

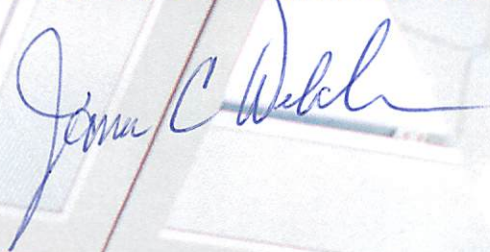
MAY 31, 2021

HAMPTON ROADS REGIONAL JAIL

# FIRST MONITORING REPORT

CIVIL NO. : 2:20-CV-410

JAMES C. WELCH, RN, HNB, BC  
COURT APPOINTED MONITOR



## Table of Contents

Scope of Report.....	3
Executive Summary.....	3
Introduction.....	5
Substantive Provisions.....	6
Appendix A- Summary of Compliance.....	41

Note: Appendix B- The Agreement is included as a separate document

## Scope of this Report

This report is provided in compliance with paragraph 144 of the Agreement six months after the Baseline Monitoring Report. It covers the time frame from November 1, 2020 – April 3, 2021, with additional information being provided from the May 2021 site visit to assure accuracy. This report will describe the steps taken by HRRJ to implement this Agreement and evaluate the extent to which Hampton Roads Regional Jail (HRRJ) has complied with each substantive provision of the Agreement. The report will evaluate the status of compliance for each relevant provision of the Agreement using these standards:

(1) Substantial Compliance; (2) Partial Compliance; and (3) Non-Compliance.

“Substantial Compliance” indicates that HRRJ has achieved material compliance with the components of the relevant provision of the Agreement. “Partial Compliance” indicates that HRRJ has achieved material compliance with some of the components of the Agreement, but significant work remains. “Non-compliance” indicates that HRRJ has not met the relevant provision of the Agreement.

In the body of the report, the degree of compliance is *italicized*, and recommendations are underlined. In Appendix A (Summary of Compliance), the degree of compliance is abbreviated as: Substantial Compliance will be noted as “SC”, Partial Compliance as “PC” and Non-Compliance as “NC”.

Some provisions do not “kick in” during this first period of review, therefore they will be noted in the Compliance Table as Not Rated “NR”.

Pending Review “PR” will be used to mark those overarching provisions that require several provisions to be substantially compliant and will occur over time.

For reference, The Consent Agreement is included as Appendix B as a separate document.

## Executive Summary

HRRJ has been challenged during the initial phase of the Agreement period. COVID - 19 has caused unforeseen problems for the institution from recruitment and retention to limits that have been necessary to be placed on movement, group therapy sessions and general operation of the facility. These have caused delays in the implementation of the Agreement and have caused serious problems in hiring of security and healthcare staff. These challenges have therefore delayed the ability of HRRJ to implement portions of the Agreement. Currently there are no active cases of COVID - 19 in the jail. Over the past few months one hundred ten (110) HRRJ staff, thirty five (35) Wellpath staff and seventy (70) inmates have been vaccinated against COVID-19. HRRJ will continue to provide vaccinations to staff and inmates over the next few months.

The change in Administrative leadership three months after the initial start-up of the Agreement has also caused delays in the implementation of needed strategies to move forward. Some of the provisions are in a non-compliance status as the new administration works to address deficiencies they inherited.

That being said, over the past four months there are a few areas where this change in administration have improved the situation. One of these areas is communication between and among the various areas

of HRRJ. Communication between security staff and the healthcare staff, both medical and behavioral health was strained as was noted in the Baseline Report. Over the past four months significant improvement has been made between security and healthcare staff and among the staff in the various areas of the institution. It was noted, in the past when there was a potential issue with an inmate, security would use OC spray (Oleoresin capsicum or “pepper spray”) to contain the situation. During the April visit, there were four times when behavioral health or medical staff were called upon to help de-escalate the situation. Each of these resulted in a positive outcome and did not involve the use of force. It is noted that not all situations will resolve in such a manner, but it was noted that the improved communication among the entire HRRJ staff has resulted in more coordination and cooperation between and among staff.

Staffing has been a challenge during this first six (6) month period. There are significant sworn officer position vacancies. While recruiting activities are occurring the pool of candidates remains minimal. The HRRJ Jail Board will need to review the salary structure for the facility to assure that it is commensurate with other similar facilities in the area. This will be a critical area for HRRJ administration to keep their eye on. They will need to be vigilant with their sworn staff to assure safety and security of inmates and staff. Training must be ongoing and rigorous.

Another area of concern in the Baseline report was that of the atmosphere of the institution. Security and healthcare staff identified safety and security as major concerns for them to be able to carry out their responsibilities. Nursing and behavioral Health Staff were reluctant to work in particular areas of the institution for fear of their personal safety. Over the past months this concern has been reduced and the cooperative nature between and among all areas of the institution allow for the free flow of information on concerns. If there is a potential situation developing, Healthcare Staff feel comfortable making security staff aware of the issue, and vice versa. There are no areas in the institution where any staff are fearful of working. The change in HRRJ administration has created an atmosphere for change and improvement to occur.

Census reduction has also had a positive effect on the institution. It is noted that HRRJ staff work hard to assure that they review each of the inmates who are returned to a feeder jail. As those institutions sent inmates with the highest medical and mental health needs to HRRJ. A potential concern is the ability of the feeder jails to be able to sustain care that HRRJ has provided to those high acuity inmates when they are returned to the feeder jail. The feeder jails send inmates to HRRJ with the understanding that HRRJ is better equipped to meet the medical and mental health needs of high acuity inmates and thus raises a concern when inmates are returned to the feeder jail. As HRRJ improves it is anticipated that some will return to HRRJ. Until that occurs it will be incumbent on the feeder jails to keep up with the care of those who were sent to them temporarily. A challenge for the feeder jails is the ability to care for those that may be temporarily returned. It is noted that most of the feeder jails send those with SMI and complex medical needs to HRRJ for care. A snapshot of the forty four (44) who were returned between March 3 and April 2, 2021; twenty nine (29) had an SMI diagnosis, twenty two (22) had complex medical needs such as Diabetes, Hepatitis B or C, HIV, Cancer, etc. and ten (10) had another non SMI special needs mental health diagnosis. It will be imperative that those jails who received these inmates keep up with the care and treatment of those inmates, and if necessary, send them back to HRRJ to receive continuing appropriate care.

At the April HRRJ Board meeting Interim Superintendent Vergakis noted that he and his administrative staff were focusing on the consolidation of Pods (housing units within HRRJ), reducing

the number of people in restrictive housing, the DOJ Agreement, recruitment, retention, the medical contract, a 5-year strategic plan and leadership development.

Another area that has improved is the number of persons with a Serious Mental Illness (SMI) diagnosis who are in Restrictive Housing (RH). In the Baseline report it was noted that 141 persons with an SMI diagnosis were in RH. This has been reduced to 20. The breakdown is 7 on disciplinary restriction, 9 on 14 - day quarantine (as a precaution against COVID - 19 when inmates are admitted into the facility or come from an outside hospital stay), 2 on non-acute suicide watch and 2 on investigative Protective Custody status (a status where the jail investigates the request for Protective Custody). This is a significant reduction in the number of persons with an SMI who are placed in RH status. It is important to note that in the past those who were on Protective Custody were also housed in a RH Unit. They are now housed in a separate unit with the ability to enjoy less restrictions than when they were in the RH unit.

In discussions with the staff at HRRJ and the HRRJ Jail Board it was emphasized that meeting the Substantive Provisions of the Agreement and making the changes necessary for sustained improvement were a slow process. This Monitor stated, "This is a marathon, not a sprint". To work through all the areas of the agreement, a sustained effort will be necessary to put in place safeguards to assure continued compliance. The current efforts by HRRJ Administration and Staff are a great beginning.

## **Introduction**

The Monitor has visited the HRRJ every month since the signing of the contract. This has allowed observation of the day-to-day operations of the institution and the improvements being implemented. During these visits all areas of the facility were available for observation and inspection. No area of the facility was off limits during all site visits. COVID - 19 restrictions for visitation are still in effect. Over the next few weeks and months decisions will be made to allow for relaxation of some of those as more of the staff and inmates are vaccinated. Temperature checks are required for entry into the facility.

A snap shot of the five hundred sixty nine (569) inmates in custody in April 2021 showed: four hundred fifty eight (458) with a chronic care diagnosis, Forty two (42) patients with HIV, ninety six (96) with an endocrine diagnosis, two hundred four (204) hypertension/cardiovascular diagnosis, three (3) pregnant women, one(1) patient receiving cancer treatment, five (5) inmates over 65, two (2) paraplegic inmates, four (4) patients on dialysis, two (2) needing assistance with activities of daily living (ADL's), two (2) patients scheduled for surgery for underlying medical conditions, one (1) patient post liver transplant, one hundred seventy six (176) with an SMI (serious mental illness diagnosis), thirteen (13) intellectually disabled – 10 with an SMI diagnosis, three (3) autistic spectrum – one(1) SMI, and two (2) gender dysphoria inmates, three (3) Temporary Detention (TDO) orders) completed in April, and three hundred sixty four (364) inmates on psychotropic medications. This information may give the reader a sense of the acuity and challenges faced in the daily routine of taking care of inmates at HRRJ.

As noted above, Lt. Col. Christopher Walz retired on December 31, 2020 and Col. Jeffery Vergakis is now the Interim Superintendent. Lt. Col. William Anderson was hired in December as the Assistant Superintendent.

Col. Vergakis has made significant inroads with the entire staff at HRRJ. During previous visits there was tension among the front office staff, he has cut that tension and there is an openness and willingness to work and deal with issues at the facility. Currently, issues are addressed and dealt with upfront with all having input, as appropriate, as to the outcome. This has created an atmosphere of change and a new direction of willingness to address the challenges that HRRJ faces now and in the future.

Lt. Col. Anderson is a great complement to Col. Vergakis. He has taken up the role as the Asst. Superintendent addressing needed security issues and worked to address the way in which inmates are housed. Traditionally inmates would be housed wherever there was a vacant cell, now there is a process and procedure for placement. This has reduced the availability of items used for self harm by those on suicide precautions.

Lt. Ponds, Agreement Coordinator, (Substantial Provision 152) has been forwarding the required Relevant aggregate data (Substantial Provision 121, a 1 - 29) to the Monitor and United States Department of Justice (USDOJ) monthly. While challenges with the formatting and access to the data have been present during the first six months, most of the data was available. Data from the reports were reviewed while on- site.

The security consultant continues to provide services to the HRRJ and has been on site each month during this period. He meets with security staff advising on policies, procedures, post orders, etc. He also meets with staff discussing alternative strategies to meet the shortage of jail officers in the facility. Over the past six (6) months he has worked with HRRJ security staff revising policies to address the substantive provisions of the Agreement.

A Restrictive Housing (RH) consultant will join the team in June to advise HRRJ on RH issues related to the Agreement.

## **Substantive Provisions**

### **Policies and Procedures**

19. Consultation with Monitor, USDOJ on policy development - During the first six months of the Agreement HRRJ has submitted ninety-eight (98) policies for review. Eleven (11) of those policies were specifically related to the substantive provisions of the Agreement. Ten of them were healthcare policies the other was a general security policy. Of the ten (10) health care policies, seven (7) were approved without additional changes, three (3) have been returned for additional review by HRRJ/Wellpath. Meetings with medical administrative staff are being held to coordinate policies to assure they are consistent. An Officer has been assigned to supervise the preparation and revision of the Jail's Policies and Procedures. A team of officers has been organized to begin the review process of the appropriate Policies and Procedures. At present, they are meeting weekly to discuss the various policies.

It will be critical for HRRJ to up their game in terms of security policy generation for the institution to move forward with the changes that are necessary to comply with the Agreement and achieve

substantial compliance. They need to make better use of the security consultant to assist with the development of policies and procedures.

*HRRJ is partially compliant with this provision.*

20. Policies approved will be adopted - For this provision they have one year from the Agreement date to comply. They have begun the process of drafting policies and procedures and have provided to the Monitor and The United States Department of Justice (USDOJ) draft copies of those policies. The Monitor and HRRJ have prioritized the policies which need to be completed as soon as possible. The healthcare policies were the first to be completed. The security policies are being worked on currently with the Monitor's security consultant.

As noted above, it will be critical for HRRJ to work quickly drafting the security policies to be consistent with healthcare policies approved by the Monitor and the USDOJ. A meeting with HRRJ security administration and healthcare contractor occurred on April 23, 2021 to coordinate policy development. This effort should continue as HRRJ develops and implements policies consistent with the Agreement.

*This item will be referenced in the Summary of Compliance Table as NR, Not Rated*

21. Begin Implementing policies approved - HRRJ has three (3) months after approval to begin implementing the approved policies. As HRRJ has only recently received approval for the first set of policies, this provision is not able to be graded. A training plan has been developed by HRRJ security and healthcare administrations to roll out the policies as they are approved. This provision is not graded at this time.

Keeping track of the policies approved and implementation of them will be critical. HRRJ will need to assure that all staff are included in training activities and participant lists updated on a regular basis.

*This item will be referenced in the Summary of Compliance Table as NR, Not Rated*

22. Fully implemented policies - HRRJ has six (6) months to fully implement policies after approval. HRRJ is in the initial stages of policy development and approval, this provision is not graded at this time.

Keeping track of the policies approved and implementation of them will be critical. HRRJ will need to assure that all staff are included in training activities and participant lists updated on a regular basis.

*This item will be referenced in the Summary of Compliance Table as NR, Not Rated*

23. Annual policy review - Annual review of policies developed is required. This provision will be evaluated one year from the implementation date of any approved policies.

HRRJ will need to assure that all policies approved are reviewed each year. Tracking mechanisms must be put in place to assure compliance with this provision.

*This item will be referenced in the Summary of Compliance Table as NR, Not Rated*

## **Staffing Plan**

24. Staffing plan development - Staffing plans were submitted to the Monitor and USDOJ within four (4) months of the effective date of the Agreement. Changes in the Average Daily Population (ADP) or inmate census is changing the plan matrix. Administration is developing a new staffing plan based on the ADP for both security and healthcare staff. It is anticipated that the new plan will be available in the next few months as the ADP stabilizes. This new plan should address current changes in consolidation of housing units and inmates. Mandatory posts for security have been reduced due to reduction in ADP therefore a change in staffing plan is necessary. Recruitment activities are ongoing at job fairs, postings on the internet, and so on, however, the pool of candidates remains minimal. As noted above, the HRRJ Jail Board will need to look at the salary structure for the facility and assure that it is competitive with surrounding correctional facilities. There are over 100 current vacancies at the facility.

For medical and behavioral health, staff changes in the ADP will help assure that medical and behavioral health care can be provided as per the Agreement and National Commission on Correctional Health Care/American Correctional Association (NCCHC/ACA) standards. Wellpath has submitted a revised staffing plan to HRRJ administration and the Monitor for review. Wellpath is looking at providing competitive salaries for nurses. Over the past 6 months HRRJ has been able to hire senior healthcare administrative staff which has stabilized senior management at the facility.

In order to achieve and maintain substantial compliance, vacancies for Registered Nurses, Behavioral Health professionals and officers must be a recruitment priority. Additional recruitment activities and review of salary structure is necessary to assure that HRRJ salaries are competitive with surrounding correctional facilities. Retention of staff will be an important factor in the ability of HRRJ to continue to improve and sustain the positive movement forward which has been made up to this point.

*HRRJ is partially compliant with this provision.*

25. Staffing Plan Implementation - HRRJ has one year from the date of submission of their plan to fully implement this provision. Therefore, this provision will be graded one year from submission of a revised staffing plan based on the ADP.

As the ADP has changed the new staffing plan to be submitted in the next six (6) months needs to take into account the potential for some of the inmates who were sent back to feeder jails to be returned to HRRJ. Flexibility with the plan will be critical.

*This item will be referenced in the Summary of Compliance Table as NR, Not Rated*

## **Training**

26. Annual in-service training - A Comprehensive Annual Training Plan has been developed for the Jail, which includes: Orientation for sworn officers, Basic Training for new officers, and assignment to a Field Training Officer (FTO) when they have completed orientation and In-service and Field training on continuous bases. Training has been increased to provide training in Mental Health, First Aid, and



Crisis Intervention training. The Training Plan includes the dates and times of scheduled training for 2021. The training plan uses competency-based adult learning techniques.

Training on the new policies, procedures and changes to daily operation must be provided as soon as the policies and procedures are approved to assure rapid implementation. As noted above, tracking of this training will be important.

*HRRJ is partially compliant with this provision.*

27. Incorporate Agreement requirements into the training curriculum -During the first six (6) months of the Agreement the Monitor and security consultant have met with training officers to review the annual training plan, type, length and times of training. HRRJ has followed suggestions made and is incorporating relevant Agreement requirements into their training activities.

HRRJ training staff must be vigilant to assure that any changes to policy, procedure, post duties, inmate treatment strategies are incorporated into the training curriculum. Review by the Monitor and USDOJ will be important to assure that all training activities are consistent with the Agreement.

*HRRJ is partially compliant with this provision.*

28. In-service training - Annual in-service training is occurring. As new policies are approved training staff will incorporate these items into the existing training activities. HRRJ has six (6) months after new policies have been approved to provide training on those policies. And eighteen (18) months after the effective date of the Agreement. Therefore, this provision will be graded six (6) and eighteen (18) months after policies have been approved.

Training and changes to the training curriculum will be ongoing. It will be important for training staff to be vigilant with keeping up with any and all changes to the daily operations of the institution.

*This item will be referenced in the Summary of Compliance Table as NR, Not Rated*

29. Training on mental health care - Training on mental health care, suicide prevention is occurring monthly using evidence-based standards. New staff are trained prior to being placed at their posts. Yearly in-service training is scheduled to assure each security and healthcare staff member are up to date with the training requirement. De-escalation technique training is in the beginning stages of development and deployment. 100% of medical and behavioral health staff have completed training as required in the Agreement. 100% of new employees have completed required training prior to post assignment. Annual training is ongoing, there were no current employees whose required training is behind schedule.

De-escalation training will be critical to improve functioning of the institution. Development of the training and implementation of that training will require support from HRRJ security and healthcare administration. Ongoing evidence-based training will require revision to the curriculum as standards and practice within the correctional environment changes.

*HRRJ is partially compliant with this provision.*

## Security

30. Security Staffing - Security staffing has been a challenge during COVID - 19. This has caused delays in medication delivery and full access to medical and behavioral health activities. It was noted in the Baseline report that this was a critical area of concern. Over the past four (4) months the situation has improved significantly. All pill passes have security staff available for safety of both staff and inmates. Medical and behavioral staff commented to the Monitor that the situation has improved since December. The reduction in ADP has also had a positive impact on the availability of security staff to provide escort for inmates to the clinical area and escorts for healthcare staff. Although security staffing is still a challenge, improvements have been noted. It will be important for HRRJ to continue their efforts in recruitment and retention. It will also be important for the Board to look at the salaries of sworn officers to assure that they are competitive with the surrounding jails. This will help in both recruitment and retention of officers. Incentives for sworn officers who have been employed for over fifteen (15) years has improved morale with those officers who have stuck with HRRJ, especially during the crisis of COVID - 19.

Feeder jails have assisted with duty stations for hospitalized inmates. This effort provides officers from feeder jails to provide security at the hospital while allowing HRRJ officers to stay at their posts at HRRJ. This activity has allowed HRRJ to focus on inmates housed in the facility. The current challenge with grading this component is the reduction in the ADP. The average daily population of HRRJ has hovered at approximately four hundred (400) inmates daily since the return of some inmates to feeder jails. The returning of inmates has in turn caused a reduction of mandatory posts thereby enhancing the number of officers available for reallocation within the facility. As reported at the April HRRJ Board meeting, 6 of 16 pods are closed which has reduced posts needing to be staffed from 23 to 18. Housing unit 2 is closed.

While this has helped to alleviate some of the stress on the institution and its 'sworn officers, HRRJ administration will need to be ever vigilant with recruitment, retention, training and oversight to assure the safety and security of the institution. Past events have shown that this is a constant requirement in a correctional setting. You may never let your guard down.

*HRRJ is partially compliant with this provision.*

## Medical and Mental Health Care

31. Medical and Mental Health Prior Records - As was noted in the Baseline report, there were times when feeder jails did not provide medical records on transfer to HRRJ. During the past four (4) months, out of the 25 records reviewed, there were no admissions where the feeder jails had not provided medical records. During the initial stages of the Agreement, there were times when feeder jails provided incomplete information. During admission intake procedures when an outside provider is identified, whether medical or behavioral health, intake staff receive a release of information (ROI) permission form from the inmate to acquire appropriate records.

There must be constant communication with feeder jails to assure that medical and behavioral health records are included with the transfer of inmates is ongoing. It will require immediate discussion with HRRJ and feeder jail administration to assure that essential documents are included with the transfer.

*HRRJ is partially compliant with this provision*

32. Feeder Jail medical records - As noted above, during the last four (4) months all records have been provided to HRRJ. During intake, the intake information is directly entered into the intake form. Observation of intakes during site visits and review of twenty-five (25) intake records showed that 96% of most recent intakes met the Agreement standard of assuring that pertinent information is incorporated into the inmates' medical and mental health charts.

There must be constant communication with feeder jails to assure that medical and behavioral health records are included with the transfer of inmates is ongoing. It will require immediate discussion with HRRJ and feeder jail administration to assure that essential documents are included with the transfer. It will be critical that all information obtained from the feeder jails is incorporated into the HRRJ medical record system.

*HRRJ is partially compliant with this provision.*

33. Continue Medications - Review of Twenty-five (25) intake records showed that all inmates who had medications noted during the intake procedure had been ordered. Provider staff were available for consultation reviewing all orders to assure medication continuation. In the Baseline report there were inmates whose records were not available, so medication orders were not possible for some of those inmates. That has not been the case recently, all inmates received from feeder jails have had medical information present. It is important for those feeder jails to continue this improved practice to assure continuity of care.

Intake nurses must be vigilant to assure that all information is received with medications noted and ordered to assure continuity of care for those inmates received from feeder jails.

*HRRJ is partially compliant with this provision.*

34. Medical or Mental Health Request/Sick Call Process - The sick call process was reviewed during each on site visit. The sick call process was a work in progress during this first six (6) months. During the latest site visit, twenty-six (26) medical sick call records were reviewed from all housing pods (units). Ninety-four percent (94%) of the sick call records were complete and followed the sick call process. Deficiencies noted were in the lack of nursing notes using the agreed upon process and procedure. During a sick call, a Nursing Documentation Pathway (NDP)/Nursing Assessment Protocols (NAP) should be used to allow access to data and follow nursing protocols. Policy E - 08. Some of the records reviewed did not utilize this process and it was difficult to follow what actions were taken during the appointment. Also, it will be important to assure that only Registered Nurses (RN) provide sick call assessment. Currently, due to RN staffing vacancies, Licensed Practical Nurses (LPN's) are providing sick call services. As RN staffing improves this should be obtainable. Twenty (20) behavioral health sick call slips were reviewed, and all were completed with notes in the behavioral portion of the health record.

Recruitment and retention of RN's must be a priority to assure that sick call services are provided by a Registered Nurse.

*HRRJ is partially compliant with this provision.*

35. Sick Call Collection - During pill pass collection of sick call slips was observed. All inmates have access to health care staff at least twice a day during pill pass. Even those who may be in a Restricted Housing (RH) unit have access to pill pass staff. As this is a work in progress, data for how many sick call slips were collected in each housing unit during pill pass is recent. At the latest on-site visit, sick call slips have been collected in all housing unit areas. All twenty-six (26) sick call slips reviewed had notations of when they were picked up by the pill pass nurse.

Pill pass staff need to be vigilant with the collection and notation of when the sick call slip was collected.

*HRRJ is partially compliant with this provision.*

36. Sick Call Triage - Review of the fifty-six (56) medical sick call records showed an inconsistency with the timing of triage, and some were not triaged at all, however all inmates submitting sick call slips had been seen by a nurse or referred directly to a provider. Thirty (30) out of the total of 56 were complete, this gives an overall score of fifty-three point five percent (53.5%). This was also the case for the behavioral health records also as some were not completed by the triage nurse and just sent to be seen by behavioral health staff. All inmates were seen by appropriate staff. When triage occurred, it was completed by an RN. Emergent, Urgent, and Routine was noted on those sick call slips which had been triaged.

Clinic RN staff need to review and triage **all** sick call slips. While it was noted that all inmates had been seen within 24 hours, it was not clear the degree of criticality of the sick call. Therefore, urgent or emergent issues may not have been addressed in a timely manner.

*HRRJ is partially compliant with this provision.*

37. Sick Call Tracking - All elements of the logging and tracking system are available on the tracking log. Review of the log showed that there were inconsistencies for some of the elements. As this is a work in progress and the system was recently put in place an overall score was not available. Auditing of the process by the Director of Nurses and Medical Director will help to ensure that all staff complete the log as required.

A daily review of the logging and tracking system for sick call must occur to assure that staff fully implement the process. Over time, weekly tracking and then intermittent review of the process will be necessary.

*HRRJ is partially compliant with this provision.*

38. Sick Call Oversight - A new Medical Director was hired and started part time in late March, full time in April. The Medical Director is beginning to provide necessary oversight for processes and procedures, but all processes are not fully operational at the present time.

It will be important for the Medical Director and Director of Nurses to assure oversight is completed as necessary for compliance with the Agreement and NCCHC/ACA standards. Protocols have been approved by Wellpath national Nursing/Medical staff.

*HRRJ is partially compliant with this provision.*

## **Medical Care**

39. Constitutionally adequate medical care. HRRJ will need to be substantially compliant with provisions 40 - 58.

As noted above, HRRJ will need to be substantially compliant with provisions 40 – 58 to obtain substantial compliance with this overall provision.

*HRRJ must meet all the below criteria to become compliant with medical care component of the Agreement. No grade will be given at this time. Pending Review, PR.*

40. Medical Staffing - During the first few months of the Agreement there was no medical (physician or nurse practitioner) provider coverage on weekends. Nurse Practitioner coverage for weekends began on April 24, 2021. With the change in ADP HRRJ security staff is available to escort inmates to and from appointments in the clinical areas and provide escorts for sick call. The additional staff will allow for coverage during these times and assure that there is a medical provider on site 7 days a week. Provider coverage does run into the early evening hours.

Wellpath must assure that medical provider coverage continues later in the day into the evening and on weekends to meet substantial compliance with this provision. HRRJ security must assure that escort is provided to all health care staff to assure safety and security.

*HRRJ is partially compliant with this provision.*

41. Medical Intake - On site review of twenty-five (25) intake records showed a ninety-six percent (96%) completion of medical intake screening. Only one record had an item missing. An RN completed all medical screenings reviewed. The screening is conducted in a confidential setting and the intake screening is completed in the electronic health record.

Intake nurses must be vigilant to assure that this standard continues to be implemented to sustain substantial compliance.

*HRRJ is substantially compliant with this provision*

42. Medical screening factors - As noted above out of the twenty-five (25) records reviewed there was only one record which was missing one (1) of the components, which was related to pregnancy. All other components of the Agreement as noted in this item were present in all the records reviewed.

Intake nurses must be vigilant to assure that this standard continues to be implemented to sustain substantial compliance.

*HRRJ is substantially compliant with this provision.*

43. Medical Assessments - As a routine HRRJ conducts the medical assessment during the intake process. Chart review of intake screenings from March 3 - April 20, 2021, found one (1) out of 25 that did not have a routine medical assessment completed. In December thru February there were times when the assessment was delayed. This was due to resignations by the Medical Director and a Nurse Practitioner. Since mid-March, all intake assessments have been completed during the required period. The sick call process recently began to identify the need for emergent and urgent assessments based on triage. Before this time there was no indication of the urgency of the need. However, there were no inmates who were seen more than three (3) days after the sick call slip was triaged.

HRRJ will need to be substantially compliant with provisions 43 – 47 to obtain substantial compliance with this overall provision.

*HRRJ must meet all the below criteria to become compliant with medical care assessment component of the Agreement. No grade will be given at this time. Pending Review, PR.*

44. Emergent Medical Assessments - The assessments are based on Policy E - 02 Receiving Screening and E - 08 Nursing Assessment Protocols (NAP). Intake assessment by a NP is completed on all inmates being admitted into the facility. From March 3 - April 20, 2021, out of 25 assessments completed only one was not conducted during intake by a NP. For nursing sick call ninety-four percent (94%) of the 26 reviewed sick call slips had identified if they were emergent, urgent, or routine.

The new Medical Director will need to develop protocols that address the emergent medical referrals. It will be important to track these referrals to assure compliance.

*HRRJ is partially compliant with this provision.*

45. Urgent Medical Assessments - As noted above assessments are based on Policy E - 02 and E - 08. Data is the same.

The new Medical Director will need to develop protocols that address the urgent medical referrals. It will be important to track these referrals to assure compliance.

*HRRJ is partially compliant with this provision.*

46. Routine Medical Assessments (Intake) - Intake screening assessments are completed by a NP during the admission process. Chart review of intake screenings from March 3 - April 20, 2021, found one (1) out of 25 that did not have a routine medical assessment completed.

The retention of Nurse Practitioners to assure their availability to provide this valuable service is critical for HRRJ to stay in compliance with this provision.

*HRRJ is partially compliant with this provision as during the months of Jan - mid March assessments were not completed on a routine basis due to staffing shortages.*

47. Routine Medical Assessments (Sick Call) - Of the 26 sick call routine assessments that were completed all were seen in the required 72-hour time frame.

Recruitment and retention of RN's must be a priority to assure that sick call services are provided by a Registered Nurse.

*HRRJ is partially compliant with this provision. This is due to the fact that LPN's and not RNs are providing assessments. Only RNs by licensure are allowed to provide assessment activities.*

48. Acute Care - Review of charts and discussions with security, nursing, behavioral health, inmate interviews and provider staff indicate there were no instances where an inmate identified was not seen immediately for a serious acute need. HRRJ policy number seventeen point two (17.2) states – “All sworn staff have the authority to contact medical concerning an inmate's illness or missed medication without having to obtain permission from supervisory staff first”, “If sworn staff feel an inmate(s) is having a life threatening emergency do not hesitate to call a code 10-52” and, If the inmate(s) medical condition is serious but not an emergency, staff have the authority to take the inmate to medical without seeking permission from supervisory staff first. Ince in main medical or housing unit clinics inform your immediate supervisor, and an incident report must be completed.” Review during subsequent visits will continue to verify this provision.

Tracking of instances where an officer or health care provider identifies the need for acute intervention by health care staff will be critical for assuring this provision is carried out. Incident reports track the situation, however, how to specifically track medical or psychiatric incident reports needs to be enhanced. A mechanism is available through the Jail Management System (JMS), but it is not tracked my all staff.

*HRRJ is partially compliant with this provision.*

49. Chronic care - All inmates are seen for an assessment for chronic care during the intake process. There was a two-month period where this was not the case due to staffing shortages. This chronic care clinical evaluation is conducted by a NP. Chart review of intake screenings from March 3 - April 20, 2021, found one (1) out of 25 that did not have a routine medical assessment/chronic care visit completed.

Retention of Nurse Practitioners to assure their availability to provide this valuable service is critical for HRRJ to stay in compliance with this provision.

*HRRJ is partially compliant with this provision.*

50. Chronic Care Registry - Over the 6-month initial period of the Agreement there have been three different chronic care nurses assigned to the position. Review of the registry with the newest chronic care nurse found the process had identified all patients on the chronic care registry, diagnosis, date of last visit and date for the next visit. Over the next few months, it is anticipated that the current chronic care nurse will be able to refine her process and assure that all items in the Agreement are met.

Retention of a staff member to serve in the chronic care capacity to track and identify trends, assure orders are followed and follow up visits scheduled is critical for HRRJ to stay in compliance with this provision.

*HRRJ is partially compliant with this provision.*

51. Chronic Care Plan of Care - Review of the registry and of twenty-one (21) charts found that all patients had a plan of care. Review of the charts also found some inconsistencies between providers when identifying degree of control. As the Medical Director is new, it will take a few months to assure that all providers follow the same criteria when identifying degree of chronic care control and scheduling follow up visits to a chronic care appointment.

The New Medical Director will need to assure that all medical providers are following the same criteria when identifying the degree of control related to the identified chronic condition.

*HRRJ is partially compliant with this provision.*

52. Chronic Care Protocol - Review of the twenty-one (21) charts found that as noted above not all providers were using the same criteria and follow up visits based on their assessment of whether their condition was “poor”, “fair” or “good”. The Medical Director will need to assure that all providers use the same criteria when evaluating and scheduling follow up appointments for patients.

The New Medical Director will need to assure that all medical providers are following the same criteria when identifying the degree of control related to the identified chronic condition.

*HRRJ is partially compliant with this provision.*

53. Medical Diagnosis - Review of charts in; intake twenty-five (25), chronic care twenty-one (21), sick call twenty-six (26) found all had diagnosis for identified medical problems. A problem list was present in all charts reviewed where a medical condition was diagnosed. Patient education activities were noted in the charts.

Routine random chart review by health care administrative staff will assure that HRRJ stays in compliance with this provision.

*HRRJ is substantially compliant with this provision.*

54. Medical Specialist Appointments - There is an identified healthcare staff member responsible for scheduling medical specialty appointments. The spread sheet (specialty appointment registry - offsite appointment registry) was reviewed at each on site visit.

HRRJ will need to be substantially compliant with provisions 54 – 58 to obtain substantial compliance with this overall provision.

*HRRJ must meet all the below criteria to become compliant with medical specialist appointments of the Agreement. No grade will be given at this time. Pending Review, PR.*

55. Medical Specialist Registry – There is a medical specialist registry, and the registry is up to date and contains all the required elements. As the Medical Director is new and starting to develop systems to review all elements of the Agreement it will be important for him to review the registry to assure there are no delays in care. Tracking for any urgent referrals will need to be developed. The registry identifies the reason for a delay, if it occurs, and the health care provider creates a note in the chart identifying if the delay is acceptable or if the patient needs to be seen in an expedited manner. From October to April there has been a significant reduction in the number of outside appointments due to the reduction in



ADP. Due to COVID - 19 there were some delays in trying to schedule outside appointments during the fall and winter. Most of the specialist offices have now allowed in patient visits so any delay caused by Covid - 19 is no longer an issue. Ophthalmology seems to be the specialty with the longest delay; however, it is still within the 45 day window identified in the Agreement. On site providers write a note in the chart if there is a delay of more than 30 days.

The New Medical Director will need to develop a mechanism for review and follow up of the medical specialist registry to assure that time frames are consistent with the Agreement.

*HRRJ is partially compliant with this provision.*

56. Medical Follow-up care - On return from an outside appointment, patients are brought to the clinic area and vital signs are taken and documents received from the outside provider are reviewed. The documentation is then forwarded to the on-site provider who reviews the information and creates a note related to the outside providers assessment of the patient. Review of twenty five (25) records over the course of a three-month period showed an eighty-eight percent (88%) completion rate. On two (2) charts vital signs were not available, and on one (1) chart the provider note was not present. Systems have been developed over the past two months to assure that the patient is seen on return and documentation is given to the provider for follow up. There was no patient who was not seen, documentation is the issue, not direct patient care.

All RNs identified as the charge nurse must follow the agreed upon procedure for follow up of all patients who return from outside appointments and hospital stays.

*HRRJ is partially compliant with this provision.*

57. Medical Treatment Plans - As noted above, Review of charts in; intake twenty five (25), chronic care twenty one (21), sick call twenty six (26) found all had treatment plans which track active problems. A problem list was present in all charts reviewed where a medical condition was diagnosed. Patient education activities were noted in the charts.

Routine random chart review by health care administrative staff will assure that HRRJ stays in compliance with this provision.

*HRRJ is substantial compliant with this provision.*

58. Medical Treatment - Currently inmates are scheduled for chronic care, labs, wound care, finger sticks for diabetes, EKG's and other testing. The electronic medical record system ERMA tracks when patients are scheduled for medical treatment, and when it has been completed. Although both the medical orders and the scheduling for those order are in ERMA, there is no linkage that checks back to mark all items in medical orders as completed.

HRRJ will need to develop a tracking mechanism to assure that all medical provider "orders" are transcribed from the "order" to the scheduling portion of ERMA. This will assure that no medical orders were incomplete.

*HRRJ is partially compliant with this provision.*

## Mental Health Care

59. HRRJ is to provide constitutionally adequate mental health care.

HRRJ will need to be substantially compliant with provisions 59 – 99 to obtain substantial compliance with this overall provision.

*HRRJ must meet all the below criteria to become compliant with mental health care component of the Agreement. No grade will be given at this time. Pending Review, PR.*

60. Mental Health Staffing - The current staffing level provides care seven days a week. Qualified Mental Health Providers (QMHP) are available seven days per week. Tele-psychiatry services are available. There are 5 Psychiatrists providing 68 hours of tele psych services per month. There is a Psychiatric Nurse Practitioner who provides 32 hours on site services per week. These services are provided over the weekend into the beginning of the week. This provides seven (7) day a week coverage along with the weekend coverage required in the Agreement. There are currently 2 vacancies for QMHP staff. Wellpath is currently reviewing the current staffing, however, no reductions in the current staffing are anticipated.

HRRJ will need to enhance their recruitment and retention activities to assure that adequate staff are available to meet the needs of those inmates with mental health conditions.

*HRRJ is partially compliant with this provision.*

61. Mental Health Intake - Mental Health intake was reviewed at each on site visit over the past six (6) months. During the April visit twenty-five (25) charts were reviewed. All had a mental health intake screen. Notes were included in each chart; all elements of the Agreement were included in the intake process. The process is in place and the policy has recently been approved.

HRRJ will need to work diligently to keep up with this provision as the pressure to do more with your patients increases. This is a great start as all intakes get an individual intake in a confidential setting.

*HRRJ is substantially compliant with this provision.*

62. Mental Health Screening Factors – All the mental health screening factors required in the Agreement are included in the intake screening document. The process is in place and the policy has recently been approved.

This is partially due to one item that was rarely identified in the screening process. It was “any observations by the transporting officer...”. During the initial and annual training for officers it will be important to emphasize the importance of communicating any and all observations to behavioral health and nursing staff during intake and while incarcerated. Many times, officers have knowledge that will help evaluate the inmate assisting with diagnosis and treatment of the individual.

*HRRJ is partially compliant with this provision.*

63. Mental Health Assessments - Mental Health assessments were reviewed at each on site visit over the past six (6) months. During the April visit twenty-five (25) charts were reviewed. All had a mental health assessment completed at intake. Notes were included in each chart; all elements of the Agreement were included in the assessment. The process is in place and the policy has recently been approved. During on-site visits I was able to observe twenty (20) intake processes. There was great communication between the nursing intake staff, QMHP staff and custody staff. Communication between intake nursing staff and Mental Health Director continued into the evening on one occasion via phone to assure that all aspects and concerns regarding the mental health of specific patients' issues were addressed.

As noted above, while communication from officers to staff is much improved, it will be critical for mental health staff to ask the officers if they observed or have any information that may help in the assessment process. This is a strategy that may help staff with the assessment.

*HRRJ is partially compliant with this provision.*

64. Emergent Mental Health Assessments - Mental Health referral process was updated, and referral criteria was identified. Temporary Detention Orders (TDO) are being utilized and since January 2021 all TDO's submitted for action have been approved. Nine (9) in total for 2021. The rate of acceptance for TDO's in 2020 was Ninety Two percent (92%). This shows that HRRJ mental health staff are assessing and evaluating the need for a TDO appropriately and correctly using that process to the advantage of inmates. The Hampton Roads Regional Jail Referral for Psychological Review form has recently been initiated. This form will assist in assuring that inmates who express suicidal ideation or harm are immediately referred for mental health follow up by a QMHP. Tracking this should become easier with the communication form. Training on the process is currently being conducted. There is also a referral process through the JMS as noted in 48 above.

Tracking of referrals will be an ongoing challenge. During site visits there was no incident where an inmate was not seen, or a referral lost as far as this Monitor could observe. But it will be important to track this to show the thoroughness of the process.

*HRRJ is partially compliant with this provision.*

65. Urgent Mental Health Assessments - As noted above a referral process and criteria was recently identified. A mental health assessment by a QMHP is part of the referral process. Tracking of the referral process is in the infant stages of implementation. The criteria required in the Agreement is part of the assessment process and is currently being utilized, however tracking the exact time frame for the referral and action taken is only in initial stages of implementation. Training on the process is currently being provided.

Tracking of referrals will be an ongoing challenge. During site visits there was no incident where an inmate was not seen, or a referral lost as far as this Monitor could observe. But it will be important to track this to show the thoroughness of the process.

*HRRJ is partially compliant with the provision.*

66. Routine Mental Health Assessments (Intake) - As noted in 63 above, all inmates admitted to the facility had a mental health assessment during the intake procedure. During the April visit twenty-five

(25) charts were reviewed. All had a mental health assessment completed at intake. Notes were included in each chart; all elements of the Agreement were included in the assessment. The process is in place and the policy has recently been approved. During the visit I was able to observe twenty (20) intake processes. There was great communication between the nursing intake staff, QMHP staff and custody staff. Communication between intake nursing staff and Mental Health Director on one occasion continued into the evening via phone to assure that all aspects and concerns regarding the mental health of specific patients' issues were addressed.

As noted above, while communication from officers to staff is much improved, it will be critical for mental health staff to ask the officers if they observed or have any information that may help in the assessment process. This is a strategy that may help staff with the assessment.

*HRRJ is partially compliant with this provision.*

67. 14-Day Mental Health Check-in - All inmates who are NOT assigned to the mental health caseload will be briefly screened within 14 days of being admitted into the facility. Currently, due to COVID isolation protocols, all inmates have been seen at least once a week by behavioral health staff and at least twice a day by pill pass staff. The 14 day quarantine has recently been reduced to 7 days. Plans are in the works for HRRJ to have a reception unit where all newly admitted inmates will be for at least the first seven (7) days of their admittance into the facility. This will allow for a permanent process to be developed to assure all newly admitted inmates are seen within the 14 day requirement. A fourteen (14) day logbook has been created to capture the necessary information once the process is implemented.

As the reception unit is initiated, mechanisms to assure compliance with the within 14-day mental health check-in must be included.

*HRRJ is partially compliant with this provision.*

68. Routine Mental Health Assessments (Sick Call) - Review of twenty-five (25) sick call slips showed that all had been completed within the required five (5) day period. An issue with sick call slips that was noted in 36 was that of triage. RN staff must be vigilant to assure that any mental health identified sick call slips are referred to mental health staff based on the need for an emergent, urgent, or routine basis. An additional challenge for the behavioral health staff is the need for evaluation in a confidential setting. In the restrictive housing area especially, it is difficult to have a confidential session. Over the next 6 months it will be important for HRRJ to strategize how this may be accomplished. The Monitor will work with security and restrictive housing consultant to assist HRRJ to help meet that goal of confidentiality.

Sick call triage is an issue and must be addressed by nursing administration to assure appropriate referral. Confidential setting for all encounters needs to be addressed.

*HRRJ is partially compliant with this provision.*

69. Nature of Mental Health Assessment - Twenty-five (25) mental health assessments were reviewed while on site and all had the required items of the Agreement except for the assessment being conducted in a face-to-face confidential setting. Some assessments, ten (10) were conducted in a confidential setting adjacent to the main cell area. While others fifteen (15) were conducted cell side.

The challenge is when the assessment is done in a location where confidentiality is not available such as through the cell door. This does not allow for a true face-to-face encounter in a confidential setting. HRRJ has recently changed procedures to allow for more face-to-face encounters, but not in all areas for all inmates.

Physical plant changes must be a priority to assure that interviews and assessments are conducted in a confidential setting. Providing care in a confidential setting for all encounters needs to be addressed.

*HRRJ is partially compliant with this provision.*

70. Mental Health Treatment Plans – The jail will assure that appropriate individualized treatment plans are developed for inmate with mental health needs.

HRRJ will need to be compliant with 70 - 74 to obtain substantial compliance with treatment plan section of the Agreement.

*HRRJ must meet all the below criteria to become compliant with mental health treatment plan component of the Agreement. No grade will be given at this time. Pending Review, PR.*

71. Timing for initial treatment plan - Initial treatment plan development occurs at the time of intake for those with SMI. Ongoing updates do not always occur due to staffing shortages. As noted in the status report, currently when patients are seen for their special needs visits, sick call, or removed from suicide watch the treatment plan is updated. A tracking process has recently been initiated which should help to address this issue.

HRRJ mental health staff must be diligent regarding follow up and revision of the plan based on current conditions of the patient.

*HRRJ is partially compliant with this provision.*

72. Multidisciplinary team treatment plan update - Vacancies in behavioral health, medical and security make it impossible to create and maintain a multidisciplinary treatment team. As HRRJ improves staffing it will be possible to meet this requirement. Currently there is a process where a QMHP staff work with security staff to initiate Behavioral Management Plans, however it does not include all the required team members.

HRRJ must work to initiate and convene multi-disciplinary treatment teams. The current behavioral management plan process is a good start, but a comprehensive team must be in place to meet this requirement.

*HRRJ is non-compliant with this provision.*

73. Requirements for treatment plan - Of the fifty-four (54) treatment plans that were reviewed, 47 had met the Agreement requirements, seven (7) were not complete. The complete treatment plans were thorough, comprehensive, and included all requirements in the Agreement.

It will be critical for the behavioral health staff to continue to be vigilant in their creation, revision and execution of the plans.

*HRRJ is partially compliant with this provision.*

74. Timing for Treatment plan review – An additional Thirty-six (36) records were reviewed for timing, out of those six (6) were not complete. Part of the challenge was tracking who had treatment plans completed. A tracking plan has been developed and behavioral health staff will work to “catch up” with plans that had not been developed. Staff will identify those plans which had not been completed to keep track of those and assure that continuing forward each plan will be reviewed and updated no less than ninety (90) days. For those with SMI they will be updated every thirty (30) days. Due to the current staffing level, treatment plans are not able to be updated as required in the Agreement. Recruitment efforts will help in HRRJ ability to meet and sustain this provision in the Agreement.

Tracking and follow up is critical to assure that treatment plans are updated according to the Agreement schedule. Newly initiated system will assist with this process.

*HRRJ is non-compliant with this provision.*

75. Mental Health Treatment - HRRJ will provide treatment that adequately addresses their serious mental health needs in a timely and appropriate manner.

HRRJ must meet provisions 75 - 78 in order to obtain substantial compliance with mental health treatment provision.

*HRRJ must meet all the below criteria to become compliant with mental health treatment component of the Agreement. No grade will be given at this time. Pending Review, PR*

76. Mental Health Therapy - There were seventy-six (76) individual therapy sessions over the past three months. The number each month has been increasing. COVID - 19 and lockdowns due to the presence of COVID - 19 has caused a delay in the ability to provide individual counseling sessions and put a halt to any group therapy sessions. Over the next few months as more staff and inmates are vaccinated it is hoped that group sessions will be able to be started again for those in need of such therapeutic intervention. Another challenge is the lack of confidentiality as locations are not available for such encounters. Increased security staff will help to rectify this situation.

As restrictions imposed by COVID-19 subside it will be critical to re-initiate group and additional individual counseling sessions. Recruitment and retention of QMHP staff is a priority. As noted in 69 above, HRRJ must review and make plans for the needed physical plant changes to allow for more confidential setting within the facility

*HRRJ is partially compliant with this provision.*

77. Mental Health Inpatient Care - As noted in provision 64 above, Temporary Detention Orders (TDO) are being utilized and since January 2021 all TDO's submitted for action have been approved. Nine (9) in total for 2021. The rate of acceptance for TDO's in 2020 was Ninety-Two percent (92%). This shows that HRRJ mental health staff are assessing and evaluating the need for a TDO appropriately and correctly using that process to the advantage of inmates.

Continued review of the appropriateness for initiation of TDO process will require vigilance by the Mental Health Director and QMHP staff.

*HRRJ is substantially compliant with this provision.*

78. Confidential Mental Health Treatment - The current physical plant and security staffing issues make this difficult at the current time. It will be critical that senior Jail management review the HRRJ floor plan to make changes as necessary to implement this provision. It will be important for the HRRJ Board to support any changes necessary to implement the physical plant changes needed to meet this provision. Some changes have been made to use unused areas within the secure sections of the institution to provide confidentiality. For example, those on suicide watch are now seen in a confidential setting to assure that those interviews are conducted in a professional manner. Current plans are also to expand the clinic area to include space for mental health providers to see patients in a confidential setting. Review in early June by the RH consultant will help to move this effort forward.

HRRJ will need to make space available to conduct mental health encounters in a confidential setting.

*HRRJ is partially compliant with this provision.*

79. Psychotropic Medications - review of twenty-five (25) charts showed psychotropic medications are ordered in a timely manner. Review of the Medication Administration Record System (MARS) for those patients showed that they were delivered as ordered - unless refused by the patient. If refused, the procedure that is supposed to occur is - a follow up visit by a QMHP and subsequent appointment with the psychiatrist as necessary would then be conducted, however it is not occurring according to the procedure. There is no tracking system for compliance. A challenge for HRRJ is for non-formulary medications. They are working on how to assure that this process does not delay treatment for those in need of non-formulary psychotropic medications

Tracking and follow up by QMHP staff needs to be initiated. Additional QMHP staff will assist to meet this requirement. Recruitment and retention of QMHP staff is needed to assure compliance.

*HRRJ is partially compliant with this provision.*

80. Psychotropic Medication follow-up - Review of sixteen (16) charts where medication changes had occurred showed that two-week follow ups had occurred. Again, the challenge is tracking medication change orders. All psychiatric providers have been given instructions regarding the need for follow up as required by the Agreement. A system is being discussed and should be in place in the next two months to have a better handle on the number of medication changes and methods to assure that follow up is conducted according to the Agreement. On-site review during pill pass showed that medications are delivered to all inmates who are on "lockdown" status, and from observation pill pass staff checked for the correct patient, correct medication, and correct dosage.

Tracking of medication changes will need to occur to obtain substantial compliance with this provision.

*HRRJ is partially compliant with this provision.*

81. Psychotropic Medication Compliance - As noted in 79 above, the challenge is a tracking system to assure that if psychotropic medications are not delivered or refused that information is then transferred to the behavioral health staff for follow up. The current Medication Administration Record System (MARS) does identify when a patient has refused a medication, however, follow up is the challenge. Healthcare leadership is working on a solution for tracking. The Mental Health Director currently reviews all refusals; however, a formal system needs to be initiated. During the review by the Mental Health Director, they will initiate the appointment with the Psychiatrist. But as noted above, not all are being seen according to the Agreement. On-site review found that out of the fifteen (15) patients who had refused twelve (12) were seen by a psychiatrist or nurse practitioner.

Formal tracking mechanism using the current system is being initiated. This should assist with the ease of tracking medication compliance.

*HRRJ is partially compliant with this provision.*

82. Anti-Psychotic Medication Use - There is an anti-psychotic medication registry. Complete review of the list shows that it is reviewed by the lead Psychiatrist every two weeks. Notes are sent to other provider staff on suggested changes to the medication regimen. This list is forwarded to the Monitor monthly for review. Tracking of changes suggested is in the beginning stages of development. Additional hours by Psychiatric staff would help assure that those patients in need of medications are seen in a timely manner. Currently, most are seen in a tele psych format. Observation of the process on the weekends for tele psych showed a robust and well-oiled process. Patient lists were produced by appointment, patients were brought down by security, seen in tele psych in the clinic area and returned to their housing units. The process went smoothly and without incident during the weekend of observation.

Tracking of actions taken by the prescribing psychiatrist or nurse practitioner after review by the lead psychiatrist need to be implemented. This will allow for tracking of compliance with this provision.

*HRRJ is partially compliant with this provision.*

83. Medication Administration Records Audits - MARs audits were conducted in January and March of 2021. Audits will be conducted every 90 days. Results of the audits showed completeness and accuracy.

This was recently initiated. Every 90-day audits will need to be consistently completed to obtain substantial compliance with this provision.

*HRRJ is partially compliant with this provision.*

84. Serious Mental Health Registry - The SMI registry has been created and is sent to the Monitor and USDOJ once a month with the monthly statistics. The data include, diagnosis, date of last QMHP/Psychiatrist visit, date of next visit.

HRRJ will need to consistently follow up with this provision to assure completeness and accuracy of data provided.

*HRRJ is substantially compliant with the provision.*



85. Suicide Prevention - From observation and reviewed notes on charts and security records HRRJ is vigilant and proactive regarding suicidal potentials in the inmate population.

HRRJ will need to be substantially compliant with provisions 85 – 99 to obtain substantial compliance with this overall provision.

*HRRJ must meet all the below criteria to become compliant with the suicide prevention component of the Agreement. No grade will be given at this time. Pending Review, PR*

86. Suicide Prevention Training - Suicide prevention training curriculum was revised with input from the Monitor and includes all topics required in the Agreement. Suicide training is scheduled and has been conducted monthly over the past six (6) months. New Employee Orientation (NEO) Training has also been conducted. The latest trainings were conducted on April 26 and May 21, 2021. The training is an eight (8) hour training. A schedule is maintained by HRRJ training staff to assure all staff have the required training. Training is provided by Qualified professionals. The Superintendent is working on scheduling the Mental Health Director to attend the Department of Criminal Services certified training course. COVID - 19 has delayed access to this training. CPR training is part of the New Employee Orientation (NEO) training curriculum. One NEO and two in-service annual trainings are conducted each month. Crisis Intervention Training (CIT) is being re-initiated over the next few months. Staffing shortages and COVID-19 delayed the ongoing provision of this service.

Re-initiation of CIT will be critical to assist all staff in working with challenging patients. Along with continuation of Suicide Prevention training monthly will allow this provision to move towards substantial compliance.

*HRRJ is partially compliant with this provision.*

87. Suicide Risk Assessment - Suicide risk assessments are being conducted using a risk assessment tool. A challenge with the assessments is that they were not previously completed in a confidential setting. This has recently changed, and the assessments are conducted in a confidential setting. As noted in 68, 69 and 76, HRRJ will be working with the Monitor and consultants to strategize how to provide confidential settings for all behavioral health encounters.

HRRJ will need to assure consistent provision of all suicide assessments in confidential settings

*HRRJ is partially compliant with this provision.*

88. Suicide Watch - Suicide watches have improved over the past three months. However, there is much work to be done. Previously, inmates who were not on watch were housed next to those on watch. This created a challenge for the officer responsible for the watch as contraband was passed to an inmate on watch and caused self-injurious behavior. This has changed and only those on suicide watch are housed in the area. Review of "Inmate Watch Sheets" are showing that the officers on watch are not providing 15-minute irregular checks. They are providing 15-minute checks, but they are not irregular. This is important to assure that an inmate does not keep track of when an officer may show up at the door to do a check. Additional training and changes to the "Inmate Watch Sheets" are required. The Agreement states that "constant observation requires that a staff member have an unobstructed view of the prisoner at all times". The current cells that are used do not provide an unobstructed view. This is

critical for the officer to be able to see the inmates at all times, especially when on a constant watch. HRRJ administration is working on changing the doors on the cells, however this has not happened at the current time.

HRRJ will need to up-their-game with regard to suicide watch. They need to make physical plant changes to assure that inmates on watch are in cells with a “unobstructed” view of the inmate. HRRJ must assure that officers who are assigned watch duties have NO other assignments. HRRJ will need to assure that 15 minute checks are done on an irregular basis and signed off by supervisory personnel to assure accuracy and consistency.

*HRRJ is non-compliant with this provision.*

89. Suicidal Prisoner Housing - HRRJ is to provide suicide housing that is clinically appropriate with sight lines that permit the appropriate level of staff supervision. As noted above, the sight lines are inadequate for the task. This is a continuous process to train all Security, Behavioral Health and Medical Staff, ensuring consistent treatment and housing of suicidal inmates. HRRJ administration is working on modifying the cells. Monitor and consultant staff have discussed the required portions of the Agreement and stressed the priority nature of working to provide appropriate suicide prevention activities. HRRJ administration are currently working to coordinate healthcare and security policies to assure they meet the Agreement requirements. HRRJ was to have this provision completed by September 30, 2020. At the May meeting of the HRRJ Board the budget was approved which gives the authority to the Superintendent to proceed with changes to the suicide watch cells.

HRRJ must make immediate changes to the doors on suicide watch cells to guarantee an unobstructed view with sight lines that permit the appropriate level of staff supervision.

*HRRJ is non-compliant with this provision.*

90. Suicidal Prisoner Treatment – Within three months of the effective date of the Agreement, except for provision “c” out of cell activities, HRRJ will ensure suicidal inmates receive access to adequate mental health treatment and follow up care. Recent changes to procedure allow for confidential assessment of those inmates expressing suicidal ideation prior to placement on suicide watch. Documentation on the level of watch and conditions and precautions are provided by the QMHP to security staff on a daily basis. During on-site visits QMHP visits were observed for those on suicide watch. Observation on weekends show a QMHP is available seven (7) days a week providing the required assessment. After an inmate has been discharged from suicide watch, QMHP’s visit the inmate on a regular schedule, even more often than is required in the Agreement. Currently licensed MH staff see the patient twenty-four (24) hours after release from suicide watch, then three (3) days following, then five (5) days following, for a total of three (3) follow up visits within nine (9) days of removal from suicide watch. Over the 6-month period eighteen (18) inmates who had been on suicide watch were observed by the Monitor being seen, assessed, and counseled by behavioral health staff. Both QMHP staff and the Mental Health Director take responsibility for seeing inmates who have been released from suicide watch status. Review of treatment plans for those inmates have found that all plans were updated after being released from suicide watch.

HRRJ will need to assure that they strategize how to allow for out of cell activities over the next 6 months to be compliant with section “c” of this provision. HRRJ must work diligently to continue the

process in place for assessment, placement, observation, treatment and follow up for those on suicide watch.

*HRRJ is partially compliant with this provision.*

91. Psychiatric Hospitalization/Crisis services - As noted in 64 and 77 above - Temporary Detention Orders (TDO) are being utilized. Since January 2021 all TDO's submitted for action have been approved. Nine (9) in total for 2021, as of April 18. The rate of acceptance for TDO's in 2020 was Ninety-Two percent (92%). This shows that HRRJ mental health staff are assessing and evaluating the need for a TDO appropriately and correctly using that process to the advantage of inmates.

Continued review of the appropriateness for initiation of TDO process will require vigilance by the Mental Health Director and QMHP staff.

*HRRJ is substantially compliant with this provision.*

92. Mental Health Achievement Awards - HRRJ behavioral health staff are initiating awards. They have procedures and criteria developed. When COVID - 19 allows for group and additional individual therapy, and when recruitment efforts are successful in hiring additional staff, this will be fully implemented. They had one special needs inmate who was on a Behavior Management Plan(s) (BMP) who has not had any outbursts for over 28 days. This is a good example of how BMP help the inmate and the facility. He received his Achievement Award May 27, 2021. Review of incentives provided through Behavioral Management Plans is a process for providing "Achievements" to mental health clients.

HRRJ must initiate the process to be compliant with this provision.

*HRRJ is partially compliant with this provision.*

93. Mental Health Release Planning – HRRJ will provide release planning for inmates with a serious mental illness.

HRRJ will need to be substantially compliant with provisions 93 – 97 to obtain substantial compliance with this overall provision.

*HRRJ must meet all the below criteria to become compliant with the mental health release planning component of the Agreement. No grade will be given at this time. Pending Review, PR*

94. Release Plan - Grant funded programs are in place. Community Oriented Re-Entry Program (CORE) grant and Forensic Discharge Planning Programs through local Community Services Board (CSB) address this provision. In April, Col. Vergakis called a meeting to discuss coordinating efforts with DORE grant and CSB partners. Previous challenges included poor communication with grant, CSB staff and restrictions in place due to COVID-19. The recent zoom session in April has restarted the process of coordination. COVID - 19 caused severe restrictions on the availability and accessibility of all involved in the program. A HRRJ Discharge Plan Form is now used for all discharges. Those known for a scheduled release are scheduled to be seen in a web platform currently. In April there were thirty-six (36) referrals, thirty-two (32) qualified, seven (7) were discharged with plans in place and received services from CSB. As the situation improves it is hoped that this program will get back on track.

Staffing limitations for CSB staff, transition to virtual visits only due to COVID - 19 precautions and an informal discharge process and release plan that was not always shared with HRRJ staff are some of the challenges. While HRRJ is not directly responsible for the grant, they are the key player in helping to make release planning a reality for those being transitioned from HRRJ custody.

It will be incumbent on the HRRJ staff to reach out to assure that the process is in place to assist those SMI inmates being released. One of the other challenges is that the grant does not specifically track those with SMI. It will be critical for the grant and forensic staff track those SMI released inmates for HRRJ to meet the requirements of the Agreement.

*HRRJ is partially compliant with this provision.*

95. Warm hand-off - As noted above the challenge is coordination with the grant and local CSB due to COVID - 19 and lack of communication. In April there were seven (7) individuals who had a warm hand off to the CSB.

It will be critical that the grant staff and local CSB provide needed information and tracking to HRRJ for them to be able to obtain substantial compliance with this provision.

*HRRJ is partially compliant with this provision.*

96. State Prisons Notification - Prior to the March - April 2021 time frame the Virginia Department of Correction (VADOC) was not receiving inmates due to COVID - 19. In March 2021 VADOC agreed to accept a limited number of inmates. HRRJ was able to transfer thirty-one (31) inmates to the VADOC. From March 3 - April 2, 2021 31 inmates transferred to VADOC custody. The process for medical and mental health records acceptance is fairly rigorous, requiring faxing of relevant data, including COVID - 19 information to the receiving facility at least 24 hours in advance of the transfer. All information was transmitted to each receiving facility and inmates were transferred without incident.

It will be important for HRRJ to diligently track all transfers to State Prison custody to stay substantially compliant with this provision.

*HRRJ is substantially compliant with this provision.*

97. Discharge Medications and Renewals - The contractor for healthcare services at HRRJ, Wellpath, has collaborated with InMed to ensure a total of a fourteen (14) day supply of medications. The process is for any remaining medications which are available on the pill pack are provided to the inmate upon release. If there is not a 14-day supply available to the inmate, then a prescription is faxed to the nearest pharmacy to the address the inmate will be residing for the balance of the 14-day required supply. From March 3 - April 2 there were eight (8) inmates released for time served, bond produced or released by the Court. Three (3) of those had an SMI diagnosis and two (2) were on psychotropic medications. Each were given the medications on hand and an InMed order was generated. In April there was a special needs patient who needed specific meds. The HRRJ nurse practitioner worked with the pharmacy to assure they received necessary continuity of medications.

HRRJ and Wellpath will need to be diligent and track all discharge medications to assure continued substantial compliance with this provision.

*HRRJ is substantially compliant with this provision.*

98. Collaboration between Mental Health, Security Staff, and Jail Leadership - A weekly Institutional Classification Committee (ICC) meeting is held to discuss all inmates who may be in any type of RH. The format of the ICC was changed in January 2021. The new format which includes discussion of inmates with SMI diagnosis who are in a RH unit greater than 30 days duration or approaching 30 days. Discussion also includes inmates with MH issues that are housed in the RH unit. Medical Advisory Committee (MAC) meetings are also used to convey relevant information on SMI and special needs inmates. As noted in previous section in this report, communication is something that has significantly improved over the first 6 months of the Agreement. Change in administration at HRRJ has shown a commitment for accomplishing the requirements of the Agreement.

This is an excellent start. HRRJ will need to continue building on this momentum of improvement to move toward substantial compliance with this provision.

*HRRJ is partially compliant with this provision.*

99. Mental Health Training for Security Staff - Revised training, including lesson plans using a PowerPoint presentation were recently adopted. All lesson plans have the required components of the Agreement. Training for security staff conducted starting in April 2021 is using this revised curriculum. An addition to the curriculum is a 2-hour role play scenario. For many adult learners, this strategy is extremely helpful to compliment lecture and PowerPoint types of presentations. De-escalation training has yet to begin, however, with improved communications between and among staff examples are emerging of de-escalation. It was noted, in the past when there was a potential issue with an inmate, security would use OC spray (Oleoresin capsicum or “pepper spray”) to contain the situation. During the April visit, there were four times when behavioral health or medical staff were called upon to help de-escalate the situation. Each of these resulted in a positive outcome and did not involve the use of force. It is noted that not all situations will resolve in such a manner, but it was noted that the improved communication among the entire HRRJ staff has resulted in more coordination and cooperation between and among staff. HRRJ will need to develop and provide specific de-escalation training to become substantially compliant with this provision.

HRRJ will need to continue mental health training and begin de-escalation training to obtain substantial compliance with this provision.

*HRRJ is partially compliant with this provision.*

## **Housing For Prisoners With Serious Mental Illness**

Please Note provisions 100 - 104 are not required to be evaluated until one year after the Agreement initiation. Therefore, progress toward the implementation of the provisions will be noted below, but no grades are provided at this time.

This item will be referenced in the Compliance Table as NR, Not Rated

100. Housing for Prisoners with SMI - Currently there are two housing units for those with an SMI diagnosis. An SMI-mental health unit and an acute mental health unit. HRRJ administration and healthcare staff have met to discuss transition to other RH and secure MH units. Also, Monitor consultants will be meeting over the next two months with HRRJ staff to discuss how and where to best place these units. In the March meeting specific locations for CORE participants and those in the General Population mental health unit was decided. A challenge will be the physical plant and any potential renovations that may need to take place to meet the provisions. The HRRJ Board will be kept abreast of these discussions and recommendations as they may have financial implications and need Board approval.

This item will be referenced in the Compliance Table as NR, Not Rated

101. Policies and Procedures for Mental Health Units - HRRJ is in the beginning stages of policy development for these specific units.

This item will be referenced in the Compliance Table as NR, Not Rated

102. Mental Health Units - Challenges noted are current and future staffing needs, including additional psychiatry hours, RN vacancies, officer vacancies, and the need for development of a treatment team. Space for meetings with inmates and the treatment team is also a concern that will need to be addressed. A general outline for the unit has been developed and will be fine-tuned over the next few months.

This item will be referenced in the Compliance Table as NR, Not Rated

103. Secure Mental Health Units - Discussions are ongoing with HRRJ leadership and Wellpath staff on the transition of RH units into secure housing units. These discussions will include the Monitor and consultants to meet the requirements of the Agreement. Challenges will be security and healthcare staffing to allow for the structured activities outlined in the Agreement. Physical plant issues are also something that will reviewed and discussed. Tracking of activities in each of the units is part of the discussion.

This item will be referenced in the Compliance Table as NR, Not Rated

104. Acute Mental Health Unit - The Acute unit has been identified and has 11 suicide resistant cells, however as noted in provision 89 HRRJ needs assure that each cell has a sight line that allows for the officer on watch to be able to see the inmate clearly without obstruction. This is not possible at the current time due to the cell doors.

This item will be referenced in the Compliance Table as NR, Not Rated

## **Restrictive Housing**

HRRJ must assure that the use of RH for those with SMI comport with the Constitution and the Americans with Disabilities Act.

105. Restrictive Housing on Prisoners with Serious Mental Illness - As noted in 98 above all RH placements are reviewed during the ICC. Those with a SMI diagnosis are reviewed and diverted to another housing unit if possible. An institutional HRRJ policy is currently being developed to address the new revised process. While much initial work has been done to assure that inmates with SMI's are not housed in RH units, much work still needs to be completed. HRRJ security and healthcare staff have worked hard on the initial steps to move toward compliance. HRRJ has made significant steps in removing inmates out of RH areas who were not actually to be in those areas. It will take time to develop, implement and then codify policies and procedures to assure compliance.

HRRJ will need to be substantially compliant with provisions 105 – 116 to obtain substantial compliance with this overall provision.

*HRRJ must meet all the below criteria to become compliant with restrictive component of the Agreement. No grade will be given at this time. Pending Review, PR.*

106. Not used as alternative to Mental health care and treatment - Over the first 6 months of the Agreement HRRJ has worked hard to assure that RH is not used as an alternative to mental health treatment. While this process is new and started in January of this year, security and healthcare staff have worked well together to make this a reality. While challenges and behavior change takes time, over the past two months on site review has seen multiple patients discussed and alternatives to RH used to reduce the number of those with SMI who are in RH. As noted in the Executive Summary, in the Baseline report it was noted that 141 persons with an SMI diagnosis were in RH. This has been reduced to 20. The breakdown is 7 on disciplinary restriction, 9 on 14 - day quarantine (as a precaution against COVID - 19 when inmates are admitted into the facility or come from an outside hospital stay), 2 on non-acute suicide watch and 2 on investigative Protective Custody (PC) status (a status where the jail investigates the request for Protective Custody, PC).

This was a Herculean task and the entire HRRJ and healthcare staff are to be commended for the commitment to make this a reality. While not complete, they will need to continue to address this issue to avoid negative consequences for those with SMI who may be placed in RH.

All HRRJ staff must be committed to assuring that no inmate with an SMI diagnosis are placed in RH as an alternative to adequate mental health care and treatment. The ICC meeting process needs to evolve with greater flexibility and ability for robust conversation.

*HRRJ is partially compliant with this provision.*

107. Screening of all on mental health caseload in 24 hours after placement in restrictive housing – All inmates placed in RH are assessed in the first 24 hours. Currently, a MH assessment for Restrictive Housing Unit form has been implemented to identify any contradictions for RH placement for inmates with a SMI diagnosis. The form has been submitted to hearings on grievances for two SMI patients which has resulted in dismissal of disciplinary infractions. On site attendance at the ICC meeting is showing excellent discussion regarding inmates who are in RH and what is the best strategy to use for the inmate and the institution. A challenge to full implementation is staff vacancy. Specific tracking of this element is currently underway.

Continued vigilance will be required to move this provision from partial to substantial compliance. A formal tracking mechanism will also be required.

*HRRJ is partially compliant with this provision.*

108. Referral assessment for deteriorating condition - The behavioral health staff are currently conducting weekly rounds in RH units. Those with and SMI diagnosis are being seen more frequently, at least twice a week according to SMI charts reviewed. All inmates who are identified as decompensating are seen with increasing frequency, referred for a psychological evaluation and or follow up. If necessary, a TDO is initiated. QMHP staff have been vigilant in following up with all inmates identified with a SMI diagnosis.

QMHP staff must continue to make this a priority especially for those with the potential for decompensation. Identification of those with potential decomposition should be noted so QMHP staff assigned to rounds in the RH unit are aware of the potential for that to occur.

*HRRJ is partially compliant with this provision.*

109. Documentation of placement/removal from restrictive housing - HRRJ currently tracks all placements and removals from RH through documentation. Documentation was reviewed during on-site visits. A specific policy identifying the current practice is being generated.

HRRJ security must work to finalize the policy related to this provision.

*HRRJ is partially compliant with this provision.*

110. SMI inmates in restrictive housing have same standards as General Population (GP) - Currently those inmates in the RH unit receive the same food service as the GP. RH unit inmates are given showers three days per week. Clinical and professional visits are allowed for those in RH units. COVID - 19 has caused delays in some visits. Access to reading and writing materials is provided, as clinically indicated, and evaluated especially for those who may have a potential for self-injurious behavior. The institution is currently on track to install TV monitors in the RH unit.

HRRJ will need to follow up to make sure they are consistent with all areas in this provision to obtain substantial compliance.

*HRRJ is partially compliant with this provision.*

111. No placement for SMI unless Extraordinary Circumstances - All RH placements are reviewed at the ICC meeting. SMI's are reviewed and diverted when required. All inmates who are SMI who are required to be housed in the RH are signed off by the Superintendent after the ICC meeting. HRRJ is currently developing the policy to assure compliance. HRRJ has put a memo in place as policy development progresses. All PC inmates have been removed from RH and are provided 2.5 hours of out of cell time per day. The units are being outfitted with TV's. Radios are permitted and tablets and kiosks are being utilized by inmates.

HRRJ will need to track any SMI inmates request administrative restriction status and address that issue with the Superintendent and Mental Health Director as soon as this was identified.



*HRRJ is partially compliant with this provision.*

112. Weekly approval by Superintendent and MH Director if SMI placed on administrative restriction in restrictive housing - A written process and forms required to be signed by the Superintendent and Mental Health Director have recently been developed and are in use. These are used to provide proof of review by the Superintendent and Mental Health Director. HRRJ is currently developing policies and procedures to implement the current practice utilizing these forms.

HRRJ has recently adopted these forms and processes. It will be important to track and assure that the policy is written and followed, once approved.

*HRRJ is partially compliant with this provision.*

113 SMI in restrictive housing administrative restriction moved to mental health unit or reviewed – Please Note provisions 113 is not required to be evaluated until one year after the Agreement initiation (per paragraph 100). Therefore, progress toward the implementation of the provision will be noted below, but no grades are provided at this time.

HRRJ is in the process of developing a policy and procedure process identifying the required mental health unit, programs which need to be developed for each unit and dedicated staff for the units. Challenges include security and MH vacancies, appropriate workspaces for staff, programming activities and space for those to occur.

This item will be referenced in the Compliance Table as NR, Not Rated

114. If inmate not removed from restrictive housing must be documented including reason - Wellpath, the healthcare services contractor has developed a policy to address this provision. A form has been created outlining recommendation to divert an inmate diagnosed with an SMI from RH. The form is being used and has helped to divert SMI inmates from RH. Also, during the ICC meeting any staff who feel an SMI inmate should not be removed from RH must give a reason, and a suggestion as to strategies to help the inmate to move from RH unit. The challenge for complete implementation continues to be policy development, staff to implement the policy, an identified diversion unit and alternative disciplinary sanctions or strategies to implement alternatives to disciplinary action.

Full implementation will be necessary to move from partial to substantial compliance. Policy development by security needs to be a priority.

*HRRJ is partially compliant with this provision.*

115. If inmate is not removed from RH then HRRJ must have a heightened level of care for those in RH- Developing policies to address each of these specific provisions is currently underway. The challenges are that there are no specifically identified unit to house inmates with a disciplinary charge, as well as RN, MH and security vacancies. Currently, MH staff conducts weekly rounds in RH unit, or more frequently if clinically indicated.

HRRJ and Wellpath need to work on assuring that all areas of this provision are implemented. Additional face-to-face out-of-cell counseling sessions, QMHP rounds 3 x per week or more if necessary, and appropriate treatment as indicated. Tracking of all these will be important for HRRJ to obtain substantial compliance with this provision.

*HRRJ is non-compliant with this provision.*

116. SMI inmates in restrictive housing for more than 30 days will be reviewed weekly and approved by Superintendent and MH Director - policy and procedures are in the development stages. Documentation, tracking and location of where documents will be kept are all part of the process to develop the appropriate policy. Recently, HRRJ developed a form to address this provision which is currently being utilized.

As this was recently adopted it will be important to evaluate the use of the form and track if it addresses the provision appropriately. HRRJ security will need to develop the policy for the appropriate use of the form.

*HRRJ is partially compliant with this provision.*

117. Restrictive Housing Placement Based on Disability – HRRJ must assure that inmates with mental health disabilities are not placed unnecessarily in RH based on their disability. Over the past six (6) months review of all relevant documents there have been no persons placed on RH based on disability. Review of all documents and tracking will continue to confirm this status.

HRRJ will need to continue to assure that all inmates are reviewed prior to placement in RH to assure that none with mental health disabilities are unnecessarily placed in RH.

*HRRJ is partially compliant with this provision.*

118. No inmates to be placed on restrictive housing due to “mental deficiencies” - There have been no inmates who have been placed on RH status based on “mental deficiencies”.

HRRJ will need to continue to assure that all inmates are reviewed prior to placement in RH to assure that none with mental health deficiencies are placed in RH.

*HRRJ is substantially compliant with this provision.*

## **Quality Assurance**

119. Assure QA program is developed, implemented and maintained, identifies and correct deficiencies –

HRRJ will need to be substantially compliant with provisions 119 – 125 to obtain substantial compliance with this overall provision.

*HRRJ must meet all the below criteria to become compliant with Quality Assurance Program component of the Agreement. No grade will be given at this time. Pending Review, PR.*

120. QA policies will be developed in six (6) months - In the past six (6) months Wellpath, the healthcare vendor has produced policies related to Continuous Quality Improvement (CQI). HRRJ senior management is working with Wellpath to develop and implement security policies related to Quality Assurance.

HRRJ security must develop policies to be consistent with current practice to obtain substantial compliance with this provision.

*HRRJ is partially compliant with this provision.*

121. QA monthly mechanisms implemented in 3 months, including relevant data 1 - 29 — relevant data has been submitted monthly by the Agreement Coordinator, Over the past six (6) months the USDOJ and the Monitor have worked with the Agreement Coordinator to assure relevant data is submitted. There have been no instances that HRRJ has been unwilling to provide the data, the challenge has been the format by which the data has been provided and obtaining all the relevant data in a form that is transmissible.

HRRJ must continue to provide relevant aggregate data in the 29 areas related to the implementation of the Agreement.

*HRRJ is partially compliant with this provision.*

122. Quality Improvement Committee (QIC) developed and implemented in 3 months - With the change in HRRJ administration this effort has been delayed. Members of the QIC were identified by the previous administration, but no action was taken. The current administration has identified members of the committee and the first meeting was held on May 7, 2021. Minutes of the meeting were reviewed and contained recommendations for changes to how data was collected and reported. Changes to descriptors related to the data will help with interpretation. An example would be those that are in quarantine are not there due to a disciplinary issue, however had been counted as such in the data. This will be corrected in subsequent reports. This is the type of recommendation that will help HRRJ provide accurate data to the Monitor and USDOJ. Wellpath, the healthcare contractor has recently established CQI goals and processes.

HRRJ must assure that the QIC meets monthly addressing all areas of the institution and Agreement, reviewing and analyzing data, identifying trends and interventions, make recommendations for improvement and monitor implementation of recommendations.

*HRRJ is partially compliant with this provision.*

123. Recommend and Implement changes to policies and procedures based on monthly assessment – As noted above, HRRJ held their first CIQ meeting on May 7, 2021. Minutes note changes suggested for identifying self-directed violence, suicide training for staff, monthly staff vacancy report, achievement certificates, breakdown of administrative restrictions in the monthly aggregated data report submitted to the Monitor and DOJ. There were also graphs created to identify where HRRJ is in the Agreement process to help track recommended changes.

The committee will need to vigorously track recommendations from the CQI committee and identify changes to policy and/or procedures based on the monthly meeting.

*HRRJ is partially compliant with this provision.*

124. Monthly reports to monitor and USDOJ - HRRJ has complied with and sent all requested and required documents to the USDOJ and to the Monitor. The challenge at times is tracking and in obtaining the data requested.

HRRJ will need to continue to track changes to the monthly aggregated report to assure that changes are identified and resolved as quickly as possible.

*HRRJ is partially compliant with this provision.*

125. Medical and mental health staff are included as part of the Continuous Quality Improvement (CQI) process - As noted in the minutes of the first meeting, medical and mental health care staff are involved in the process. As part of the Wellpath CQI process, HRRJ administration is acutely involved in the CQI process. Policy for the QA process needs to be developed and implemented to coincide with the current practice.

It will be important for medical and mental healthcare staff to continue to be part of the CQI process.

*HRRJ is partially compliant with this provision.*

126. Morbidity-Mortality Reviews –

HRRJ will need to be substantially compliant with provisions 126 – 128 to obtain substantial compliance with this overall provision.

*HRRJ must meet all the below criteria to become compliant with morbidly-mortality reviews component of the Agreement. No grade will be given at this time. Pending Review, PR.*

127. Morbidity and Mortality Review Committee and process –

The process has been conducted however the Monitor has suggested some improvements to the process to issue that both the clinical and administrative review portions of the M and M process allow for a result act helps the institution to improve.

It is critical that both the clinical and administrative reviews are conducted to allow for a free flow of information during the review process

*HRRJ is partially compliant with this provision.*

128. Ensure senior Jail staff have access to all reviews - HRRJ jail staff are involved and have attended the M and M reviews.

It is important that Wellpath provide the HRRJ senior management with recommendations in regard to any issues identified during the M and M process.

*HRRJ is partially compliant with this provision.*

140. Bi-annual Status Reports - Status reports have been provided, the first on September 30, 2020 and the second on March 31, 2021.

These reports will be required during the duration of the Agreement.

*HRRJ is partially compliant with this provision, as it is an ongoing responsibility for HRRJ.*

142. Monitor baselines site visit - The Monitor visited the facility on October 12 - 16, 2020 and again on October 21, 2020. This visit was in conjunction with a face-to-face meeting with the HRRJ Jail Board.

143. Monitor baseline report - The Monitor Baseline report was provided to the Court on November 30, 2020.

144. Every six (6) month report - The First Monitor Report will be sent to the Court on May 28, 2021. As May 31, 2021, is a federal holiday it is anticipated that the Court will receive the report on June 1, 2021. The Monitor has been on-site every month since October 2020. The Monitoring contract was signed on September 17, 2020.

152. Agreement Coordinator - Lt. Ponds, Agreement Coordinator, (Substantial Provision 152) has been forwarding the required Relevant aggregate data (Substantial Provision 121, a 1 - 29) to the Monitor and US DOJ monthly. While challenges with the formatting and access to the data have been present during the first six months, most of the data was available for review and follow-up while on-site.

*HRRJ is substantially compliant with this provision.*

153. Stakeholders - Multiple partners are working with the HRRJ to support efforts to provide continuing care to HRRJ inmates who are released. The Portsmouth CSB is presently working with the jail to provide assistance and continuity of care to inmates released from HRRJ. HRRJ is using the CORE grant available through the Portsmouth CSB to involve other feeder jails within their jurisdiction to provide services to inmates who are released from HRRJ.

It will be important for HRRJ to continue to strengthen the stakeholders it works with to allow for better continuity of care for inmates within the walls of the institution and those released from the facility.

*HRRJ is partially compliant with this provision.*

154-5. Implementation Plan - HRRJ provided the first implementation plan on September 30, 2020. The implementation plan identified the parameters required under the Agreement.

These reports will be required during the duration of the Agreement.

*HRRJ is partially compliant with this provision, as it is an ongoing responsibility for HRRJ.*

156. Comments on Annual Implementation Plan - the Monitor provided comments to the HRRJ implementation plan on October 28, 2020

157. Annual Implementation Plan - the next Implementation plan from HRRJ is to be submitted on September 30, 2021

### **Inmate Interviews**

Over the past 6 months the security consultant conducted inmate interviews. The first nine are from April, the next five (5) were completed in May. Below are excerpts from some of those interviews.

#### **April Inmate Interviews**

Inmate #1 The inmate does not have positive remarks relative to Mental Health, stated that they are not assisting and ignoring Mental Health issues, and is fearful for life. Receiving prescriptions on time, and officers do respond to requests. The inmate is assigned to the Mental Health housing unit.

Mental Health records validate that the inmate has been seen by Mental Health staff two (2) times per month since arrival at the jail.

Inmate #2 The inmate has been housed at HRRJ for approximately fourteen (14) months. Inmate claims to have internal bleeding for several months and an ear issue. The inmate claims no Mental Health issues.

Medical records reveal the OBYGN has seen that inmate on April 14, 16, and 17. The ear has been checked, with no medical issue noted.

Inmate #3 The inmate has been housed at HRRJ for approximately fifteen (15) months. Inmate relates that the Psychiatrist does not listen to issues and does not treat them. The Psychiatrist is constantly adjusting medication and not providing the medication she needs, and the medical staff does not follow the Psychiatrist's orders.

The inmate has been seen regularly by the Psychiatrist and Mental Health staff. Mental Health records revealed that the inmate is seen on a regular base and medication was changed on April 6, 2021, and was observed in the Medical waiting room on April 22, 2021, for an appointment with the Psychiatrist.

Inmate #4 The inmate has been housed at HRRJ for approximately sixteen (16) months. The inmate is satisfied with medical treatment and feels that there has been some improvement. The inmate has been receiving his medication daily but at different times each day.

Inmate #5 The inmate was not responsive to questions. The inmate did not trust medical they do not answer medical requests, feels medical services are inadequate but related that some nurses are ok. The inmate is waiting for transfer to the Virginia Department of Corrections.

Inmate #6 The inmate reports having seizures and not receiving appropriate medication and blood tests. Has submitted medical requests and receives only a written response from medical but is not seen by anyone.

Medical records revealed that blood was taken on April 2, 2021, and showed that further follow-up was needed, and the appropriate follow-up was initiated. Medical records show that prisoner's medical needs are regularly monitored. The prisoner did relate that over the past few months has seen some improvement in medical treatment.

Inmate #7 The inmate related his lack of trust for medical services at HRRJ and has limited contact with them.

Records revealed that the inmate was scheduled to see Medical on March 21 and 22, 2021, but refused the call for the two (2) appointments.

Inmate #8 The inmate complained of tooth bleeding after extraction.

The oral surgeon saw the prisoner on April 15, 19, 2021, and was scheduled for another visit on April 22, 2021. Review of record showed he attended that appointment. The inmate did report that their Mental Health contacts have improved.

Inmate #9 The inmate was very unresponsive to questions, and the officer had aroused him from sleep.

In referring to Mental Health, it was reported that the psychotropic medication and aroused from a deep sleep might have affected the prisoners' ability to comprehend. Mental Health met with the prisoner on March 27, 2021. Mental Health saw the inmate again on April 4 and changed medication.

### **May Inmate Interviews**

Inmate #1 The inmate has been incarcerated since 2018. Previously he has been detained at Eastern State, Central State, and Marion Correctional Center. Due to his mental state at the time of the interview,

it wasn't easy to keep him focused on our discussion. He spent the majority of the time on his past incarcerations. He thinks he is receiving medications as needed, but not sure since he is always asleep when delivered. The inmate related that he feels he needs to be sent to a mental institution.

Review of record showed he has been seen regularly by mental health QMHP and Psychiatrist on April 14 and 28, 2021

**Inmate #2** The inmate has been incarcerated for approximately twelve (12) months and is presently in a wheelchair and has various physical issues. In his opinion, medical and mental health services have improved. He is receiving adequate treatment from an outside specialist. While at HRRJ, he required emergency medical treatment and felt that it was performed in a timely and professional manner.

**Inmate #3** The inmate has been incarcerated at HRRJ for eight (8) months. When asked about how long it takes to be seen after submitting a medical request, he stated that he receives a response sooner than previous submissions. Previously he would not even receive a response to his medical requests. He is receiving his regularly scheduled appointments with Mental Health, and if he needs their assistance, he is receiving it and felt his treatment is meeting his needs.

**Inmate #4** The inmate has been incarcerated at HRRJ since November 2020 and is a kitchen trustee. He speaks very positively to the medical and mental health treatment he has received. Medical and Mental Health staff have responded adequately to his needs, according to this inmate report. He has PTSD and feels it would be helpful for group meetings but states is not practical with COVID-19.

**Inmate #5** The inmate has been incarcerated for two (2) years and is being released on May 19, 2021. He states that Medical and Mental Health services had improved from when he arrived at the Jail. He spoke very positively about the support he receives from the Community Services counselor at the Jail in assisting him with his reentry plans.

**Comment from the security consultant who conducted the interviews:**

In interviewing the inmates, they see a slight improvement in Medical and Mental Health treatment in the past several months. They are aware of more nurses visiting the pods and available to answer some of their concerns. The medications are being delivered at approximately the same time daily. Their Mental Health needs and response to medical requests are being treated in a more timely manner.



**Appendix A****Summary of Compliance - Substantive Provisions**

<b>Number</b>	<b>Policies and Procedures</b>	<b>Rating</b>
19	Consultation with Monitor, USDOJ on policy development	PC
20	Policies approved will be adopted	NR
21	Begin Implementing policies approved	NR
22	Fully implemented policies	NR
23	Annual policy review	NR
<b>Number</b>	<b>Staffing Plan</b>	<b>Rating</b>
24	Staffing plan development	PC
25	Staffing Plan Implementation	NR
<b>Number</b>	<b>Training</b>	<b>Rating</b>
26	Annual in-service training	PC
27	Incorporate Agreement requirements into the training curriculum	PC
28	In-service training	NR
29	Training on mental health care	PC
<b>Number</b>	<b>Security</b>	<b>Rating</b>
30	Security Staffing	PC
<b>Number</b>	<b>Medical and Mental Health Care</b>	<b>Rating</b>
31	Medical and Mental Health Prior Records	PC
32	Feeder Jail medical records	PC

**Summary of Compliance - Substantive Provisions**

33	Continue Medications	PC
34	Medical or Mental Health Request/Sick Call Process	PC
35	Sick Call Collection	PC
36	Sick Call Triage	PC
37	Sick Call Tracking	PC
38	Sick Call Oversight	PC
<b>Number</b>	<b>Medical Care</b>	<b>Rating</b>
39	Constitutionally adequate medical care	PR
40	Medical Staffing	PC
41	Medical Intake	SC
42	Medical screening factors	SC
43	Medical Assessments	PR
44	Emergent Medical Assessments	PC
45	Urgent Medical Assessments	PC
46	Routine Medical Assessments (Intake)	PC
47	Routine Medical Assessments (Sick Call)	PC
48	Acute Care	PC
49	Chronic care	PC
50	Chronic Care Registry	PC
51	Chronic Care Plan of Care	PC
52	Chronic Care Protocol	PC
53	Medical Diagnosis	SC
54	Medical Specialist Appointments	PR
55	Medical Specialist Registry	PC
56	Medical Follow-up care	PC

**Summary of Compliance - Substantive Provisions**

57	Medical Treatment Plans	SC
58	Medical Treatment	PC
<b>Number</b>	<b>Mental Health Care</b>	<b>Rating</b>
59	HRRJ is to provide constitutionally adequate mental health care	PR
60	Mental Health Staffing	PC
61	Mental Health Intake	SC
62	Mental Health Screening Factors	PC
63	Mental Health Assessments	PC
64	Emergent Mental Health Assessments	PC
65	Urgent Mental Health Assessments	PC
66	Routine Mental Health Assessments (Intake)	PC
67	14-Day Mental Health Check-in	PC
68	Routine Mental Health Assessments (Sick Call)	PC
69	Nature of Mental Health Assessment	PC
70	Mental Health Treatment Plans	PR
71	Timing for initial treatment plan	PC
72	Multidisciplinary team treatment plan update	NC
73	Requirements for treatment plan	PC
74	Timing for Treatment plan review	NC
75	Mental Health Treatment	PR
76	Mental Health Therapy	PC
77	Mental Health Inpatient Care	SC
78	Confidential Mental Health Treatment	PC
79	Psychotropic Medications	PC
80	Psychotropic Medication follow-up	PC

**Summary of Compliance - Substantive Provisions**

81	Psychotropic Medication Compliance	PC
82	Anti-Psychotic Medication Use	PC
83	Medication Administration Records Audits	PC
84	Serious Mental Health Registry	SC
85	Suicide Prevention	PR
86	Suicide Prevention Training	PC
87	Suicide Risk Assessment	PC
88	Suicide Watch	NC
89	Suicidal Prisoner Housing	NC
90	Suicidal Prisoner Treatment	PC
91	Psychiatric Hospitalization/Crisis services	SC
92	Mental Health Achievement Awards	PC
93	Mental Health Release Planning	PR
94	Release Plan	PC
95	Warm hand-off	PC
96	State Prisons Notification	SC
97	Discharge Medications and Renewals	SC
98	Collaboration Mental Health, Security Staff, and Jail Leadership	PC
99	Mental Health Training for Security Staff	PC
<b>Number</b>	<b>Housing For Prisoners With Serious Mental Illness</b>	<b>Rating</b>
100	Housing for Prisoners with SMI	NR
101	Policies and Procedures for Mental Health Units	NR
102	Mental Health Units	NR
103	Secure Mental Health Units	NR
104	Acute Mental Health Unit	NR

**Summary of Compliance - Substantive Provisions**

<b>Number</b>	<b>Restrictive Housing</b>	<b>Rating</b>
105	Restrictive Housing on Prisoners with Serious Mental Illness	PR
106	Not used as alternative to Mental health care and treatment	PC
107	Screening of all on mental health caseload in 24 hours after placement in restrictive housing	PC
108	Referral assessment for deteriorating condition	PC
109	Documentation of placement/removal from restrictive housing	PC
110	SMI inmates in restrictive housing have same standards a GP	PC
111	No placement for SMI unless Extraordinary Circumstances	PC
112	Weekly approval by Superintendent and MH Director if SMI placed on administrative restriction in restrictive housing	PC
113	SMI in restrictive housing administrative restriction moved to mental health unit or reviewed	NR
114	If inmate not removed from restrictive housing reason documented including reasons	PC
115	If inmate not removed have heightened level of care	NC
116	SMI inmates for more than 30 days will be reviewed weekly and approved by Superintendent and MH Director	PC
117	Restrictive Housing Placement Based on Disability	PC
118	No inmates to be placed on restrictive housing due to “mental deficiencies”	SC
<b>Number</b>	<b>Quality Assurance</b>	<b>Rating</b>
119	Assure QA program is developed, implemented and maintained, identifies and correct deficiencies	PR
120	QA policies will be developed in six (6) months	PC
121	QA monthly mechanisms implemented in 3 months, including relevant data	PC
122	Quality Improvement Committee (QIC) developed and implemented in 3 months	PC

**Summary of Compliance - Substantive Provisions**

123	Recommend and Implement changes to policies and procedures based on monthly assessment	PC
124	Monthly reports to monitor and USDOJ	PC
125	Medical and mental health staff are included as part of the Continuous Quality Improvement (CQI) process	PC
<b>Number</b>	<b>Morbidity-Mortality</b>	<b>Rating</b>
126	Morbidity-Mortality Reviews	PR
127	Morbidity and Mortality Review Committee and process	PC
128	Ensure senior Jail staff have access to all reviews	PC
<b>Number</b>	<b>Monitoring Activities</b>	<b>Rating</b>
140	Bi-annual Status Reports to Monitor	PC
142	Monitor baselines site visit	Completed
143	Monitor baseline report	Completed
144	Every six (6) month report	Ongoing
<b>Number</b>	<b>Implementation</b>	<b>Rating</b>
152	Agreement Coordinator	SC
153	Stakeholders	PC
154-155	Implementation Plan	PC
156	Monitor Comments on Annual Implementation Plan	Completed
157	Annual Implementation Plan	Ongoing

–End–