

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

Sixth Status Report

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

April 4, 2025

This document addresses the provisions of the Consent Decree (CD) assigned to Dr. E. Carolina Montoya for monitoring. The specific provision language is presented followed by this Joint Expert's findings and recommendations. Connected provisions have been combined for this status report. However, several will likely be separated in future reports as the County increases compliance. Additional recommendations may also be added in subsequent reports as information is obtained during implementation. The rating period for this report covers information received and reviewed for the period September 1st through December 31, 2024. The chart below reflects an overview of the specific provisions, utilizing the following codes:

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

Summary of Ratings

Provision	Rating
200. Sufficient Mental Health Staff to Comply with Consent Decree	PC
204. Hiring of Additional Mental Health (MH) Staff	PC
205. Training of Third-Party MH Providers	PC
206. Telehealth MH Services	SC
304. Development/implementation of Formal Processes for Administrative Housing	SC
312. Develop Therapeutic Housing Committee	PC
317. Development/implementation of Step-down Protocols for Therapeutic Housing Units	PC
404. Restrictive Housing Step 1 Population Evaluated Within 14 & 30 Days; SMI Cases Reviewed	PC
406. Assessment of SMI Persons in Step 1 Within 24 Hours of Noted Deterioration	PC
700. Develop and Implement Policies/Procedures with Expert for Provisions	PC
701. Implement Revised Policies/Procedures for Therapeutic and Behavioral Health Services	PC
702. Develop a Plan to Implement Therapeutic Housing Units	SC

Provision	Rating
703. Individuals with SMI to Receive Therapeutic Services	PC
704. MH Staff Communication with Custody Staff	PC
705. Mental Healthcare at Intake	SC
706. "Emergent" MH Condition at Intake	PC
707. "Urgent" MH Condition at Intake	PC
708. "Routine" MH Condition at Intake	PC
709. Requests and Referrals for MH Services Following Intake	PC
710. Initial MH Screening by Qualified Mental Health Professional (QMHP)	PC
711. Intake Database Requirement to Flag Self-Harm Incidents from Prior Incarcerations	SC
713. Timely Verification of Medications for Newly Arriving Inmates	PC
714. MH Intake Interviews and Assessments in Private and Confidential Spaces	PC
715. Pre-booking Screening	SC
716. Implement Quality Assurance Policies and Procedures of Intake	PC
717. Conduct MH Encounters in Confidential Setting, with Consistent Providers of Appropriate Duration	PC
718. Implement Electronic Tracking System for Referrals	PC
719. Develop and Implement Policy Addressing Timeliness of Routine and Emergency MH Referrals	PC
720. Provide Appropriate Training Regarding Psychiatric Referrals	NC
721. Develop and Implement Quality Assurance Policies and Procedures for Periodic Audits	PC
722. Develop and Implement MH Levels of Care	SC
723. Provide that MH Clinicians Offer Clinically Appropriate Encounters	PC
724. Identify Clinically Appropriate Spaces	PC
725. Provide Out-of-Cell Programming for Inmates in Restrictive Housing Units and Therapeutic Housing Units	PC
726. Provide Regular, Consistent Therapy and Counseling	PC
727. Provide In-Cell Activities to Decrease Boredom and Mitigate Isolation	PC
728. Develop Formal Clinical Treatment Teams	PC
729. Develop and Implement Policies/Procedures to Establish Treatment Teams	PC
730. Individualized MH Treatment Plans	PC
731. Develop and Implement Policies/Procedures for Treatment Teams	PC
732. Provide Information in Treatment Teams to Medical Providers	PC
733. Provide Calming and Restorative Instruction	PC
734. Provide Substance Abuse Programs for Co-occurring Disorders	PC
735. Provide Daily MH Rounds	PC
736. Offer Weekly Face-to-Face Clinical Contacts	PC

Provision	Rating
737. Provide Additional Clinical Contacts	PC
738. Ensure Individuals Expressing Suicidal Ideation are Provided MH Evaluation and Care	PC
739. Ensure Psychiatric Medications are Ordered in Timely Manner	PC
740. Maintain an Anti-Psychotic Medication Registry	PC
741. Ensure Health Care Staff Document Medication Refusals	PC
742. Conduct Audits of Patients Receiving Psychotropic Medications	PC
743. Develop a New Suicide Prevention Policy	PC
744. Use of Safety Cell as Last Resort for Suicidal Ideation/Phasing Out of Use	SC
745. Severely Curtail Use of Safety Cells	SC
746. Safety Cells Only Used in Exigent Circumstances	SC
747. Individuals in Safety Cells for Maximum of Eight Hours	SC
748. Adopt Graduated Suicide Precautions	PC
752. Develop Policies/Procedures and Training Regarding Suicide Procedures	PC
753. Continue Ongoing Training Regarding Safety Plans	PC
755. Initiating Suicide Precautions	PC
756. Individuals on Suicide Watch Placed on Close Observation	PC
757. Individuals on Suicide Precautions Continue to Receive Therapeutic Interventions	PC
758. QMHP Shall See Inmates on Suicide Precautions on an Individualized Schedule	NC
759. QMHP Complete and Document Suicide Risk Assessment	PC
762. MH Shall Receive Additional Training on Suicide Risk Assessment	PC
764. Develop and Implement Updated Policies and Practices Regarding Suicide Reviews	PC
766. Develop and Implement Standards for Emergency Referrals and Handling of 5150 Holds	PC
767. Assess and Review Quality of Care Provided to Persons Sent to John George	PC
769. Re-orient How Units, Including the Therapeutic Housing Units, are Managed	PC
770. MH Programming for Women	PC
771. Meet and Confer Within Three Months Regarding the Therapeutic Housing Units	SC
772. Therapeutic Housing Units Sufficiently Staffed	PC
900. Implement Systems to Facilitate Community-Based Services During and After Incarceration	PC
901. Develop a Written Re-entry Plan Prior to Inmate Release	PC
902. Evaluating an Individual's Eligibility for Benefits and Linking to Benefits	PC
903. Cooperate with Providers et al. to Support Individuals Post-Release	PC

Provision					Rating
904. Provide 30-Day Supply of Medications at Release					PC
905. Inform County's Full Service Partnerships of Mutual Clients					PC
Ratings → Report Date ↓	Non-Compliance (NC)	Partial Compliance (PC)	Substantial Compliance (SC)	Implementation Not Yet Required (INJR)	Total
#1 – July 2022	15	40	0	18	73
#2 – March 2023	11	63	0	0	74
#3 – September 2023	7	65	2	0	74
#4 – April 2024	7	68	3	0	78
#5 – October 2024	4	65	9	0	78
#6 – April 2025	2	64	12	0	78

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

Policies:

- AFBH Bridge Medications
- AFBH Disciplinary Incident Response
- AFBH Effective Communication
- AFBH Identifying and Diagnosing “Severe Mental Illness”
- AFBH Intake Psychiatric Non-Verified Medications Pilot
- AFBH and John George Psychiatric Hospital Client Care Coordination
- AFBH Levels of Care
- AFBH Polypharmacy Antipsychotic Medication Registry and Monitoring
- AFBH Preventing Suicide and Self-Harming Behavior
- AFBH Re-Entry Services for Clients with a Serious Mental Illness
- AFBH Release Psychiatric Medication
- AFBH Response to Grievances
- AFBH Santa Rita Jail Intake Policy
- AFBH Santa Rita Jail Referral Policy
- AFBH Telehealth Provider Services
- AFBH Therapeutic Housing Units Protocol
- Draft-AFBH Refusals of Prescribed Psychiatric Medications and Compliance Audit Requirements
- AFBH Restrictive Housing Suitability Review Forms
- ACSO Behavioral Health Clients and Therapeutic Housing Inmates #9.04
- ACSO Crisis Communications for Corrections Training
- ACSO Disciplinary Procedures Policy and Procedure #16.01
- ACSO Inmate Death Policy and Procedure #8.18
- ACSO Inmate Observation and Direct Visual Supervision Policy and Procedure #8.12
- ACSO Safety Cells, Temporary Holding Cells, and Multipurpose Rooms Policy and Procedure #8.1

- ACSO Suicide Prevention and Suicide Reviews #13.06

Reports:

- AFBH Bi-weekly Level of Care Reports
- AFBH Bridge Medications Log
- AFBH Clients Served by Month, Ethnic Group, and Sex Report
- AFBH Discharge Medications Report
- AFBH Intakes Completed by Month
- AFBH ITR Call-Request Logs
- AFBH Monthly QA BIA Review-ITR
- AFBH Intakes by Month
- AFBH Patient Polypharmacy Report
- AFBH Structured Activities Report (weeks of 10/13-10/19, 11/3-11/9)
- AFBH Therapeutic Housing Committee Meeting
- ACSO 2024 BHAT Deputy Running Log
- ACSO 2024 BHAT Groups
- ACSO SRJ ATIMS Medical-Notes Report
- ACSO SRJ Population 2024

Other:

- AFBH Brief Initial Assessment (BIA) Tool
- AFBH Chart Reviews of Current Caseload (N=75) AFBH charts from Clinician's Gateway (CG), AFBH's electronic health record, were reviewed covering the period September 1, 2024 through December 31, 2024. The charts included persons with Levels of Care (LOC) 1 through 4. The records were reviewed for content and quality of information. Records include: intake assessments, LOC documents, clinical casenotes, and medication assessments and casenotes.
- AFBH Classification Form
- Draft-AFBH Client Re-Entry Plan
- AFBH-Comprehensive Behavioral Health Assessment
- AFBH-ITR Training Checklist
- AFBH ITR Activity Log
- AFBH Leadership Structure-SRJ (Table of Organization)
- AFBH Level of Care Form
- AFBH Post-Release Instructions form
- AFBH Referral Form
- AFBH Restrictive Housing Unit Suitability Review Form
- AFBH Rounding Notes
- AFBH SRJ Staff Assignments (Schedule)
- AFBH SRJ Suicide Prevention Meeting Documentation
- Draft-AFBH Suicide Prevention Safety Plan
- AFBH Therapeutic Housing Committee Referral Form
- AFBH Telehealth Psychiatrist Daily Activity Log- Dr. Yun
- AFBH THU Master Schedule
- AFBH Treatment Plan
- AFBH Suicide Risk Assessment Tool
- ACBH/SRJ Staffing Updates
- ACSO Intake/Receiving Medical Review Form (Wellpath)

- ACSO Restrictive Housing Committee Decision Form
- ACBH/SRJ Staffing Updates
- ACSO SRJ Capital Program
- ACSO SRJ Construction Projects Update
- Lifelong Schedule & Service Logs
- Telecare Schedule & Service Logs

FINDINGS

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

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

Finding: Partial Compliance

Policies: N/A

Training: N/A

Metrics: Interviews with Staff, AFBH Leadership Structure-SRJ (Table of Organization), AFBH SRJ Staff Assignments (Schedule), ACBH/SRJ Staffing Updates

Assessment: During this reporting period, the AFBH staffing remains virtually unchanged. While no staffing increases have occurred, there has been no apparent loss of staff. All managerial

positions are filled; one supervisory position is vacant. The vacancy rate in direct clinical positions remains at 50%. Prior reports have stated that hiring suitable candidates and onboarding staff, given the national shortage of clinicians and the County's complicated and extensive hiring process, have limited AFBH in meeting this provision. To streamline the hiring process, the County has established an "open" application process for clinical positions that allows interested persons to apply at any time.

Prior reports have outlined Alameda County Behavioral Health Department's (ACBHD) efforts to attract and retain staff. These efforts have included monetary incentives for new and existing staff and developing new classifications with higher salaries including the most recently developed Forensic Mental Health Specialist classification which includes a higher salary for the specialized work environment. Proactive efforts to recruit staff have also continued during this reporting period with outreach efforts at association conferences and meetings with area educational facilities.

As previously noted, additional staffing over the past several reporting periods, has resulted in improved availability of clinicians, greater supervisory oversight of service, and the development of a clinical services structure, i.e., the creation of unit Treatment Teams and service teams such as the Re-Entry Team. However, there are still staffing deficits that will not allow inhibit AFBH's ability to provide the treatment services required by the CD and the required 24 hour/7 day per week presence of clinical staff necessary for adequate mental health assessment and treatment.

As previously reported, as the overall AFBH system of care and the Therapeutic Housing Units (THUs) continue to be established, the total number and type of clinical/direct service positions will need to be regularly reevaluated. The total AFBH caseload and the average number of persons in the various Levels of Care" (LOC) continue to be monitored to determine the number and type of mental health clinical and supervisory personnel necessary to ensure service delivery according to the CD. However, since the service system is still being developed (e.g., the total number of necessary THUs is uncertain), the required clinical staffing pattern remains unclear.

As AFBH staffing has increased at the Santa Rita Jail (SRJ), the lack of office space has become a serious concern cited in prior reports. ACSO has initiated construction efforts in HU 31 as workspace for AFBH staff. Construction is expected to be completed by mid-2025.

ACBHD's contract with Telecare to increase clinical staffing positions and provide the clinical Intake Transfer and Release (ITR) functions for all overnight, evening and weekend shifts has been implemented. During this reporting period, Telecare has provided intake assessment services on the overnight shifts but is still unable to provide evening and weekend services. As such, AFBH staff has had to continue providing the ITR functions on the evening and weekend shifts.

AFBH continues to rely heavily upon agency, "locum tenens," medical personnel for staff positions that have been difficult to recruit and fill. Five of the 21 Psychiatric Provider positions are currently vacant. The locum tenens employees perform at the same level as AFBH staff.

In August 2024, ACSO significantly expanded the Behavioral Health Access Team (BHAT). There are now eight (8) BHAT Deputies assigned to assist AFBH and the behavioral health population. A brief review of the schedules and HU assignments indicate that THUs 8, 9 and 35 are well-covered by the BHAT deputies as well as Telecare groups. THU 24, the female unit, has the least amount of BHAT coverage. The BHAT Deputies continue to escort and monitor group activities provided by AFBH as well as those provided by Telecare and Lifelong. While the increase in

BHAT Deputies is certainly a significant enhancement, the recommendation that additional BHAT Deputies may be required to support AFBH clinical services as the system of care evolves, remains the same.

The report below compares BHAT activity between this period and the prior reporting period. A notable increase in both individual escorts as well as group support is evident and assumed a function of the increased number of BHAT Deputies during these last few months.

BHAT Activity/Support for the months of September through December 2024

Month	Completed Escorts	Completed Groups
September	503	89
October	644	133
November	511	130
December	556	150
Current Totals/Averages	2214/554	502/126
Prior Report Averages	474	92
Increases	16%	36%

Recommendation(s):

1. It is recommended that additional contractual opportunities for clinical services, beyond Telecare and Lifelong, be considered and established to temporarily offset the staff vacancy rate. While contracted services are not preferred to County staff, they will serve to address the ability of the agency to comply with the CD.
2. The County needs to complete the proposed pod conversion for AFBH staff work areas.
3. The AFBH Table of Organization should be updated monthly to closely monitor the position vacancies and review for possible changes in structure and position allocation.
4. An ongoing, at a minimum, monthly review of the mental health caseload report will permit accurate determination of the type and number of clinical and supervisory staff necessary for the operation of the THUs in accordance with the CD.
5. ACSO should continue to review the current role and deployment of BHAT Deputies especially as it relates to coverage in THU 24 and establish additional positions to ensure adequate support for the delivery of mental health services.

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

Finding: Partial Compliance

Policies: N/A

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

Metrics: Interviews with Staff

Assessment: The ACBHD/AFBH contract with Telecare expects that agency clinicians will function equivalent to AFBH clinicians. As such, Telecare staff receive the same onboarding training as AFBH personnel. They are trained to use and enter information (e.g., assessments, casenotes) into the AFBH electronic medical record system, the Clinician’s Gateway (CG). As modifications have been made to forms such as the Brief Initial Assessment (BIA) Tool and the Level of Care (LOC) documents, Telecare staff have participated in training. Telecare staff also “shadow” AFBH clinicians as new procedures are put in place. New Telecare employees related to the expansion of the Telecare contract are involved in an eight-week “onboarding” training of ITR processes. In addition to the initial training, Telecare employees attend other AFBH training courses when available, and Telecare “Leads” regularly participate in AFBH staff meetings.

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

Recommendations:

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

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

Finding: Substantial Compliance

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

Training: Completed for relevant staff and ongoing as necessary

Metrics: Observations, Interviews with Staff, Interviews with Incarcerated Persons, AFBH Telehealth Psychiatrist Daily Activity Log-Dr. Yun

Assessment: Substantial compliance has been achieved for this provision during this rating period. The AFBH policy regarding telehealth services was approved by ACBHD administration during the last reporting period. The policy describes the process, which has remained unchanged since monitoring began. The telehealth services process is very straightforward and impacts very few AFBH staff persons involved in providing the services which have been trained.

Telehealth services are only provided to AFBH LOC 1 and LOC X clients by one (1) Psychiatrist. Telehealth continues to be provided in the AFBH Clinic, in a small, private office. Incarcerated persons are brought down by custody staff to the office at the designated appointment time. Confidentiality is safeguarded to the extent that deputies remain outside the office while the consultations occur. However, an AFBH Medical Assistant (MA) is in the room to facilitate the sessions with the telehealth provider.

For this reporting period, this Joint Expert was provided with samples of the Telehealth Psychiatrist's Daily Activity Log which lists the telehealth appointment schedule for each day and the outcome of the activity. Review of the Logs supports that virtually all clients are LOC 1 (with a few LOC X clients). Each day, the Psychiatrist has been typically scheduled ten appointments. For the period, September through December 2024, 33 Daily Activity Logs were reviewed for compliance with established policy. It is important to mention that of the 330 appointments, 138 or 42% of appointments were not conducted because the clients refused to meet with the clinician.

Recommendation(s):

1. Telehealth providers should be integrated into treatment teams at the SRJ and, if appropriate, telehealth related interventions should be considered in treatment team discussions.
2. AFBH Forensic Behavioral Health Clinical Managers should regularly review the Telehealth Daily Activity Logs to ensure compliance with the policy.
3. AFBH supervisors/leadership should consider the 42% "no show" appointment rate and determine the reasons for appointments not being kept, and assess if procedural changes might be initiated to improve compliance.
4. The monthly Telehealth Psychiatrist's Daily Activity Log will be reviewed for compliance with this provision during subsequent reporting periods to assess Substantial Compliance.

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

Finding: Substantial Compliance

Policies: AFBH Therapeutic Housing Units Protocol, AFBH Levels of Care Policy, AFBH Vetting Restricted Housing Committee Referrals

Training: N/A

Metrics: Observations, Interviews with Staff and Joint Experts, Chart Reviews, AFBH Restrictive Housing Unit Suitability Review Form, ACSO Restrictive Housing Committee Decision Form

Assessment: Substantial Compliance has been achieved for this provision with this report. The AFBH Vetting Restricted Housing Committee Referrals policy has been approved by AFBH leadership and is being implemented. This Joint Expert has attended RH Committee Meetings during three tours and has, additionally, reviewed minutes of the RH Committee Meetings. Chart reviews have supported that assessments of AFBH clients (placed in the RH Referrals Pods B &

C of HU 1) pending determination of RH placement are being conducted as required by policy. The AFBH clinical Treatment Team assigned to the RH unit have been trained and are conducting all suitability assessments. The findings of AFBH clinicians and assessment of suitability for placement in RH are being supported in the RH Committee Meetings.

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

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

Finding: Partial Compliance

Policies: AFBH Therapeutic Housing Units Protocol, AFBH Levels of Care Policy, AFBH Vetting Restricted Housing Committee Referrals

Training: Completed for relevant staff and ongoing as necessary

Metrics: Interviews with Staff and Joint Experts, Chart Reviews, Therapeutic Housing Committee Meeting documentation, Therapeutic Housing Committee Referral Form

Assessment: AFBH continues to implement the approved THU Protocol which establishes the THUs as mental health service delivery areas within the SRJ. The staff responsible for the admission and “release” (removal) of individuals from the THUs are the mental health clinicians and psychiatrists, i.e., AFBH staff. Observations during the recent tour and conversations with staff support that AFBH is responsible for the placement and movement from THUs with the assistance and support of ACSO Classification.

Provision 304 requires that incarcerated persons in Administrative Housing be provided with “a written basis for the placement” and a “process of appealing placement.” However, this process is not appropriate for persons requiring placement in a THU as they are very often unable to participate in these processes due to their decompensated thought processes, volatile emotional state, and risk of harm to themselves or others.

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

Also, regarding compliance with Provision 312, weekly Therapeutic Housing Committee (THC) Meetings are required to discuss clients from the three male THUs (HUs 9, 8 and 35), who may be better served in a different THU or in general population housing. As a client’s mental health

symptoms improve, the THC works with ACSO Classification to move clients to a less restrictive environment whenever possible. The THC must consider the client's ability to function in a less restrictive living environment, their current classification "points" and their history in SRJ HUs. Because a "less restrictive environment" can often involve movement to another THU, the THC necessitates representation from all male THUs to best evaluate appropriate "relocation," if that is the committee's decision.

Regarding the female THU population, the THC Chair is responsible for weekly communication with the HU 24 team to discuss and resolve LOC 4 clients and their possible movement to a less restrictive POD. Because HU 24's THU is only three PODs, the movement of these clients is resolved at a local team level and rarely involves the use of classification. AFBH is working toward creating a specific THU for HU 24 as AFBH expands programming in this HU.

Regarding Provision 317 and the requirement for "step-down protocols," AFBH staff assigned to these units work together as members of the unit's Treatment Team. While each clinician individually assesses and works with the incarcerated persons, team members confer via, e.g., huddles, treatment team meetings, and rounds to jointly determine the person's condition, improvement/progress or lack thereof. The incarcerated person's condition and improvements are regularly assessed. Step-down from the more restrictive levels of care, warranted by the acuity of the person's danger to self and others, and removal from the unit is based on these reviews and a determination of when the person can be placed in a less restrictive, albeit more (for the stability of their mental health) challenging environment. From discussions with AFBH and ACSO, it seems that in certain situations an appropriate "step-down" placement may not be available given the security level of the AFBH clients. ACSO and AFBH are encouraged to consider all placement options for persons whose mental health status permits them to function in a less restrictive environment.

Proof-of-practice documentation of weekly THC meetings for the months of September through December has been reviewed by this Joint Expert. Documentation includes an agenda, sign-in sheet, and an individual Therapeutic Housing Committee Referral Form for each client formally discussed. Review of the proof-of-practice finds the meetings to be comprehensive, involve clinical discussion and assessment, and are well attended by AFBH clinical staff. However, as mentioned in the previous report, the meetings are primarily about HU 9 clients and need to address all three male THUs. Also, sign-in sheets show that attendance by AFBH Psychiatrists and Wellpath nursing is lacking. While ACSO Deputies are always present, a Sergeant (as required by the provision) was only present sporadically. A goal for the next reporting period is for each THU to implement their own individual meeting or additional general meetings. To ensure that these committee meetings function effectively, it is essential that they be attended by AFBH Psychiatrists, conducted by the unit's Treatment Team, and that ACSO Security and Classification representatives, as required by the provision, participate in the meetings.

It is also concerning that some of the clinical requests for step-down result in the person not being approved for movement to a less restrictive environment due to their having "too many points." While this Joint Expert understands the responsibility of classification and the need to ensure security, it is also essential that these THUs be viewed as a continuum of care with varying degrees of security. It is critical for the improvement of mental health that person be permitted to move to a unit that offers them greater opportunity for less restrictions and privileges when they are clinically considered to be able to handle the environment. It is recommended that this issue be discussed with ACSO and that steps be taken to provide less restrictive opportunities to person despite their "points."

Recommendation(s):

1. In the absence of THC meetings on each unit, meetings must review clients from all the THUs as necessary. Meetings should occur on a set date and time to ensure attendance.
2. Continue proof-of-practice documentation of the THC meetings.
3. AFBH Psychiatrists, as members of the clinical Treatment Teams, and Wellpath nurses need to attend the Therapeutic Housing Committee meetings.
4. As required by the provision, an ACSO sergeant from the Classification Unit and an ACSO representative from outside the Classification Unit at the sergeant level or higher should attend the Therapeutic Housing Committee meetings.
5. Decisions regarding whether a person can “step-down” to a less restrictive unit should be based on clinical presentation and assessment and less so on classification “points.”

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

Finding: Partial Compliance

Policies: AFBH Vetting Restricted Housing Committee Referrals Policy, AFBH Diagnosing Severe Mental Illness (SMI) Policy, ACSO Policy and Procedure 9.02 Restrictive Housing

Training: Needs Development

Metrics: Observation, Sampling of AFBH Restrictive Housing Suitability Review Forms, Sampling of ACSO Restrictive Housing Committee Decision Forms

Assessment: ACSO conducts formal reviews of persons placed in Restrictive Housing (RH) within the specified timeframes, i.e., within 14 days of being placed in Step 1 and every 30 days while in Step 1, as required by the CD. According to the Classification Joint Expert, Dr. James Austin, classification staff are substantially compliant with the requirements of this provision which includes daily reviews of the status of all persons with SMI in RH.

However, the provision also requires that persons with SMI who remain in RH for 30 days or longer be reviewed on a weekly basis. A proof-of-practice confirming that persons are being identified when meeting the 30-day mark and discussed on a weekly basis needs to be provided to this Joint Expert.

In 2024, attention was placed on persons with SMI which are being considered for placement in RH. Together, AFBH and ACSO developed a process by which persons with SMI pending placement in RH are assessed by AFBH prior to the next weekly RH Committee meeting. AFBH clinicians complete a Restrictive Housing Unit Suitability Form and present their findings at the weekly RH Committee. AFBH staff state whether placement in the RH unit is contraindicated by the person’s mental health issues, primarily concerns regarding psychosis and/or suicidality.

If a person has a SMI and is contraindicated by AFBH for placement in RH Step 1, they were being placed in a dedicated pod (the Contraindicated pod in HU 3) or in RH Step 2 depending upon the nature of the contraindication. Persons with SMI who are not contraindicated for RH may be placed in RH Step 1 or 2. During the tour in December, it was determined that persons contraindicated for RH would be placed in a THU (instead of the dedicated Contraindicated pod). This Joint Expert has requested that this decision be reviewed and that appropriate placements be determined and secured for persons with SMI that cannot be placed in RH.

Recommendation(s):

1. ACSO and AFBH to ensure that the weekly RH Step 1 case review requirements are incorporated into policies and procedures.
2. AFBH and ACSO to continue to conduct and document the weekly RH assessments, as required.
3. ACSO to ensure that persons are assessed for retention and/or release from RH according to the assessment schedule and discussed at the RH Committee meetings on a weekly basis. Proof-of-practice to be provided to this Joint Expert.
4. ACSO and AFBH to review the options for placement of persons contraindicated for RH based on their mental health condition.
5. AFBH to modify policy to include all Provision requirements.

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

Finding: Partial Compliance

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

Training: Completed for relevant staff and ongoing as necessary

Metrics: Chart Reviews, ITR Call-Request Logs

Assessment: This provision addresses the need for a formal referral process should a person's mental health deteriorate while in RH. AFBH continues to manage this provision by assigning a dedicated clinical Treatment Team to the RH Unit six (6) days per week. This clinical oversight provides an opportunity to identify and address any notable changes in a person's behavior or mental state. Observations of the HUs and interviews with RH staff confirm the presence of AFBH clinicians on the units to help ensure such situations are quickly detected.

Additionally, AFBH clinicians who are assigned to the RH unit as well as the Clinical Supervisor participate in the weekly RH Committee. In situations when clients deteriorate, they are assessed for the appropriateness of being moved to another housing location.

RH staff also make necessary requests for immediate/emergency AFBH assistance by phone to the ITR staff. These requests are documented on the ITR Call-Request Log. A review of the Logs for the four months in this reporting period show 121 calls from RH to AFBH (during all shifts)

which are responded to by the AFBH Crisis Response Team, informally known as the “Runners” in a clinically appropriate manner. In response to a recommendation from the last reporting period, the ITR Call-Request Log has been modified with columns added for additional information regarding the outcome of the call requests.

Recommendation(s):

1. AFBH to continue review of the ITR Call-Request Log to serve as proof-of-practice of compliance with this referral process. The “Outcome” of the requests should include the time of the response, whenever possible.

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

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

Finding: Partial Compliance

Policies: N/A

Training: N/A

Metrics: N/A

Assessment: During the last reporting period, AFBH obtained approval of 17 policies and procedures from ACBHD leadership. While no additional policies have been approved during this reporting period, training documents for the following policies have been developed and reviewed by this Expert during this reporting period. Training is pending on the following approved policies:

- AFBH and John George Psychiatric Hospital Client Care Coordination
- AFBH Bridge Medications
- AFBH Disciplinary Incident Response
- AFBH Effective Communication
- AFBH Identifying and Diagnosing “Serious Mental Illness”
- AFBH Intake Psychiatric Non-Verified Medications Pilot
- AFBH Levels of Care
- AFBH Therapeutic Housing Units
- AFBH Polypharmacy Antipsychotic Medication Registry and Monitoring
- AFBH Preventing Suicide and Self-Harming Behavior
- AFBH Re-Entry Services for Clients with a Serious Mental Illness

- AFBH Release Psychiatric Medication (Discharge Meds)
- AFBH Response to Grievances Protocol
- AFBH Santa Rita Jail Intake Policy
- AFBH Santa Rita Jail Referral Policy
- AFBH Telehealth Provider Services Policy
- AFBH Vetting Restricted Housing Committee Referrals

It is critical that AFBH review these policies and procedures as needed or, at a minimum, every six months to ensure that they reflect operations and continue to meet the mandates of the CD and other current operational requirements and to make updates as necessary,

During this reporting period, AFBH continued work on draft policies related to medication refusal, re-entry services, and referrals to psychiatrists.

Recommendation(s):

1. AFBH to continue developing necessary policies and submitting for review towards approval.
2. Formal training for all approved policies to be provided. All training must include detailed lesson plans, related forms/documentation, and include an interactive component. Proof of training must be produced and obtained and is subject to Joint Expert review.
3. All policies should be reviewed at least every six months for accuracy with actual/current processes and revised, if necessary. Accurate and complete policies are essential as they will be used to prepare auditing tools to measure progress towards the CD provisions and measure maintenance of the changes.

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

Finding: Substantial Compliance – Consider Discontinuation of Monitoring

Policies: AFBH Therapeutic Housing Units Protocol

Training: N/A

Metrics: N/A

Assessment: As indicated in the last report, this provision has been met, i.e., a plan for the THUs has been developed and THUs have been implemented. This provision has been reinforced by the ACBHD approval of the Therapeutic Housing Unit Protocol. HUs 9, 24 and 35 have been identified as THUs and operate in accordance with the Protocol to the extent possible with staffing limitations. Training has been provided to all appropriate staff persons and will continue as necessary. During this reporting period, HU 8 was also designated as a THU following the last tour to address the significant AFBH caseload population assigned to this housing unit. These THUs have dedicated clinical Treatment Teams providing clinical services on each unit and conduct huddles to discuss clients and rounds for LOC 4 clients (HUs 8, 9 and 24), and weekly THC meetings.

Both AFBH and ACSO have continued their efforts to establish and operate the THUs as designed and described in the THU Protocol. Full implementation of the THU Protocol has not yet been achieved and is dependent upon additional staffing and provision of a complement of treatment services.

A clinical Treatment Team has also been assigned to RH (HU 1) in addition to the THUs since a significant number of AFBH clients reside on these units. Huddles are occurring on the RH Unit on Sunday through Friday.

Recommendation(s): This Joint Expert finds that the County has been in substantial compliance with this provision for the last three rating periods (in excess of 12 months). Accordingly, this Joint Expert recommends the parties consider requesting this provision be terminated from the Consent Decree. In the meantime, the Expert will reduce monitoring of this provision in future reports.

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

Finding: Partial Compliance

Policies: AFBH Therapeutic Housing Units Protocol, AFBH Diagnosing Severe Mental Illness (SMI) Policy and Procedure, ACSO Crisis Communications for Corrections Training

Training: ACSO Crisis Communications for Corrections Training

Metrics: Interviews with Staff, Observations, Chart Reviews, AFBH Structured Activities Reports

Assessment: Over the past year, AFBH has improved their efforts to assess and identify persons with SMI at SRJ. These enhancements include finalizing the policy and conducting a pilot program regarding the assessment and identification of SMI, the “flagging” of SMI in CG, and ensuring that persons with SMI being released from custody have a documented Re-entry Plan.

Month	Persons with SMI Designation/All LOC
September 2024	41
October 2024	48
November 2024	54
December 2024	47

Reports detailing participation in structured therapeutic activities (individual therapy and group therapy) indicate that approximately 70% of men in THU 9 are participating, predominantly in individual therapy, and approximately 83% of women in THU 24 are availing themselves of individual therapy and/or group therapy. The results reflect the greater participation of women, typical of females in custody.

The ongoing operation of the THUs in HUs 8, 9, 24 and 35, where persons with SMI are most likely to be housed, allow for the placement of severely disturbed incarcerated persons in an environment that offers specific clinical services supported by more consistent observation and interaction. HUs 9 and 35 are entirely committed as THUs for males. Given the housing arrangements in these units, THU 9 (single/double cells) should be used for the more severely disordered males (LOC 3 and 4) and THU 35 (dorm-like setting) for the LOC 2 male inmates. This would ensure that, as a person's mental health stabilizes, they would be "rehoused" to a unit that offers greater freedom of movement and activities. However, it has been challenging for ACSO to house according to a person's LOC given that custody classifications (minimum, medium, maximum) must generally be separated. Since the last tour, ; Pods D, E and F in HU 8 have also been designated as THU due to the significant number of persons on the AFBH caseload who are housed in those pods.

The THU for women (LOC 2-4) consists of D, E and F in HU 24. However, these pods are also used to house women that do not require THU placement, i.e., not LOC 2-4, nor even on the AFBH caseload. Although this does not necessarily conflict with AFBH's provision of individual counseling or groups, it will impact the creation of a "therapeutic milieu" as the units are further developed if not all inmates are part of the AFBH caseload.

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

AFBH staffing limitations due to vacancies however continue to hinder the ability to provide true therapeutic services for all identified persons, especially those with SMI. Case record reviews for the period appear to reflect a greater continuity in treatment interventions both clinical and psychiatric. Chart reviews have noted BIAs followed by more extensive assessments and casenotes by both Clinicians and Psychiatrists for Medication Support. Persons with SMI are receiving more frequent follow-up visits from psychiatrists and clinicians. Daily huddles for those identified as LOC 4 and frequent IOL/intensive observation assessments are also providing a consistent opportunity for clinical contact and review of the person's status.

During the most recent tour, Joint Experts were apprised of ACSO's plans to renovate the C pods in HUs 1, 2 and 9 to create confidential treatment space. The renovation plans have been reviewed with the Joint Experts and will certainly provide an opportunity for greater therapeutic services in close proximity to the THUs. It is recommended that, in addition to the increase in available space, the County should endeavor to create a more therapeutic environment using art, wall colors, and other decorative features to reduce the institutional "feel" of the units. According to ACSO leadership, the renovations should be completed in mid-2025.

Recommendation(s):

1. Whenever possible, ACSO Classification needs to place LOC 2-4 incarcerated persons in the identified male and female THUs and move LOC 1 clients out of the THUs when indicated by AFBH.

2. AFBH needs to provide ACSO with the additional number/type of housing assignments needed for the size of the mental health caseload.
3. ACSO needs to convert additional HUs or pods within HUs to become THUs based on the average size of the AFBH caseload.
4. Housing assignments in the three pods within HU 24 which currently serve as the female THU should reflect LOCs whenever possible.
5. Continue refining policies and procedures with related forms and training regarding therapeutic services provided both in the THUs and wherever incarcerated persons on the mental health caseload are housed.
6. Determine the type and number of clinical staff required to serve the mental health caseload; modify staffing plan and hiring of staff as necessary.
7. AFBH to increase the provision of treatment services as availability of staff increases.
8. Treatment Team rounds in the THU for LOC 4 persons are to be conducted daily (seven days per week).
9. ACSO should continue its plans to renovate C pods in HU 1, 2 and 9 to create confidential treatment areas.

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

Finding: Partial Compliance

Policies: ACSO Policy and Procedure 10.30 Behavioral Health Access Team (BHAT) Post Order, ACSO Policy and Procedure 13.02 Access to Care, ACSO Policy and Procedure 9.04 Behavioral Health Clients and Therapeutic Housing Inmates, AFBH Therapeutic Housing Protocol, AFBH Vetting Restricted Housing Committee Referrals

Training: ACSO Crisis Communications for Corrections Training

Metrics: Observations, Interviews with Staff, AFBH THU Master Schedule, AFBH Therapeutic Housing Committee Meeting documentation, AFBH Restrictive Housing Suitability Review Forms, ACSO Restrictive Housing Committee Decision Forms, Chart Reviews, ACSO 2024 BHAT Deputy Running Log, ACSO 2024 BHAT Groups

Assessment: As previously reported and observed during the tour, formal opportunities for communication between mental health and custody staff have been established and are ongoing. Huddles in the THUs (HU 8, 9, 24 and 35) are reportedly taking place five days per week (six days per week on HU 24) and six days per week in RH (HU 1). Involvement and participation by both custody and clinical personnel was significant during the few huddles which were observed by this Joint Expert during the most recent and past tours. Custody staff engaged in the dialogue regarding the status of persons in the THUs and offered their perspectives and thoughts. Huddle participation is documented.

Therapeutic Housing Committee meetings to discuss AFBH clients in all THUs, except HU 24, are being conducted on a weekly basis in the HU 9 media room as described in the Assessment section of CD provision #317 of this report. These meetings include both AFBH and ACSO representatives and are intended to address clients of concern from all three THUs. However, ideally, individual committee meetings need to be held by each THU and require representation from ACSO, as indicated in the provision. It is critical that ACSO and AFBH staff participate in these committee meetings as they are intended to develop strategies to help the mentally disordered persons on the unit stabilize and be ultimately housed in a less restrictive environment.

AFBH has developed a schedule of weekly group activities that is shared with ACSO to ensure adequate custody support.

In August, ACSO significantly expanded the Behavioral Health Access Team (BHAT). There are now eight (8) BHAT Deputies assigned to assist AFBH and the behavioral health population. The BHAT Deputies continue to escort and monitor group activities provided by AFBH as well as those provided by Telecare and Lifelong.

The chart below shows the number of Telecare, Lifelong and AFBH groups assisted by the BHAT Deputies during this reporting period. Over this reporting period, the average number of groups supported by the BHAT Deputies was 125 per month. In comparison, for the prior months in 2024, the average was 92. This significant increase (36%) in group support directly equates to a significant number of persons participating in therapeutic groups (553 in this reporting period compared to 469 in prior 2024 months).

Month	# of Groups	# of Participants
September 2024	89	503
October 2024	133	644
November 2024	130	511
December 2024	150	556
Averages	125	553

While the increase in BHAT Deputies is certainly a significant enhancement, the recommendation that additional BHAT Deputies may be required to support AFBH clinical services as the system of care evolves, remains the same.

AFBH is also present at the facility's weekly RH Committee meetings to discuss individuals on the AFBH caseload and participate in the decisions made by the committee. AFBH has identified its Forensic Behavioral Health Clinical Manager and Forensic Behavioral Health Clinical Supervisor as designee for Assistant Director to be a dedicated representative at these meetings along with other AFBH staff including Clinicians and psychiatric Providers. Persons with SMI that have active psychotic or suicidal ideation cannot be placed in RH per this Consent Decree. A process is in place which ensures that AFBH is assessing these persons within seven days of placement in a RH Intake unit to determine their suitability for placement in RH. This process as described in policy was observed by this Joint Expert during the tour and appears to be ensuring that persons considered for RH are being assessed, and that AFBH's decisions regarding placement are consistent with the person's mental health state and honored by the RH Committee. A review of RH Suitability Review Forms and RH Committee Decision Forms from

meetings during this reporting period confirms the suitability assessments by AFBH and the review of the incarcerated persons during the committee meetings.

ACSO requests for AFBH assistance are documented on the ITR Call-Request Log. These include requests for immediate/emergency assistance (emergent and urgent referrals), non-emergency assistance and informational notifications. A total of 2,121 entries were made on the Log over the four months of this reporting period. As such, AFBH received an average of 17 requests per day or 530 notifications per month.

A qualitative, random review of 80 Log entries in the four-month period found an extensive variety of requests for assistance at varying levels of necessity, some of which expressed concerns about possible suicidal/self-injurious behaviors. Based on the number and breadth of calls, it is clear that ACSO staff is utilizing AFBH/contractual mental health staff. Information on the Logs indicates that calls are being handled in a clinically appropriate manner.

Recommendation(s):

1. Both ACSO and AFBH need to continue consistently assign staff to units servicing incarcerated persons with mental health designations.
2. Both agencies need to continue developing and revising policies that address formal communication.
3. ACSO to continue reviewing and assessing the number of BHAT deputies necessary to support mental health treatment functions.

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

Finding Substantial Compliance

Policies: AFBH Santa Rita Jail Intake Policy, ACSO Policy and Procedure 11.02 Intake Procedures, ACSO Policy and Procedure 10.04 Intake Deputy Post Orders, ACSO Policy and Procedure 13.06 Suicide Prevention and Suicide Reviews

Training: Completed for relevant staff and ongoing as necessary

Metrics: Observations, Interviews with Staff, AFBH BIA Tool, AFBH Suicide Risk Assessment Tool, Chart Reviews, AFBH Monthly QA BIA Review-ITR, AFBH Intakes Completed by Month

Assessment: The last tour report noted that AFBH Intake staff and contracted staff working in ITR had been using the revised BIA Tool for every individual booked into SRJ. The form meets all requirements of the CD and includes inquiry into relevant areas of mental health history, current functioning, and includes a suicide risk screening. During this reporting period, AFBH has been working to modify the BIA to obtain more detailed information regarding substance use and ensure effective communication and early identification of intellectual and developmental disabilities. The form also includes a place to enter the LOC designation which is intended to identify the person’s level of mental health service need. The BIA Tool is completed electronically and becomes a part of the client’s AFBH Electronic Health Record (EHR) with a paper version available as a “backup” should systems be unavailable. Chart reviews support that the BIAs are being completed. The suicide risk portion of the BIA is being completed and LOC designations are consistent with the results of the suicide screening portion of the tool. Training on the BIA and related procedural changes has occurred and continues as necessary.

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

Month/Year	# of Intakes Completed
September 2024	1,589
October 2024	1,529
November 2024	1,436
December 2024	1,413
Total	5,967

The chart indicates that there is relative consistency in the number of intakes conducted by AFBH each month. The average number of intakes per month for the last reporting period was 1,596. These figures allow AFBH leadership to better establish staffing requirements for the ITR functions.

During this reporting period, AFBH has initiated a monthly quality assurance (QA) review of completed BIAs conducted by ITR Clinical Supervisors and the ITR Clinical Manager. QA reviews for the months of October through December 2024 were reviewed by this Joint Expert and demonstrate a thorough review of the BIA documentation. According to AFBH leadership, findings of the reviews are discussed in weekly ITR leadership meetings, with corrective actions identified and taken.

Recommendation(s):

1. AFBH needs to continue monthly QA reviews of BIAs and provide proof-of-practice to this Joint Expert.
2. AFBH to modify policy as necessary to include the QA review and process.

706. b. An “Emergent” mental health condition requires immediate assessment and treatment by a Qualified Mental Health Professional in a safe therapeutic setting to avoid

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

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

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

Finding: Partial Compliance

Policies: AFBH Santa Rita Jail Referral Policy, AFBH Santa Rita Jail Intake Policy, ACSO Policy and Procedure 8.12 Inmate Observation and Direct Visual Supervision, ACSO Policy and Procedure 11.4 Scope of Intake, Classification and Medical Screening Procedures, AFBH Levels of Care Policy and Procedure, ACSO Policy and Procedure 13.06 Suicide Prevention and Suicide Reviews

Training: Completed for relevant staff and ongoing as necessary

Metrics: Interviews with Staff, ACSO Intake/Receiving Medical Review Form (Wellpath), AFBH BIA Tool, AFBH ITR Activity Log, Chart Reviews. ITR Call-Request Log

Assessment: The AFBH policies for intake and referral were approved during the last reporting period. However, the referral policy needs extensive revision as it lacks important components related to this provision. AFBH has further modified the BIA Tool since the last report as efforts to comply with CD provisions, especially in the areas of substance use and intellectual/developmental disabilities. The BIA Tool includes determination and assignment of the person’s LOC. The LOC identifies the acuity of mental health issues, identifies the timeframe for follow-up after intake, and identifies the appropriate housing placement, e.g., THU. Emergent referrals are equivalent to LOC 4, Urgent referrals are equivalent to LOC 3 and Routine referrals are equivalent to LOC 2, each with specific timeframes for follow-up. Given staffing limitations, clients with urgent and routine referrals are not being seen according to the timelines in these provisions.

Recommendation(s):

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

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

Finding: Partial Compliance

Policies: AFBH Santa Rita Jail Referral Policy

Training: Completed for relevant staff and ongoing as necessary

Metrics: Interviews with Staff, AFBH Half-Sheet Referral Form, ITR Call-Request Logs, SRJ ATIMS Medical-Notes Report Samples, Chart Reviews

Assessment: The policy regarding referrals, which is essential to compliance with this provision, needs to be revised.

AFBH receives referrals and requests for assistance with mental health services and related issues in various ways. Incarcerated persons can request services through paper or electronic medical request forms, ACSO and Wellpath refer persons for assessment and intervention via the AFBH Half-Sheet Referral Form, by phone, in person, email, and on ATIMS (the ACSO Jail Management System). AFBH also receives referrals from attorneys, the courts, family members of incarcerated persons, and community-based providers by phone or email.

On a daily basis, AFBH staff receive a Medical-Notes report from ATIMS, which lists all referrals made via ATIMS. The report provides the incarcerated person’s information and the reasons for the referral, which may be medication refusals. Samples of the Medical-Notes for the reporting period were reviewed. Information on the Medical-Notes documents is detailed and informative. Chart reviews indicate that referrals via the Medical Notes report are being identified and addressed.

Non-emergency referrals that come through via ATIMS (either from ACSO or Wellpath) are scheduled for a follow-up appointment with a clinician or psychiatric provider, as needed. These appointments are typically scheduled within 14-days, depending on the type of referral and when the individual was last seen.

Beyond ITR, most referrals for AFBH assistance by ACSO are calls made to a dedicated AFBH line in the ITR area. Calls are documented on the ITR Call-Request Log. These include requests

for immediate/emergency assistance (emergent and urgent referrals), non-emergency assistance and informational notifications. A total of 2,121 entries were made on the Log over the four months of this reporting period. As such, AFBH received an average of 18 requests per day or 530 notifications per month.

A qualitative, random review of 80 Log entries in the four-month period found an extensive variety of requests for assistance at varying levels of necessity, some of which expressed concerns about possible suicidal/self-injurious behaviors. Based on the number and breadth of calls, it is clear that ACSO staff is utilizing AFBH/contractual mental health staff. Information on the Logs indicates that calls are being handled in a clinically appropriate manner.

Month	Total # of Log Entries	Daily Average
September 2024	496	17
October 2024	549	18
November 2024	527	18
December 2024	550	18
Total	2,121	18

AFBH plans to streamline the referral process to ensure that referrals are correctly made, received and responded to within the required timeframes. To this end, a new referral form has been developed, reviewed and approved, but has yet to be implemented pending completion of the policy and procedure related to the referral for services process. While an electronic tracking system for referrals is not available, a dedicated email has been established to receive referrals.

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

Recommendation(s):

1. AFBH needs to continue its plan to fully develop an efficient and effective referral process.
2. AFBH needs to revise its policy regarding the process for mental health referrals with related forms and training.
3. Post-booking referrals must be responded to within the 14-day period and any “emergent” or “urgent” referrals seen within the timeframes noted in provisions 706 and 707.
4. Interagency referrals and notifications regarding the welfare of incarcerated persons, as required by the CD, must be completed and documented. Proof-of-practice for these referrals must be established.
5. While the ITR Call-Request Log has been modified for additional “outcome” information regarding requests for assistance, the Log should require entry of the time of the response to the request for auditing purposes.

710. f. This initial mental health screening shall be conducted by a Qualified Mental Health Professional in a confidential setting. The Jail shall ensure that the initial mental

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

Finding: Partial Compliance

Policies: AFBH Santa Rita Jail Intake Policy

Training: Completed for relevant staff and ongoing as necessary

Metrics: Observations, Interviews with Staff, Chart Reviews

Assessment: The AFBH SRJ Intake policy is approved. Everyone who enters the SRJ is seen by an AFBH or contracted QMHP and an initial mental health assessment (typically the BIA) is completed. AFBH currently operates two booths in the ITR area for confidential intake assessments. (A third interview area is also available but is not deemed by this Joint Expert to be confidential.) As AFBH strives to complete intake assessments within the four-hour period required by the CD, it is very likely that additional confidential interview space will need to be identified for use.

To comply with CD provisions related to intake, AFBH must complete the BIA/intake process within four (4) hours of the person entering ACSO custody. In April 2024, AFBH began tracking compliance using the inmate’s booking time in ATIMS and the time the clinician initiates the BIA. While formal results of this tracking are not available for this report, it has been anecdotally reported to this Joint Monitor that approximately 50% of the intake assessments are currently being completed within the four-hour timeframe.

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

Month/Year	# of Intakes Completed
September 2024	1,498
October 2024	1,653
November 2024	1,554
December 2024	1,557
Total	11,175

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

Recommendation(s):

1. Further, ongoing review of facility mental health service needs and staff assignments should be conducted to ensure that an AFBH/contracted presence in the ITR area to complete the BIA within the four-hour timeframe.

2. Discuss additional intake space needs with ACSO and identification of confidential interview area to be used, if necessary.
3. AFBH needs to provide this Joint Expert with results of the BIA tracking efforts that attest to the completion of the BIA within the four-hour timeframe required by the provision.

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

Finding: Substantial Compliance

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

Training: Completed for relevant staff and ongoing as necessary

Metrics: Interviews with Staff, Chart Reviews, ITR Training Checklist

Assessment: Suicide and self-harm flags have been placed in ATIMS. The approved SRJ Jail Intake policy describes how suicide and self-harm flags are to be determined. The BIA currently in use includes designations for SMI and Suicide Risk flags. AFBH staff enter the Suicide and Self-Harm flags into ATIMS. Suicide flags are being entered into ATIMS when noted on the BIA or when a person is placed on IOL. AFBH will be continuing its efforts to ensure that all flags and LOC designations are provided for all incarcerated persons. Appropriate staff have been trained and additional staff will be trained as necessary.

Chart reviews support the presence of suicide and self-harm flags when appropriate.

Recommendation(s):

1. AFBH needs to ensure that all staff are appropriately trained to use the flags and provide training as necessary.
2. Supervisors need to review and audit compliance with the use of the flags.

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

Finding: Partial Compliance

Policies: AFBH Bridge Medications Policy, AFBH Intake Psychiatric Non-Verified Medications Pilot, AFBH Santa Rita Jail Intake Policy

Training: Developed; Pending

Metrics: Interviews with Staff, AFBH Consent to Obtain Medication Verification form, Wellpath policy review, Chart Reviews, AFBH Bridge Medications Log

Assessment: The process for the verification of current medications for newly-arriving inmates to maintain continuity of medications is discussed in two AFBH policies which were approved during the last reporting period. The AFBH Bridge Medications policy details the actions of the ITR Clinicians and psychiatric Providers in verifying and prescribing the medications and the audit process for the functions. In policy, current medications are to be verified within 24 hours of a person's intake into the SRJ by the on-site psychiatric Provider or on-call Telecare psychiatrist and entered in CorEMR (the Wellpath EMR). Efforts to comply with this procedure, including the use of the non-verified medication request form, are made and documented in the person's chart. If medications cannot be verified according to timelines established in policy, the person will be placed on the scheduled psychiatrist's Immediate Care Clinic (ICC) schedule for the following day. Chart reviews for this reporting period indicate when medication verifications are initiated and completed.

AFBH clerical compiles a Bridge Medications Log tracking report on a monthly basis. The Log is available for review. The Log lists each person for whom a verification request was made and the outcome of the verification (e.g., person referred to ICC, medications ordered, verification received). Below are the number of bridge medications initiated at intake for this reporting period.

Month	# of Bridge Medications Initiated	Daily Average
September 2024	165	5
October 2024	186	6
November 2024	203	6
December 2024	191	6
Total	745	

To further assess the process of providing bridge medications, AFBH is expected to conduct a quarterly audit utilizing the Continuity of Care Psychiatric Medications Audit Tool. This audit reviews the actions of the psychiatrists and nursing staff in the process of rendering bridge medications. An initial audit of 20 sample records was conducted in December 2023 and found compliance rates between 84% and 91% on the audit tool items which assessed if medications were ordered within 24 hours/reviewed and/or documented by psychiatric providers, and if medications were delivered within 48 hours by Wellpath nurses. There is no proof of any audits taking place in 2024.

As compliance is also dependent upon the delivery of medications, the appropriate Wellpath policy has also been reviewed and found to be consistent with the CD provision. According to

their policy, once initial doses of psychiatric medications are ordered, the medications are immediately placed for the next available medication administration line. Specifically, daily and evening (HS) medication will be provided within 24 hours, twice a day (BID) medication within 12 hours, and three times a day (TID) medication within 12 hours.

Recommendation(s):

1. Training of all appropriate staff on the approved policy will be necessary.
2. The Continuity of Care Psychiatric Medications audits need to be continued on a quarterly basis and provided to this Joint Expert as proof-of-practice.

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

Finding: Partial Compliance

Policies: AFBH Santa Rita Jail Intake Policy

Training: Completed for relevant staff and ongoing as necessary

Metrics: Observations, Interviews with Staff, Chart Reviews

Assessment: As previously reported, there are now two dedicated booths in the ITR area for intake assessments that offer a confidential interview process. Based on current SRJ intake flow, however, the two booths will likely not be sufficient for AFBH to conduct intakes within the four-hour requirement. As discussed in provision 710, as AFBH strives to complete intake assessments within the required four-hour period, additional confidential interview space will need to be identified for use.

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

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

Recommendation(s):

1. Continue supervisory assessments of whether the two interview booths are sufficient to provide AFBH intake assessments within the required four-hour period.
2. Discuss additional intake space needs with ACSO and identification of confidential interview area to be used, if necessary.

715. k. Prior to accepting custody of any arrestee, Jail personnel conduct a pre-booking screening of all individuals while they are still in the custody of an arresting officer to identify potentially urgent medical and/or emergent mental health issues and are deferred to outside treatment when necessary, including if arrestees indicate they are suicidal.

Arrestees who express suicidality during the pre-booking screening shall be assessed to determine if they meet criteria under Welfare and Institutions Code § 5150 (“Section 5150”). Individuals who meet criteria under Section 5150 are deferred to psychiatric care and treatment and are not admitted to the Jail. Subsequent admission to the Jail of individuals who were deferred to outside medical or mental health treatment shall be predicated upon obtaining clearance from a community hospital.

Finding: Substantial Compliance – Consider Discontinuation of Monitoring

Policies: AFBH Santa Rita Jail Intake Policy

Training: N/A

Metrics: Interviews with Staff, Observations; Wellpath Policies & Procedures, Draft-HCD 110_E-02 “Receiving Screening-Alameda CA, Sampling of ACSO Intake/ Receiving Medical Review Form (Wellpath)

Assessment: Prior to accepting an arrestee into custody, Wellpath nursing staff perform an assessment of the arrestee’s physical condition and mental health state to determine whether they are appropriate to accept into the SRJ. AFBH ITR staff are not involved in this assessment as this function is the responsibility of Wellpath, the medical provider. If the person is deemed inappropriate for booking for medical reasons and/or meets criteria for the Welfare and Institutions Section 5150, the arresting agency will be responsible for taking the individual for a medical clearance prior to returning to SRJ. Wellpath’s Receiving Screening policy, which has been reviewed by this Joint Expert, addresses this process. Wellpath leadership has provided random proof-of-practice examples of their pre-booking screening process to this Joint Expert for the period September 1st through December 31st, 2024.

Recommendation(s): This Joint Expert finds that the County has been in substantial compliance with this provision for the last two rating periods (equating to a 12-month period). Accordingly, this Joint Expert recommends the parties consider requesting this provision be terminated from the Consent Decree. In the meantime, the Expert will reduce monitoring of this provision in future reports.

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

Finding: Partial Compliance

Policies: AFBH Santa Rita Jail Intake Policy

Training: AFBH ITR Checklist

Metrics: Interviews with Staff, AFBH Monthly QA BIA Review-ITR

Assessment: Development and implementation of quality assurance measures can now be initiated with the approval of the SRJ Intake policy and the hiring of the AFBH Forensic Behavioral Health Clinical Manager as indicated in the last report. At this time, there is some information regarding the intake process and referrals drawn from the CG. But, to ensure that the information

regarding intake activities is complete, an interface with ATIMS or other means of verification using the ACSO information would be ideal.

During this reporting period, AFBH has initiated a monthly quality assurance review of completed BIAs conducted by ITR Clinical Supervisors and the ITR Clinical Manager. Quality assurance (QA) reviews for the months of October through December 2024 were reviewed by this Joint Expert and demonstrate a thorough review of BIA documentation. According to AFBH leadership, findings of the reviews are discussed in weekly ITR leadership meetings, and corrective actions are identified and taken.

During the last reporting period, as required by the CD, AFBH ITR began to determine the length of time it takes to complete the BIA. At this time, they are completing this manually using date/time stamp information provided by ACSO booking staff. No formal analysis of the time to complete the BIAs is available. However, anecdotally, supervisory staff report that the BIAs are being completed within the four-hour timeframe 50% of the time.

Given that ACSO manages the ITR process and determines when AFBH is provided with the person to complete the BIA, it will be the responsibility of ACSO to make best efforts to escort persons to AFBH intake staff no later than three hours from being admitted to custody for the four-hour requirement to be met.

Recommendation(s):

1. Develop and implement an AFBH policy or modify existing policy to address quality assurance for the intake process with related forms and training.
2. AFBH supervisory staff need to continue service delivery audits according to the established policy.
3. Quality assurance processes need to be modified and enhanced as the service system is expanded.
4. ACSO to modify the ITR process to make best efforts to provide AFBH with persons at intake no more than three hours after admission to the SRJ to allow for the completion of the BIA within four hours as required by this provision.
5. AFBH to provide this Joint Expert with an analysis of the time to complete the BIAs by the next reporting period.

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

Finding: Partial Compliance

Policies: N/A

Training: N/A

Metrics: Observations, Interviews with Staff, ACSO Capital Program, ACSO SRJ Construction Projects Update

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

Efforts to use the non-contact visitation booths in THU 9 as confidential meeting areas have not been as successful as expected. While not ideal, these booths are appropriate for clinical encounters. However, as reported in the past, this Joint Expert has been advised that these booths are infrequently used as clients are refusing to use them, staff have encountered difficulties with accessing the booths, and there continue to be concerns regarding confidentiality.

ACSO has initiated plans to convert the “C” pods in HU 1, 2 and 9 into spaces for group and individual (confidential) meetings. HU 35 and 24 will also have additional meeting space with the retrofitting of existing multipurpose rooms. These projects have begun and are expected to be completed in mid-2025.

During this reporting period AFBH staff have used areas in the Sandy Turner Center, a training room in HU 25, and the quasi-yard in HU 35 as space for confidential meetings. These spaces are being used to increase the number of opportunities for confidential AFBH clinical encounters. ACSO and AFBH staff are working to determine if the Sandy Turner Center can be used for confidential clinical space for additional HUs in the next reporting period.

To further address this provision, ACSO has ordered secure programming chairs for the THU multi-purpose rooms and RH Units which will allow these areas to be used for confidential group and/or individual interventions and there has been discussion about converting pods into treatment space and office space for AFBH.

As discussed in provision 204, ACSO has doubled the number of BHAT Deputies since the last report. There are now eight (8) dedicated Deputies to escort and support mental health services.

Recommendation(s):

1. AFBH to continue encouraging the use of the THU non-contact visitation booths for clinical encounters.
2. Continue active, frequent discussion of plans for establishing confidential meeting areas for the THUs.
3. Conduct staffing analysis to determine not just the space needs but the clinical and custodial personnel required to comply with the provision.
4. ACSO to continue retrofitting C-pods in HUs for therapeutic activities.
5. Maintain cell-side encounters to only those situations where the person adamantly refuses to leave their cell and/or true safety concerns for the person and staff exist.

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

Finding: Partial Compliance

Policies: AFBH Santa Rita Jail Intake Policy, AFBH Santa Rita Jail Referral Policy, Draft-Refusals of Prescribed Psychiatric Medications and Compliance Audit Requirements

Training: Needs Development

Metrics: Interviews with Staff, AFBH Half-Sheet Referral Form, ATIMS Medical-Notes Report Samples, Chart Reviews, ITR Call-Request Logs

Assessment: The policy regarding referrals, which is essential to compliance with this provision needs revision.

AFBH receives referrals and requests for assistance with mental health services and related issues in various ways. Incarcerated persons can request services through paper or electronic medical request forms, ACSO and Wellpath refer persons for assessment and intervention via the AFBH Half-Sheet Referral Form, by phone, in person, email, and on ATIMS (the ACSO Jail Management System). AFBH also receives referrals from attorneys, family members of incarcerated persons, and community-based providers by phone or email.

On a daily basis, AFBH staff receive a Medical-Notes report from ATIMS, which lists all referrals made via ATIMS. The report provides the incarcerated person's information and the reasons for the referral, which may be medication refusals. Samples of the Medical-Notes for the reporting period were reviewed. Information on the Medical-Notes documents is detailed and informative. Charts reviews indicate that referrals received from the ATIMS Medical Notes reports are being identified and handled.

Beyond ITR, most referrals for AFBH assistance by ACSO are calls made to a dedicated AFBH line in the ITR area. Calls are documented on the ITR Call-Request Log. These include requests for immediate/emergency assistance (emergent and urgent referrals), non-emergency assistance and informational notifications. A total of 2,121 entries were made on the Log over the four months of this reporting period. As such, AFBH received an average of 17 requests per day or 530 notifications per month.

A qualitative, random review of 80 Log entries in the four-month period found an extensive variety of requests for assistance at varying levels of necessity, some of which expressed concerns about possible suicidal/self-injurious behaviors. Based on the number and breadth of calls, it is clear that ACSO staff is utilizing AFBH/contractual mental health staff. Information on the Logs indicates that calls are being handled in a clinically appropriate manner although the timeframe for responses is very often not clear.

AFBH has developed a new referral form which has been approved by this Joint Expert which needs to be implemented.

Recommendation(s):

1. Revise the policy regarding how referrals will be made; include discussions with ACSO, Wellpath and internally within AFBH.
2. Refer to provision 709 for additional recommendations.

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

Finding: Partial Compliance

Policies: AFBH Santa Rita Jail Referral Policy, AFBH Santa Rita Jail Intake Policy

Training: Needs Development

Metrics: Interviews with Staff, Chart Reviews, ITR Call-Request Logs, SRJ ATIMS Medical-Notes Report

Assessment: The policy addressing referrals and how compliance will be monitored and audited needs revision.

AFBH receives referrals and requests for assistance with mental health services and related issues in various ways. Incarcerated persons can request services through paper or electronic medical request forms, ACSO and Wellpath refer persons for assessment and intervention via the AFBH Half-Sheet Referral Form, by phone, in person, email, and on ATIMS (the ACSO Jail Management System). AFBH also receives referrals from attorneys, family members of incarcerated persons, and community-based providers by phone or email.

On a daily basis, AFBH staff receive a Medical-Notes report from ATIMS, which lists all referrals made via ATIMS. The report provides the incarcerated person's information and the reasons for the referral, which may be medication refusals. Samples of the Medical-Notes for the reporting period were reviewed. Information on the Medical-Notes documents is detailed and informative. Charts reviews indicate that referrals received from the ATIMS Medical Notes reports are being identified and handled.

Beyond ITR, most referrals for AFBH assistance by ACSO are calls made to a dedicated AFBH line in the ITR area. Calls are documented on the ITR Call-Request Log. These include requests for immediate/emergency assistance (emergent and urgent referrals), non-emergency assistance and informational notifications. A total of 2,121 entries were made on the Log over the four months of this reporting period. As such, AFBH received an average of 18 requests per day or 530 notifications per month.

A qualitative, random review of 80 Log entries in the four-month period found an extensive variety of requests for assistance at varying levels of necessity, some of which expressed concerns about possible suicidal/self-injurious behaviors. Based on the number and breadth of calls, it is clear that ACSO staff appropriately utilize AFBH/contractual mental health staff. Information on the Logs indicates that calls are being handled in a clinically appropriate manner although the timeframe for responses is very often not clear.

Month	Total # of Log Entries	Daily Average
September 2024	496	17
October 2024	549	18
November 2024	527	18
December 2024	550	18
Total	2,121	18

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

Recommendation(s):

1. Revise the AFBH policy addressing referral processes and required timelines for routine and emergency mental health referrals with related forms and training.
2. AFBH supervisory staff needs to conduct audits of the referral process to assess compliance and determine correction actions.
3. Refer to provision 709 for additional recommendations.

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

Finding: Non-Compliance

Policies: AFBH Santa Rita Jail Intake Policy

Training: Needs Development

Metrics: AFBH Half-Sheet Referral Form, SRJ ATIMS Medical-Notes Report

Assessment: A formal process to address this provision is under discussion and a policy is being written. A training, "Psychiatric Referrals," has been developed and is under AFBH leadership review. The process will need to be written either in an independent policy or as a part of the AFBH Santa Rita Jail Referral Policy.

Recommendation(s):

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

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

Finding: Partial Compliance

Policies: ACSO Policy and Procedure 13.22 Medical Quality Assurance Process for the Detention and Corrections Inmate Health Care System

Training: Requires Development

Metrics: Interviews with Staff

Assessment: As indicated in prior reports, there are plans for establishing a Quality Assurance Committee.

A policy outlining comprehensive quality assurance practices for the delivery and monitoring of mental health services has not been developed. But, if appropriate, all approved policies should have included proof-of-practice measures with concomitant reports to support the efforts.

Recommendation(s):

1. Continue developing the QA team; assign appropriate staff to QA duties.
2. Develop and implement an AFBH policy addressing QA processes for the various services with related forms and training.
3. AFBH supervisory staff needs to conduct service delivery audits according to the established policy.
4. Modify and enhance QA as the service system is expanded.
5. Establish QA Committee meetings and provide this Joint Expert with minutes of the meetings.

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

Finding: Substantial Compliance

Policies: AFBH Levels of Care Policy

Training: Completed for relevant staff and ongoing as necessary

Metrics: Interviews with Staff, Exhibit C of CD, Chart Reviews, AFBH Biweekly LOC Reports, ACSO SRJ Population 2024

Assessment: The AFBH Levels of Care policy was formally approved in July 2024. The policy is consistent with Exhibit C of the CD which presents the Mental Health Levels of Care which was initiated in April 2022. The document describes each level’s clinical presentation and the service components (type and frequency) that are to be provided as well as LOC “X” which identifies incarcerated persons who have been assessed but are clinically determined to not need mental health services and are not requesting mental health services.

Over the past two years, as the AFBH system of care has developed, clinical criteria for the levels have been modified to provide greater clarity to the staff conducting the leveling assessments. LOC information is entered into CG as well as ATIMS at intake and throughout the person's incarceration to reflect the state of the person's mental health. LOC designations allow ACSO staff to know the incarcerated person's mental health status and assist ACSO in making housing placement decisions.

Substantial Compliance is being granted given that AFBH has been diligently assessing LOC since November 2022 with progressive, responsible refinements to the process. At this point, there are over two years' worth of data that demonstrate consistent patterns (Refer to Joint Expert's Reports 2-5). Throughout this time, the AFBH caseload has been approximately 50% of the SRJ population. The percentages of the caseload by LOC have also been consistent and the number of persons which have not been assessed/assigned a LOC is now at 0%.

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

Level of Care - Averages & Ranges for the Period 9/01/2024-12/31/2024

Level of Care	Percentage	Percentage Range	Number	Number Range
LOC 1	33%	29% - 34%	490	437 - 512
LOC 2	17%	16% - 18%	246	231 - 262
LOC 3	6%	6% - 7%	91	78 - 99
LOC 4	2%	2% - 3%	34	26 - 43
Average			861	809 - 903

Level of Care Reports for the Period 9/01/2024-12/31/2024

Report Date	LOC 1	LOC 2	LOC 3	LOC 4	LOC X	Pending LOC	Total LOC 1-4
9/09/24	33% N=480	16% N=239	6% N=94	2% N=26	42% N=613	0% N=0	839
9/23/24	33% N=477	16% N=231	7% N=94	2% N=29	42% N=614	0% N=0	831
10/07/24	29% N=437	17% N=251	5% N=80	3% N=41	41% N=611	0% N=0	809
10/21/24	31% N=505	17% N=245	6% N=86	3% N=37	41% N=600	0% N=0	873
11/04/24	34% N=512	16% N=244	7% N=97	2% N=34	40% N=599	0% N=0	887
11/18/24	34% N=511	16% N=241	7% N=99	3% N=43	40% N=605	0% N=0	894
12/02/24	34% N=503	17% N=259	7% N=98	3% N=43	39% N=580	0% N=0	903
	35%	18%	6%	2%	39%	0%	

12/16/24	N=504	N=262	N=93	N=28	N=557	N=0	887
12/30/24	36% N=480	18% N=238	6% N=78	2% N=26	39% N=526	0% N=0	822
Average	33%/490	17%/246	6%/91	2%/34	40%/589	0%/0	861

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

- It is notable that the number of persons pending an LOC (i.e., not having been assessed) has been at 0% since the prior reporting period (highlighted in green), indicating that all incarcerated persons are being assessed and “leveled.”
- The number of persons with an LOC 4 (range of 2-3% of the caseload), as previously reported, continues to be quite low relative to the size of the overall AFBH caseload and the population of the SRJ.
- The size of the varying LOCs have remained relatively consistent over the rating period.

When compared with the entire SRJ population, the AFBH caseload is approximately 54% of the population. These figures are consistent with those in the prior report. The SRJ mental health population figures are also consistent with national statistics as expressed by the National Institute of Corrections for mental health disordered persons in jail settings. As apparent, the AFBH caseload size appears to be stable at approximately 861 incarcerated persons and is relatively consistent with the figures previously reported. The data for September through December 2024 is shown below:

AFBH Caseload for the Period September 2024 through December 2024

Months	Average Caseload LOC 1-4	SRJ Population/ Last Day of Month	% of SRJ Population on AFBH Caseload
September 2024	835	1,640	50%
October 2024	841	1,528	55%
November 2024	891	1,553	57%
December 2024	823	1,480	55%
Average	871	1,550	54%

Recommendation(s):

1. Continue QA monitoring of LOC designations.
2. ACSO together with AFBH should use the aggregate LOC data to determine the need for additional THUs.

723. Provide that mental health clinicians offer encounters that are clinically appropriate, of clinically appropriate duration and conducted in confidential settings with consistent

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

Finding: Partial Compliance

Policies: Need Development

Training: Needs Development

Metrics: Interviews with Staff, Observations, Chart Reviews, ACSO SRJ Construction Projects Update

Assessment: The type and frequency of clinically appropriate services required by the THU Protocol are still not being provided. This is due largely to two factors: the availability of clinical staff and the availability of confidential treatment areas. The plan for Telecare to assume responsibility for ITR functions and facilitate additional AFBH clinical staff for assignment to the HUs has not yet come to fruition. Chart reviews demonstrate that intake assessments are taking place, suicide and self-harm is being identified and communicated, and the THUs are offering clinical presence (huddles, rounding), and clinical interventions are being provided. However, the frequency of interventions according to the person’s LOC as required by this provision and the variety and scope of interventions are not being provided.

Specifically, AFBH clinicians provide follow-up visits to persons on their assigned caseloads in HUs and in the clinic, follow-up on persons placed on IOL status, and respond to ACSO requests in the event of a referral due to crisis, “pre-planned uses-of-force” and safety cell placement. AFBH psychiatrists are conducting medication assessments and follow-up encounters. However, these therapeutic efforts are not sufficient to comply with the expected type, frequency and duration as defined in the THU protocol. Case record reviews indicate that while follow-up sessions by both clinicians and psychiatrists are occurring, they are not to the level of frequency required by the client’s LOC and the THU Protocol.

Despite these limitations, the THUs in Units 8, 9, 24 and 35 and a dedicated Treatment Team in RH, have improved the quality of mental health attention and services to incarcerated persons on these units.

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

In early 2024, ACSO and AFBH established a Contraindicated pod in the Special Handling Unit (HU 2) as the placement option for persons who would otherwise be placed in RH but for their SMI diagnoses and/or acute potential for self-harm and active psychosis. AFBH assigned a clinical Treatment Team on the unit to provide clinical services according to the person’s LOC. During the course of the recent site visit, however, a decision was made to discontinue placement in the Contraindicated pod in favor of placing the persons into a THU. While this may appear to

be the best therapeutic option, there are concerns regarding the impact of these behaviorally disordered persons to the THU milieu.

The ability to provide appropriate clinical services is also negatively impacted by the lack of proper, confidential meeting areas. This results in most clinical encounters occurring at tables in the HU's dining/day room area and, when security and safety are concerns or cell-side when a client refuses to leave their cell. Use of the multi-purpose rooms would increase viable treatment areas but due to security are not in use. As described in provision 717, ACSO has initiated plans to convert the "C" pods in HU 1, 2 and 9 into spaces for group and individual (confidential) meetings. HU 35 and 24 will also have additional meeting space with the retrofitting of existing multipurpose rooms. These projects have begun and are expected to be completed in mid-2025.

ACSO is in the process of ordering secure programming chairs that will allow for treatment services to be provided without the presence of an ACSO deputy.

Recommendation(s):

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

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

Finding: Partial Compliance

Policies: N/A

Training: N/A

Metrics: ACSO SRJ Capital Program, ACSO SRJ Construction Projects Update

Assessment: The THUs do not have space for appropriate therapeutic encounters and the milieu of the units is not consistent with a therapeutic environment. Day room tabletops do not afford confidentiality. A few areas have been identified outside of the HUs (non-contact visitation areas, "multi-purpose" rooms, the Sandy Turner Center, training rooms and quasi-yards) and are being utilized as available.

As described in provision 717, ACSO has initiated plans to convert the "C" pods in HU 1, 2 and 9 into spaces for group and individual (confidential) meetings. HU 35 and 24 will also have additional meeting space with the retrofitting of existing multipurpose rooms. These projects have begun and are expected to be completed in mid-2025.

ACSO is also in the process of ordering secure programming chairs that will allow for treatment services to be provided without the presence of an ACSO deputy.

Recommendation(s):

1. ACSO and AFBH to continue encouraging using the non-contact visitation booths and other confidential spaces for individual sessions.
2. ACSO and AFBH to objectively review treatment space needs according to the THU LOC requirements.
3. ACSO and AFBH to consider all options for repurposing and retrofitting space for clinical services.
4. ACSO to continue retrofitting C-pods in HUs for therapeutic activities.
5. ACSO to ensure sufficient staffing to support clinical encounters when spaces are identified.
6. ACSO, with assistance from AFBH, to develop and implement plans to create a more aesthetically pleasing and therapeutic environment on the THUs.
7. Refer to provisions 717 and 723 for additional recommendations.

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

Finding: Partial Compliance

Policies: Require Development

Training: N/A

Metrics: Interviews with Staff, Observations, Chart Reviews, Telecare Schedule and Service Logs, Lifelong Schedule and Service Logs

Assessment: During the last reporting period, AFBH initiated small group therapeutic meetings in THUs 9 and 35. Topics of these groups include: an Expressive Arts process group (HU 35) that uses art activities to explore feelings and thoughts; Coping with Stress group which uses activities, assignments, and discussion to improve stress reactions (HU 35 and HU 9), and a Recreation Group which uses activities such as basketball and Uno to establish and practice social skills and positive group behaviors (HU 9). It is noted that these small group activities were not offered in the women's THU (HU 24) during this monitoring period.

Group therapy is not being conducted in RH Units. ACSO is in the process of ordering secure programming chairs that will allow for treatment services to be provided without the presence of an ACSO deputy.

Therapeutic/educational groups are also provided by contracted staff from Telecare and Lifelong. Telecare is contracted to provide six groups per day (Monday through Saturday), with up to six participants per group, in THUs 8, 9, 24 and 35. Telecare groups follow the nationally-recognized "Seeking Safety" curriculum and educational groups on co-occurring disorders, i.e., the relationship between substance use and mental health disorders.

The number of groups provided by Telecare has increased from an average of 73 per month in the prior reporting period to an average of 112 in this reporting period; a 53% increase in groups. This is a significant impact in available groups. Telecare-led group activity records for the reporting period of September 2024 through December 2024 are as follows:

Month	# of Groups	# of Participants
September 2024	61	235
October 2024	113	394
November 2024	111	394
December 2024	166	527
Total	451	1,785
Average	112	446

However, despite this notable increase in groups held, 30% of the contracted groups did not take place. Similarly, the utilization of the groups held was 54% of the capacity for the groups. These figures emphasize that the contracted number of groups is not taking place nor are the current groups being attended by the possible number of participants. AFBH is encouraged to assess and determine the variables that are limiting the number of groups from occurring as well as the reasons for the significant lack of participation by clients.

Since July 2024, Lifelong Medical Care has been providing on-site substance use counseling services through a contract with ACBHD. Records of groups provided by Lifelong over the current reporting period indicate a total of 63 groups provided in the months of September through December, with up to six AFBG clients per group, all in THU 35. Although the anticipated number of groups per week is five (two on Tuesdays and three on Thursdays), the average number of groups during this time period was less than four. The groups are psychoeducational and focus on substance use and trauma. Lifelong is also providing individual sessions on Tuesdays and Thursdays for persons with histories of substance use. Lifelong is expected to expand group services into THU 24 in January 2025.

Even with the current efforts made through Lifelong and Telecare, substance abuse services are critical and need to be expanded.

AFBH and ACSO need to intensify their efforts for these specialized community service providers to provide treatment services in the SRJ.

Currently, due to security issues, no group services are provided on the RH Unit. ACSO is awaiting delivery of secure seating which will allow treatment groups to take place on the RH Unit. The retrofitting of the C pod in RH will also address the provision of group services.

Recommendation(s):

1. Based on current estimates of the mental health caseload, AFBH needs to determine the number of out-of-cell programming service hours required in the various areas where persons with a mental health LOC designation are housed.
2. AFBH to determine staff deployment based on service hours required; determine whether AFBH staffing requires modification.
3. ACBHD to establish contracts with outside vendors as necessary.

4. As staff and/or contracted clinical services increase, AFBH to increase the range and frequency of therapeutic services and out-of-cell programming for the mental health caseload.
5. AFBH and ACSO to establish accurate metrics to assist with monitoring out-of-cell and structured activity time which this Joint Expert understands is currently being explored by ACSO through the Guardian RFID system in conjunction with Joint Expert Terri McDonald.
6. Small group activities need to be expanded to include the female THU (HU 24).
7. Therapeutic groups for AFBH clients in RH need to be developed and provided.

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

Finding: Partial Compliance

Policies: Require Development

Training: N/A

Metrics: Interviews with Staff, Chart Reviews, Telecare Schedule and Service Logs, Lifelong Schedule and Service Logs

Assessment: Clinically appropriate individual and group therapy are not being provided at this time to the extent required by the THU Protocol and the LOC policy. AFBH has an insufficient number of clinicians and limited involvement of community-based providers.

Reports detailing participation in structured therapeutic activities (individual therapy and group therapy) indicate that approximately 70% of men in THU 9 are participating, predominantly in individual therapy, and approximately 83% of women in THU 24 are availing themselves of individual therapy and/or group therapy. The results reflect the greater participation of women, typical of females in custody.

During the last reporting period, AFBH initiated small group therapeutic meetings in THUs 9 and 35. Topics of these groups include: an Expressive Arts process group (HU 35) that uses art activities to explore feelings and thoughts; Coping with Stress group which uses activities, assignments, and discussion to improve stress reactions (HU 35 and HU 9), and a Recreation Group which uses activities such as basketball and Uno to establish and practice social skills and positive group behaviors (HU 9). It is noted that these small group activities were not offered in the women's THU (HU 24) during this monitoring period.

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

Group therapy is not being conducted in RH Units. ACSO is in the process of ordering secure programming chairs that will allow for treatment services to be provided without the presence of an ACSO deputy.

Therapeutic/educational groups are also provided by contracted staff from Telecare and Lifelong. Telecare is contracted to provide six groups per day (Monday through Saturday), with up to six participants per group, in THUs 8, 9, 24 and 35. Telecare groups follow the nationally-recognized “Seeking Safety” curriculum and educational groups on co-occurring disorders, i.e., the relationship between substance use and mental health disorders.

The number of groups provided by Telecare has increased from an average of 73 per month in the prior reporting period to an average of 112 in this reporting period; a 53% increase in groups. This is a significant impact in available groups. Telecare group activity records for the reporting period of September 2024 through December 2024 are as follows:

Month	# of Groups	# of Participants
September 2024	61	235
October 2024	113	394
November 2024	111	394
December 2024	166	527
Total	451	1,785
Average	112	446

Since July 2024, Lifelong Medical Care has been providing on-site substance use counseling services through a contract with ACBHD. Records of groups provided by Lifelong over the current reporting period indicate a total of 63 groups provided in the months of September through December, with up to six AFBG clients per group, all in THU 35. Although the anticipated number of groups per week is five (two on Tuesdays and three on Thursdays), the average number of groups during this time period was less than four. The groups are psychoeducational and focus on substance use and trauma. Lifelong is also providing individual sessions on Tuesdays and Thursdays for persons with histories of substance use. Lifelong is expected to expand group services into THU 24 in January 2025.

The ability to provide appropriate clinical services is also limited by the lack of proper, confidential meeting areas. This results in most clinical encounters occurring at tables in the HU’s dining/day room area. It is expected that this issue will be remediated with the continued use of the non-contact visitation booths, the use of the multi-purpose rooms when security measures are taken, and completion of plans for to convert C pods in HU 1, 2 and 9 for confidential therapeutic activities. ACSO is in the process of ordering secure programming chairs for the RH and for multipurpose rooms in THUs 24 and 35. Programing chairs will increase security and will allow treatment services to be provided without the presence of an ACSO deputy in certain units.

Recommendation(s):

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

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

Finding: Partial Compliance

Policies: Need Development

Training: N/A

Metrics: Interviews with Staff, Observations, Chart Reviews

Assessment: There's been no change in compliance with this provision since the last report. AFBH Forensic Behavioral Health Clinical Managers continue to report that clinicians provide clients with reading assignments/suggestions and therapeutic activities/worksheets. Individualized support and counseling services (identifying triggers, developing coping skills, care and case management) are being provided. AFBH also provides supportive and therapeutic strategies such as informative hand-outs, art, worksheets, information on diagnoses, skill building exercises, sleep methods, information on breathing and meditation techniques, and information on community-based resources. However, intensive individual services are not being provided and treatment plans are not being developed as required. During this tour, AFBH leadership stated that they will request their consulting psychologist to identify and develop an in-cell activity protocol.

Recommendation(s):

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

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

Finding Partial Compliance

Policies: AFBH Therapeutic Housing Units Protocol

Training: N/A

Metrics: Interviews with Staff, AFBH THU Master Schedule, AFBH SRJ Staff Assignments

Assessment: AFBH continues to operate THUs in Units 8, 9, 24 and 35 with dedicated clinical Treatment Teams providing services. A clinical team is also assigned to RH (Unit 1). Current AFBH staffing allows for the designation and colocation of these clinical teams composed of clinicians and psychiatrists. However, the continued limitations in staff do not permit that the teams work similar schedules as required by the provision. Nevertheless, the frequent huddles and rounds support the sharing of treatment-related information between treatment team members.

There is an insufficient number of clinicians to consistently implement all the required treatment services.

Recommendation(s):

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

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

Finding: Partial Compliance

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

Training: Requires Development

Metrics: Chart Reviews

Assessment: AFBH operates THUs in Units 8, 9, 24 and 35 with dedicated clinical Treatment Teams providing services. A clinical team is also assigned to RH (Unit 1). However, there is an insufficient number of clinicians to consistently implement all the required treatment services. Individualized assessment and planning, as required by this provision, is not possible given current staffing levels.

A policy regarding treatment teams has not been developed.

Refer to provisions 200/204, 702, 723 and 726.

Recommendation(s):

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

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

Finding: Partial Compliance

Policies: Require Development

Training: Requires Development

Metrics: Interviews with Staff, Chart Reviews

Assessment: During this reporting period, AFBH has continued its efforts to develop the requirement for treatment plans. As previously reported, the initial efforts began in November 2023 with training provided by the AFBH locum Psychologist, Dr. Warner, specific to developing treatment plans for personality, depressive, and psychotic disorders. Dr. Warner worked individually with each clinician on treatment plan development, implementation and follow-up. For the pilot, ten clients were chosen from THUs and RH based on the acuity of their mental health issues and intentionally chosen as more challenging clients to engage. Dr. Warner met with participating clinicians weekly and assisted clinicians in implementing clinical incentives.

Incentives unitized as part of treatment planning include additional time with clinician, access to reading materials, playing basketball, coloring materials, etc. The following improvements were noted in the clients with active treatment plans: behavioral changes, improved psychotropic medication compliance and hygiene and improved communication of needs. At this time, clinicians continue to meet with Dr. Warner weekly to review and develop treatment plans.

In this reporting period, clinicians are developing treatment plans for a greater number of their clients. Treatment plans are now being developed for clients on an IOL for 14 days or more, clients found incompetent to stand trial (IST), and clients that have been contraindicated for RH. Further expansion on August 1st, added all clients enrolled in the Early Access to Stabilization Services Program (EASS). According to AFBH leadership, approximately 50 clients now have a

treatment plan. During the tour, plans to expand treatment plans to all AFBH clients at SRJ for more than 30 days were discussed.

At this time, treatment plans are being written into CG. The goal is to have a separate Treatment Plan form as required by the CD with clearly delineated initial problems and goals, and progress towards those goals and completed within the required timeframes. A form has been discussed and is in the development stage.

This Joint Expert expects AFBH to address how treatment plans will be developed for all persons on the mental health caseload in keeping with the provision.

Recommendation(s):

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

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

Finding: Partial Compliance

Policies: AFBH Therapeutic Housing Units Protocol, AFBH Levels of Care Policy, ACSO Crisis Communications for Corrections Training

Training: Requires Development

Metrics: Interviews with Staff, Suicide Prevention Meeting documentation, AFBH Rounding Notes, Therapeutic Housing Committee Meeting documentation

Assessment: As previously reported, a weekly Therapeutic Housing Committee meeting, which constitutes a treatment team meeting, is held to discuss clients from the current THUs and their mental health issues. The goal of the meeting is to discuss the clinical presentation of persons and how the unit's Treatment Teams can improve the adaptation and stabilization of the persons on the units. These meetings, as well as individual case treatment team meetings, are also the venue for discussing clients who are not progressing out of LOC 4 to determine appropriate follow-up. Huddles at the THUs (typically five days per week with additional Sunday huddles in HU 24) and in RH (six days per week) provide a forum for treatment team members to share and discuss persons of concern. Refer to provisions 702 and 704.

It is essential that the Therapeutic Housing Committee meetings address all the clients in need of discussion from the various THUs. While individual unit meetings may not be necessary, sufficient attention to clients in all the units must be afforded.

Clients who remain at the LOC 4 designation for 30 days are also discussed at the monthly Suicide Prevention Meetings. The purpose of these interagency reviews is to exchange information and determine other possible strategies to assist in the person's improvement and stepdown from LOC 4 status. In a review of the meeting documentation for this reporting period, a total of 26 persons were discussed at the meetings. Thirteen (13) or half of the persons were discussed over the course of at least two meetings. These discussions can be very helpful for staff and improve interventions and responses towards the clients.

Recommendation(s):

1. Conduct Therapeutic Housing Committee/treatment team meetings in the separate HUs, as necessary, to afford sufficient opportunity for discussion and planning.
2. Increase the rounds of LOC 4 clients in the THUs to daily (seven days a week) as soon as AFBH staffing permits.
3. Continue reviews of persons on LOC 4 for longer than 30 days at the monthly Suicide Prevention Meetings.
4. Refer to provisions 702 and 704.

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

Finding: Partial Compliance

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

Training: Completed for relevant staff and ongoing as necessary

Metrics: Interviews with Staff

Assessment: AFBH Psychiatrists and representatives of the medical provider, Wellpath, are expected to participate in the THU Committee meetings. Refer to Provision 731.

Recommendation(s):

1. Refer to provision 731.

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

Finding: Partial Compliance

Policies: Require Development

Training: N/A

Metrics: Observation, Interviews with Staff, Chart Reviews

Assessment: Individual AFBH clinicians provide services throughout the SRJ wherever AFBH clients are housed with concentrated efforts in the THUs (8, 9, 24 and 35) and RH (Unit 1). Refer to provisions 725 and 726.

Since April, AFBH has been providing the “Extended Therapeutic Milieu” in THUs 9 and 35, a program comprised of two weekly, small group therapeutic activities. The program runs for six-eight weeks and each cycle involves new clients on a quarterly basis. Group topics include Coping with Stress and Expressive Arts. See Provision 725.

Recommendation(s):

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

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

Finding: Partial Compliance

Policies: Require Development

Training: N/A

Metrics: Interviews with Staff, Telecare Schedule and Service Logs, Lifelong Schedule and Service Logs

Assessment: Since July 2024, Lifelong Medical Care has been providing on-site substance use counseling services through a contract with ACBHD. Records of groups provided by Lifelong over the current reporting period indicate a total of 63 groups provided in the months of September through December, with up to six AFBG clients per group, all in THU 35. Although the anticipated number of groups per week is five (two on Tuesdays and three on Thursdays), the average number of groups during this time period was less than four. The groups are psychoeducational and focus on substance use and trauma. Lifelong is also providing individual sessions on Tuesdays and Thursdays for persons with histories of substance use. Lifelong is expected to expand services into THU 24 in January 2025.

This reporting period has seen a significant increase in the availability of group therapy in the THUs provided by Telecare. Of the 442 groups provided by Telecare during this reporting period, 50% of the groups followed the COEG (Co-Occurring Education Group) Curriculum. This 16-session curriculum provides unique educational groups on a range of topics related to co-occurring disorders, i.e., the relationship between substance use and mental health disorders, and offers an opportunity for personal engagement by participants. Groups addressing the topics of substance use are being provided THUs 8, 9, 24 and 35.

However, even with the treatment efforts made through Lifelong and Telecare, substance abuse services are critical and need to be expanded.

AFBH and ACSO need to intensify their efforts for these specialized community service providers to provide treatment services in the SRJ.

As previously reported, AFBH has been increasing its attention to the issue of substance use among the incarcerated persons. AFBH added a substance use flag to its Community Health Record (CHR), the database used to track LOC and SMI and to schedule clients. Persons identified with only a substance use disorder at intake will be identified as an LOC 1 and followed by AFBH clinicians.

Recommendation(s):

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

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

Finding: Partial Compliance

Policies: AFBH Therapeutic Housing Units Protocol

Training: Completed for relevant staff and ongoing as necessary

Metrics: Interviews with Staff, Observations, Chart Reviews, AFBH Rounding Notes

Assessment: Implementation of the THUs in 8, 9, 24 and 35 currently include the assigning of dedicated clinical teams and interdisciplinary huddles to discuss unit issues and identify specific persons in need of clinical attention. Rounds for all LOC 4 incarcerated persons and persons identified in need of clinical attention were initiated in April/May of 2023 and continue to date. Rounds are being conducted five days per week for any persons with a LOC 4 in THU 9, three days per week in THU 8, and in THU 24 are occurring Sunday through Friday. Rounds should be occurring on a daily basis and need to include the Treatment Team, including the Psychiatrist. The rounds process is directed and documented by the AFBH Rounding Notes. This document is prepared daily and forwarded to the clinical Treatment Teams assigned to each THU housing LOC 4 clients for use during the rounds. The document lists the persons with a LOC 4 designation and allows for notes regarding the rounds to be added. Clinicians also enter an AFBH Rounding Note into CG describing the contact with the client. Chart reviews support that Deputies, Wellpath nurses and psychiatrists are participating in the rounds.

A designated clinical treatment team is also present in the RH unit and conducts huddles six days per week.

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

In early 2024, ACSO and AFBH established a Contraindicated pod in the Special Handling Unit (HU 2) as the placement option for persons who would otherwise be placed in RH but for their SMI diagnoses and/or acute potential for self-harm and active psychosis. AFBH assigned a clinical Treatment Team on the unit to provide clinical services according to the person's LOC. During the course of the recent site visit, however, a decision was made to discontinue placement in the Contraindicated pod in favor of placing the persons into a THU. While this may appear to be the best therapeutic option, there are concerns regarding the impact of these behaviorally disordered persons to the THU milieu.

Refer to provisions 200/204 and 702.

Recommendation(s):

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

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

Finding: Partial Compliance

Policies: AFBH Therapeutic Housing Units Protocol

Training: N/A

Metrics: Interviews with Staff, Chart Reviews

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

Recommendation(s):

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

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

Finding: Partial Compliance

Policies: AFBH Therapeutic Housing Units Protocol

Training: Requires Development

Metrics: Interviews with Staff, Chart Reviews

Assessment: Dedicated Treatment Teams on the THUs and RH provide therapeutic contacts and rounds (for LOC 4 persons) for certain incarcerated persons but are not based on individualized treatment plans.

As discussed in provision 730, approximately 50 persons in this reporting period have had individual treatment plans developed. However, AFBH is continuing to expand treatment planning with a goal for 2025 to have treatment plans in place for all AFBH clients who are at SRJ 30+ days or earlier, if meeting one of the criteria above (IOL for greater than 14 days, contraindicated for placement in RH and/or IST).

Chart reviews for this rating period show that re-entry clinicians are also establishing contact with AFBH clients to assess and discuss re-entry plans. Casenotes support that re-entry services are ongoing, in addition to and complementing services provided by the assigned Treatment Teams.

Refer to Provisions 728, 730 and 736.

Recommendation(s):

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

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

Finding: Partial Compliance

Policies: AFBH Preventing Suicide and Self-Harming Behavior Policy, ACSO Policy and Procedure 13.06 Suicide Prevention and Suicide Reviews

Training: Completed for relevant staff and ongoing as necessary

Metrics: Interviews with Staff, Chart Reviews

Assessment: The AFBH Preventing Suicide and Self-Harming Behavior Policy and Procedure was approved by ACBHD leadership during the last reporting period. The policy explains how AFBH assesses suicide at intake (using the BIA) and post-intake with the AFBH Suicide Risk Assessment tool. Based upon the information on the assessments as well as the LOC designation, the person may be placed in a THU, on IOL status, or may warrant an immediate Welfare and Institutions Code Section 5150 referral. AFBH's ITR Crisis Team conducts an assessment when notified of an incarcerated person expressing suicidal ideation. According to AFBH leadership, the suicide risk assessment is typically conducted within one hour of receiving the notification.

Emergent and urgent referrals for AFBH assistance in situations that involve concerns of suicide and self-harm are often made by phone to the ITR Crisis Team and documented in the ITR Call-Request Log. A total of 2,121 entries were made on the Log over the four months of this reporting period. As such, AFBH received an average of 18 requests per day or 530 notifications per month.

Recommendation(s):

1. Training of all clinicians on the policy must take place.
2. AFBH needs to develop a plan to ensure a timely response to referrals related to suicide risk.
3. The ITR Call-Request Log needs to be modified to require the time of the response to the request.

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

Finding: Partial Compliance

Policies: AFBH Bridge Medication Policy, AFBH Santa Rita Jail Intake Policy, AFBH Intake Psychiatric Non-Verified Medications Pilot, Draft-Refusals of Prescribed Psychiatric Medications and Compliance Audit Requirements

Training: Completed for relevant staff and ongoing as necessary

Metrics: Interviews with Staff, Chart Reviews, Bridge Medications Log

Assessment: The AFBH Bridge Medications policy was approved during the last reporting period. This policy comprehensively addresses the process required by the CD. Training in this process is ongoing and a part of ITR training.

At intake, AFBH staff obtain information regarding current medication prescriptions and process documentation to obtain verification of prescriptions. In policy, current medications are to be verified within 24 hours of intake by ITR staff and entered in CorEMR (the Wellpath EMR). Efforts to comply with this procedure are made and documented in the person's chart. If medications cannot be verified according to timelines established in policy, the person will be placed on the scheduled psychiatrist's Immediate Care Clinic (ICC) schedule for the following day. Case record reviews support the process of verifying bridge medications at intake.

AFBH clerical compiles a Bridge Med Log tracking report on a monthly basis. The Log is available for review. The Log lists each person for whom a verification request was made and the outcome of the verification (e.g., person referred to ICC, medications ordered, verification received). Below are the number of bridge medications initiated at intake for this reporting period.

Month	# of Bridge Medications Initiated	Daily Average
September 2024	165	5
October 2024	186	6
November 2024	203	6
December 2024	191	6
Total	745	

As compliance is also dependent upon the delivery of medications, the appropriate Wellpath policy has also been reviewed and found to be consistent with the CD provision. According to their policy, once initial doses of psychiatric medications are ordered, the medications are immediately placed for the next available medication administration line. Specifically, daily and evening (HS) medication will be provided within 24 hours, twice a day (BID) medication within 12 hours, and three times a day (TID) medication within 12 hours.

To further assess the process of providing bridge medications, AFBH is expected to conduct a quarterly audit utilizing the Continuity of Care Psychiatric Medications Audit Tool. This audit reviews the actions of the psychiatrists and nursing staff in the process of rendering bridge medications. An initial audit of 20 sample records was conducted in December 2023 and found compliance rates between 84% and 91% on the audit tool items which assessed if medications were ordered within 24 hours/reviewed and/or documented by psychiatric providers, and if medications were delivered within 48 hours by Wellpath nurses. There is no proof of any audits taking place in 2024.

Emphasis on the bridge medication process is also being made through the implementation of the Intake Psychiatric Non-Verified Medications Pilot. AFBH undertook this pilot to focus additional efforts to ensure that, when necessary, either current medications are continued, or “new” medications are prescribed.

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

During this reporting period, AFBH has continued the Early Access to Stabilization Services (EASS) pilot that focuses on services specifically for clients who have been ordered to the Department of State Hospitals. EASS’s goal is to initiate medication treatment and therapeutic services to help stabilize these clients so that they can receive appropriate treatment in a State Hospital or competency restoration program. This program started on August 1st and, to date, has successfully served 49 clients with treatment plans, medication services and competency training.

Recommendation(s):

1. Formal training of all appropriate staff on the policy will be necessary.
2. The Continuity of Care Psychiatric Medications audits need to be continued and provided to this Expert as proof-of-practice.
3. Auditing of the processes needs to occur and be provided to this Expert as proof-of-practice.
4. Coordination between AFBH and Wellpath needs to be reassured to meet the requirements of the CD.
5. AFBH and Wellpath need to develop and provide proof-of-practice for the delivery of medications within the 48-hour timeframe.

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

Finding: Partial Compliance

Policies: AFBH Polypharmacy Antipsychotic Medication Registry and Monitoring Policy

Training: Completed for relevant staff and ongoing as necessary

Metrics: Interviews with Staff, AFBH Patient Polypharmacy Report

Assessment: The AFBH Polypharmacy Antipsychotic Medication Registry and Monitoring policy which addresses the specific requirements of this Provision has been approved for implementation. Formal training on the policy has been developed but delivery is pending approval of all involved parties.

As required by policy, a Patient Polypharmacy Report is to be completed every two weeks. However, only one report was available for this Joint Expert to review for this reporting period (report for September 1-14, 2024). Review of the available report supports the findings from the past reporting period with prescribers appearing to consider the critical questions: whether more than one antipsychotic medication is warranted, if one medication could be used to address symptoms and reduce adverse effects, and whether medication changes are needed due to an adverse reaction.

Recommendation(s):

1. AFBH to conduct formal training on the approved policy.
2. The Patient Polypharmacy Reports need to be completed on a biweekly basis as required by policy.
3. Continue to submit proof-of-compliance with the audit process to this Expert.

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

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

Finding: Partial Compliance

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

Training: Completed for relevant staff and ongoing as necessary

Metrics: Interviews with Staff, SRJ ATIMS Medical-Notes Report, Chart Reviews

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

AFBH has written a policy titled, Refusals of Prescribed Psychiatric Medications and Compliance Audit Requirements, which is still in draft form. Using the information entered in ATIMS by Wellpath, AFBH staff will review and take steps, such as including chart reviews, discussing the person in a huddle, or making an appointment to see the person, to address medication refusals. The draft policy also states that a formal audit of the medication refusal process will be conducted by AFBH nursing staff.

Chart reviews conducted by this Joint Expert found that referrals by Wellpath regarding medication non-compliance are being made and that follow-up interventions by Psychiatry, identified as “Medication Support” in CG, are being provided and documented. The ITR Call-Request Log also lists numerous occasions when ACSO Deputies have contacted AFBH to inform of medication-related situations including noncompliance.

Recommendation(s):

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

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

Finding: Partial Compliance

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

Training: N/A

Metrics: AFBH Medication Monitoring Tool

Assessment: The audit processes required by this Provision are included in the draft AFBH Refusals of Prescribed Psychiatric Medications and Compliance Audit Requirements policy.

Recommendation(s):

1. AFBH to finalize and obtain approval of draft policy.
2. Conduct formal training as necessary.
3. Conduct audit as stipulated in policy.
4. Submit proof-of-compliance with the audit process to this Joint Expert.
5. Refer to Provision 741.

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

Finding: Partial Compliance

Policies: AFBH Preventing Suicide and Self-Harming Behavior Policy, ACSO Policy and Procedure 8.12 Inmate Observation and Direct Visual Supervision, ACSO Policy and Procedure 8.13 Safety Cells, Temporary Holding Cells, and Multipurpose Rooms, ACSO Policy and Procedure 13.06 Suicide Prevention and Suicide Reviews

Training: Completed for relevant staff and ongoing as necessary

Metrics: N/A

Assessment: In the last reporting period, the AFBH Preventing Suicide and Self-Harming Behavior Policy received approval from ACBHD. The policy explains how AFBH assesses suicide and responds to suicide risk and how Safety Cells will be used.

For the third reporting period, there have been no incidents involving the use of Safety Cells. As previously reported, Safety Cell use has been phased out in favor of IOL placements. IOL restrictions are being individualized to allow for less restrictive arrangements during an IOL placement.

Recommendation(s):

1. Formal training of all clinicians and other relevant staff must take place.
2. Refer to Provision 738.
3. AFBH and ACSO should continue to use Safety Cells only in the most exigent of circumstances to protect incarcerated persons and adhere to the 8-hour limit for placement.

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

Finding: Substantial Compliance – Consider Discontinuation of Monitoring

Policies: AFBH Preventing Suicide and Self-Harming Behavior Policy

Training: Completed for relevant staff and ongoing as necessary

Metrics: ACSO Construction Update, Safety Cell Report

Assessment: Again, during this rating period, there have been no incidents involving Safety Cell use. This is now the third reporting period without use of Safety Cells. ACSO’s “cell softening” projects to retrofit and make cells more suicide resistant in THUs 9 and 24 were completed early 2024. ACSO’s installation of anti-jump fencing has also been completed.

Recommendation(s): This Joint Expert finds that the County has been in substantial compliance with this provision for the last two rating periods (equating to a 12-month period). Accordingly, this Joint Expert recommends the parties consider requesting this provision be terminated from the Consent Decree. In the meantime, the Expert will reduce monitoring of this provision in future reports.

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

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

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

Finding: Substantial Compliance

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

Cells, and Multipurpose Rooms, ACSO Policy and Procedure 13.06 Suicide Prevention and Suicide Reviews

Training: Completed for relevant staff and ongoing as necessary

Metrics: ACSO Construction Update, Safety Cell Report

Assessment: These three provisions (745, 746 and 747) continue to have a rating of Substantial Compliance. There have been no incidents involving the use of a Safety Cell over the past three rating periods. While difficult management situations have continued to occur involving person's with psychiatric disorders, other management options are being utilized including placement in a THU, initiation of an IOL, and a Welfare and Institutions Code Section 5150 transfer. IOL restrictions are being individualized whenever possible to allow for less restrictive arrangements during the IOL placement. Increased AFBH staffing and presence on the THUs, emergency coverage and response when necessary, and the clinical Treatment Teams, which have a greater understanding of the clients in custody, are supporting the use of responses other than the use of Safety Cells.

Recommendation(s):

1. AFBH and ACSO should continue to use Safety Cells only in the most exigent of circumstances to protect incarcerated persons and adhere to the 8-hour limit for placement.
2. Continued documentation of Safety Cell placements and a monthly review for changes in the patter of use, i.e., increases should be conducted.

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

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

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

755. Custody staff, medical staff, or mental health staff may initiate suicide precautions to ensure client safety. If the suicide precaution was not initiated by mental health staff, as soon as possible but at least within four (4) hours absent exigent circumstances, a Qualified Mental Health Professional must conduct a face-to-face assessment of the individual and decide whether to continue suicide precautions using a self-harm

assessment and screening tool establishing actual suicide risk as described in Section III(F)(1)(A). The assessment shall be documented, as well as any suicide precautions initiated, including the level of observation, housing location, and any restrictions on privileges.

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

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

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

Finding: Partial Compliance

Policies: AFBH Preventing Suicide and Self-Harming Behavior Policy, ACSO Policy and Procedure 8.12 Inmate Observation and Direct Visual Supervision, ACSO Policy and Procedure 8.13 Safety Cells, Temporary Holding Cells, and Multipurpose Rooms, ACSO Policy and Procedure 13.06 Suicide Prevention and Suicide Reviews

Training: Completed for relevant staff and ongoing as necessary

Metrics: Interviews with Staff, Chart Reviews

Assessment: The AFBH Preventing Suicide and Self-Harming Behavior Policy and Procedure was approved by ACBHD leadership prior to the last report. The policy explains how AFBH assesses suicide and responds to suicide risk. The policy is consistent with the requirements of Provisions 748, 752, 753, 755, 756, 759 and 762. Formal training on the approved policy is pending; the training has been approved by this Joint Expert.

Specific to Provision 748, the policy addresses the use of "graduated" responses to suicide risk dependent upon the degree of the assessed risk. These include placement in a THU, transfer to

JGPH, placement in Safety Cells, placement in IOL status and placement in a Restraint Chair. With the completion of the “cell softening” project, the timeframe for use of Safety Cells (if used) should be decreased to four hours. However, as noted in the past and current report, there has been no incident involving the use of a Safety Cell in 2024.

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

Specific to provision 752 and 759, AFBH continues to assess for suicidality using the AFBH Suicide Risk Assessment Tool embedded in the Brief Initial Assessment tool. The tool is available in the AFBH EHR. The tool is used at intake, whenever a person is considered for placement on suicide precautions, and prior to being removed from precautions. The decision to remove the person from suicide precautions is consulted with a Psychiatrist, Supervisor, or Manager.

Specific to provision 753 and 762, the policy also addresses the use of Safety Plans in response to an assessment of suicide risk. When necessary, Safety Plans will be described in CG.

As required by provision 762, training efforts on identifying suicide risk and preventing suicidal and self-harm behaviors are ongoing and will be modified as necessary as all the documentation is finalized.

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

AFBH is also required by CD provision 506 to assess all restraint chair placements within specified time periods and document as appropriate. The review of ACSO placements for this time period (September through December), according to the Custody Joint Expert, Terri McDonald, appears to indicate that a mental health clinician was involved prior to or immediately following placement into the chair in ten of ten incidents available for review

Chart reviews and reviews of the ITR Call-Request Logs for this reporting period indicate that AFBH clinical staff are responding to communication from ACSO HU staff and ITR staff when inmates report suicidal ideation or display suicide risk behavior. AFBH clinical staff are responding by meeting with the person and conducting assessments of suicide risk within hours of the referrals and appropriately respond by changing the person’s LOC, placing them in a THU and notifying psychiatry for a medication consult. However, the timeframe for responding was not consistently noted in the Log.

Recommendation(s):

1. All documents related to the AFBH Preventing Suicide and Self-Harming Behavior policy need to be finalized and approved training provided to all clinicians and relevant staff.
2. AFBH Supervisors and Managers need to conduct chart reviews to ensure that policies regarding the handling of incidents of suicide risk are being followed.
3. AFBH to continue to respond, as required by policy and procedure, to pre-planned use-of-force incidents and restraint chair placements.
4. Refer to provisions 738 and 743.

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

Finding: Partial Compliance

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

Training: Completed for relevant staff and ongoing as necessary

Metrics: Interviews with Staff, Chart Reviews

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

Chart reviews conducted for this report and reviews of the ITR Call-Request Log indicate that AFBH clinical staff are responding to communication from ACSO HU and ITR staff when inmates report suicidal ideation or display suicide risk behavior. AFBH clinical staff are responding by meeting with the persons and conducting assessments of suicide risk within hours of the referrals and appropriately respond by changing the person's LOC, placing them in a THU and notifying psychiatry for a medication consult. Typically, the person is also placed on an IOL which renders them in close supervision by ACSO Deputies; AFBH staff then assess persons on IOL a minimum of every three days.

Persons on LOC 4, i.e., considered to be at risk of self-injury/suicide, are "rounded" by the clinical Treatment Team. These rounds provide an opportunity for a brief, overview of the person's functioning. Rounds are occurring on the THUs (for LOC 4) persons five days per week (THU 9), three days per week (THU 8) and six days per week (Sunday-Friday) in THU 24. The rounds process is directed and documented by the AFBH Rounding Notes. This document is prepared daily and forwarded to the clinical Treatment Teams assigned to each THU housing LOC 4 clients for use during the rounds. The document lists the persons with a LOC 4 designation and allows for notes regarding the rounds to be added.

Persons on LOC 4 for at least ten (10) days are also discussed in the weekly Therapeutic Housing Committee meetings and at the monthly Suicide Prevention Meeting.

interdisciplinary huddles are occurring to discuss unit issues and identify specific persons in need of clinical attention.

Clients designated as an LOC 4 are seen at least every three days given their status of IOL as required by CD. Chart reviews support that IOL reviews as well as other therapeutic sessions are taking place.

During this reporting period, AFBH initiated the development of treatment plans for persons designated as an LOC 4. When appropriate, some treatment plans utilize positive incentives to assist in motivating treatment and medication compliance.

Recommendation(s):

1. As AFBH staffing levels increase, leadership should allocate staff to perform more frequent, as needed (individualized) clinical encounters with persons on suicide precautions/IOL status in accordance with the Therapeutic Housing Protocol.
2. Frequency/pattern of individualized assessments need to be documented in the person's mental health case record.
3. Review of ACSO's current IOL status policy to reflect the requirements of the CD with concomitant training needs.

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

Finding: Non-Compliance

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

Training: Completed for relevant staff and ongoing as necessary

Metrics: Interviews with Staff, Chart Reviews

Assessment: Compliance with this provision requires that a QMHP "see inmates on suicide precautions on an individualized schedule based on actual suicide risk, for instance, daily or hourly as needed." This is not occurring. However, persons at risk for suicide are housed in a THU and designated as LOC 4 which requires daily rounds, IOL assessments and other therapeutic assessments. The THUs also afford greater clinical interaction given the dedicated Treatment Teams assigned to the units. LOC 4 are considered to be on IOL and are monitored every 15 minutes by ACSO staff. While individual and group therapy is not denied of persons in the THUs or on IOL status, the availability of these interventions is limited due to staffing and security concerns. Clinical efforts, whether provided or refused, are documented in the person's individual mental health case file.

Recommendation(s):

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

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

Finding: Partial Compliance

Policies: AFBH Preventing Suicide and Self-Harming Behavior Policy, ACSO Policy and Procedure 8.18 Inmate Death, ACSO Policy and Procedure 13.06 Suicide Prevention and Suicide Reviews

Training: Completed for relevant staff and ongoing as necessary

Metrics: Interviews with Staff, Suicide Prevention Meeting documentation

Assessment: Monthly SRJ Suicide Prevention Meetings continued to occur during this reporting period. These meetings involve a clinical and custodial review of all incidents involving "Code 3" and 5150 transfers due to danger to self and depend upon the participation of AFBH, ACSO and Wellpath staff. Meeting documentation for the months of September 2024 through December 2024 was reviewed by this Joint Expert. The documentation details the client's suicidal behavior and incidents.

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

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

This Joint Expert has not reviewed any formal “psychological autopsy” defined in this provision as a written reconstruction of the incarcerated person’s s life with an emphasis on the factors that led up to and may have contributed to the death or serious suicide attempt. During the last reporting period, three AFBH supervisors had begun a four-class series on conducting a “psychological autopsy.” The first session was completed in December 2023 and additional sessions have been pending for a year. AFBH is determining other options for having staff complete the necessary training.

Recommendation(s):

- 1, Training on the approved policy needs to be conducted.
2. Monthly Suicide Prevention Meetings should continue to be held with emphasis on developing a plan following case discussion. Documentation of the meetings should be forwarded to this Joint Expert.
3. AFBH Supervisors to complete the “psychological autopsy” training and utilize this tool to better understand suicidal behavior and develop preventative measures.

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

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

Finding: Partial Compliance

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

Training: N/A

Metrics: Interviews with Staff, Chart Reviews

Assessment: The Client Care Coordination Protocol, which addresses the emergency referral process from SRJ to John George Psychiatric Hospital (JGPH) and return from JGPH was approved by ACBHD leadership during this reporting period. However, the protocol is being reviewed for further improvements.

When a client is sent out on a 5150 psychiatric hold by AFBH, clinicians have a responsibility to call JGPH to notify them as well as send documentation to JGPH via email including: recent client casenotes, ATIMS & Clinician's Gateway face sheets, and a copy of the 5150 application. When a client is sent out on a 5150 by ACSO, either an ITR Clinician or clerical staff will send this packet.

When a person is coming into custody from JGPH, both as a new intake or an in-custody 5150 return, JGPH will email any evaluations, daily notes, discharge notes and medication lists to AFBH. Upon return to SRJ from JGPH, AFBH Clinicians will assess the person and determine whether the person can be taken into custody.

AFBH and ACSO continue to meet with JGPH leadership monthly to discuss any topics related to client care coordination.

Recommendation(s):

1. Complete policy revisions and conduct training, as necessary, on the final policy.
2. AFBH needs to conduct a review of all referrals to JGPH on a quarterly basis to determine whether the policy and its procedures are being followed and to assess the efficacy of the arrangement.

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

Finding: Partial Compliance

Policies: AFBH Therapeutic Housing Units Protocol, AFBH Levels of Care Policy

Training: Completed for relevant staff and ongoing as necessary

Metrics: AFBH THU Master Schedule, Therapeutic Housing Committee Meeting, Lifelong Schedule & Service Logs, Telecare Schedule and Service Logs

Assessment: In the course of this tour, it was apparent that AFBH has been assuming greater operational control the THUs. The presence of dedicated clinical Treatment Teams and the structured opportunities for communication with ACSO such as huddles, rounds, and Therapeutic Housing Committee meetings are resulting in support for the delivery of mental health services. The processes and communication between entities regarding the appropriate placement in and removal of persons from the THUs appear to be occurring more smoothly.

The THU model requires that the inmate’s housing environment/restrictions “match” their mental health condition, i.e., their LOC. As such, those most at risk of self-harm are placed in a setting that reduces the risk of self-harm, e.g., single cell with more frequent observation. But, as the person’s mental health improves, the environment becomes less restrictive, e.g., dorm-like setting with less frequent observation. These adjustments in housing will allow the person to function within an environment that supports their mental health needs while also allowing for the person to be “challenged” to adjust to a less clinical/restrictive environment. It is understood that ACSO may have concerns and policies and practices that conflict with the delivery of mental health services, e.g., classification and housing placement when persons do not require a high level of mental health services such as a LOC 2 but are security risks and require placement in cells. These situations need to be discussed, and options developed to ensure security while placing the person in the environment most amenable to their mental health treatment needs. The weekly Therapeutic Housing Committee is an excellent venue for these discussions.

In order to comply with this provision, it is imperative that decisions regarding the placement and removal of a person from a THU be made by the members of the clinical treatment team. At the Classification level, ACSO and AFBH are working together to address the housing issues raised by attempting to accommodate both LOC and security risk but there needs to be sufficient placement options. AFBH and ACSO administration need to have regular dialogue regarding the operations of the THUs and possible need for additional THU space allocation and space for clinical activities.

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

Recommendation(s):

1. AFBH needs to document when a placement decision is not being implemented by ACSO for further discussion.
2. ACSO and AFBH continue to discuss the need for more dedicated THU designations.
3. Refer to provisions 312 and 702.

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

Finding: Partial Compliance

Policies: AFBH Therapeutic Housing Units Protocol

Training: N/A

Metrics: AFBH Master Schedule, Telecare Schedule, Telecare Schedule and Service Logs, Lifelong Schedule and Service Logs

Assessment: AFBH operates a female THU in pods D, E, and F of HU 24. Refer to provision 702. Women have the same clinical service options as men in the THUs, including services provided by Telecare. The number of groups provided in HU 24 during this reporting period appears to have increased but is likely still insufficient, compared to the number of groups in the male THUs. Lifelong groups were not provided in THU 24 during this reporting period but are scheduled to begin in January 2025.

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

Recommendation(s):

1. Refer to provision 702.
2. AFBH to explore “best practice” therapeutic interventions for women.
3. Telecare to provide an equivalent number of therapeutic groups in HU 24.
4. Lifelong group activities should be extended to the female population in HU 24.

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

Finding: Substantial Compliance

Policies: AFBH Therapeutic Housing Units Protocol, AFBH Levels of Care Policy

Training: N/A

Metrics: Chart Reviews

Assessment: During the last reporting period, the THU Protocol was approved by ACBHD leadership although THU pilots have been operating under the protocol for over a year. Refer to provision 702.

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

Recommendation(s):

1. Continue developing policy and procedures consistent with the THU Protocol.
2. Continue implementing services according to the THU Protocol as staffing levels allow.

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

Finding: Partial Compliance

Policies: AFBH Therapeutic Housing Protocol, AFBH Levels of Care Policy

Training: ACSO Crisis Communications for Corrections Training

Metrics: Refer to provisions 200/204 and 702, AFBH SRJ Staff Assignments

Assessment: There are qualified staff available at the SRJ to address mental health issues in the population 24 hours/7 days per week. Coverage is provided by either AFBH clinicians and supervisors or contracted staff (Telecare). Clinical treatment teams provide services in the THUs in 8, 9, 24 and 35. A clinical treatment team has also been assigned to RH (HU 1). As explained in provisions 200/204, AFBH has been challenged with finding clinicians to fill their vacant positions. AFBH needs to continue deploying clinicians to assignments in the THUs to effectuate the reforms required by the CD.

There is 24/7 coverage in the ITR area by either AFBH or Telecare staff. AFBH clinical staff is available in the HUs, Monday through Friday from 7:00 a.m. to 9:30 p.m. Crisis Team "Runner" clinicians, both AFBH employees or Telecare staff, are available 24/7 and are responsible for coverage and response beyond the AFBH clinical schedule. With very few exceptions, THUs are not staffed by clinicians on the overnight shift or on weekends. Assessment and intervention needs on the THUs are addressed by the ITR Crisis Team.

During this site visit, ACSO reported that they have been making efforts to assign consistent custody staff to the THUs.

ACSO reported that during this reporting period, one full Crisis Communications for Corrections Training and a refresher course were held. For 2025, ACSO plans to offer three (3) full Crisis Communications for Corrections Trainings and six (6) refresher courses.

Recommendation(s):

1. Refer to provisions 200/204 and 702.

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

Finding: Partial Compliance

Policies: AFBH Re-Entry Services for Clients with Serious Mental Illness Policy, AFBH Release Discharge Medication Policy

Training: N/A

Metrics: Chart reviews

Assessment: During this reporting period, AFBH continues to develop a comprehensive Re-Entry Policy and Procedure that aligns with the mandates of the Consent Decree. These procedures will ensure continuity of care for incarcerated individuals with mental health disabilities.

According to records, during the period of September-December 2024, the AFBH Re-Entry Team accomplished the following:

- Referred 26 individuals to full-service partnerships, (the highest level of community-based care),
- Referred 44 individuals to Re-Entry treatment teams,
- Referred 18 individuals to Crisis Residential Treatment centers,
- Reconnected 43 clients to prior community based mental health providers and completed advocacy referrals to Social Security Administration for four clients.

At this time, AFBH identifies clients who have been served by community-based mental health services and makes efforts to reconnect clients to community-based organizations (CBO) where they were previously engaged in services. The AFBH Re-Entry Team has a dedicated email, AFBHReEntry@acgov.org, that is checked on a regular basis. This email is where outpatient teams can request release medications or follow up with their clients while they are incarcerated. There have been requests for crisis residential treatment referrals sent to this email as well.

Additionally, the Re-Entry Team makes new referrals for clients to be connected to various community-based Re-Entry providers. Clients with higher mental health disorder acuity are referred for more intensive case management services through the Alameda County Behavioral Health ACCESS (Acute Crisis Care and Evaluation for Systemwide Services) unit.

An AFBH Post Release Re-Entry Clinician continues to follow up with clients with SMI to ensure that they attended their follow-up appointments with their community-based mental health provider and psychiatrist. AFBH is planning to expand the role of Post Release Re-Entry Clinician to include follow-up with community based mental health providers for all behavioral health clients who are assessed as LOC 3 and LOC 4.

As previously reported, AFBH continues to meet with ACSO and Wellpath to support Re-Entry efforts. Information sharing systems and procedures have developed and are being piloted with ACSO, Wellpath, and AFBH to ensure continuity of care for clients. A multidisciplinary meeting occurs bi-weekly, and care is being taken to ensure HIPAA compliance while coordinating referrals for clients that are identified as Medication-Assisted Treatment (MAT), diagnosed with SMI or assessed as LOC 3 and LOC 4.

During this reporting period, AFBH continued its Early Access to Stabilization Services (EASS) program for persons deemed Incompetent to Stand Trial (IST). The goal of EASS is to initiate medication treatment and therapeutic services to help stabilize these clients so that they can receive appropriate treatment in a State Hospital or competency restoration program. This program started on August 1st and, to date, has successfully served 49 clients with treatment plans, medication services and competency training.

Recommendation(s):

1. AFBH should complete the comprehensive policy related to re-entry services.
2. AFBH should continue collaborative efforts with ACSO and Wellpath as necessary to meet Cal-AIM requirements.
3. AFBH to continue establishing contacts with appropriate agencies that assist incarcerated persons with obtaining entitlement benefits and discuss their ability to work with the SRJ's population.
4. Arrangements for services should be reviewed with ACSO and converted into agreements.

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

Finding: Partial Compliance

Policies: AFBH Re-Entry Services for Clients with Serious Mental Illness Policy, AFBH Release Discharge Medication Policy

Training: Completed for relevant staff and ongoing as necessary

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

Assessment: In July 2024, the ACBHD Director approved the Re-Entry Services for Clients with a Serious Mental Illness Policy and Procedure. As such, AFBH has implemented a new and more detailed Re-Entry Plan that will be modified, as necessary. The most current version of the Re-Entry Plan has been submitted to this Joint Expert for review.

In the period of September-December 2024, AFBH Re-Entry staff continued to receive a daily list of newly-booked individuals who are classified as THI (Therapeutic Housing Individuals) and are housed in THUs 8, 9, 24 or 35. The THU “New Book” List is generated by AFBH clerical staff and sent to AFBH Re-Entry staff and AFBH Re-Entry management. The Re-Entry team has begun a pilot where staff utilize the New Book List to conduct early engagement efforts and begin creating Re-Entry plans for clients in the therapeutic housing units within the first 72 hours of their incarceration.

AFBH continues to update the Re-Entry Plan for behavioral health clients quarterly or sooner depending on the clients’ known release dates.

AFBH has created a system wherein clerical staff will notify Re-Entry staff when SMI clients have a release date within 90 days. Re-Entry staff will then begin discussing re-entry plans with the client at that time. AFBH will make necessary referrals and provide the client with a written copy of their plan at the time of release. For those persons, AFBH will coordinate a direct contact (in-person or via telehealth) with a community based mental health/substance abuse provider with a history of having treated the person or initiate a new referral and, as necessary, provide the agency with records such as casenotes and prescriptions.

Recommendation(s):

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

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

Finding: Partial Compliance

Policies: AFBH Re-Entry Services for Clients with Serious Mental Illness Policy, AFBH Release Discharge Medication Policy, AFBH Identifying and Diagnosing “Severe Mental Illness Policy

Training: Completed for relevant staff and ongoing as necessary

Metrics: Interviews with Staff, Draft-AFBH Client Re-Entry Plan, Chart Reviews

Assessment: When an incarcerated person on AFBH’s caseload meets the level of care required for Full-Service Partnership (FSP) referral, AFBH will make efforts to ensure that the

person's Re-Entry Plan includes referrals to agencies that offer services to meet their mental health needs.

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

Arrangements for post-release services are handled by the AFBH Re-Entry Team which is staffed five days a week. AFBH Clinicians address re-entry issues with incarcerated persons during their initial contacts. Efforts are made to create a Re-Entry Plan that supports the incarcerated person's continuity of treatment upon return to the community by reconnecting clients to their existing community mental health providers; making referrals to new community mental health services as needed; making referrals to crisis residential treatment, when needed; and ensuring release medication orders are in place, when applicable. Chart reviews attest to the efforts of re-entry clinicians to meet with persons during the initial days of their incarceration to interview and assess their re-entry needs.

The Re-Entry Team will prepare a Post-Release Instructions Form for each person which includes medication information/orders, referrals and a referral to the Felton Re-Entry Program (REP), when appropriate. AFBH utilizes other providers as appropriate on a case-by-case basis. The Re-Entry team continues to make referrals to providers based on the needs of the individual.

Additionally, in the reporting period of September-December 2024, the AFBH Post-Release Re-Entry Clinician has increased completion of ACCESS referrals, connecting clients with higher acuity to FSP level of treatment. A Re-Entry Team member will meet with the incarcerated person, review the instructions, and obtain the client's signature. In the case of an unplanned release, ACSO Intake, Transfer and Release (ITR) Deputies have been asked to contact the AFBH Re-Entry Team.

The Re-Entry Team continues to create Re-Entry Plans for clients leaving the jail and has begun to use a more detailed version of that plan to include information about housing resources, support network, medication regimen, and care recommendations for clients.

AFBH is nearing finalization of the Re-Entry Policy and Procedure which reflects these updated processes.

Recommendation(s):

1. AFBH to finalize the Re-Entry policy detailing the assistance to be provided including notification to CBOs and Full-Service Partners.
2. AFBH to continue enhancing the re-entry services of incarcerated persons meeting FSP criteria for appropriate agencies; develop appropriate procedures.

902. AFBH shall work with Alameda County Social Services to facilitate evaluating the individual's eligibility for benefits, as appropriate, including SSI, SSDI, and/or Medicaid and to assist in linking clients to those possible benefits. Where AFBH is notified of

upcoming release or transfer, AFBH shall work with the Behavioral Health Client to update their re-entry plan and provide the individual with a copy of the plan prior to release. The written plan shall help link the individual to community service providers who can help support their transition from jail to community living. The written plan shall identify community services, provider contacts, housing recommendations, community supports (if any), and any additional services critical to supporting the individual in complying with any terms of release. In no case shall these efforts conflict with or interfere with the work of the Mental Health Courts.

903. Defendants shall cooperate with community service providers, housing providers, people with close relationships to the individual (including friends and family members), and others who are available to support the individual's transition and re-entry from jail are able to communicate with and have access to the individual, as appropriate and necessary for their release plan. Where an individual authorizes it, Defendants shall facilitate access to mental health and other records necessary for developing the release plan. If an individual has a relationship with a community provider at the time of incarceration, AFBH staff shall meaningfully attempt to engage that provider in the re-entry planning for that individual and facilitating visits where requested by the provider. To facilitate a warm hand-off, Defendants shall initiate contact with community mental health providers in advance of a scheduled release for all incarcerated persons with serious mental illness, including assisting in facilitating meetings between incarcerated individuals and community mental health providers prior to or at the time of release and arranging a follow-up appointment as needed. With respect to planned and unplanned releases of Behavioral Health Clients, custody staff shall notify AFBH as soon as possible so that they can take appropriate steps to link these individuals with community services and resources as needed.

Finding: Partial Compliance

Policies: AFBH Re-Entry Services for Clients with Serious Mental Illness Policy ACSO Policy and Procedure 11.09 Inmate Release Process

Training: Completed for relevant staff and ongoing as necessary

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

Assessment: AFBH Re-Entry staff are currently referring and linking any incarcerated persons without medical benefits to Medi-Cal (California's Medicaid program) and are referred to the Medi-Cal Clinic that is staffed by Wellpath.

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

In line with provision 902, the AFBH Re-Entry Plan is used to assess the needs of the persons and summarize the efforts made. This plan is under revision and has been reviewed by this Joint Expert.

AFBH receives a weekly list of all individuals with SMI that are scheduled for release from SRJ. The AFBH Re-Entry staff continue to re-connect clients to community based mental health providers when applicable. AFBH Re-Entry staff review each client's mental health record in Clinician's Gateway and if clients have a listed prior community based mental health provider, the Re-Entry staff reconnect the client to that provider. In cases where the prior community based mental health provider was not a good fit for either the client or the provider, the Re-Entry staff will then connect the client to another community based mental health provider. AFBH Re-Entry staff maintain a spreadsheet to document when these types of connections occur and document this connection in the clients' record in Clinician's Gateway.

AFBH staff facilitate visits when appropriate between the community mental health provider and the client via tablet or cell phone by utilizing Microsoft Teams application.

Currently, the AFBH Post-Release Clinician maintains a list of all clients with SMI and the clinician utilizes a daily SMI Release List created by AFBH clerical staff to connect the clients to their community based mental health provider before they are released. The AFBH clinician also follows up with the provider to ensure that the client has transportation from SRJ when applicable. The AFBH Re-Entry Clinician also follows up with the client and the community based mental health provider to ensure the client attended their first appointment.

AFBH receives a weekly list of all individuals that are scheduled for release from SRJ.

Recommendation(s):

1. AFBH to finalize the Re-Entry Plan and provide training as necessary.
2. AFBH to review existing policy to ensure that all provision requirements are being met.
3. Ensure staff compliance with procedures via regular reviews of documentation.
4. AFBH should continue efforts to coordinate with ACSO/ACBHD's separate re-entry services provided via Operation My Home Town (OMHT) to streamline re-entry planning efforts.
5. AFBH to continue working to establish contacts with the appropriate agencies that assist incarcerated persons with obtaining entitlement benefits and discuss their ability to work with the SRJ's population.
6. Arrangements for the services should be reviewed with ACSO and converted into agreements.

904. If the individual takes prescription psychiatric medications in Jail (at the time of release), Defendants shall ensure that the individual leaves the Jail with access to a 30-day supply of the medication from a local pharmacy, when provided with adequate advance notice of the individual's release. Additionally, Defendants shall educate individuals who are prescribed psychiatric medications regarding the location and availability of drop-in clinics to obtain a refill of their medication in the community upon release. In addition to the 30-day supply of medication, Defendants shall coordinate with the County's outpatient medication services to have individuals' prescriptions refilled if necessary to ensure an adequate supply of medication to last until their next scheduled appointment with a mental health professional. Defendants shall ensure that SMI clients who are already linked to services have referrals to mental health providers and other service providers upon release, unless the individual refuses such referrals, or if staff was

not provided adequate advance notice of release. SMI individuals who are not already linked to services shall be referred to the 24-7 ACCESS line.

Finding: Partial Compliance

Policies: AFBH Release Psychiatric Medication Policy, ACSO Policy and Procedure 11.09 Inmate Release Process

Training: Completed for relevant staff and ongoing as necessary

Metrics: Interviews with Staff, Release Psychiatric Medication Report

Assessment: AFBH’s policy to address this process has been approved. As previously reported, by policy, incarcerated persons are provided with a 30-day supply of their psychiatric medications at the time of release. Medications are either provided to the person or a prescription is sent to a local pharmacy. While medications are made available, sometimes they are refused by the person at the time of release.

A monthly report of medications provided at the time of release is available. AFBH continues collaboration with Wellpath around enhancing identification and notification processes between the two systems of care.

A monthly log of discharge medications provided at the time of release is available. However, only two months of data for this reporting period was available for this Joint Expert’s review.

Month	# of Discharges	# - % Received Medications	# - % Lacking Documentation
September 2024	57	19 – 33%	26 – 45%
October 2024	74	56 – 76%	18 – 24%

Review of these logs shows that appropriate documentation to substantiate whether medications were issued at discharge is lacking in a significant number of release instances. AFBH leadership explained that, given the many steps in this process, the Discharge Medication Disposition (DMD) form (which is completed by Wellpath when medications are issued) is sometimes missing. To address this, Wellpath has developed an automated process to report the outcome of medication distribution at release and has been piloting this process for at least six months. It is anticipated that the automated process will be implemented by the next reporting period and that the results evident in the Log data.

Recommendation(s):

1. AFBH to provide formal training on the approved policy regarding release medications and document training.
2. Continue reporting on the re-entry medication process; determine why some medications are not received at re-entry; modify processes as necessary.
3. Modify the proof-of-practice documentation (Discharge Medication Log) to increase its usefulness in identifying issues of procedural deviations.