any mental health situation. Although the service is available it is unclear how frequently they are used

Recommendations:

Create a process or tracking log to track when patients are sent out due to psychiatric emergencies

IV.B.8. Emergency Care and Hospitalization

IV.B.8.p2 For individuals who are in acute psychiatric distress and in need of urgent inpatient psychiatric care that cannot be provided at the Jail, whether or not awaiting transfer to a state hospital pursuant to court order, the Jail shall comply with the following plan:

1. The incarcerated person will be taken to Rideout Hospital, where Sutter Yuba Behavioral Health (SYBH) has staff on site, or similar facility.
2. The purpose of taking the incarcerated person to Rideout or similar facility is to determine whether the incarcerated person requires care that cannot be provided at the Jail.
 - (a) If a determination is made in writing that the person does not require psychiatric care that cannot be provided at the Jail, that person will be returned to the Jail with instructions for further evaluation and care, if any.
 - (b) If a determination is made that the person does require psychiatric care that cannot be provided at the Jail, the expectation is that SYBH, or similar facility will care for that individual (either at Rideout or its psychiatric care facility) or locate bed space at another facility.
3. Jail staff shall, as needed, cooperate with Sutter-Yuba Behavioral Health to locate appropriate bed space at another facility.

Compliance Rating:

Substantial Compliance

Expert Review:

There is a process and a MOU with Rideout in place to have patients from the jail seen in the event of an emergency.

Recommendations:

Create and maintain a log of patient's that are transferred out.

IV.B.8. Emergency Care and Hospitalization

IV.B.8.p3 The Jail shall not, for security reasons, unreasonably deny or delay in providing transportation for emergency psychiatric hospitalization which is medically indicated.

The Jail shall provide incarcerated persons with adequate care when they are awaiting transfer to and have returned from such facilities.

All incarcerated person returning from emergency psychiatric treatment at an outside facility will be

(a) screened at intake for continuity of care (which will include, if necessary, consultation with a physician or psychiatrist for continuity of prescribed medications) and to ensure that the Jail has all relevant records, labs, and orders from the incarcerated person's treatment at an outside facility;

(b) seen at the next sick call by a Qualified Mental Health Professional for incarcerated person returning from mental health treatment; and (c) seen at the next available sick call conducted by a psychiatrist.

Compliance Rating:

Substantial Compliance

Expert Review:

There was no evidence that there was any delay from the Sherriff Department when patients required to be transported to an outside facility. Also documents reviewed support patients returning from the outside facility are being screened at intake. There was no documentation that the screening RN consulted or needed to consult with the physician for the patients returning.

Recommendation:

None

IV.B.9. Recordkeeping

IV.B.9.p1 Qualified Medical and Mental Health Professionals must maintain complete, current, and accurate records regarding an incarcerated person's mental health care treatment and prescription drug use.

- a) An individual record (hereinafter referred to as the "Jail medical record") must be kept for each incarcerated person,
- b) and a copy of this record must be kept in a separate file in the Jail or in an electronic database.
- c) These records must be standardized so as to facilitate communication among staff.
- d) Provision in the records must be made to allow entry of the following information: history, complaints, treatment plan, and progress notes.
- e) All entries must be dated and the time noted.
- f) In addition, Qualified Medical and Mental Health Professionals must record the fact that a drug or other prescribed treatment was administered, at what time, in what dosage, and by whom on the form available for that purpose.

Compliance Rating:

Substantial Compliance

Expert Review:

This information is maintained in the patient's health records.

Recommendations:

None

IV.B.9. Recordkeeping

IV.B.9.p2 All clinical contacts, diagnoses, and treatments by Qualified Medical and Mental Health Professionals must be entered in the Jail record.

- a) All Qualified Medical and Mental Health Professionals shall be trained to recognize the common side effects associated with use of psychotropic medications.
- b) If a nurse observes that an incarcerated person is experiencing any of these side effects, they will document their observations in the medical record and schedule the patient to see a medical provider at the next available sick call.

Compliance Rating:

Substantial Compliance

Expert Review:

This information is maintained in the patient's health record.

Recommendations:

None

IV.B.9. Recordkeeping

IV.B.9.p3 If a prescribed substance is refused or withheld for 3 consecutive day the prescribing medical provider shall be notified after three consecutive refusals.

Compliance Rating:

Substantial Compliance

Expert Review:

In reviewing the health records provided I did not see any patients that had refused medications or medications held for 3 consecutive days. According to nursing staff if this occurred, they would notify the QMHP who works directly with the psychiatrist and complete a referral for medication refusal

Recommendation:

None

IV.B.9. Recordkeeping

IV.B.9.p4

Following the medication administrations, the nursing staff shall also notify the physician promptly of the following:

- (a) Any adverse reaction or response by a patient to a medication; and/or
- (b) Any error in the administration of a medication to a patient.

Compliance Rating:

Substantial Compliance

Expert Review:

During my review of health records, I did not see any patient's health record that had documentation of a medication error or a patient experiencing adverse side effects from their medication. According to the LVN they would inform the doctor if the patient informed them, they were having negative side effects from their medication.

Recommendation:

None

IV.C. Mental Health Training for Correctional Officers

IV.C.p1 Defendants shall ensure that all Correctional Officers receive annual training regarding the provisions of this SACD and the requirements of Title 15 related to mental health and suicide prevention.

Compliance Rating:

Substantial Compliance

Expert Review:

After requesting proof of training, the facility did provide documentation that supports the Correctional staff received the required training.

Recommendations:

Provide a roster of all custody staff and the dates that they received the required training.

IV.D Suicide Prevention

IV.D.p1 Qualified Mental Health Professionals shall be available on-site seven (7) days per week and on-call as necessary to evaluate whether an incarcerated person's risk of suicide requires that he or she be sent out of the Jail for evaluation and treatment, up to and including psychiatric hospitalization where warranted, and shall issue all suicide precaution orders, including placement in or removal from housing for incarcerated person at risk of suicide, and confidential follow-up assessments at clinically appropriate intervals.

Compliance Rating:

Substantial Compliance

Expert Review:

Documents reviewed support that the majority of the shifts are covered per the agreement. Also, Wellpath does provide on-call coverage when QMHP is not on site.

Recommendations:

I would recommend posting a schedule with the area of assignment and whether the person is working onsite or off site. When the schedule changes post/list the name of the person covering and note the assignment and the area of responsibility

IV.D Suicide Prevention

IV.D.p2 Custody and health services staff shall be trained and alerted to the need and continuously monitor incarcerated person behavior for suicide potential during incarceration.

Compliance Rating:

Substantial compliance

Expert Review:

Data was provided that supports compliance with the training requirement.

Recommendations:

Continue to provide the rooster to show compliance with training. Wellpath provides copies of training material for suicide prevention provided to staff.

IV.D Suicide Prevention

IV.D.p3 Custody, mental health staff shall maintain open lines of communication to ensure that all parties are kept apprised of suicide potential; suicide precaution placement, retention, and release status; monitoring findings including general status reporting through time of event and end-of-shift reporting and on call contacts to ensure appropriate continuity of care and follow-up.

Compliance Rating:

Partial Compliance

Expert Review:

During my onsite visit it does appear that the relationship between custody and health care staff is good. According to the facility Captain there are conversations daily during the normal course of running the jail. However, there was no documents or workflow that supports full compliance with this area.

Recommendations:

Create a daily huddle report or on-call log to support this function is occurring

IV.D Suicide Prevention

- IV.D.p4** All custody and health care staff shall receive suicide awareness, preventions, and emergency response training during new employee orientation, and at least annually.
- a) All such training shall be provided by or in collaboration with a Qualified Mental Health Professional, or other person qualified to provide training in an area of suicide risk, having expertise in correctional suicide prevention and the use of a suicide risk assessment form.
 - b) Regularly scheduled training for all custody and health care staff shall include, at a minimum, identification and management of suicidal behavior in a jail setting including high-risk periods of incarceration, suicidal risk profiles, and recognition of verbal and behavioral cues that indicate potential suicide.

The Jail shall undertake a mortality-morbidity review for every incarcerated person who dies from suicide while in custody of Defendants, regardless of whether the incarcerated person dies in the Jail or in a hospital or other facilities after being transferred from the Jail.

Compliance Rating:

Partial Compliance

Expert Review:

According to leadership, this training is completed during orientation. However, I was unable to confirm that all staff employed received training. I have requested this training information for future visits.

No suicide or death occurred this rating period to review the Mortality and Morbidity reports.

Recommendations:

Better documentation to include a list of all custody staff and the dates they received the training in new employee orientation and when they receive it during annual training.

IV.D Suicide Prevention

IV.D.p5 The Jail shall undertake a mortality-morbidity review for every incarcerated person who dies from suicide while in custody of Defendants, regardless of whether the incarcerated person dies in the Jail or in a hospital or other facilities after being transferred from the Jail.

Compliance Rating:

Non-Compliant, there was nothing presented the support there is a M&M review for in custody deaths.

V. ENVIRONMENTAL HEALTH AND SAFETY CONDITIONS

V.A Suicide Hazards

V.A.p1 Defendants shall retained James Sida and Richard Bryce to conduct evaluations of suicide hazards at the jail.

Compliance Rating:

Substantial Compliance

Expert Review:

Received and reviewed reports of the Environmental Health and Safety Conditions.

Recommendations:

None

V.A Suicide Hazards

V.A.p2 For as long as this SACD is in effect, Defendants shall have a qualified consultant conduct a follow up safety assessment of the Jail every two (2) years, at a minimum.

- a) The first evaluation shall be completed by no later than May 31, 2024. The Monitor can conduct the follow-up safety assessment if qualified to do so.

Compliance Rating:

Substantial Compliance

Expert Review:

Received and reviewed reports of the Environmental Health and Safety Conditions.

Recommendations:

None

V.A Suicide Hazards

V.A.p3 If any of the changes to the physical plant at the Jail that Defendants made in response to the reports issued by Mr. Sida or Mr. Bryce is damaged, breaks, or otherwise becomes inoperable or ineffective, Defendants shall immediately replace or repair the element.

Compliance Rating:

Substantial Compliance

Expert Review:

Received and reviewed reports of the Environmental Health and Safety Conditions.

Recommendations:

None

V.B Housing for Incarcerated Persons with Mental Illnesses or Who Are at Risk of Suicide

V.B.p1 An incarcerated person's serious mental illness and suicide risk will be considered when deciding where to house the incarcerated person. Housing decisions for incarcerated persons with serious mental illness shall take into account that availability of sufficient structured and unstructured out-of-cell time and increased observation and supervision commensurate with the incarcerated person's risk of suicide, as well as the risk posed by suicide hazards in various parts of the Jail.

Compliance Rating:

Partial Compliance

Expert Review:

Per custody, the patient's custody levels are the main consideration on where to house a patient. The patient mental health condition is the second consideration. With limited space and housing for all the incarcerated persons in the jail, finding housing for mental health patients is difficult. There is no dedicated housing for the mentally ill patients.

Recommendations:

I recommend custody explore ways to improve and increase housing for the mentally ill patients.

V.B Housing for Incarcerated Persons with Mental Illnesses or Who Are at Risk of Suicide

V.B.p2 Defendants shall maintain suicide watch and suicide precaution procedures to ensure that incarcerated persons who pose a risk of suicide are not placed in punitive, unsanitary, and dangerous conditions.

- a) Where clinically warranted as decided by a medical or mental health care professional, an acutely suicidal incarcerated person shall be placed on suicide watch under constant observation until such time as a Qualified Mental Health Professional determines that the incarcerated person is no longer at risk of self-harm.
- b) Health and safety checks shall also be conducted every 15 minutes in locations where incarcerated persons are housed who pose a high suicide risk,
- c) and every 30 minutes in locations where incarcerated persons are housed who pose a moderate suicide risk.
- d) Whether a person poses a high, moderate, or low risk of suicide shall be determined by a Qualified Mental Health Professional.
- e) If it is determined a suicidal incarcerated person cannot be safely monitored and cared for within the Jail, the incarcerated person shall be transferred to the hospital for inpatient psychiatric care.
- f) All steps taken to expeditiously transfer such incarcerated persons shall be documented.

Compliance Rating:

Substantial Compliance

Expert Review:

The facility does not have adequate housing for patients who are at risk for suicide. The facility does have a process and policies in place to monitor patients at risk, which includes visual safety checks by custody staff. According to the custody staff, a unit is under construction to address part of the housing/treatment space issues.

In reviewing the documentation provided part of the health care assessment is to determine if a patient can be safety monitored and houses in jail. In reviewing the 5150 data it indicated that these assessments are occurring and when warranted these patients are being transferred to Rideout for evaluation and treatment.

Safety cell suicide watch check are conducted every 15 minutes or twice in 30 mins. This is occurring with some occasional lapses in the documentation on the logs.

Recommendations:

Until the construction is completed, the facility staff should continue to try and provide safe housing for the class members. This can include using Rideout in patient's units when appropriate.

V.B Housing for Incarcerated Persons with Mental Illnesses or Who Are at Risk of Suicide

V.B.p3 Defendants shall limit the use of Segregated Housing, including Administrative Segregation and safety cells, for incarcerated persons with serious mental illness or who present a serious suicide risk, and shall have procedures to mitigate the impact of Segregated Housing on persons with mental illness.

- a) Custody staff shall conduct health and safety checks for incarcerated person who are at risk of suicide in a manner that allows staff to personally view the incarcerated person to assure his or her well-being and security.
- b) Health and safety checks shall require visual observation and, if necessary to determine the incarcerated person's well-being, verbal interaction with the incarcerated person.
- c) Custody staff shall conduct the checks at irregular and unpredictable intervals to minimize incarcerated persons' ability to plan around anticipated checks, and shall document their checks in a format that does not have pre-printed times.
- d) Video surveillance may not be used as an alternative to rounds by custody staff.
- e) Defendants shall keep complete, accurate, and contemporaneous logs of each health and safety check and develop measures to ensure review of such logs for compliance.

Compliance Rating:

Partial Compliance

Expert Review:

The facility does attempt to house patients with a serious mental illness in safe housing. The custody staff did confirm that at times patients with SMI have been placed in Administrative Segregation for various reasons. According to the custody staff patients are not placed in such unit because of a mental health illness, but for custody, classification, and disciplinary reasons.

Recommendations:

I would recommend that the custody staff work closer with the mental health staff to gain feedback and input prior to housing a serious mentally ill patient in Ad Seg. The mental health feedback should consider did the patient's mental health illness have a direct impact or contributing cause to the infraction by the patient. If so, the custody staff should either dismiss the charge or forgo applying penalty to include not placing the patient in ad-seg.

In many studies in jails and prison across the county there is data that support that housing units such as ad-seg have a negative impact on patient with mental illness. Sensory deprivation and social isolation can have a negative effect to patients.

V.C Safety Cells

V.C.p1 Defendant shall maintain a Safety Cell Policy. As set forth in that policy, an incarcerated person shall only be placed in a safety cell if the incarcerated person is identified as an imminent threat to himself/herself or others, and then only as a temporary measure until the incarcerated person is able to be transferred to different housing or, where clinically warranted, to a hospital or inpatient facility.

- a) Custody staff must visually observe each incarcerated person who is placed in a
- b) safety cell at least twice every thirty (30) minutes
- c) The observations must be conducted at irregular and unpredictable intervals and must be documented.

Compliance Rating:

Substantial Compliance

Expert Review:

The facility does maintain a safety cell policy that requires a patient to be monitored every 15 mins or twice within 30 minutes. The documents reviewed indicate that the checks are mostly being completed per policy with a few exceptions. When the custody staff was late to conduct the checks per policy, they have provided written memos from the staff with the reasons they failed to document the checks in a timely manner.

Recommendations:

Continue to follow policies and work with staff to be timely when monitoring patients housed in a safety cell.

V.C Safety Cells

V.C.p2 Custody staff must visually observe each incarcerated person who is placed in a safety cell at least twice every thirty (30) minutes. The observations must be conducted at irregular and unpredictable intervals and must be documented.

Compliance Rating:

Substantial Compliance

Expert Review:

The facility does maintain a safety cell policy that requires a patient to be monitored every 15 mins or twice within 30 minutes. The documents reviewed indicate that the checks are mostly being completed per policy with a few exceptions. Where the facility failed to conduct the checks per policy, they have provided written memos from the staff with reasons they failed to document the checks in timely.

Recommendations:

Continue to follow policies and work with staff to increase compliance when monitoring patients housed in a safety cell.

V.C Safety Cells

V.C.p3 An incarcerated person must receive a medical assessment by a physician, PA, NP, or RN within one (1) hour (unless unsafe to do so under the circumstances of placement into a safety cell), to determine whether said placement is appropriate.

- a) The physician, PA, NP, or RN must evaluate whether the incarcerated person can safely be housed in a less restrictive environment than a safety cell and/or requires transfer to an inpatient medical or mental health facility.
- b) If the physician, PA, NP, or RN is unable to conduct a hands-on assessment of the incarcerated person, including a check of vital signs, within six (6) hours of placement in the safety cell, the incarcerated person shall immediately be transferred to a hospital.

Compliance Rating:

Partial Compliance

Expert Review:

Patient's placed in the safety cells are consistently being monitored by health care staff within an hour of placement. According to documents reviewed and interviews with the health care staff, obtaining vital signs are not always completed per policy. There were no documented cases in this rating period that patients needed to be transferred to an outside facility due to health care staff being unable to assess patients.

Recommendations:

None

V.C Safety Cells

V.C.p4 If a Qualified Mental Health Professional is on site at the time an incarcerated person is placed in a safety cell, the Qualified Mental Health Professional shall conduct an evaluation of the person, including a suicide risk assessment, as soon as possible but no later than within four (4) hours of placement.

Compliance Rating:

Substantial Compliance

Expert Review:

The facility does meet this requirement most of the time. The weekend and after hours are the most challenging time to comply with this standard. When that occurs, the RN completes the suicide risk assessment and notifies the QMHP

Recommendations:

Wellpath should assess the staffing levels for weekends and after business hours to ensure they have sufficient staffing to meet the needs of the facility and comply with SACD.

V.C Safety Cells

V.C.p5 If a Qualified Mental Health Professional is unable to conduct an evaluation within four (4) hours of placement of a person in a safety cell—either because:

- a) a Qualified Mental Health Professional is not on site during the four (4) hour period
- b) or is on site but is unable to timely evaluate the person because he or she is addressing the urgent needs of other incarcerated people—then a Physician, PA, NP, or RN shall conduct a suicide risk assessment as soon as possible, but no later than within four (4) hours of safety cell placement.

Only Physicians, PAs, NPs, or RNs who have been trained regarding how to conduct a suicide risk assessment shall conduct such assessments.

Compliance Rating:

Substantial Compliance

Expert Review:

The facility has complied with this requirement during this rating period. If a mental health provider is not on site - or onsite but unable to conduct the suicide risk assessment, the health care staff on duty will perform the assessment. I was provided the list RN names that have been trained on how to conduct a suicide risk assessment.

Recommendations:

Continue to update and provide a list of RN with the dates that training on suicide assessment was provided

V.C Safety Cells

- V.C.p6** If a Physician, PA, NP, or RN conducts the suicide risk assessment, within two (2) hours after administering the suicide risk assessment,
- a) the staff member who conducted the suicide risk assessment must consult with a Qualified Mental Health Professional (either on-site or by phone) to determine an appropriate plan of treatment and the appropriate level, if any, of suicide precaution.
 - b) In addition, if a Physician, PA, NP, or RN conducts the suicide risk assessment, then a Qualified Mental Health Professional must evaluate the person as soon as possible but no later than within two (2) hours of the start of the next shift of a Qualified Mental Health Professional.

Compliance Rating:

Partial Compliance

Expert Review:

Although the staff reported this process occurs, it was unclear in the logs reviewed that this is occurring timely. Not having access to complete patient's health records doesn't allow me to fully assess whether this is in substantial compliance.

Recommendations:

Would request access to the full health record of all patients placed in safety cells or the facility to provide copies of the notes of each patient's housed in a safety cell to show compliance.

V.C Safety Cells

V.C.p7 If the person is placed on suicide watch, safety cell protocol will be followed. If the suicide risk assessment established that the incarcerated person is at risk of suicide, the incarcerated person will, at a minimum, be placed on the next psychiatrist sick call.

- a) The Qualified Mental Health Professional who conducts the suicide risk assessment or with whom the Physician, PA, NP, or RN who conducted the suicide risk assessment consults, can, if necessary, consult with a psychiatrist at any time, refer the incarcerated person to be seen by a psychiatrist before the next psychiatrist sick call, or cause the incarcerated person to be transferred to a hospital for evaluation.

Compliance Rating:

Sustantial Compliance

Expert Review:

According to the staff this process is in effect. It was unclear from the document provided if this is occurring per policy and SACD. According to the mental health staff (MFT) she does consult and places the patient on the psychiatrist line asap.

Recommendations:

The facility to provide a log/chart with time/date that indicates when the psychiatrist is being consulted regarding these patients.

V.C Safety Cells

V.C.p8 For incarcerated persons who are found to be at risk of suicide, the suicide risk assessment shall be used to determine the level of suicide precautions necessary in the immediate term (e.g., constant observation), and whether the incarcerated person needs to be transferred to an in-patient psychiatric facility or hospital in lieu of suicide watch/suicide precautions at the Jail.

Compliance Rating:

Substantial Compliance

Expert Review:

The suicide risk assessment are completed and the staff will determine the level of the precaution based on their assessment. It was unclear if part of the assessment includes rather the patient needs an in-patient psychiatric facility or admission to a hospital in lieu of placing a patient on suicide watch or precautions.

Recommendations:

The assessment should clearly document if the patient can be safely housed in the facility on a watch or the need for transfer to an acute inpatient service for a higher level of care at either a psych or a regular hospital facility.

V.C Safety Cells

V.C.p9 All incarcerated persons placed in safety cells shall be evaluated at least once every seven (7) hours by medical staff and at least once every thirteen (13) hours by a Qualified Mental Health Professional.

Compliance Rating:

Partial compliance

Expert Review:

The logs reviewed support that medical staff are making rounds on patients in the safety cells. In some of the records reviewed the patients are being seen within 7 hours consistently by nursing and within 13 hours by mental health staff. Nursing staff are not consistently performing assessments or evaluating the patients' medical condition which includes documenting the patients' vital signs.

Recommendations:

Nursing staff document the evaluation to include vital signs.

V.C Safety Cells

V.C.p10 Defendants recognize that the goal is to have the incarcerated person remain in a safety cell for the shortest possible amount of time. Every thirteen (13) hours, custody, medical, and mental health care staff must review whether it is appropriate to retain an incarcerated person in a safety cell or whether the incarcerated person can be transferred to a less restrictive housing placement.

Compliance Rating:

Partial compliance

Expert Review:

The logs reviewed does support that the medical staff are making rounds on patients in the safety cells. It was harder to determine if the facility custody, medical and mental health staff are meeting every 13 hours to discuss whether the patient can be safely removed from the safety cell.

Recommendations:

Better documentation of the these discussion if they are taking place.

V.C Safety Cells

V.C.p11 An incarcerated person who has been placed in a safety cell for twenty-four (24) consecutive hours or for thirty-six (36) total hours in any one-hundred-and-twenty (120) hour period must either be

- a) transferred to a less restrictive setting or
- b) transferred to an inpatient mental health facility or to a hospital emergency room for assessment and care.

In addition, an incarcerated person may not be placed in a safety cell more than two times in any one-hundred-and-twenty (120) hour periods.

If Defendants seek to place an incarcerated person in a safety cell for a second time within any one-hundred-and-twenty (120) hour period, Jail medical or mental health staff shall consult with a psychiatrist regarding that placement.

An arriving incarcerated person that is unable to care for his/her personal needs despite being provided food, clothing, and shelter by the Jail, shall not be maintained in a safety cell and instead shall be immediately transferred to a hospital for treatment.

Compliance Rating:

Substantial Compliance

Expert Review:

According to the patient's that meet this requirement, they are transferred out to Rideout Hospital. Reviewed six 5150 that indicated the patient that reached the limit in either the step-down cell or safety cell and the 5150 was drafted to send these patients to an outside facility which is consistent with the SACD. The facility voiced concerns that the staff at Rideout prematurely returned patient's back to the jail. The feeling from the jail staff is that Rideout does not want jail patients, so they discharge them sooner than they feel is appropriate. According to the staff Rideout discharges patients referred to them backs as inappropriate and do not meet the admission requirements for treatment.

Recommendations:

Attempt to start meetings with Rideout to work though some of the issues and reduce the number of patients being referred out or bouncing back and forward between the two facilities. This would benefit the patient's and both facilities.

V.C Safety Cells

V.C.p12 A Qualified Mental Health Professional may authorize the release of an incarcerated person from a safety cell.

The order authorizing the release of an incarcerated person from a safety cell shall, if appropriate, include instructions regarding transitioning the incarcerated person from suicide precautions or suicide watch.

Compliance Rating:

Substantial Compliance

Expert Review:

According to the mental health staff this is occurring. During the review of the documents provided, it supported the idea that this is completed on a consistent basis. The mental health staff are documenting on the safety cell or step-down log approving release from the safety/step down cells.

Recommendations:

None

V.C Safety Cells

V.C.p13 An incarcerated person released from a safety cell or a step-down cell to housing will be seen at the first mental health sick call following their release and at least two (2) additional times within seven (7) days of their release.

Compliance Rating:

Partial Compliance

Expert Review:

According to the mental health staff this is occurring. During the review of the documents provided, it was unclear whether a QMHP is seeing the patient twice in 7 days or is not done on a consistent basis. In one of the charts, the QMHP only called the floor office to ask how the patients was doing. This occurred two days in a row

Recommendations:

Staff to note on the sick call schedule the reason and timeframe they are seeing the patient.

V.C Safety Cells

V.C.p14 Defendants shall ensure that a safety cell is clean before placing a person in it.

- a) Defendants shall also ensure that an occupied safety cell is cleaned at least twice per day at approximately 8:00 a.m. and 8:00 p.m., unless it is not possible to do so because of safety concerns.
- b) Defendants shall clean a safety cell once a person is removed from it.
- c) Defendants shall indicate on the safety cell log when an occupied safety cell is cleaned.

Compliance Rating:

Substantial compliance

Expert Review:

According to custody staff, safety cells are cleaned prior to a patient being placed, and twice per day when possible. It was difficult to confirm this was occurring 100% of the time.

Recommendations:

None

V.C Safety Cells

V.C.p15 Defendants shall not close the shutters to the windows on the safety cell doors.

- a) Defendants may, upon request of an incarcerated person in a safety cell or if circumstances otherwise warrant, cover up to half of the window on a safety cell door in order to protect the privacy of the incarcerated person in the safety cell or incarcerated persons in other parts of the booking area.
- b) If Defendants cover any part of a window on a safety cell door,
- c) Defendants shall document the reasons on the safety cell check sheet. Defendants shall never cover or obstruct the windows at the back of the safety cells.

Compliance Rating:

Substantial Compliance

Expert Review:

During the onsite visit I observed patients in the safety cell and the shutters on the windows were open. According to custody staff there are very few reasons why or if the shutter would be closed and no reasons to obstruct the windows at the back of the safety cell.

Recommendations:

None

V.C Safety Cells

V.C.p16 Incarcerated persons held in safety cells shall be offered food at least three times within a 24-hour period. Incarcerated persons held in safety cells shall be provided water with each meal and upon request. Defendants shall record on each incarcerated person's safety cell log each time the incarcerated person is provided with or declines an offer of food or water.

Compliance Rating:

Substantial Compliance

Expert Review:

Review of the safety cells log indicated that the patients in the safety cell were offered meals and water at least three times in a 24 hour period.

Recommendations:

None

V.D “Step-Down” Cell

V.D.p1 Defendants shall maintain a “step-down” cell. The purpose of the step-down cell is to house incarcerated persons who, because of their risk of suicide, require increased monitoring and a suicide-safe environment, but do not require housing in a safety cell.

For purposes of this SACD, the step-down cell is a less restrictive setting than a safety cell. The step-down cell shall be free of suicide hazards.

Defendant shall, either by constructing a surface on which incarcerated persons can sleep or by providing an alternative sleeping surface, ensure that all incarcerated persons placed in the step-down cell have a sleeping surface off the ground. Staff shall ensure that the step-down cell is clean and sanitized.

Compliance Rating:

Substantial Compliance

Expert Review:

During the site visit I was able to observe patients in the step-down cell. The cell observed included a mattress on the floor where the patient is to sleep - and the food port door was open. It did not appear to be dirty with trash or clutter. However, the cell did have a urine odor, but could not confirm if the odor originated from the toilet or the floor. For the most part the jail area was clean for a jail setting.

Recommendations:

Keep better logs of when the cells are cleansed and sanitized.

V.D “Step-Down” Cell

V.D.p2 Custody staff must visually observe each incarcerated persons who is placed in the step-down cell at least once every thirty (30) minutes. The observations must be conducted at irregular and unpredictable intervals and must be documented

Compliance Rating:

Substantial Compliance

Expert Review:

The logs reviewed supports checks are consistently being performed per policy and the SACD. If for some reason a check was not documented, the custody staff drafted a written statement detailing why the document check were late or not documented. During this review I reviewed over one thousand Step down logs and found very few that did not have the appropriate custody check. Checks are also being done by nursing and the QMHP within the required timeframes.

Recommendations:

Continue to have staff follow the policy and document the checks at the time they occur.

V.D “Step-Down” Cell

V.D.p3 If a person is placed directly into a step-down cell for mental health issues or suicidality, and is not first placed in a safety cell, then the requirements set forth in Section V.C regarding timelines for initial medical and mental health evaluations and a suicide risk assessment shall apply.

Compliance Rating:

Partial Compliance

Expert Review:

The logs reviewed confirmed that checks are consistently being performed per policy and the SACD. If for some reason a check was not documented, the custody staff drafted a written statement detailing why the document check was not timely. Although the checks were completed, I was unable to determine if the person was moved from a safety cell to a Step-down cell or placed directly into a Step-down cell. If the patient was placed directly into the step-down cell monitoring would be required to occur as if the patient were in a safety cell in that circumstance.

Recommendations:

Continue to have staff follow the policy and document the checks at the time they occur. Also, better document if the patient being placed in a step-down cell was just released from the safety cell.

V.D “Step-Down” Cell

V.D.p4 All incarcerated persons placed in the step-down cell shall be evaluated at least once every seven (7) hours by medical staff and at least once every thirteen (13) hours by a Qualified Mental Health Professional.

Compliance Rating:

Partial Compliance

Expert Review:

The documents reviewed indicated the medical staff routinely evaluate patients in the step-down cell, per policy. I was unable to confirm that after 25-consecutive hours in the step-down cell that the mental health staff are consulting with the psychiatrist to get approval to continue the placement in the cell. Also, although custody, nursing and mental health care perform the required checks on the logs it doesn't appear assessment are being conducted the following records does not show assessments are being completed by the clinical staff.

1. 1/16/2023 [REDACTED] in Step down cell for about 5 days patient was seen by nursing over 30 times within the required time frame but little to no documentation about the assessment or vital signs. Patients were also seen by mental health every 13 hours or less, documentation lacking substance.
2. 2/8/23 [REDACTED] in Step down cell check completed according to the policy but, nursing lacked the vital signs/ assessments.
3. 2/12/23 [REDACTED] in Step down cell at 1950, seen by nursing at 1950, 2229,0426 appears no assessment was completed during any of the contacts. Pt seen by mental health 0620 and 0637 and released.
4. 2/9/23 [REDACTED] placed in step down at 1357 was seen by nursing at 1600, 2049, 0233, 0547 and 0900. Again, the check was done per policy but the nursing staff failed to conduct assessment during those checks.
5. 1/17/23 [REDACTED] placed in stepdown cell for 4 days seen by nursing per time frames, but no assessment or evaluation (vital signs) conducted during the 4 days.

Recommendations:

Nursing staff perform assessment/evaluation of patients during the required time frame and document the reason why an assessment was unable to be conducted.

V.D “Step-Down” Cell

V.D.p5 Incarcerated persons may be housed in a step-down cell for more than twenty-five (25) consecutive hours so long as every twenty-five (25) hours a Qualified Mental Health Professional, after consulting with the psychiatrist, agrees to continued placement in the step-down cell.

Compliance Rating:

Substantial Compliance

Expert Review:

The documents reviewed indicated the medical staff routinely check patients in the step-down cell, per policy. I was unable to confirm that after 25-consecutive hours in the step-down cell that the mental health staff are consistently consulting with the psychiatrist to get approval to continue the placement in the cell. According to Wellpath staff this documentation is noted in the patient’s health records. I was not able to confirm this during this review.

Recommendations:

I will request copies of the health records of patients meeting this measure to assess if the mental health providers are consulting with the psychiatrist for approval to continue the placement.

V.D “Step-Down” Cell

V.D.p6 If an incarcerated person has been housed for one-hundred-and-twenty (120) consecutive hours in a combination of safety cells and the step-down cell cannot be returned to a setting in the Jail that is less restrictive than the step-down cell, he or she shall be immediately transferred to an inpatient mental health facility or to a hospital emergency room for assessment and care.

Compliance Rating:

Substantial Compliance

Expert Review:

According to the documents reviewed, the facility is following the requirement of the SACD. Although the county is following this part of the SACD, the patients continue to be bounced back and forth between the jail and Rideout which can negatively impacts patient care.

Recommendations:

The county should consider releasing these patient's if their criminal charges allow. If not, the county should work with other departments in the county to explore other options for these patient's

V.D “Step-Down” Cell

V.D.p7 The parties agree that as part of the first monitoring report prepared by the Monitor, the Monitor shall evaluate the policy set forth in the preceding paragraph. In advance of the evaluation, the parties shall meet with the Monitor to discuss the parameters of the evaluation. In the first monitoring report, the Monitor shall provide a recommendation regarding whether the policy should remain as is and, if not, what alternative policy or policies should be put in place. The parties shall then meet and confer regarding the recommendation.

Compliance Rating:

Not Applicable for rating

At the request of both parties the court appointment monitor for this case Hedrick v. Grant. In the Second Amended Consent Decree section V.D.5. has requested that an opinion be rendered if the continuation of this policy is appropriate or if other options would be better for the patient's and facility.

The parties agree as part of the first monitoring report prepared by the Monitor, the Monitor shall evaluate the policy set forth in the preceding paragraph. In advance of the evaluation, the parties shall meet with the Monitor to discuss the parameters of the evaluation. In the first monitoring report, the Monitor shall provide a recommendation regarding whether the policy should remain as is and, if not, what alternative policy or policies should be put in place. The parties shall then meet and confer regarding the recommendations.

After speaking with both parties and completing my first round of monitoring at the jail, the mentally ill patients housed in the jail would benefit from increased 1:1 therapy, group therapy and being housed in a safe environment.

It is my opinion that both parties should agree to change the policy that requires all patients housed in a Step-down cell for more than 120-hours be transferred out to an Acute Care Facility for treatment. After speaking to jail staff, the feeling is this policy has not been beneficial to the patient, it is intended to help. Documents have shown that these patients have been bounced back and forth between the two facilities, and the most at-risk patients are not provided with the care and treatment that is needed. A new treatment facility for the incarcerated patient with serious mental illness (SMI) is the best option. I am aware that construction is underway to provide more treatment space for health care. During my tour in April 2023 there were discussions with the facility Captain regarding the new space. I was informed the project was on schedule, but it is still not determined when the space will be completed or how the space will be used.

It is my recommendation that the County should consider taking one pod offline and developing a mental health subacute or intermediate care unit. The unit would have acuity-based staffing to appropriately manage the current population of patient's who do not meet acute admission criteria but remains too unstable for placement in general population. If such a unit were created this unit would require 24/7 dedicated health care staff for the patients. The unit should have admission and discharge criteria and clear program guidelines to include an increase 1:1 with clinical providers; with groups such as anger management, medication compliance and coping skills. Nursing and mental health staff could be assigned to the unit and provide all aspects of the care and treatment for these patients. This will improve continuity of care for the patient and allow patient's a safe unit to program with their peers.

Part of custody job and responsibility is classification of the inmates - and finding safe housing for the different custody level. The Jail staff is finding it increasingly challenging to house patient's given the limited space in the jail. The increase in patients with special health needs complicates this even more. During discussion with the facility staff, there is concern that they do not have the luxury to take any pods offline to create special housing units. Understanding the concerns of custody, I would still consider it as it would be a benefit to all the inmates in the jail. If this is a recommendation that the parties would consider I can draft policy and procedures and a staffing recommendation for such a unit.

VI. DUE PROCESS IN DISCIPLINE FOR INCARCERATED PERSONS WITH MENTAL ILLNESS

VI.p1 If the Jail Supervisor believes that an incarcerated person's mental illness was a significant factor in causing a rule violation, the incarcerated person shall be referred for a mental health evaluation and possible treatment.

Should the Jail Supervisor charge a person determined to have a mental illness which caused or contributed to the violation, the Jail Supervisor must consult with a Qualified Mental Health Professional prior to imposing any sanction in order to determine whether the proposed sanction is likely to exacerbate an incarcerated person's mental health symptoms and expose the incarcerated person to an increased risk of danger.

If there is a danger that a proposed sanction will exacerbate an incarcerated person's mental illness or expose him to increased risk of danger, an alternate sanction shall be imposed, if at all, unless safety security reasons dictate otherwise.

Compliance Rating:

Substantial Compliance

Expert Review:

During discussions with custody supervisors, they stated that consideration is given when they are hearing or reviewing disciplinary action against a patient with mental illness. I was unable to support or confirm as the documentation provided did not provide that level of details.

Recommendations:

None

VI.p2 Should the Jail Supervisor charge a person determined to have a mental illness which caused or contributed to the violation, the Jail Supervisor must consult with a Qualified Mental Health Professional prior to imposing any sanction in order to determine whether the proposed sanction is likely to exacerbate an incarcerated person's mental health symptoms and expose the incarcerated person to an increased risk of danger.

If there is a danger that a proposed sanction will exacerbate an incarcerated person's mental illness or expose him to increased risk of danger, an alternate sanction shall be imposed, if at all, unless safety security reasons dictate otherwise.

Compliance Rating:

Substantial Compliance

Expert Review:

During discussions with custody supervisors, they stated that consideration is given when they are hearing or reviewing disciplinary action against a patient with mental illness. I was unable to support or confirm that as documentation provided did not provide that level of details.

Recommendations:

The jail Supervisor should keep a record of these types of case to show if they are complying with this section of the SACD.

VII. ADMINISTRATIVE SEGREGATION AND SEGREGATED HOUSING

VII.p1 Administrative Segregation is a housing classification decision. Every assignment of a person to Administrative Segregation shall be based on a written report providing an explanation of the facts and circumstances requiring the segregation. This report shall be written as soon as possible and in no case later than forty-eight (48) hours after the initiation of the assignment to Administrative Segregation. Said reports shall be retained.

Compliance Rating:

Substantial compliance

Expert Review:

Per custody staff and documents indicates compliance with the SACD. Reports are written for inmates placed in Ad-seg

Recommendations:

None

VII.p2

Custody staff shall conduct appropriate health and welfare checks on all incarcerated people placed in Segregated Housing sufficient to ensure safety and security and minimize the risk of suicide.

Compliance Rating:

Substantial compliance

Expert Review:

The documents reviewed indicates compliance with the SACD. The ad-seg logs indicates checks are being conducted. Reports are written for inmates placed in Ad-seg within the required time frames with a few exceptions. In reviewing logs from the first quarter production documents supports compliance in this area

Recommendations:

None

VII.p3 Incarcerated persons moved from the general population to Segregated Housing who either

(a) have not yet received their 14-day Initial Health Assessment or

(b) have received their 14-day Initial Health Assessment and are on the mental health case load will be screened for suicide risk by a Qualified Mental Health Professional as soon as possible but no later than forty-eight (48) hours after placement.

Compliance Rating:

Substantial Compliance

Expert Review:

The mental health staff consistently screens mental health patients within forty-eight (48) hours of being placed in Ad-seg. A review of the health record of a few patients indicates this process is being done.

Recommendations:

None

VII.p4 A Qualified Mental Health Professional shall conduct rounds for those in Segregated Housing four (4) times per week.

Compliance Rating:

Substantial Compliance

Expert Review:

Mental health staff regularly conducting rounds in Ad-seg, per the agreement. According to the custody staff, mental health staff and a few of the inmates I spoke to confirm that rounds are being conducted. Because no logs are being generated that documents these rounds are being conducted, I was unable to determine they were done 4 times per week.

Recommendations:

Mental health staff to create a rounding log to support and confirm the rounds are being completed.

VII.p5

Defendants shall not house incarcerated persons with serious mental illness in Administrative Segregation (A-Pod, S-tank) or the medical cells unless those incarcerated persons demonstrate a current threat to Jail security, safety of incarcerated persons, or officer safety, as documented by custody staff, that prevents them from being safely housed in less restrictive locations. Incarcerated persons shall not be housed in Administrative Segregation solely because they have a mental illness.

Compliance Rating:

Substantial Compliance

Expert Review:

Patients with mental illness continue to be housed in Ad-seg but not solely because they have mental illness. There are multiple reasons why they are housed, some for the patient's safety, some for the patient's disruptive behavior and most for rule violations that may threaten the jail security or safety of the officers.

Recommendations:

Mental health staff should be consulted prior to placing a mental health patient into Ad-seg.

VII.A Out-Of-Cell Time and Other Recreation and Treatment for Incarcerated People in Segregated Housing

VII.A.p1 Defendants shall maximize out-of-cell time for incarcerated people in Segregated Housing.

- a) Defendants shall offer incarcerated persons in Segregated Housing the use of their respective day rooms or equivalent indoor recreation space continuously from 6 a.m. to 10 p.m.
- b) All incarcerated persons in Segregated Housing shall be offered, at a minimum, one (1) hour out-of-cell time in the day room or other indoor area per day.
- c) After each incarcerated person in a Segregated Housing unit has been offered one (1) hour out-of-cell time during a given day, the remaining hours of day room availability shall be offered to the incarcerated persons in the Segregated Housing unit in a manner such that the incarcerated persons are offered approximately equal additional out-of-cell time measured on a weekly basis.
- d) Defendants shall document the time that each incarcerated person in Segregated Housing spends out-of-cell.

Compliance Rating:

Substantial compliance

Expert Review:

Inmates in Ad-seg are being offered one hour of out of cell time per the SACD. I was unable to determine if the inmates are offered equal additional out of cell time on a weekly basis.

Recommendations:

None

VII.A Out-Of-Cell Time and Other Recreation and Treatment for Incarcerated People in Segregated Housing

- VII.A.p2** To the maximum extent possible, Defendants shall offer each incarcerated person in Segregated Housing the opportunity for out-of-cell time with as many other incarcerated persons as possible, so long as concerns over safety and security do not prevent the incarcerated person from being placed in the same space as other incarcerated persons.
- a) All incarcerated people in Segregated Housing shall be offered a minimum of at least fifteen (15) combined hours of indoor and outdoor out-of-cell time per week.
 - b) In addition, the Jail shall undertake reasonable and good faith efforts to provide additional out of cell time.
 - c) This may include, but is not limited to, additional day room use, additional use of the outdoor recreation yards, programing time, or mental health contacts.

Compliance Rating:

Substantial Compliance

Expert Review:

A review of the logs indicates that patients are being offered out of cell time. I did not observe multiple inmates out of their cells in the dayroom at the same time. This could be do to custody/classification concerns for safety reason

Recommendations:

None

VII.A Out-Of-Cell Time and Other Recreation and Treatment for Incarcerated People in Segregated Housing

- VII.A.p3** All incarcerated people in Segregated Housing shall be offered a minimum of at least fifteen (15) combined hours of indoor and outdoor out-of-cell time per week.
- a) In addition, the Jail shall undertake reasonable and good faith efforts to provide additional out of cell time.
 - b) This may include, but is not limited to, additional day room use, additional use of the outdoor recreation yards, programing time, or mental health contacts.

Compliance Rating:

Substantial Compliance

Expert Review:

A review of the logs indicates that patients are being offered out of cell time. However, the logs also indicated that there are patients refusing out of cell time. Due to the refusal, the patients may not be consistently meeting the 15-hours per week of out of cell time.

Recommendations:

None

VII.A Out-Of-Cell Time and Other Recreation and Treatment for Incarcerated People in Segregated Housing

VII.A.p4 Defendants shall continue to provide radios to incarcerated persons in Segregated Housing.

- a) Issuance of radios is deemed a deterrent to sensory deprivation experienced by some incarcerated persons in Segregated Housing.
- b) One radio shall be provided per Segregated Housing cell. The Jail will maintain a policy regarding use of the radios, which will include the right of custody staff to remove the radio from a cell and/or an incarcerated person for safety, security or disciplinary reasons.

Compliance Rating:

Substantial Compliance

Expert Review:

Patients do have access to radios, this was confirmed during my second visit by custody staff and by patients housed in ad-seg.

Recommendations:

None

VII.A Out-Of-Cell Time and Other Recreation and Treatment for Incarcerated People in Segregated Housing

VII.A.p5 As of the date of the parties entered into this SACD, the Jail has made available a number of electronic tablets for use by incarcerated persons in Segregated Housing and other areas of the Jail. Defendants shall continue to permit incarcerated persons in Segregated Housing to use the tablets.

Compliance Rating:

Substantial Compliance

Expert Review:

Patients housed in ad-sag have access to electronic tablets. This was confirmed during my second site visit. The inmates and staff both confirmed this. During the site visit I did see a patient in the day room conducting a video visit using the provided tablet

Recommendations:

None

VII.A Out-Of-Cell Time and Other Recreation and Treatment for Incarcerated People in Segregated Housing

VII.A.p6 As of the date the parties entered into this SACD, persons in Segregated Housing have generally only been able to use the tablets when they are outside of their cells.

Defendants shall make reasonable efforts to provide incarcerated persons in Segregated Housing with opportunities for in-cell access to the tablets, taking into account the number of available tablets and the number of incarcerated persons in Segregated Housing who are eligible for tablet use.

Compliance Rating:

Substantial compliance

Expert Review:

This was confirmed during the site visit. I was able to see inmates in ad-seg using the tablet in their cell.

Recommendations:

None

VII.A Out-Of-Cell Time and Other Recreation and Treatment for Incarcerated People in Segregated Housing

VII.A.p7 Defendants shall make reasonable efforts to provide incarcerated persons in Segregated Housing with opportunities for in-cell access to the tablets, taking into account the number of available tablets and the number of incarcerated persons in Segregated Housing who are eligible for tablet use.

Compliance Rating:

Substantial Compliance

Expert Review:

The facility is in compliance with this measure. I was also informed that the facility has added an additional 30 tablets to the facility.

Recommendations:

None

VII.A Out-Of-Cell Time and Other Recreation and Treatment for Incarcerated People in Segregated Housing

VII.A.p8 Defendants may deny persons the right to use tablets for safety, security or disciplinary reasons. Defendants shall not be required to provide tablets to persons in Segregated Housing in accordance with the preceding two paragraphs if the cost of providing tablets unreasonably increases or the service of providing tablets becomes unavailable for all in the jail.

Compliance Rating:

Substantial Compliance

Expert Review:

The facility has not unreasonably denied inmates in ad-seg tablets. According to custody staff there has been very few episodes of denying tablets to the inmates. The facility Captain reports he has added 30 tablets to the facility.

Recommendations:

None

VII.A Out-Of-Cell Time and Other Recreation and Treatment for Incarcerated People in Segregated Housing

VII.A.p9 Incarcerated persons in Administrative Segregation shall have access to

- a) a telephone,
- b) a television, and
- c) a bicycle exercise machine.
- d) Board games, cards, and other recreation equipment shall be maintained and available to administratively segregated incarcerated persons upon request.

Compliance Rating:

Substantial Compliance

Expert Review:

The facility does provide patients with access to a telephone, television and other activities. A review of the logs indicated there are a number of patients refusing to come out of their cell to participate in these activities.

Recommendations:

None

VII.A Out-Of-Cell Time and Other Recreation and Treatment for Incarcerated People in Segregated Housing

VII.A.p10 Defendants shall strive to limit the placement of incarcerated persons in Segregated Housing for prolonged periods of time.

- a) An incarcerated person may request a review of classification or placement in Segregated Housing by completing an incarcerated person request slip.
- b) Classification shall also review the placement of incarcerated persons in Segregated Housing at least once a month, though more frequently if necessary for certain categories of incarcerated persons, such as individuals with serious mental illness.
- c) Classification shall also consult medical staff concerning each incarcerated person's progress toward the goal of placing the incarcerated person in general population.
- d) If other reasonable housing options exist that will provide for the safety of the incarcerated person, the incarcerated person should be moved out of segregation. In reviewing an alternative housing decision, the safety of the incarcerated person shall receive the utmost consideration.

Compliance Rating:

Partial Compliance

Expert Review:

A review of the Ad-seg logs indicated mental health patients are being placed in Ad-seg. In some cases, patients have been moved to different housing locations in an effort to provide safe housing for the patients. Most of the mental health patients are being placed, not always for rule violations, but for being disruptive and/or inappropriate behavior. There was no documentation that supports classification is consulting with medical staff concerning each incarcerated person progress towards the goal of placing the individual back in general population.

Recommendations:

Document communication with health care staff about the ad-seg releases

VII.A Out-Of-Cell Time and Other Recreation and Treatment for Incarcerated People in Segregated Housing

VII.A.p11 Defendants have broken ground on construction of a new building at the Jail using state funding pursuant to SB 863.

Defendants agree that, once they have begun to plan for the manner in which the building will be used, Defendants will meet and confer with Plaintiffs regarding the mental health services to be offered in the building if the SACD is still in place.

Compliance Rating:

Substantial Compliance

Expert Review:

The building is under construction but the time frame as to when the new facility will be completed is unknown. According to the facility Captain there was some delay earlier this year due to weather, but he believes they remain on schedule for completion in 2024.

Recommendation:

None