CONTRA COSTA
MENTAL HEALTH COMMISSION

CONTRA COSTA
MENTAL HEALTH
COMMISSION
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Mental Health Commission (MHC)

Wednesday, April 7th, 2021 ◊ 4:30 pm - 6:30 pm

VIA: Zoom Teleconference:

https://cchealth.zoom.us/j/6094136195
Meeting number: 609 413 6195
Join by phone:
1 646 518 9805 US
Access code: 609 413 6195

AGENDA

I. **Call to Order/Introductions (5 minutes)**

II. **Public Comments (10 minutes)**

III. **Commissioner Comments (10 minutes)**

IV. **Chair Comments/Announcements (5 minutes)**

V. **APPROVE March 3rd, 2021 Meeting Minutes (5 minutes)**

VI. **"Get to know your Commissioner" (5 minutes)**

VII. **Committee Reports (10 minutes)**
- **I. Executive Committee – Cmsr. Barbara Serwin**
- **II. Justice Systems Committee – Cmsr. Geri Stern**
- **III. Quality of Care Committee – Cmsr. Barbara Serwin**
- **IV. Finance Committee – Cmsr. Douglas Dunn**

VIII. **RECEIVE presentation on the 9/29/20 County settlement with the Prison Law Office regarding improvements at the Martinez and West County jails, including in the area of mental health, required medical and mental health plans to improve treatment of inmates, and improvement already made to date, David Seidner, Mental Health Program Chief, Detention Health; and Dr. Jessica Hamilton, Medical Director, Detention Health Services (30 minutes)**

(Agenda continued on Page Two)

CONTRA COSTA COUNTY
MENTAL HEALTH
COMMISSION

Mental Health Commission (MHC) Draft Agenda (Page Two)

Wednesday, April 7th, 2021 ◊ 4:30 pm - 6:30 pm

IX. RECEIVE update on the first Crisis Intervention Rapid Improvement Event (RIE), Commissioner Barbara Serwin (5 minutes)

X. RECEIVE Behavioral Health Services Director's Report, Dr. Suzanne Tavano (20 minutes)

XI. Adjourn

Mental Health Commission
Email Message of October 9, 2020:

Subject: Settlement between the Prison Law Office and the County re: remediating mental and medical health support deficiencies in our County jails

A Message from the Chair of the Mental Health Commission, Barbara Serwin:

Dear Commissioners,

You may have heard about a recent settlement between the Prison Law Office and the County regarding improvements at the Martinez and West County jails, including in the area of mental health. Negotiations began in March 2017 and the Board of Supervisors agreed to the settlement on 9/29/20. Below are links that summarize the problems observed at the jails; the actual settlement and discussions about it by the Board of Supervisors; and links to the mental health and medical health remedial plans. Start with the *East Bay Times* article to get your bearings. Attached is an advocacy letter from 2015, a year plus prior to the case by the Prison Law Office -- please read this too.

Link to an excellent *East Bay Times* article that summarizes the suit and settlement:
https://eur04.safelinks.protection.outlook.com/?url=https%3A%2F%2Feastbaytimes-ca-app.newsmemory.com%2F%3Fpublink%3D0bbe53ef1&data=02%7C01%7C%7C6a0557bea4c648cb7d2708d867da15f8%7C84df9e7fe9f640afb435aaaaaaaaaaaa%7C1%7C0%7C637373533648613311&sdata=JqFjrudQAqZZ43VeIEmtOpU3%2Fw4ZagHTdMcRW%2Bjz0mU%3D&reserved=0

Link to the Board of Supervisors' discussion of the settlement at its 9/29/20 meeting:
BOARD OFSUPERVISORS - 09/29/2020 - Sep 29th, 2020 (the pertinent discussion begins on hour 5)

Here is the 9/29/20 Consent Decree from David Twa, County Administrator, recommending to the Board of Supervisors that the proposed settlement with the Prison Law Office be accepted by the County (this useful document provides a summary background of the case plus the fiscal impact on the County):
http://64.166.146.245/agenda_publish.cfm?id=&mt=ALL&get_month=9&get_year=2020&dsp=agm&seq=43195&rev=0&ag=1667&ln=87009&nseq=&nrev=&pseq=43197&prev=0#ReturnTo87009

Link to the Mental Health Remedial Plan:
http://64.166.146.245/docs/2020/SPBOS/20200929_1657/43195%5FMental%20Health%20Remedial%20Plan%20Final%2Epdf

Link to the Medical Health Remedial Plan:
http://64.166.146.245/docs/2020/SPBOS/20200929_1657/43195%5FMedical%20Remedial%20Plan%20Final%2Epdf

There had been strong advocacy for much needed, serious improvements at the jails for years prior to the suit being filed. Mental Health Commission members visited the jails in 2015, including the mental health units/services, a year before the suited was filed, in fact, and identified several problems. We wrote a letter to the county Sheriff advocating for improvements in October of 2015. The letter is attached for your review.

Note that some of the improvements required by the Prison Law Office have already been made by the jails. There have also been a Value Stream mapping of detention mental health and two Rapid Improvement Events since 2017. There is a lot of work still to do, however (e.g. in Suicide Prevention). The settlement includes a monitoring process that requires the County to submit progress reports every six months, and so a provision for accountability is in place.

Please join me in commending the Prison Law Office for its outstanding work and support and thanks to Health Services, Behavioral Health Services, Forensics, the Sheriff's Office for their determined efforts to improve the county jail mental health system. Please also continue the Commission's advocacy for people with a mental illness in our county jails by tracking on improvements and measuring them against remedial plan goals.

Please forgive any errors or omissions in this email.

Thank you all for your concern.

Best regards,

Barbara
Chair, Mental Health Commission

Contra Costa County

By Annie Sciacca

asciacca@bayareanewsgroup.com

MARTINEZ >> Contra Costa County's jails will be monitored for at least three years to ensure health care conditions improve as laid out by a court-approved consent decree.

The Board of Supervisors on Tuesday approved a settlement stemming from a complaint in 2016 by three inmates who alleged the county's jails don't meet standards of the Eighth Amendment, which prohibits subjecting criminal defendants to unduly harsh punishment, or requirements of the Americans with Disabilities Act.

Under the agreement reached with the Prison Law Office, which represented the plaintiffs, court appointed experts will monitor the county's progress in implementing two plans designed to improve jail conditions for medical and mental health care. The Prison Law Office also will monitor and be able to tour the jails. The county must prepare its own progress reports every six months.

Though the agreement's terms are officially effective for five years, county officials can seek to terminate the decree after three years and petition the court to eliminate monitoring of remedied conditions. For its part, the Prison Law Office can petition the court to reinstate monitoring or extend the terms of the agreement.

Representatives from the Prison Law Office have said the county already has implemented some reforms, such as reducing the use of solitary confinement, increasing privacy during the bookings, classifying incarcerated people based on behavior instead of criminal charges and making changes to units that house people with mental illnesses.

The Sheriff's Office also has reduced the jail population since the coronavirus pandemic began.

"Maintaining and further reducing the current jail population - and shrinking the footprint of the County's jail system - is, without question the best pathway to cost-effective and successful implementation of the remedial plan," Corene Kendrick, staff

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attorney at the Prison Law Office, said in a statement.

The mental health care improvement plan requires the county to place people who are actively suicidal under constant observation 24 hours a day, increase its programming and create individualized plans to take care of patients struggling with mental health issues or crises. The medical care plan calls for the jails to have adequate clinical space, a pharmacist on site or on call every day, regular access to health records and certain medications for released patients. County staffers also must provide dental screenings within 14 days of booking someone if they haven't been screened within the previous six months and then provide annual dental screenings if requested.

The settlement comes after a lengthy negotiation that the county and the Prison Law Office launched to avoid litigation over allegations that surfaced in 2016 but been going on for years, according to a complaint filed by the Law Office in U.S. District Court.

In 2015, the Contra Costa County Office of the Sheriff published a Jail Needs Assessment that noted what the Prison Law Office called "extremely troubling" overcrowding at the main jail in Martinez. Later, multiple experts brought in to survey the conditions reported a litany of issues, including mismanaging medication, not providing timely medical care, a lack of group therapy, not enough time outside of cells and insufficient suicide prevention efforts. One correctional expert, Lindsay Hayes, found the suicide rate in Contra Costa jails was "significantly higher" than in jails of similar sizes in the U.S., according to the court documents.

In 2018, six people died in Contra Costa jails - making it one of the deadliest jail systems that year in California. Four more people died there in 2019. Those deaths were caused by suicide, medical issues or drug overdose, according to public records. The most recent death occurred in September, when a man developed complications during surgery to repair a broken jaw after a jail fight and died at the John Muir Medical Center in Walnut Creek.

One of the plaintiffs represented by the Prison Law Office - a 36-year-old pretrial detainee with schizophrenia and bipolar disorder - reported hitting the emergency medical button when he had symptoms such as vomiting, only to have deputies tell him to stop and refusing to bring him to medical staff. Other plaintiffs did not receive needed medication or physical therapy.

The county also will pay the Prison Law Office $396,543 for its costs thus far and pay for the monitoring costs under the agreement, which will be capped at $175,000. It is also spending millions to hire additional staff in the health department and in the Sheriff's Office, which drew criticism during budget hearings this summer.

Contra Costa Board of Supervisors Chair Candace Andersen called the settlement a "road map for positive change," noting that for detainees with mental health issues, "if we can provide them with much needed treatment while incarcerated and ensure that they have supportive services upon re-entry to the community, their lives will be substantially improved." Kendrick, of the Prison Law Office, noted that the terms of the agreement "will save countless lives, reduce the suffering of people confined in the jails and increase public safety." To view the complaint and full settlement, go to prisonlaw.com/post_case/ county-of-contra-costa/. *Contact Annie Sciacca at 925-943-8073.*

URL: https://eastbaytimes-ca-app.newsmemory.com/?publink=0bbe53ef1

Contra Costa County

To: Board of Supervisors

From: David Twa, County Administrator and Sharon L. Anderson, County Counsel

Date: September 29, 2020

Subject: Proposed Settlement with Prison Law Office

RECOMMENDATION(S):

1. ACCEPT a report from the County Administrator and County Counsel on a proposed settlement of litigation with the Prison Law Office.

2. APPROVE AND AUTHORIZE the County Administrator and County Counsel, or their designees, to execute a Consent Decree settlement agreement with the Prison Law Office, substantially in the form attached, regarding the operation of County detention facilities, and execute and file any other documents, pleadings or agreements as may be needed to comply with the terms of the Consent Decree.

FISCAL IMPACT:

Estimated Ongoing Annual Costs: $43.7 million in ongoing, annual costs; 100% General Fund. This figure reflects the addition of 187.9 FTEs as determined by the Health Services Department (124.9 FTE) and Sheriff's Office (63.0 FTE) to comply with the terms and conditions of the consent decree and related remedial plans. To date, the County has already added 83.1 FTE of these positions at an ongoing annual cost of $18.8 million, including 42.1 FTE in the Health Services Department and 41.0 FTE in the Sheriff's Office. The remainder of positions will be necessary to add over the next two budget cycles (FY 2021/22 and

☑ APPROVE ☐ OTHER

☑ RECOMMENDATION OF CNTY ADMINISTRATOR ☐ RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **09/29/2020** ☑ APPROVED AS RECOMMENDED ☐ OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: September 29, 2020

David Twa, County Administrator and Clerk of the Board of Supervisors

Contact: Timothy Ewell, Chief Assistant County Administrator, (925) 655-2043

By: June McHuen, Deputy

cc: Monika L. Cooper, Assistant County Counsel, David O. Livingston, Sheriff, Anna Roth, Director, Health Services

2022/23).

FISCAL IMPACT: (CONT'D)

Estimated One-Time Capital Costs: $44.6 million in one-time capital costs; 100% General Fund. The County has commissioned and appropriated these funds for capital improvement and replacement projects for adult detention facility sites throughout the County over the past several years. The Martinez Detention Facility (MDF) has received and is in the process of receiving renovations to existing modules and a conversion of one module to an Acute Psychiatric Treatment Facility and Jail Based Return to Competency program site. Also, the County began seeking State funding for the replacement of beds within the MDF beginning in 2013. In 2017, the County received a $70 million grant award to replace 288 beds at the Martinez Detention Facility with a new Reentry, Housing and Treatment facility on the campus of the West County Detention Facility following two previous State grant attempts. This project, once complete, will also result in a substantial augmentation to physical and mental health facilities consistent with the physical plant modifications underway at the MDF.

BACKGROUND:

Since early 2016, the Prison Law Office ("PLO") and the County have been working together to evaluate and redesign services provided at the Martinez Detention Facility and the West County Detention Facility ("jails"). The challenge for the Sheriff's Office, Health Services Department and County Administrator's Office was to consider both genuine inmate needs and serious financial constraints and provide the Board with workable recommendations and a proposed path forward. That path, recommended by County staff and the PLO, is outlined in the proposed Consent Decree settlement agreement attached to this Board Order.

County staff has been working with the PLO for over four years to craft this proposed settlement, while at the same time, making significant "boots on the ground" improvements to the County's detention services and facilities. These improvements include new privacy rooms at inmate intake, developing an inpatient psychiatric unit at the Martinez Detention Facility and other program changes to allow court-ordered treatment of most severely mentally ill inmates while they remain within the jails. To date 83 additional full-time positions have been added to provide these programs and services.

The Consent Decree is a road map that describes how the County will continue to provide inmate services. It includes a remedial plan for mental health/suicide prevention services and a separate remedial plan for medical services. These plans will also provide a framework for the County to update various policies and procedures impacted by the Consent Decree.

The Consent Decree will be monitored by court experts and the PLO. The County must prepare a status report every six months that will include a description of the steps taken to implement the remedial plans. For parts of the remedial plans that have not been implemented, the status report must include a discussion of what has been done to implement the plans, a description of the factors that are impeding implementation, and a

projected timeline for implementation. The Consent Decree will terminate five years from the date it is entered by the Court, unless the Court shortens or extends the term, at the request of the County or PLO. During this time, the Court will retain jurisdiction to enforce the terms of the Consent Decree.

The individuals benefitted by the Consent Decree are all individuals who are now, or in the future will be, detained in a Contra Costa County jail, including individuals who have a qualified disability under State or Federal law.

CONSEQUENCE OF NEGATIVE ACTION:

Failure to approve the proposed action could result in protracted litigation and delay significant improvements at the jails.

CHILDREN'S IMPACT STATEMENT:

No impact.

CLERK'S ADDENDUM

Speakers: Don Spector, Executive Director of the Prison Law Office.

ATTACHMENTS

Attachment A: Power Point

Attachment B: Consent Decree

Attachment C: Medical Remedial Plan

Attachment D: Mental Health Remedial Plan

MENTAL HEALTH REMEDIAL PLAN
CONTRA COSTA COUNTY
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I. Definitions

A. Qualified Mental Health Professional ("QMHP"): Includes psychiatrists, psychologists, physicians, mental health clinical specialists ("MHCSs"), registered nurses, nurse practitioners, and others who by virtue of their education, credentials and experience are permitted by law to evaluate and care for the mental health needs of patients.

B. Clinical Health Staff: Includes health staff who provide direct and indirect care to patients including QMHPs and other allied health professionals.

II. General Provisions

A. The County shall provide mental health treatment that conforms to community standards of care, through a system of treatment to include comprehensive assessments and structured treatment, including face-to-face clinical contacts, group therapy, individualized courses of therapy, and emergency offsite services when clinically indicated and unavailable within the facility. Assessments and treatment can be provided per a telemedicine policy and procedure when available and as clinically indicated.

B. Patients with mental health needs will be assessed and placed in one of four treatment tracks ("tracks") per the mental health basic treatment policies.

1. Track 1 is a high level of care for patients deemed acutely and severely decompensated.

2. Track 2 is an intermediate level of care for patients with active psychosis which interferes with their ability to participate in detention activities.

3. Track 3 is an outpatient level of care for patients able to tolerate and participate in detention activities with minimal support.

4. Track 4 is an outpatient level of care for those deemed able to participate independently in detention activities.

C. Regardless of classification or where the patient is housed within the County's detention facilities, mental health patients will receive the services described herein as clinically indicated.

D. Behavioral Health Unit(s) for Track 1 and Track 2 Patients

1. Contra Costa County shall have one or more housing areas designated as behavioral health units for the management of track 1 and track 2 patients.

2. Except as clinically indicated or where there are individualized and documented safety and security concerns, the County will house track 1 and track 2 patients on these units, which will offer the least restrictive settings appropriate for the clinical and safety and security needs of the patients.

3. Programming and structured activities appropriate for the acuity of the mental health needs and capabilities of the patients will be provided as set forth in this remedial plan.

    a. Track 1 patients' out-of-cell time will be determined in their plans of care.

    b. Services for individuals in track 2, regardless of housing location, will include a minimum of 10 hours per week unstructured out-of-cell time and 7 hours per week of scheduled structured out-of-cell therapeutic activities, unless a higher number is specified in a patient's plan of care or unless deemed detrimental by a QMHP.

    c. The County shall not discriminate with respect to track 1 and 2 patients' out-of-cell time based on gender. This provision does not limit the County's ability to schedule or provide gender-specific programming.

    d. Track 2 patients in behavioral health units shall not generally be provided less out-of-cell time than they would receive if housed consistent with their classification level in a non-behavioral health unit in the same jail. Because behavioral health units mix different security levels, however, it may not always be possible to offer equivalent out-of-cell time for all patients. The benchmark for compliance with this provision shall be if each behavioral health patient receives, on average, at least 80% of the out-of-cell time offered to non-behavioral health people at the same jail in the same classification level.

4. The Unit(s) will have private individual interviewing space, private smaller group settings, and dayroom space for programming.

5. Unit management shall operate through collaborative efforts of custody staff, classification staff, and clinical health staff, with weekly meetings among custody and clinical health staff to ensure a collaborative approach to patient care and behavior management. These meetings should be co-chaired by a QMHP and the facility commander or designee.

6. Except in exigent circumstances, custody staff will not transfer a track 1 or track 2 patient from one housing unit to another unless a QMHP has been consulted to determine whether the transfer is therapeutically appropriate and would not be detrimental to the mental health of the patient. Any conflicting recommendations may be resolved through consultation between a QMHP and the facility commander or his/her designee. If this consultation fails to resolve the conflict, the facility commander or his/her designee shall have the sole discretion to approve the transfer.

E. As part of the provision of these services, the County will develop the following policies and procedures in consultation with the Chief Nursing Officer, Chief Quality Officer, or Chief Medical Officer (or their designees) as appropriate:

1. Operational definitions for the four track levels for patients with mental health needs;

2. Criteria for determining appropriate track for care for patients with mental health needs and criteria for determining movement between track levels;

3. General description of out of cell programming and structured activities for patients in the four track levels;

5. Time frames to complete and respond to initial assessments, suicide risk assessments, health services requests, referrals from staff, initial and follow-up suicide prevention and other emergency care reviews, and individual treatment planning;

6. Quality improvement plan that includes compliance indicators and expectations;

7. Involvement of psychiatrists in developing referral criteria and the services provided to patients in tracks 1 and 2;

8. Qualifications and training for custody staff working with patients in track 1 and track 2; and

9. Suicide or self-harm observation procedures.

III. Plans of Care

A. Plans of care will be used for all patients on the mental health caseload (track levels 1-4) and will be documented in the electronic health record. Plans of care will be patient-specific and problem-based.

B. Track 1 and Track 2 Patients

1. Track 1 and track 2 patients will receive individual plans of care with scheduled reviews by the treating mental health team.

2. The plans of care for track 1 patients must contain at least the following:

   a. Date of the review
   b. List of the multidisciplinary clinicians participating in the review
   c. A follow up review date at least weekly
   d. Patient's diagnoses
   e. Plans for crisis stabilization and stepping down to a lower level of care.
   f. The frequency of the services to be provided
   g. The date by which the goal is expected to be met

3. The plans of care for track 2 patients must contain at least the following:

   a. Date of the review
   b. List of the multidisciplinary clinicians participating in the review
   c. A follow-up review date at a minimum of every 60 days
   d. Patient's diagnoses
   e. Identification of problems to be addressed with a specific measurable intervention/goal

f. Notation of who is responsible to complete the intervention
g. Plans for stepping down to a lower level of care
h. The frequency of the services to be provided
i. The date by which the goal is expected to be met
j. Address basic discharge planning needs

C. Track 3 and Track 4 Patients

1. Plans of care for track 3 and track 4 patients will be documented in the psychiatric provider's progress note. However, if a patient on track 3 or track 4 is not on medication, a QMHP will document the plan of care in the progress note.

2. All track 3 and track 4 patients' plans of care shall address basic discharge planning needs.

IV. Mental Health Care Staffing

A. Staffing Requirements

1. All Mental Health Staff will provide community standard of care in their respective roles in detention.

2. Psychiatrists must meet the Medical Staff Membership and Privileges requirements at the Contra Costa Regional Medical Center.

B. Staffing Analysis

1. The County shall gather the data necessary for a staffing analysis for all mental health positions, including psychiatrists, MHCSs, supervising nurses, psychiatric nurses, RNs, LVNs, health information management staff, and administrative support.

2. The County will also gather data necessary to determine the custodial support needed, including custody staff trained as treatment team members for the specialized mental health placements as well as escorts and security for appointments and transportation in all housing units.

3. The data shall include analyses of actual current time frames for key mental health functions to ensure that the review does not rely on anecdotal material, including but not limited to the following:

   a. triaging health service requests;

   b. seeing patients face to face in response to health service requests, as clinically indicated;

   c. time of referral to time seen by the psychiatrist;

   d. comprehensive mental health assessments;

   e. developing Plans of Care.

4. The County shall consult with the Mental Health Expert regarding the data to be gathered and the analysis of the data.

5. The staffing analysis shall be completed within two months from the date the Consent Decree is signed by the Court.

C. Staffing Plan

1. General Requirements

   a. The County will use the staffing analysis to develop a staffing plan.

   b. The County will consult with the Mental Health Expert regarding the development of the staffing plan.

   c. The staffing plan shall be completed and provided to the Mental Health Expert and Plaintiffs' counsel within two months from the date the Consent Decree is signed by the Court. Any disputes regarding the staffing plan are subject to the Dispute Resolution procedure in Section G of the Consent Decree.

2. Staffing Levels

   a. The staffing plan shall include measures to be taken in the event of long-term significant vacancies.

b. The County shall employ adequate numbers of custody staff to assist with medication administration and the movement of patients to receive health care services.

c. The County will provide a budget for detention health care services sufficient to finance adequate health care and custody staff to comply with this Remedial Plan.

3. Psychiatrists

a. The staffing plan will address whether additional psychiatric time is needed, considering the additional involvement of psychiatrists as set forth below.

b. The staffing plan will take into account the need for psychiatrists to be involved in the following:

i. developing policies and procedures regarding definitions of tracks for patients with mental health needs, services associated with each track, and criteria for movement between tracks;

ii. the expansion of the role of the psychiatrists to include active participation in multidisciplinary treatment planning as appropriate and described in policies and procedures.

4. Reassessment of Staffing Plan

a. The County's plan will allow for ongoing tracking of staffing.

b. The County shall annually reassess its mental health care staffing to ensure that it employs sufficient staff necessary to provide adequate mental health care and supervision.

c. The annual assessments shall review all categories of mental health care staff, including but not limited to psychiatrists, MHCSs, supervising nurses, psychiatric nurses, RNs, LVNs, health information management staff, and administrative support.

d. Escort and transportation deputies shall be included in the assessments.

V. Intake

A. Health Screening and Initial Mental Health Assessment

1. Intake health screening shall continue to be performed by RNs.

2. Intake health screening shall include an initial mental health screening that shall include questions related to identifying level of risk of self-harm from the Columbia tool or an equivalent.

3. Intake nurses will conduct a reasonable review of available electronic medical records at the time of intake for evidence of past suicide attempts and self-harming behavior.

4. Nurses who perform the intake health screening function shall receive additional training by a QMHP on how to complete and document the initial mental health screening and look for signs and symptoms of suicide risk. These trainings will have a developed curriculum and sign in sheets as proof of training. Training records will be retained by the County.

5. Nurses referring for mental health services from intake health screening shall triage the referrals as emergent, urgent, or routine.

6. The County shall revise the Pre-Intake Form used by arresting officers to include a question regarding whether odd thought patterns or behavior were observed.

7. Referral criteria for psychiatry shall conform to community standards and shall be documented as a protocol for consistency among the QMHPs.

B. Privacy

1. All intake health and initial mental health screenings shall be performed in areas that provide reasonable auditory privacy and confidentiality, unless there is an individualized security or safety risk, which shall be documented.

C. Psychotropic Medications

1. The County shall continue to make every reasonable effort to verify psychotropic medications claimed by incoming patients, including contacting pharmacies and non-jail providers for prescription information with a signed release of information from the patient.

2. When current psychotropic medication prescriptions are verified, bridging medications shall be ordered within 24 hours of verification for a minimum of seven days or until seen by a psychiatrist, unless otherwise directed by a provider. This will help decrease the possibility of a lapse in medications due to any delay in obtaining a psychiatrist appointment.

3. Patients claiming to be on psychotropic medication that is not verified during intake shall have their prior health care records reviewed by a psychiatrist or psychiatric nurse practitioner within 5 calendar days to allow prescription of psychotropic medications and follow-up appointment as clinically indicated. If prior records are unavailable or inadequate, the patient shall be seen face-to-face by a psychiatrist within 10 business days.

VI. Access to Health Care

A. Health Service Requests

1. The County has a telephone access line for non-emergency health care requests and services at both the West County Detention Facility (WCDF) and the Martinez Detention Facility (MDF). The telephone access line for non-emergency mental health care requests and services is currently only at WCDF. The county may cancel the telephone access line at any time, but while it is in use it will include the following:

    a. Health Care Telephone Access Line

        i. A RN will serve as the Triage (Advice) Nurse.

        ii. The Health Care Phone Triage times will be seven days a week as follows: MDF: 0730 to 1000, or until completed; and WCDF: 0800 to 0930 and 1900 to 2100, or until completed.

b. Mental Health Care Telephone Access Line

i. A QMHP will serve as the Mental Health Phone Triage staff, during the times listed in A.1.a.ii, above.

2. The County shall refine its system to review inmate requests for health services, including requests made over the telephone access lines, as follows:

a. RNs shall review the submitted inmate requests for medical and/or mental health services once per day.

b. The review process shall include an assessment of the level of urgency of the request, whether the patient needs to be seen and, if so, the disposition and time frames for the triaging and subsequent appointments, and a tracking system.

c. The following timelines apply for triaging inmate requests for medical and/or mental health services for patients who need to be seen.

i. Patients whose requests are deemed to be emergent will be seen by Clinical Health Staff immediately or as soon as possible.
ii. Patients whose requests are deemed urgent will be seen by Clinical Health Staff within eight hours.
iii. Patients whose requests are deemed routine will be seen by Clinical Health Staff within three to five calendar days.

3. Patients requesting to see a psychiatrist shall receive a mental health assessment by a QMHP to determine whether they have a clinical need to see a psychiatrist.

4. Health Services staff will provide patients with a response to a request for health services within 72 hours, for requests handled by means other than a face-to-face visit. Responses will be documented in the patient's electronic health record.

5. When custody staff observes a psychiatric emergency, they will contact a QMHP as soon as possible. Custody staff will ensure, by policy, that the inmate remains within line of sight of an officer or

health provider until a QMHP arrives, or is placed in a safety or observation cell with safety checks made pursuant to policy. A QMHP will contact the patient as soon as possible thereafter to conduct an assessment. The QMHP contact may be in person, via the telephone or via video-conference.

6. When custody staff observes an inmate who appears to be decompensating, they will contact a QMHP as soon as possible and no later than one-hour, absent exigent circumstances. The QMHP will contact the patient within a timeframe determined by clinical necessity (urgent vs. emergent). The QMHP contact may be in person, via the telephone or via video-conference.

7. When patients with limited reading and writing skills make a verbal request for health care services, staff shall ensure that the appropriate health care services are initiated, whether by request slips or alternative means.

8. Health service staff shall handle patient requests for health care services in a confidential manner.

9. Confidentiality

    a. Patients may submit requests for health care services via telephone, if available, in writing, or electronically once kiosks are available.

    b. Blank health service request forms shall be readily available on all housing units, program areas, and libraries and shall be offered regularly to patients in administrative segregation housing.

    c. When health care staff provides confidential medical information to patients by mail, they will do so by using a sealed envelope with the patient's name, number and location on the front and an indication on the front of the envelope that the envelope contains confidential medical information.

    d. Custody staff will open the envelopes in the presence of the inmate and will visually inspect for contraband due to safety and security concerns but will not read the document.

    e. Confidential Locked Boxes or Equivalent Electronic System

i. Confidential locked boxes shall be available on every housing unit for routine health service requests and for complaints and/or grievances relating to the provision of health care services.

ii. These boxes shall be readily accessible to patients on free time.

iii. Health services staff will retrieve and review the contents of the boxes at least once a day.

iv. Patients who do not have daily access to a locked box shall be provided the opportunity to give health service requests to health care staff on a daily basis.

B. Treatment

1. Mental Health Evaluations for all patients on the mental health caseload (track levels 1-4) will include current symptoms, history of the present mental illness, past history, psychosocial information, diagnostic formulation, and confirmation or re-assignment of track designation.

2. The County shall make every reasonable effort to provide continuity of care with psychiatrists for patients in tracks 1 and 2. These efforts are limited to patients during a continuous period of incarceration and within a single facility.

3. Absent agreement by the patient, non-emergency clinical contacts with mental health patients shall occur in a room with auditory privacy from custody staff and inmates unless the QMHP determines that a face to face contact would be a threat to safety and security, based on documented individualized reasons. In cases where the QMHP determines that a face to face contact would be a threat to safety and security, based on documented individualized reasons, the contact shall take place behind glass in a non-contact room with auditory privacy from custody staff and other inmates, unless the patient refuses to leave his/her cell. In the latter situation cell front contact may be the only means to assess the patient and this should be documented in the medical record as a variance from standard practice.

C. Higher Level of Care

1. The County will provide prompt access to inpatient level of psychiatric care for patients requiring this level of service, either at the Contra Costa Regional Medical Center, onsite in detention, or at another appropriate facility.

2. For patients returning to the jail from higher levels of community mental health care, including emergency services and state and county hospitals, the County shall establish policy guidelines for an intake appointment with a QMHP to review the community care documentation. The QMHP will exercise clinical judgment about whether the patient requires an expedited appointment with a psychiatric provider or if they can be seen routinely within 10 calendar days.

VII. Medication Administration

A. The County will provide pill call at least twice a day in each housing unit and at regular times that are consistent from day to day unless no patient on that unit requires medication. For any patient who requires administration of medications at times outside the regular pill call, the physician will document this information in the electronic medical record and the patient will be provided that medication at the times determined by the physician with exceptions described in Section B below.

B. Patients will be provided medications at therapeutically appropriate times when out to court, in transit to or from any outside appointment, or being transferred between facilities, to the extent feasible. If administration time occurs when a patient is in court, in transit or at an outside appointment, medication will be administered as close as possible to the regular administration time.

C. When a medication has previously been identified as keep on his/her person for a particular patient, the medication will be given to the patient for self-administration at the appropriate time, subject to safety and security concerns.

D. Medications will be reviewed for efficacy and side effects by the appropriate clinicians at appropriate intervals.

E. Policy Development: The County shall develop or maintain policies and procedures for A through D.

VIII. Suicide Prevention

A. The County shall develop a comprehensive suicide prevention plan, including policies and procedures.

B. The County shall develop and implement a suicide assessment tool utilizing validated screening questions.

C. As part of the suicide prevention plan, the County shall modify the training curriculum to reflect correctional risk factors.

D. The County shall contract with Lindsay Hayes to review its suicide prevention plan and to assist the County in determining the number of suicide-resistant cells needed.

E. The County shall implement the following recommendations from Lindsay Hayes:

1. Training
    a. Revise suicide prevention policies to include a more robust description of the requirements for both pre-service and annual suicide prevention training, to include the duration of each workshop and an overview of the required topics, including a requirement for an 8-hour pre-service suicide prevention workshop for new employees working in detention, as well as a commitment to a 2-hour annual suicide prevention workshop for all employees working in detention.

    b. Develop an 8-hour workshop on suicide prevention for all new detention deputies and Clinical Health Staff, as well as a 2-hour workshop for all current detention deputies and Clinical Health Staff. All detention deputies and Clinical Health Staff will thereafter receive 2-hours of annual training.

2. Retrofit the desktops in the suicide-resistant cells on F-Module to better prevent ligatures being attached. One option is to attach triangular extensions to both sides of the desktops.

3. Policies and procedures will be revised as follows:

    a. Suicidal inmates are to have priority for the suicide-resistant cells.
    b. Limit suicidal inmates to no more than six (6) hours in a safety cell at a time except in exigent circumstances when the inmate is an immediate, continuing risk to self and others.
    c. Safety cells should not be the first option available for housed suicidal inmates. They should only be utilized in exigent circumstances when the inmate is an immediate, continuing risk to self and others.
    d. Allow inmates on suicide precautions all routine privileges (e.g., family visits, telephone calls, recreation, etc.), unless the inmate has lost those privileges as a result of a disciplinary sanction or in exigent circumstances when the inmate is an immediate, continuing risk to self and others.
    e. Allow inmates on suicide precautions to attend court hearings unless exigent circumstances exist in which the inmate is an immediate, continuing risk to self and others.
    f. Allow inmates on suicide precautions out-of-cell access commensurate with their security level and the clinical judgment of MHCSs.

4. Revise policies and procedures to include levels of observation that specify descriptions of behavior warranting each level of observation. Examples:

    a. ***Constant Observation***
        i. Is reserved for the inmate who is actively suicidal, either by threatening (with a plan) or engaging in self-injury and considered a high risk for suicide.
        ii. This inmate should be observed by an assigned staff member on a continuous, uninterrupted basis. The observation should be documented at 15-minute intervals.

    b. ***Close Observation***
        i. Is reserved for the inmate who is not actively suicidal, but expresses suicidal

ideation (e.g., expressing a wish to die without a specific threat or plan) and/or has a recent prior history of self-destructive behavior. It is also for an inmate who denies suicidal ideation or does not threaten suicide, but demonstrates other concerning behavior (through actions, current circumstances, or recent history) indicating the potential for self-injury.

ii. This inmate should be observed by staff at staggered intervals not to exceed every 10-15 minutes and should be documented as it occurs.

c. ***Mental Health Observation***

i. Is reserved for the inmate who is not suicidal but assessed to need closer observation based upon behavior and/or serious mental illness. This observation level often includes inmates displaying concerning, non-suicidal behavior, or inmates adjusting to the initiation of, or change in, psychotropic medication. There should be no mention of current suicidal ideation (e.g., "fleeting thoughts of suicide"). It can also be utilized as a step-down from suicide precautions.

ii. This inmate should be observed by staff at staggered intervals not to exceed every 30 minutes and should be documented as it occurs.

iii. Inmates placed on this level of observation shall be issued regular clothing and have full access to other possessions and privileges, unless serving a disciplinary sanction.

5. Suicide risk assessments should take place in a private and confidential setting. If an inmate refuses a private interview, or there are individualized safety and security reasons preventing it, the reason(s) must be documented in ccLink.

6. The "Detention Mental Health Suicide Assessment" form should be revised to include inquiry regarding the following risk factors, as well as absence/presence of any protective factors: hopelessness/helplessness, agitation/anxiety, recent

loss/change of psychosocial circumstances, family history of suicide, and substance abuse, as well as a listing (or absence) of protective factors.

7. Specific and individualized "patient safety plans" should be developed for housed inmates discharged from suicide precautions. The plans should describe signs, symptoms, and the circumstances in which the risk for suicide is likely to recur, how recurrence of suicidal thoughts can be avoided, and actions the patient or staff can take if suicidal thoughts do occur.

8. Housed inmates discharged from suicide precautions should remain on the mental health caseload and receive regularly scheduled follow-up assessments by clinicians until released from custody. As such, unless an inmate's individual circumstances directs otherwise (e.g., an inmate inappropriately placed on suicide precautions by non-mental health staff and released less than 24 hours later following an assessment), the follow-up schedule will be simplified and revised as follows: follow-up within 24 hours, again within 72 hours, again within 1 week, and then periodically as determined by the inmate's mental health track level.

IX. Safety Cells

A. General Provisions

1. The overall goal is to use safety cells as infrequently as possible and for as short a period as possible for each patient.

2. The County shall identify patients with frequent safety cell placements. The determination of what constitutes "frequent" shall be at the discretion of a QMHP but shall apply at a minimum to patients with three stays in a six-month period. Patients identified in this manner will be subject to a brief mental health assessment by a QMHP within a week of identification. If clinically indicated, a QMHP will develop a behavioral management plan for the patient in consultation with custody staff.

3. Safety cells and restraint chairs shall be cleaned and sanitized after every use.

4. Patients in safety cells shall be offered meals three times a day. Patients shall be offered water at least every two hours, when awake. Patients shall be offered food or water more frequently, if clinically indicated. These contacts shall be recorded in the log.

5. Patients will be offered all prescribed medications at the appropriate times, unless unforeseen circumstances arise and then medications will be offered once the circumstance has been resolved. The provision of medications will be recorded in the electronic medical record.

6. Patients in safety cells shall be offered use of the toilet facilities at least every four hours and showers every 48 hours while awake. These contacts shall be recorded in the log. Any exceptions for patients who are physically aggressive or highly agitated must be made by a QMHP, in consultation with custody, on a case by case basis.

7. Confidentiality: Patients housed in a safety cell shall be seen in a space with auditory privacy from other staff and patients, unless there are individualized safety and security concerns.

8. Use of eye bolts in the safety cell shall be prohibited.

B. Property Restrictions

1. Following placement in a safety cell, any property restrictions with respect to clothing and other items (e.g., books, slippers/sandals, eyeglasses) shall be made by QMHPs on a case-by-case basis through consultation with custody and recorded in the medical record. Custody staff can make such restrictions in exigent circumstances.

2. A suicide resistant mattress, blanket, and safety clothing will be provided unless there are documented individualized reasons for not providing these items. That determination shall be made after consultation between clinical and custody staff.

C. Supervision

1. Custody supervisors shall periodically question patients in the safety cells to assess the welfare of the patients and check the accuracy of the logs. The findings will be recorded in the observation logs.

2. Custody supervisors will regularly inspect the cells and logs when safety cells are occupied.

3. A lieutenant will inspect the logs at least weekly.

X. Restraints and Seclusion

A. The overall goal is to use restraint chairs as infrequently as possible and for as short a period as possible for each patient.

B. Patients requiring use of the restraint chair shall not be housed in a public passageway.

C. Clinical restraints and/or seclusion may only be used for the management of violent, highly disorganized or self-destructive behavior due to mental health needs or behavioral health crisis.

D. The County shall identify patients with frequent clinical or custodial restraint or seclusion placements. The determination of what constitutes "frequent" shall be at the discretion of a QMHP but shall apply at a minimum to patients with three such placements in a six-month period. Patients identified in this manner will be subject to a brief mental health assessment by a QMHP within a week of identification. If clinically indicated, a QMHP will develop a behavioral management plan for the patient in consultation with custody staff.

E. Policies and Procedures

1. A physician order will be obtained for all patients placed in clinical restraints or seclusion, within one hour from the time of placement. For people in custodial restraints, clinical health staff will be consulted on placement and retention within one hour from the time of placement.

2. A QMHP will conduct a face to face assessment within one hour of restraints or seclusion.

3. Policies will describe the nature and frequency of professional contacts.

4. The County will use restraints and seclusion only when less restrictive alternative methods are not sufficient to protect the patient or others from injury. Restraint and seclusion shall not be used as punishment, in place of treatment, or for the convenience of staff.

5. There shall be no "as needed" or "standing" orders for clinical restraint or seclusion.

6. Policies will identify what types of restraints may be placed for medical/mental health purposes.

7. When restraints or seclusion are used, clinical health staff (for clinical restraints) and custody staff (for custodial restraints) will document the reason for their application and the times of application and removal of restraints.

8. Individuals in restraints or seclusion will be directly observed every 15 minutes. All checks will be documented.

9. Fluids shall be offered at least every four hours and at mealtimes.

10. Patients in restraints shall be checked within one hour of placement and every two hours thereafter by clinical health staff for vital signs, neurovascular assessment, and limb range, and offered an opportunity for toileting.

11. Clinical restraints and seclusion may not be used for medical/mental health purposes beyond four hours without an evaluation by a QMHP and a physician order.

12. If the facility manager, or designee, in consultation with responsible health care staff, determines that an inmate cannot be safely removed from custodial restraints after eight hours, the inmate shall be taken to a medical facility for further evaluation.

XI. Custodial Matters

A. Out of Cell Time

1. Under ordinary circumstances, out of cell time will be scheduled during the hours of 8 a.m. through 10 p.m., six days a week, with the first inmate or group of inmates scheduled to receive out of cell time

no later than 8:00 a.m. On clean-up day, i.e., the seventh day, scheduled out of cell time will begin once the clean-up has been completed. Any cancellation of scheduled out of cell time for the entire module or large group within the module shall last only so long as needed to ensure safety and security, as determined by the appropriate supervisor. Nothing in this section prevents scheduling additional out of cell time outside these hours.

2. In order to maximize out-of-cell time, the County shall have a process to allow inmates to be released together as much as possible. Mental health and custody leadership shall collaborate to maximize the opportunities for inmates to spend time out of their cells safely and productively.

3. Inmates shall be offered outdoor recreation time, weather permitting, a minimum of 3 hours a week, except as set forth in patients' plans of care or if there are unusual occurrences, e.g. a group disturbance or institutional emergency, that requires temporary suspension of recreation access. Any unusual suspension of outdoor recreation time shall last only so long as needed to ensure safety and security, as determined by the appropriate supervisor.

B. Mental Health Issues

1. Custody staff shall refer patients who self-isolate to mental health staff. The County shall provide training to custody staff to identify such patients.

2. Information orienting patients to the mental health services available in the County's detention facilities shall be provided to inmates at booking and via the kiosks when available.

C. Clinical Input into the Disciplinary Process for Track 1 and Track 2 Patients

1. Prior to conducting any discipline-related hearing, custodial staff shall determine whether the individual subject to potential discipline is on track 1 or 2 and, for any such individual, obtain clinical input from a QMHP respecting:

   a. Whether the behavior at issue was a consequence of the individual's mental health or might have been influenced by individual's mental health; and

b. Whether, in the opinion of the QMHP, disciplinary sanctions should be mitigated due to the patient's mental health.

2. Custody staff shall consider such input in determining whether to find the individual guilty of a rule violation and, if so, the disciplinary sanction, the determinations of which are within the sole discretion of custody staff. Custody staff shall indicate whether the findings of any violation of applicable rules and/or disciplinary sanctions were mitigated based on the input by the QMHP.

3. The County shall develop and implement an evaluation process as part of the Quality Improvement program to periodically track this procedure and determine what percent of the time the clinical input results in mitigating findings or disciplinary sanctions.

D. Administrative Segregation

1. Except where clinically indicated or necessary due to exigent circumstances, track 1 and track 2 patients shall not be housed in dedicated administrative segregation housing.

2. Any track 1 or track 2 patient placed on D Module will have a plan of care that includes criteria for moving off of D Module and the date by which the movement is expected to occur.

3. Inmates shall be classified according to the Sheriff's Department's classification policy. The County shall not classify inmates as high security or administrative segregation based solely on a mental illness or other disability, but may classify them as high security or administrative segregation due to behavior resulting from a mental illness or other disability.

4. Track 1 and track 2 patients who are placed in administrative segregation shall be seen by a QMHP at least once a day, unless otherwise clinically indicated.

5. Inmates classified, at time of booking or at any later re-classification, to be placed in administrative segregation will be screened by a QMHP within 72 hours of placement. Classification placement in administrative segregation under this paragraph will be re-evaluated every 30 days. The QMHP will determine whether there is:

a. an exacerbation of the patient's mental illness, if any, and, if so, whether placement in administrative segregation is appropriate in light of the exacerbation;

b. evidence of a need for hospital level of care;

c. an inability to tolerate that level of confinement; and

d. any other mitigating circumstance to warrant a different placement.

If the QMHP determines any of the factors exist, the QMHP will confer with custody staff (facility commander or his/her designee) to determine if alterations to the patient's placement are warranted. If they cannot come to an agreement on the appropriate placement, the question shall be referred to the facility commander and the mental health program manager. Custody staff shall retain final authority as to where to place the inmate.

6. Any patient in segregation who is receiving prescription medications will receive those medications from medical staff at the cell in lieu of dayroom pill call.

XII. Pre-Release Discharge Planning

A. For patients being released to the community, the County shall provide discharge planning for mental health patients, when a release date is known 3 days in advance, providing information and referring them to community health care providers, community social services, community-based housing providers, and/or appropriate services according to the patient's need.

1. Documentation of the health-related pre-release planning efforts made on behalf of track 1 and track 2 patients will be maintained by clinical health staff in the electronic health record.

2. The County shall track the elements of discharge planning for the track 1 and track 2 patients, including:

a. The total number of track 1 and track 2 patients with a projected release date receiving discharge planning per month;

b. How many of that subset received referrals for outpatient appointments, discharge medications, and 5150 referrals.

B. Discharge Medications

1. The County shall implement a system that allows patients who are prescribed psychiatric medications in the jail to discharge from custody with at least a 14-day supply of medications or a prescription, when clinically indicated. Providing medications is the preference when Health Services is provided at least four business days' notice of the release, but the reality of detention is that there is often no advance notice of a patient's release. Patients leaving the facility will be provided with one of the following for their psychiatric medications, in the order of preference, subject to sufficient notice:

a. A 14-day supply of medications;

b. A prescription for the medication; or

c. A prescription sent to the patient's preferred pharmacy, or, if none, a pharmacy close to the patient's last known address.

XIII. Quality Improvement

A. General

1. The County shall conform its quality improvement plan to the community standard.

2. The County shall develop a Quality Improvement Annual Plan with at least two quality improvement studies per year.

3. The quality improvement committee shall meet at least quarterly.

B. Data Collection/Tracking

1. The County will collect data to ascertain the mental health needs of the jail population.

2. The county shall, at a minimum, track the following measures: starting times for out-of-cell time on clean-up days, any cancellation of out-of-cell time for an entire module or large group within a module, compliance with sick call triage, medication refusals, delays in prescription renewals, compliance with medication administration policy, and wait times to see nurses and clinicians, use of suicide precaution, restraint and clinical seclusion.

C. Adverse Event Review

1. The County shall have a policy creating a final documented adverse event review, including interventions and root cause analysis, when indicated, for use within the detention facilities for all in-house deaths and serious morbidities as defined by policy.

2. The County shall develop any necessary corrective action plans based on the reviews looking for systems issues that were identified and correct physical or procedural issues uncovered by the adverse event review process.

3. The County shall track the outcome of applied interventions.

D. Core Elements of QI Plan

1. Intake. Periodic quality improvement reviews of the intake process shall be done to ensure that this most critical function is done with accuracy and that the appropriate referrals are initiated. This includes review of the intake referrals to mental health.

2. Safety Cell Placement. The County shall have a plan to track, review and discuss safety cell placements as part of quality control as well as collaboration between custody and clinical staff.

3. Clinical Restraints and Seclusion. The County shall have a plan to track, review and discuss clinical restraints and seclusion placements as part of quality control as well as collaboration between custody and clinical staff.

4. Triaging Health Requests. Compliance reviews to accurately monitor the efficacy of the process.

5. Tracking of Non-Formulary Requests. Shall be included in the quality improvement practices of the facilities to ensure that appropriate agents are utilized when clinically justified.

6. Morbidities and mortalities

7. Annual staffing analysis

8. Suicide prevention

9. Medication monitoring

10. Adequacy of discharge planning for track 1 and 2 patients

11. Off-site emergency referrals

XIV. Electronic Health Record

A. By March 1, 2019, mental health staff shall review all of the Detention Mental Health specific content currently in the electronic health record and make recommendations for modifications to customize content to the needs of Detention Health setting, if any needed.

B. Electronic health records shall always indicate the date/time of an interaction with a patient, as well as the date/time the interaction is documented, since there may be lapses in the two events.

XV. Implementation of Plan

A. The Health Services Department will revise its detention policies and procedures as necessary to reflect all of the remedial measures described in this Remedial Plan, and the County shall deliver health care pursuant to these revised policies and procedures.

B. In collaboration with the Health Services Department, the Sheriff's Department shall develop and implement such new policies and procedures as are needed to comply with the provisions of this Remedial Plan, including but not limited to the implementation of proper policies,

procedures, and corrective action plans to address problems uncovered during the course of quality assurance review activities.

C. On a rolling basis but no longer than six months from the date the Consent Decree is signed by the Court, the County shall provide a draft of the policies and procedures added or revised as a result of this remedial plan to plaintiffs' counsel for review. If there is a conflict, the parties will provide the policies and procedures to the expert for review. The County's policies and procedures will include the recommendations of the Mental Health Expert's Report of May 17, 2017. Any disputes regarding policies and procedures are subject to the Dispute Resolution procedure in Section G of the Consent Decree as well as terms contained in Section B, paragraph 10.]

D. The County shall formulate and conduct appropriate training with all staff regarding the requirements of this Remedial Plan, as well as changes to policies and procedures.

E. Unless otherwise indicated herein, the policies and procedures shall be implemented as soon as practical once the Consent Decree is signed by the Court, except as to those that remain the subject of the Dispute Resolution procedure in Section G of the Consent Decree.

MEDICAL REMEDIAL PLAN
CONTRA COSTA COUNTY
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I. Definitions

For purposes of this plan, references to "medical care," "medical services," "medical staff," and "medical treatment," includes dental care services, staff, and treatment, as well as pharmacy services and staff. References to the "jail" include the Martinez Detention Facility in Martinez and the West County Detention Center in Richmond, and any future adult jail facilities.

All other terms are defined as follows:

Chronic Disease: Chronic diseases include but are not limited to the following medical conditions:

- Blood diseases (including persons on anticoagulants)
- Cancer
- Cardiac conditions and heart disease
- Cirrhosis / end-stage liver disease/disorders
- Cocci (Valley Fever)
- Diabetes
- Epilepsy / seizure disorders
- Hepatitis C
- HIV/AIDS
- Hypertension
- Neurological disorders (i.e. Parkinson's, Multiple Sclerosis, myasthenia gravis)
- Renal diseases (including persons on dialysis)
- Respiratory diseases (i.e. COPD, emphysema, Asthma, cystic fibrosis)
- Rheumatology diseases (i.e. lupus, rheumatoid arthritis)
- Sickle cell disease
- Tuberculosis

Diagnostic services: Lab draws and specimen collections, X-rays.

DOT: Direct-observation therapy (watch-swallow medications).

Encounter: interaction between a patient and a Qualified Health Care Professional that involves a clinical assessment with exchange of confidential information.

KOP: Keep-on-person medications.

Detention Health Staff: Includes health staff who provide direct and indirect care to patients including Qualified Health Care Professionals and other allied health professionals.

Provider: medical doctors and advanced practice professionals authorized to write prescriptions (e.g., physician, physician assistant, nurse practitioner, dentists).

Qualified Health Care Professional (QHCP): physicians, physician assistants, nurses, nurse practitioners, dentists, mental health professionals, and others who by virtue of

their education, credentials/license, and experience are permitted by law to evaluate and care for patients.

II. Administration

A. Health Care Leadership, Staffing, and Training

1. The County shall have a leadership team that is responsible for the delivery of health care services in the jail, and the evaluation of the adequacy of the services.
2. The County shall provide and maintain medical staffing in the jail to meet community standard of care and to execute the requirements of this plan.
3. The County shall verify that all health care staff meet the minimum requirements of the job classifications for their position as set forth by the County.
4. The County shall develop a staffing plan that includes the number of positions recommended for medical and dental care needs at the jail. The staffing plan will include a timeframe for its implementation.
5. The County shall ensure that there are a sufficient number of custody staff assigned to clinics and for medical escorts in order to execute the requirements of this plan.
6. All Detention Health Staff shall be trained on the key detention medical care policies upon hiring into detention, and shall be provided updates on any changes to key medical care policies. The County shall document and retain records demonstrating that Detention Health Staff have been trained on the key policies for verification purposes.
7. The County shall provide initial and periodic training for custody staff assigned as escorts on the following subjects: introduction to detention healthcare services, suicide screening, identification and management of drug and alcohol withdrawal symptoms, standards for referrals to Detention Health Staff, and safety training, which includes identification and management of acute and behavioral health emergencies and de-escalation techniques.
8. The County shall ensure that all custody and Detention Health Staff are trained to recognize and respond appropriately to drug and alcohol withdrawal and are trained to provide first responder assistance in emergency situations.

B. Policies and Procedures

9. The County will have policies and procedures to correspond to all provisions in this remedial plan. The policies should be biennially evaluated by Detention Health Staff leadership.

10. The County shall maintain drug/alcohol withdrawal policies and procedures that include specific guidelines as to the frequency and documentation of patient assessment by Detention Health Staff.

11. The County shall have a Medication Assisted Treatment program to address and manage patients who have substance and/or opioid use disorders. Women who are pregnant and report opioid use are provided Medication Assisted Treatment, if clinically indicated, under the supervision of a provider.

12. The County shall provide a draft of the policies and procedures added or revised as a result of this remedial plan to plaintiffs' counsel for review. If there is a conflict, the parties will provide the policies and procedures to the expert for review. The County shall implement the policies and procedures, which are attached hereto.

C. Clinical Space and Medical Placements

13. The County shall provide adequate clinical space in the jail to support clinical operations while also securing appropriate privacy for patients in routine medical encounters. Adequate clinical space includes visual and auditory privacy from other patients and non-health care staff, subject to the provisions of paragraph 14 below, the space needed for Detention Health Staff to reasonably perform clinical functions, and access to health care records.

14. Absent agreement by the patient, routine medical encounters shall occur in a room with auditory privacy from custody staff and inmates unless the QHCP determines that encounter requires the presence of custody staff due a threat to safety and security, based on documented individualized reasons, in which case auditory privacy from other inmates must nonetheless be ensured. In cases where the QHCP determines that custody presence is needed for safety and security reasons, Detention Health Staff will document the reasons in the medical health record as a variance from standard practice.

15. The County shall maintain guidelines for transferring patients to a higher level of care.

D. Medical Records

16. The County shall use templates for what information should be documented in jail medical encounters, including timing for any follow up care.

E. Quality Management/Performance Measurement

17. The County shall conform its quality improvement plan, as stated in the Mental Health Remedial Plan, to the community standard.

18. The quality improvement committee shall meet at least quarterly and will include both Detention Health Staff and custody staff, and will:

    a. Identify health care performance measures to be monitored and establish thresholds and/or targets for measures;

    b. Design quality improvement monitoring activities; and

    c. Analyze monitoring results of improvement projects to identify factors that contribute to less than threshold and/or target performance.

19. Performance Improvement Project recommendations will be published to Detention Health Staff. Project studies with associated aggregated data will be made available to Plaintiffs' counsel and the joint expert during the period of implementation and monitoring.

F. Adverse Event Reviews

20. The County shall implement a policy, which includes interventions and root cause analysis, when indicated, for use within the jail.

21. The County shall develop corrective action plans for systemic, physical or procedural issues uncovered by the adverse event review process. The quality improvement committee shall:

    a. Design and implement corrective action plans;

    b. Review all action items until the corrective action plan is complete;

    c. Monitor the performance of the corrective action plan for sustainability; and

    d. Review the status of active corrective action plans at least quarterly.

22. The County shall track the outcome of applied interventions.

G. Grievances

23. The County shall maintain a written health care grievance policy, that among other things, designates the Detention Health Staff responsible for reviewing and responding to grievances related to the delivery of health care. The grievance policy shall include timeframes for responses, and categorize the type of grievance (i.e. medical care, mental health care, medication administration, etc.). The policy shall also include guidelines of when a face-to-face interview with the grievant is necessary.

III. Intake Medical Care

A. Screening / Health Assessments

24. Intake health screening shall continue to be performed by QHCP, using an intake screening tool

25. All intake health and initial mental health screenings shall be performed in areas that provide reasonable auditory privacy and confidentiality, unless there is an individualized security or safety risk, which shall be documented.

26. The intake screening will identify and record, as necessary, health and/or disability needs, and document the patient's health history and relevant information.

27. Intake nurses will conduct a reasonable review of available electronic medical records at the time of intake for evidence of current medical conditions and medications.

28. The process for requesting health care will continue to be described in the orientation video that runs during intake and in notices posted on each housing module. The signs will be posted in at least English and Spanish and the video will run in at least English and Spanish.

29. The County shall continue to make reasonable efforts to verify prescribed medications claimed by incoming patients at intake, including contacting pharmacies and non-jail providers for prescription information with a signed release of information from the inmate. When current medication prescriptions are verified and a provider determines the medication is medically necessary, bridging medications shall be administered within 24 hours of verification for a minimum of seven days, unless otherwise directed by a provider.

30. The QHCP shall document persons who have physical disabilities that could impact their housing placement within the jail (i.e. mobility impairment, deaf/hard of hearing, blind/uncorrectable vision impairment), and if appropriate, notify custody staff of the housing limitations. The

County shall ensure that mobility assistive devices (i.e., cane, walker, wheelchair) are available.

31. Women who during intake screening report active opioid use disorder, opioid dependence, or opioid treatment (i.e., methadone or buprenorphine) shall be immediately offered a pregnancy test. If pregnant and clinically indicated, the QHCP shall contact a provider. If clinically indicated, the provider will authorize and oversee Medication Assisted Treatment.

32. If the intake screening identifies clinically significant findings for an inmate booked into the facility, the County shall take the following actions:

    a. If the findings are deemed emergent, the patient will be seen by Detention Health Staff immediately or as soon as possible;
    b. If the findings are deemed urgent, the patient will be seen by Detention Health Staff within eight hours;
    c. If the findings are deemed routine, the patient will be seen by Detention Health Staff within three to five calendar days.

33. Additionally, where the intake screening identifies clinically significant findings, a provider will conduct an initial health assessment within three to five calendar days. The assessment will include:

    a. Review of the intake screening results;
    b. Collection of additional data to complete the past medical history, including any follow-up from positive findings obtained during the intake screening;
    c. Review of all prescriptions, and the prescribing of all medically appropriate medication;
    d. Review of recording of vital signs, including a finger stick on people with diabetes;
    e. A physical exam, if clinically indicated;
    f. Review of laboratory and/or diagnostic tests for communicable diseases and for specific diseases;
    g. Referral for detoxification treatment and/or Medication Assisted Treatment, if clinically indicated;
    h. Identifying the need for specialty care referrals.

34. As part of the assessment, the provider shall develop or update the Problem list and/or treatment plan, if clinically indicated. Treatment plans will include any need to request consults with outside specialists.

IV. Delivery of Medical Care and Services

A. Access to Care

35. Patients may submit requests for health care services via telephone, if available, in writing, or electronically once kiosks are available. Blank health service request forms shall be readily available on all housing units, program areas, and libraries and shall be offered regularly to patients in administrative segregation housing.

36. When Detention Health Staff provides confidential medical information to patients by mail, they will do so by using a sealed envelope with the patient's name, number and location on the front and an indication on the front of the envelope that the envelope contains confidential medical information. Custody staff will open the envelopes in the presence of the inmate and will visually inspect for contraband due to safety and security concerns but will not read the document.

37. Confidential locked boxes, or an equivalent electronic mechanism shall be available on every housing unit for routine health service requests and for complaints and/or grievances relating to the provision of health care services. These boxes shall be readily accessible to patients on free time. Detention Health Staff will retrieve and review the contents of the boxes at least once a day. Patients who do not have daily access to a locked box shall be provided the opportunity to give health service requests to Detention Health Staff on a daily basis.

38. The County shall establish a reliable process for tracking sick call requests.

39. The County shall refine its system to review inmate requests for health services, including requests made over the telephone access lines, as follows:
    a. RNs shall review the submitted inmate requests for medical and/or mental health services once per day.
    b. The review process shall include an assessment of the level of urgency of the request, whether the patient needs to be seen and, if so, the disposition and time frames for the triaging and subsequent appointments, and a tracking system.
    c. The following timelines apply for triaging inmate requests for medical services for patients who need to be seen.
        i. Patients whose requests are deemed to be emergent will be seen by Detention Health Staff immediately or as soon as possible.
        ii. Patients whose requests are deemed urgent will be seen by Detention Health Staff within eight hours.

iii. Patients whose requests are deemed routine will be seen by Detention Health Staff within three to five calendar days.

40. For requests handled by means other than a face-to-face visit, Detention Health Staff will provide patients with a response to a request for health services within 72 hours. Responses will be documented in the patient's electronic health record.
41. When patients with limited reading and writing skills make a verbal request for health care services, staff shall ensure that the appropriate health care services are initiated, whether by request slips or alternative means.
42. When a patient refuses a provider appointment, Detention Health Staff will follow up within 72 hours to ensure that the patient understands any adverse health consequences and to address individual issues that caused the patient to refuse the appointment.
    a. Any such refusal will be documented and must include (1) a description of the nature of the service being refused, (2) confirmation by Detention Health Staff that the patient was made aware of and understands any adverse health consequences, (3) the signature of the patient, and (4) the signature of Detention Health Staff witness. In the event that it is not possible to obtain the patient's signature, Detention Health Staff should document the reason(s) why not.

B. Chronic Care

43. The County shall maintain and monitor the following chronic disease registries: Diabetes, HIV/AIDS, Hypertension, and Asthma.
44. The County shall maintain a chronic disease management policy and clinical practice guidelines and templates to guide providers, consistent with the community standard of care.
45. Patients who have a history of Hepatitis C shall be offered immunizations against Hepatitis A and Hepatitis B, if determined to be non-immune and not previously vaccinated.
46. Treatment plans for chronic diseases will be developed and documented by a provider within 30 days of identification of the disease, if clinically indicated.
47. Patients with chronic diseases will have a provider encounter as specified in the patient's treatment plan and no less than every 90 days, unless the provider documents a reason why a longer time frame can be in place.

48. Each patient's medical record will include an up-to-date Problem list. Patients with a chronic disease will be provided education/information about their disease, which will be documented in the medical record.

C. Specialty Care

49. The County shall develop and implement policies regarding the approval of specialty referrals using a clinically-based referral algorithm.

50. Emergent specialty appointments, as determined by the provider, shall occur within 24 hours of the referral. Urgent specialty appointments, as determined by the provider, shall occur within 21 days of the referral. Routine specialty appointments, as determined by the provider, shall occur within 60 days of the referral, unless a longer timeframe is clinically indicated, or the patient is referred to a contracted provider outside of the county health system for care.

51. All patients returning from offsite specialty consults, hospital care, or emergency room visits will be evaluated by a RN within 24 hours. Discharge instructions will be followed or reviewed with the provider upon return to the jail.

52. Specialty consult reports and recommendations will be reviewed by the provider within three (3) business days of the receipt of the report. The provider will review this information with the patient where clinically indicated.

53. The County shall establish a reliable process for tracking requests for specialty care appointments to determine the length of time it takes for specialty care appointments to be completed.

54. Diagnostic services will be provided within 24 hours if ordered emergent, within 21 days if urgent, or within 60 days if routine, unless a longer timeframe is clinically indicated, or the patient is referred to a contracted provider outside of the county health system for care. A provider will review and act upon the diagnostic report within five (5) business days of receipt of the report. Within seven (7) business days of receipt of the report, Detention Health Staff will communicate the results of the diagnostic study to the patient either in writing or verbally, i.e., by phone or in a face-to-face encounter.

55. The County shall create a note template for follow-up for Detention Health Staff use after outside specialty care appointments.

D. Dental Care

56. A dentist or QHCP trained with a training protocol approved by the dentist will perform a dental screening within 14 days of admission to the jail, unless the patient received a dental screening within the last six months.

57. Dental care must not be limited to extractions. Consultation through referral to oral health care specialists is available as needed.

58. The County shall follow the below timelines for nursing response and referral for dental services according to the acuity of the request.

    a. Emergent requests shall be seen by a dentist or emergency room physician within 24 hours.

    b. Urgent requests shall be seen by a nurse within 48 hours and if the request is determined to be urgent, the patient will be examined by a dentist within seven (7) business days of receipt of the request.

    c. Routine requests shall be seen within 90 days of the request.

    d. After a patient has been incarcerated for one year, the patient may request a routine dental examination (and may request one each year thereafter), which examination will be performed within 90 days of the request.

V. Medication Administration

59. The County shall develop and implement policies and procedures to ensure that all medications are appropriately prescribed, dispensed, and administered.

60. The County shall ensure that there is a pharmacist on-site or on-call seven days a week.

61. Hand/mouth checks will be performed if clinically indicated as determined by a member of the treatment team.

62. The County will provide pill call at least twice a day in each housing unit and at regular times that are consistent from day to day unless no patient on that unit requires medication. For any patient who requires administration of medications at times outside the regular pill call, the provider will document this information in the electronic medical record and the patient will be provided that medication at the times determined by the provider with exceptions described in paragraph 63 below.

63. Patients will be provided medications at therapeutically appropriate times when out to court, in transit to or from any outside appointment, or being transferred between facilities, to the extent feasible. If administration time occurs when a patient is in court, in transit or at an outside appointment, medication will be administered as close as possible to the regular administration time.

64. The County shall explore the expansion of its KOP medication program to inhalers, nitroglycerin, creams, and medications that are available over-the-counter in the community.

65. The County shall implement a system that allows patients who are prescribed chronic care medications in the jail to discharge from custody with at least a 14-day supply of medications or a prescription, when clinically indicated. Providing medications is the preference when Health Services is provided at least four business days' notice of the release, but the reality of detention is that there is often no advance notice of a patient's release. Patients leaving the facility will be provided with one of the following for their chronic care medications, in the order of preference, subject to sufficient notice:

    a. A 14-day supply of medications;

    b. A prescription for the medication; or

    c. A prescription sent to the patient's preferred pharmacy, or, if none, a pharmacy close to the patient's last known address.

VI. Special Health Care Considerations

A. Infectious / Communicable Disease Management

66. The County shall develop and implement infection control policies and procedures that address contact, blood borne, and airborne hazards.

67. The County shall develop an ectoparasite (parasites such as pediculosis and scabies) control policy and procedure to treat infected people and to disinfect bedding and clothing.

68. The County shall establish a regular Infection Prevention and Control meeting that covers detention and occurs no less than quarterly.

69. People who are being treated for Hepatitis C upon entering the jail shall be continued on their treatment medications after entering custody, if clinically indicated.

70. Patients with complicated or large skin and soft tissue infections requiring incision and drainage shall be tested for the presence of Methicillin Resistant Staphylococcus Aureus (MRSA).

71. The County shall follow current Centers for Disease Control guidelines for management of people with tuberculosis infection, including the provision of medication. People who exhibit signs or symptoms consistent with TB should be isolated from others and housed in an appropriate specialized

respiratory isolation room ("negative pressure"), until active infectious tuberculosis can be ruled out.

B. Reproductive / Pregnancy Related Care

72. The County shall ensure that pregnant patients receive timely and appropriate prenatal care, specialized obstetrical services when indicated, and postpartum care (including mental health services when clinically indicated). Pregnant women shall be provided prenatal vitamins and diet as prescribed by the provider.

73. The County shall provide pregnant patients counseling and assistance in accordance with their expressed desires regarding their pregnancies, whether they elect to give birth to the baby, use adoptive services, or have an abortion.

74. The County shall provide non-directive counseling about contraception to female prisoners, shall allow female prisoners to continue an appropriate method of birth control while incarcerated (with consideration given to the patient's preference and/or current method of birth control), and shall provide access to emergency contraception at intake when appropriate.

75. In accordance with state law, (California Penal Code § 3407), and NCCHC Standard J-F-05, the use of restraints on pregnant women or in recovery after delivery is restricted as follows:

    a. No handcuffing behind the back, or use of leg or waist chains on any pregnant woman or woman in recovery after delivery under any circumstances;

    b. No four-point restraints shall be used on pregnant women during delivery or during recovery;

    c. Pregnant women shall not be placed in a facedown position;

    d. No restraints during transport to the hospital in the third trimester, labor, delivery, and post-delivery recovery, except when necessary due to serious threat of harm to patient, staff or others; and

    e. Custody staff must defer to a medical professional responsible for the care of a pregnant inmate during a medical emergency, labor, delivery, or postpartum who determines that removal is medically necessary.

76. All female patients who return to the jail after delivery shall be seen by a medical provider and screened for postpartum depression within three business days of return from the hospital. Post-partum patients shall be provided an adequate number and supply of feminine hygiene products at no expense, as indicated by the degree and amount of bleeding.

C. Transgender Care

77. The County shall provide transgender and intersex patients with care based upon an individualized assessment of the patient's medical needs, in accordance with accepted community standard of care. The County shall provide transgender and intersex patients uninterrupted access to medically necessary hormone therapy.

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Mental Health Commission

Contra Costa County Mental Health Commission has a dual mission: 1) To influence the County's Mental Health System to ensure the delivery of quality services which are effective, Efficient, culturally relevant and responsive to the needs and desires of the clients it serves with dignity and respect; and 2) to be the advocate with the Board of Supervisors, the Mental Health Division, and the community on behalf of all Contra Costa County residents who are in need of mental health services.

October 12, 2015

David O. Livingston, Sheriff
651 Pine Street, 7th Floor
Martinez, CA 94553

RE: Special Meeting of Criminal Justice Committee, October 27, 1:00—3:00 pm

Mental Health Commissioners Louis Buckingham, Barbara Serwin, and Lauren Rettagliata toured the Martinez Detention Facility on August 11, 2015. The Sheriff's Department explained to them the intake process and how inmates with mental illness are classified. When an inmate does not disclose they have a mental illness, they are classified with the general population. This was of great concern to the commissioners. Many questions arose during this part of the tour concerning county records and access to databases to ensure that inmates with a serious mental illness were identified. Commissioners were also concerned about basic sanitation procedures that did not meet minimum standards, and the amount of time inmates were held in the cells in isolation or semi-isolation.

The commissioners met in September with the Sheriff's staff and Mental Health Services' staff to discuss how citizen advocates and the Commission can work with the Sheriff to improve the conditions and treatment for inmates. More and more people with serious mental illness are entering the criminal justice system. The system is being overwhelmed by the burden of providing humane care and management for persons with mental illness. This crisis-in-the-making could be an historic opportunity for change by improving the efficiency and effectiveness of both systems. Santa Clara, Sonoma County and Santa Cruz are in the media daily regarding their criminal justice systems.

The Mental Health Commission is aware that the law states that there must be *adequate* health care. The commissioners are asking you to consider, however, that with the seriously mental ill, the county goes *beyond* the minimum of adequate. For many seriously mentally ill inmates, their time of incarceration may be the first or only time that they will have to experience treatment for their mental illness. Incarceration with treatment can radically reduce recidivism and prevent a lifetime of homelessness and addiction.

Attached you will find questions that each commissioner would like you to consider for the special meeting of the Criminal Justice Committee, October 27 from 1:00—3:00 pm. Please review the attached questions.

Respectfully submitted,

Louis Buckingham, Chair, Criminal Justice Committee
Contra Costa County Mental Health Commission

Attachment
Cc: Assistant Sheriff Matt Schuler, Capt. Thomas Chalk, Robert Nelson, Wm. Walker, MD, Supervisors Gioia, Andersen, Piepho, Mitchoff and Glover, Anna Roth, Cynthia Belon, Members of the Mental Health Commission.

Submitted by Commissioner Louis Buckingham, Chair of Criminal Justice Committee
On August 25, 2015 an inmate housed at the Martinez Detention Facility committed suicide, by hanging himself. There are questions that need to be answered. Was he on a suicidal watch? What was his classification at the intake unit after booking? Was he assigned to M Module?

Submitted by Commissioner Barbara Serwin, Member of Quality of Care Committee
At present, the Contra Costa County Martinez Detention Facility booking and Mental Health clinical staff do not have access to quality, timely mental health history, diagnosis and treatment information needed for correctly identify and treat inmates with mental illness. Currently it is difficult to piece together a useful mental health record from disparate, unconnected county information resources. The process is patchy, tedious and slow and the resulting mental health profile is often incomplete and inaccurate. The fact that county Mental Health Clinic records are still paper files adds greatly to this problem. There are serious, negative consequences that routinely occur when inmates with mental illness are not correctly identified or do not receive proper treatment. When will county mental health history, diagnosis and treatment information be digitally integrated and available 24-by-7 so that detention facilities can effectively identify and treat their significant population of inmates with mental illness?

Submitted by Commissioner Duane Chapman, Member of Criminal Justice Committee
Are the Martinez Detention Facility services set up to provide comprehensive mental health and psychiatric programs to deal with the increasing population with severe psychopathology and impairment?
Shouldn't standards of care of psychiatric disorders be respected in the MDF setting as they are in other community provider settings?
Shouldn't inmates have access to the same standard of treatment consistent with the principle of equivalence?
Is Contra Costa County willing to allocate sufficient budget and manpower resources to meet the needs of mentally ill and substance-abusing offenders?
Are elected officials and county administrators willing to take a serious look at the criminal justice process to determine how to refer mentally ill arrestees and offenders to various treatment programs?
More and more people with serious mental illness are entering the criminal justice system. The criminal justice system is being overwhelmed by the burden of providing humane care and management for persons with mental illness. This could be an historic opportunity to change by improving the efficiency and effectiveness of both systems. By agreeing upon a common goal and forming joint ventures to solve problems traditionally viewed as competing, the two systems can make a difference in the lives of hundreds of thousands of persons who suffer mental illness and associated criminal justice involvement. When is this going to happen?

Submitted by Commissioner Gina Swirsding, RN, Member of Criminal Justice & Quality of Care Committees
1. What is the psychiatric treatment for a patient in the Martinez Detention Facility system?

(From Commissioner Gina Swirsding, continued)

A. How often does the patient see a psychiatrist? Once a day, once a week, once a month?
B. How often does the patient in jail have talk therapy to a certified psychiatric trained staff (like a psych. Tech.), psychologist, and social worker? Once a day, once a week, once a month?
C. How often does a patient see a medical doctor for their medical needs? Once a day, once a week, once a month? Or a nurse, under a doctor's care?
D. Are there group sessions with other patients in the jail? How often?
E. How often do you check on the patient?
F. How do you respond to a patient in a crisis situation, for example crying in their cell?
G. How do you monitor patients on special diets especially like patients on an MAO inhibitor? Diabetic? Allergies?
H. How often do you monitor the patient blood pressure on MAO inhibitors and medications that lower the blood pressure?
I. How do you care for patients in jail who can't care for themselves? Like taking a shower, brushing teeth, etc. Who cares for them -- CO, staff?
J. Who takes care of public areas? Housecleaning?
K. What state organizations yearly inspect conditions within the jail? Medically? For cleanliness?

2. How do you take care of patients in jail on intense suicide watch?
   A. Do you have one-to-one staff-to-patient ratio?
   B. Do you place patients in isolation?
   C. Do you chemically restrain them?
   D. Do you put patients in five point restraints? How often do you release the restraints? How long do you keep the restraints on?
   E. How do you monitor restroom visits?
   F. How do you feed and give fluids to patients in restraints? How often do you meet these needs?
   G. What are the practices of intense suicide watch? Are the inmates ever stripped of all clothing in jail—or in placed in holding facilities at municipal holding cells?

Submitted by Commissioner Lauren Rettagliata Chair of the Commission

We know that seriously mentally ill patients should not be held in solitary confinement or cell confinement without therapeutic intervention occurring regularly throughout the day. Holding a seriously mentally ill patient under these conditions is harmful. We also know that the physical jail configuration makes delivery of therapy and treatment almost impossible. What can be done?

Inmates in M Module and some inmates in D Modules are held in their cells for over 23 hours and at times up to 47 hours in their cell. What can be done to stop this situation?

Will a task force charged with correcting this situation be formed? Can sanitary conditions and levels of personal care be improved at the Martinez facility? What about adequate mental health intervention that inmates suffering with a serious mental illness now receive? Can it be improved as well?