

HAMPTON ROADS REGIONAL JAIL

Baseline Report

Civil No.: 2:20-cv-410

November 30, 2020

James C. Welch, RN, HNB, BC
Court Appointed Monitor

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Scope Of This Report

This report is provided in compliance with paragraph 143 of the Agreement to give preliminary observations and recommendations in a baseline monitoring report. Subsequent reports will address each substantive provision as outlined in the Agreement. Those reports will provide a basis for ratings, while this report is looking at the facility from a broad perspective to set the stage for future evaluations. There are a significant number of vacancies in security and healthcare staffing. The jail board, the administration and member jurisdictions are working hard to improve this staffing situation. It will be critical for HRRJ to continue to work over the next 6 months to alleviate this situation.

Introduction

The Monitor visited Hampton Roads Regional Jail (“HRRJ”) October 12 - 15, 2020, October 21, 2020 and November 16 – 18, 2020. During the site visits all areas of the facility were available for observation and inspection. No area of the facility was off limits during site visits.

Lt. Col. Christopher Walz, Superintendent of the HRRJ and his staff were fully engaged and willing to work with the Monitor to improve conditions in accordance with the Agreement. Superintendent Walz has been open and honest concerning the current challenges facing HRRJ, especially the shortage of security staff and the challenges of COVID 19. The Monitor also met with the HRRJ Board on two occasions. Discussions revolved around the Agreement, staffing, and the work that would be needed to bring the facility up to compliance with constitutional requirements.

Lt. Ponds was appointed to be the Agreement Coordinator responsible for complying with the Agreement. Lt. Ponds has been sending documents to the Monitor and the DOJ as required.

Security, medical, nursing and mental health staff were fully engaged and supportive of the efforts to improve HRRJ. A significant challenge for all of the staff is the fatigue that has set in from staff shortages, and challenges with the current COVID-19 situation.

The current contract with the medical and mental health provider is set to terminate on December 31st, 2020. During the first site visit there was no RFP and the potential for the institution to be without a provider contract existed. Since that time, there has been a month-to-month extension signed with the current vendor, which expires on March 31, 2021, and the issuance of a Request for Proposals.

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An RFP was issued on October 23, 2020 by HRRJ for comprehensive medical and mental health services. The pre-bid meeting was on October 29, 2020. There were 8 agencies who attended the mandatory pre-bid meeting. The RFP submission deadline of November 17, 2020 was moved to December 1, 2020. Interviews with selected Offerors was moved to December 11 - 12, 2020 with a contract award date of December 18, 2020. The startup date for the new contract will be in the first quarter of 2021.

It will be imperative that an award is completed, and that services begin early in 2021 with a long-term contract. A long-term contract is critical for HRRJ to make the changes required in the Agreement. Policy and procedure changes require long term plans and strategies to meet the Agreement. A long term medical and mental health vendor must be in place to create the stability needed to make lasting changes.

An additional challenge to HRRJ are DOC inmates who have been convicted of a felony for more than two years and continue to be in the custody of HRRJ rather than the Department of Corrections. These inmates are to be transferred to a DOC facility within 90 days or be “out of compliance”. There are over 200 of these inmates who are “out of compliance”. The statute also notes the Director of DOC should be “placing a priority of receiving inmates diagnosed and being treated for HIV, mental illnesses requiring medication, or Hepatitis C.” HRRJ must make it a priority to identify medical and mental health inmates in this category and request transfer to DOC custody as per the statute. COVID 19 testing is available, and can be completed, prior to DOC transfer if required by DOC.

Treatment of inmates who have long sentences is different from that of short-term jail inmates. Making plans to be released is different when you are able to work with inmates to identify realistic goals that may be achievable. For those with longer sentences, especially those with life, or multiple life sentences it is much more difficult and requires a different set of long-term goals. When inmates have long term sentences and are not provided with care and a plan of action commensurate with their long-term needs, they are more likely to experience frustration, and anger that leads to acting out. Some of the inmates who have recently caused chaos in the institution are the DOC inmates who have been sentenced to significant time behind bars. Many problems are created when you have to juggle the needs of a jail and prison at the same time. This effort requires specific programming and a conscious effort to make it work.

A security consultant was hired by the Monitor as an additional asset to assist the Superintendent with updating security policies and procedures, post orders, recruitment and retention. Currently there is not an Assistant Superintendent. The security consultant will work with the Superintendent to discuss alternative strategies to meet the shortage of jail officers in the facility, reviewing post orders, etc. He is a retired Virginia Jail Superintendent and was approved by all parties.

The HRRJ Jail Board has also assigned a Lt. Col. to the facility from a feeder jail to assist with security and operational issues.

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COVID – 19 poses a challenge to the facility. From October 1, 2020 thru November 13, 2020 there were up to 135 COVID – 19 cases at HRRJ. Currently there are no active cases at the facility. During these dates the facility was on lock down with all cases confined to specific pods in the facility. Temperature checks were initiated for all staff and others who enter the facility. There is only one entry point into the facility. Visitation is not allowed at this time. Masks are required for all staff and inmates. During the site visits it was noted that at times inmates did not wear masks properly and had to be told how to use their mask to assure covering mouth and nose.

The facility began a slow process to a modified lockdown in mid-November. The death of a HRRJ jail officer has placed additional strain on the system. This had a negative impact on staff morale. Some individuals chose to leave and seek employment elsewhere. The combination of news stories and word of mouth about these incidents makes it harder to recruit security and medical staff.

All of the security staff, medical, nursing, and mental health staff were available and honest with the Monitor regarding the current situation at HRRJ. This Monitor was impressed with the professionalism and dedication of all staff. The struggles each are having due to the current staffing and COVID 19 situation was palpable. However, they were committed to improvement, even under the current circumstances. Each staff member is to be congratulated and given tremendous kudos for the herculean task ahead of them, especially under the current circumstances.

Substantive Provisions in the Agreement

Policies and Procedures

HRRJ has begun the process of updating policies and procedures. Some medical policies have been updated by the current vendor, however, depending on the decision on a long-term provider they will have to wait to be reviewed. When a vendor is chosen, updated policies will be sent to the Monitor and Department of Justice to begin the process of review. HRRJ security policies and procedures are in the beginning stages of drafting and revision as indicated by the Agreement.

Recommendation

1. As HRRJ policies are updated, revisions should be sent to the Monitor and USDOJ for review. Medical and mental health policies will have to wait until a permanent vendor is

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chosen in December. Any healthcare policy has to be acceptable to the future vendor, HRRJ, the Monitor and DOJ. This will require discussion between all parties.

2. All security policies will need to be updated to 2020-2021 with the current Superintendent signing off on the policies. Some are from 2011. All policies need to be current and compatible with the Agreement as the revisions occur.

Staffing Plan

Staffing plans are being developed for medical, mental health and security. During the site visit it was clear that staffing is a major concern for the facility. According to the human resources report to the Board during the open portion of the meeting on November 18th, there were 73 vacancies in October and 85 in November. Due to this shortage, there are not enough officers to provide coverage for pill pass, routine visits by medical and mental health staff and to escort inmates to appointments in the clinic area. This has led to health and safety concerns for both security and healthcare staff.

HRRJ is putting significant resources into recruitment and hiring, holding recruitment events, career fairs, advertising on Zip recruiter, Indeed, iHireLawEnforcement, etc. An interesting strategy is Text2Hire, which allows individuals to apply directly from their phone via text. There are currently 3 jail officers who are starting on December 14 and 9 recruits who have passed the written test and await background checks and final interviews.

Remedial measures to bolster staff include using civilian mental health staff to cover suicide watches. This strategy has been used in multiple facilities across the country and allows security staff to provide security coverage while not having to watch inmates who are on suicide watch. This Monitor and the DOJ agree this is an acceptable strategy and the current vendor is working on recruitment. At a minimum, this adds an additional 113 hours per month security staffing to the matrix.

Another strategy being implemented is to have deputy officers from feeder jails provide coverage for hospital stays and transportation. This was recently initiated; further study of this strategy will be important to review. It will be important to strategize additional ways to utilize officers from feeder facilities.

Superintendent Walz developed an action plan on October 28, 2020. That plan as developed, should assist enabling the facility to provide the security needed to maintain a safe and secure jail for officers, inmates, health and mental health staff.

Medical staff vacancies have caused delays in pill pass. Provider staff have indicated that this causes challenges for assuring that negative consequences to health do not occur. The hiring of additional nurses to provide pill pass was underway at the time of the site visit to remedy this situation.

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There was one vacancy in a critical administrative area. This was the Director of Nursing (DON) position. While temporary operational nurses had been in place, this did not provide the consistency and continuity required at such a busy medically intense site. Between the first and second site visit Wellpath (the current vendor) had hired a permanent DON.

Recommendations

3. The Superintendent will work with the Jail Board to approve security staff bonuses.
This recommendation was approved by the Jail Board after their October 21st meeting.
4. The Superintendent will use civilian mental health trained “watchers” for all suicide “watch” activities, this will free up over 113 hours of officer time per month to provide safety and security in the institution. Recruitment is ongoing to fill these mental health positions.
5. The Superintendent will obtain officers from the five feeder jurisdictions to provide hospital and transportation coverage. This recommendation will provide additional safety and security HRRJ officers for the institution. This will free HRRJ officers who have been covering suicide watches to work security shifts inside the jail.
-This was implemented after the October 21st HRRJ board meeting.
6. The medical provider must do all they can to recruit and train a permanent DON for HRRJ. This is critical to the infrastructure of the healthcare team. They also need to assure that there are sufficient medication nurses to provide pill and other required services to the inmate population.
-This was completed between the first and second on-site visits.

Training

Training activities have continued over the past few months in a modified version. Some activities are conducted on-site with social distancing, and others are provided via on-line sessions.

Recommendations

7. Increase the on-line training sessions to comply with the requirements in the agreement.
8. Assure that any mental health training is conducted by mental health staff who have been specifically trained with contemporary evidence-based standards specifically on

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mental health care, suicide prevention and de-escalation techniques. This is a requirement in the Agreement.

9. Assure that any medical training is conducted by trainers with contemporary evidence-based standards training and expertise.

Security

It was obvious that current security staff are working to full capacity and are committed to providing a safe and secure institution. However, due to the shortage of staff, this has become a challenge for many officers who are pulled in many different directions during a shift. In conversations with multiple officers, they expressed concerns for their own and other staff's safety due to the current vacancy count at the institution.

On a positive note, the HRRJ Board approved a "stipend" to be given to those officers on staff as a thank you for working under the current challenges. This may help to boost morale as management works on additional strategies to recruit and train officers.

Recommendation

10. Review post orders with the security consultant to see if revisions or changes to the assignment roster could maximize the effective use of jail officer staff on site.

Medical Care and Mental Health Care

During the site visit the Monitor was able to observe a phone call from a feeder jail regarding new admissions for the next day. A major issue at the facility is information that is communicated to HRRJ from feeder jails prior to arrival. Each day, there is a set time for the passing of this information. Staff from the feeder jail did not have adequate information to give the nurse at HRRJ, and even though many questions were asked related to the inmates being transferred, there was a lack of preparation on the part of the feeder jails. One of the problems identified by the HRRJ intake nurse was that the feeder jail often did not have an RN available to pass the information during the calls. It will be important for those facilities to work on a strategy to assure that the needed medical and mental health information is shared with HRRJ. This lack of information on an ongoing basis causes delays in care and increases the risks to those who are admitted to HRRJ.

During the second visit there were six inmates to be transferred. Two had developed fevers the day of the transfer. The feeder institution put both inmates in quarantine at that

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institution until it could be determined if the fevers were related to COVID – 19. This step by the feeder institution is an excellent example of the need to screen inmates prior to admission to HRRJ. The other four inmates who were transferred were screened for COVID – 19 by HRRJ intake nurses and placed in quarantine until it could be determined if they had been exposed.

Observation during both site-visits of the sick call process was extremely helpful and showed the depth of knowledge and skill of the two RN's who conducted nurse sick call during the two site-visits. During the first visit, one female patient needed to be referred to a provider for further follow-up. The RN called the clinic area and was given the OK to send the patient directly to a provider. That patient was seen within the hour and treated appropriately. This showed the RN was able to provide for referral to a provider when needed directly from the sick call process. At the second site-visit the nurse spoke directly to the physician regarding two male inmates and received verbal orders. During future visits and multiple observations will help inform if this is the usual process.

A review of the sick call log showed a tracking system for triage and that the log was reviewed by the on-site Medical Provider. There are clinical assessment forms (called clinical pathwork forms) available to all clinical staff. Review of logs in subsequent visits will help to show if the patients who request sick call are seen in a timely manner.

Recommendation

11. Work to improve the feeder jail response to daily input for any inmate being transferred to HRRJ. All medical information must be readily available to the staff the day prior to the transfer of the inmate from any feeder jail facility. The more comprehensive the information, the better development of initial release planning for the inmate.

Medical Care

This section will address in general the medical care related to medication delivery, chronic care, medical diagnosis, medical specialist appointments, and so on.

The vacancies for healthcare staff during the site visits were 9 RN, 7 LPN, 2 mental health staff, .5 physician, and .5 psychiatrist. Some of those positions are being back filled with overtime and PRN staff. There is a significant difference between a staff that has developed and established a working relationship and one with temporary members. As such it is too early to opine on the medical staffing matrix until the current staffing situation is resolved. At subsequent visits, and when security and healthcare staff currently on the matrix are hired a more thorough examination of the Agreement related to staffing will be conducted.

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However, at times, especially with pill pass, as noted above, there have been delays in providing medications as ordered. In order to manage this situation, all medications are on a BID (twice a day) schedule. It will be important to review this situation to assure the BID schedule does not cause undue harm to patients.

Observation of a medical intake process showed clearly that the intake nurses observed were well versed in the intake process and asked relevant questions based on the information on hand. There was an intake nurse and an Advanced Practice Nurse (APN) during the intake process. This allowed the APN to review the chart, ask the patient questions, and schedule chronic care appointments as necessary. On subsequent visits it will be important to observe multiple intake processes and staff.

Medical assessments and timeliness were addressed above in the “Medical Care and Mental Health Care” section and will continue to be addressed in subsequent visits.

The chronic care log was reviewed with the chronic care nurse at both visits. The log was excellent and noted in color any patients whose appointment was overdue and the time frame of the delay. On the first visit there were about a dozen who were behind in their chronic care appointments. The explanation of the delay was caused by the increase in the number of COVID 19 patients at the site. Patients in quarantine were seen daily to observe and treat as necessary. Discussion was that this delay should be caught up in approximately 10 days as the number of COVID 10 patients has gone from 135 in September to 1 patient during the first site visit. At the second visit there were approximately the same number, about a dozen overdue. The challenge this month was the lack of security staff to escort the patients for their chronic care appointments. This will continue to be reviewed on subsequent visits.

The outside medical specialist appointments log was reviewed and there was discussion with staff regarding how to improve the time frame needed to assure patients are seen in the 30 day period from referral. It was noted that the hardest specialist to obtain appointments was the Ophthalmologist. The site had to punt and refer to another larger provider, which may cause some delays. This is a critical specialist for patients with Diabetes. Review of the schedule and any changes to the log will be examined on the next visit in December.

Recommendation

12. Continue to recruit and train RN's and LPN's to assure that pill pass is not affected by the lack of medication pass nurses.
13. Add to the outside appointment log the reason for any delay in scheduling appointments. Provider unavailable and alternative provider had to be found, etc. this will help in tracking the reason for the delay which should be noted in provider notes.

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Mental Health Care

This section will deal with the mental health system as a whole at a high level and won't specifically address the substantive provisions individually. Those will be addressed with the first Monitor report due in May 2021.

MH Staffing had a vacancy of two positions. It was amazing how the current mental health staff complement was able to keep up with the demands. There was no back log of mental health visits to those on the mental health roster. However, it was noted that the Mental Health Director was taking on a serious load herself to assure that each patient on the roster was seen. No determination was made if screening and referrals are adequately identifying those who belong on the roster. On subsequent visits time frames and specific substantive provisions will be reviewed. A specific visit focusing on mental health issues will be conducted over the next few months. Staffing will be reviewed as the site ramps up it's security personnel. It is difficult under the current circumstances to assess the adequateness of the mental health staffing matrix. As the site moves towards meeting the substantive provisions, and patients are seen in an individual private setting, the potential need for additional staff will become evident. Under the current conditions, many inmates are seen cell side without privacy.

Mental Health intake was observed, but only with one patient. It was thorough and conducted appropriately, including all the areas identified as necessary for a screening. Kudos to the mental health staff for their work. Additional observations for thoroughness with all intakes will be important to verify.

Mental Health Assessments were identified and conducted within the time frame identified for the severity of the assessment conducted for the two patients reviewed. According to notes reviewed on five patients, mental health staff was notified promptly if there was a need for an emergent or urgent assessment. Review of urgent, emergent and routine assessments will continue to be reviewed during later visits for timeliness. Additional staff may relieve some of the stress placed on the mental health staff.

Mental Health Treatment Plans provided while on site for three patients. The treatment plans reviewed were up-to-date and appropriate. A more comprehensive review will occur at subsequent visits.

There is currently no multidisciplinary team (MDT) in place. However, the jail has begun to conduct some multidisciplinary work for select patients. Mental Health staff have begun implementing Individual Behavioral Management Plans (IBMP) for SMI (seriously mentally ill) patients and MI (mentally ill) patients that have engaged in recurrent violence and/or recurrent destructive/disruptive behaviors (i.e. flooding, breaking lights, refusing to remove arms from tray slots, multiple uses of force, etc). They initiated this in Feb. 2020. During the on-site visits there were 4 patients with IBMPs. Since Feb., they have had a total of 6 patients on these plans; 2 have been released. The team that develops these plans includes mental health,

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medical, nursing and security staff. This is an excellent beginning. As staffing improves it will become easier to implement the MDT and assure collaboration among all staff at HRRJ.

Mental Health Treatment was available for two patients identified as seriously mentally ill who were in need of immediate intervention. The mental health team and security initiated two Temporary Detention Orders (TDO) during the on-site visit. Both were for patients who had suicide attempts. One attempt occurred while the Monitor was physically present and the other during the time of the first visit. All staff handled the emergency in an appropriate manner. The challenge for the HRRJ staff was the 911 system. Emergency personnel took 25 minutes to arrive after HRRJ called 911. Another challenge for these two was where they were placed in the facility. The Superintendent received two different stories one from security and one from mental health staff as to why these two were placed in the cells where the attempts occurred. A recommendation is to review placements of these types of seriously ill inmates with the mental health director and senior security staff prior to movement.

Psychotropic medication was ordered and available to those who were prescribed such medication. The orders reviewed were revised and changed within appropriate parameters. A challenge as noted above were during times when there was no pill nurse staff to assure that patients received their medication. It is critical to work on the pill pass issue from both the medical and security standpoint to avoid lapses in medication delivery. When this issue is resolved review of psychotropic compliance will be initiated. As noted earlier, all substantive provisions will be identified individually in the first monitor report May 2021.

A SMI registry was available for review. It included diagnosis, date of last QMHP (Qualified Mental Health Provider) visit, and future visit date. It will be important to keep up with this registry to assure all patients are included in the registry and seen as per standards and the Agreement.

Suicide prevention is critical for HRRJ. During the site visit there were two suicide attempts. Both were from known MH patients and one patient tried twice during the visit. Staff were quick to respond to the attempts, however, it appears that they did not follow their own protocols at all times. Both policies and protocols and their implementation need to be reviewed to determine if they could have done better in this situation. Suicide prevention training is a critical part to potentially avoid these types of situations. It is critical that a mental health provider, specifically trained with contemporary evidence-based standards, conduct all suicide prevention trainings. Review of both attempts must be conducted by security and mental health staff to see if any changes to the protocol or process(es) are needed.

The current security staffing and lack of space creates a challenge to providing a confidential setting for suicide risk assessment. The spaces that are generally available for these assessments are not private, lack adequate security, and have a high volume of background noise.

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As noted in the staffing plan section of the report, suicide watches will now be conducted by mental health employed staff.

As noted above there were two inmates who were sent for outside psychiatric treatment during the site visit via the TDO process. Medical and mental health records were transferred to the receiving institutions.

Of the 5 records reviewed, release planning for those on the mental health roster is being conducted, to the extent possible during the COVID 19 crisis. A safe hand off, and medications provided, or prescriptions written for a 14 day period is critical for the continuity of patient care. All of the 5 patients had received medications or prescriptions for the 14 day period. The challenge to HRRJ and all other correctional facilities is the limited face time for patients in the community due to COVID 19. The Community Services Board (CSB) system has been severely impacted as well as all the patients in their system. There have been no face-to-face meetings of the CSB discharge planners since March of 2020 due to COVID 19.

Recommendation

14. The facility security staff should follow the recommendations of the Mental Health Director in coordination with the Superintendent for the placement of persons on suicide watch.
-This recommendation was put in place by the Superintendent after the on-site visit.
15. Begin development of the multidisciplinary team. Use the current strategy of implementing Individual Behavioral Management Plan (IBMP) to move toward a Multidisciplinary Team (MDT) process.
16. Review current staffing in relation to workload, especially the MH Director.
17. Assure that all mental health training, including suicide prevention training be conducted by mental health staff. (Please note the requirements under the training section above.)
18. All suicide attempts need to be reviewed by security and mental health staff to assess if changes are needed to policy, procedure and/or training to prevent suicide attempts.
19. All Suicide watches will be staffed by mental health trained and employed civilian watchers.
-This was approved by the Jail Board as a change to the current contract.

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Housing for Prisoners with Serious Mental Illness

A housing location plan for inmates with mental illness and serious mental illness has been developed by the Superintendent. Due to the current COVID 19 crises, these housing plans have been delayed. HRRJ is working to develop alternative strategies to implement these specific areas in the Agreement as much as possible. As soon as those alternatives are developed, they must be reviewed to assure that they meet both the spirit and the requirements as noted in the Agreement. In the past few months, as noted above, there have been numerous periods of lockdown due to inmates and staff testing positive for COVID 19. These lockdowns have resulted in inmates being locked in their cells for extended periods of time. Security and healthcare staff, including mental health staff have worked hard to lessen the potential consequences that can develop from being confined for long periods of time. Currently the staff are working on schedules for shower time and out of cell time as situations due to COVID 19 develop. Paper recreational puzzles, crayons and sudoku type of games have been provided. This will be a continual effort over the next 6-month period.

Restrictive Housing

During the site visit security and mental health met to review those in restrictive housing. It was noted that due to the lockdown caused by the COVID 19 movement restrictions (which were put in place to halt the spread of the virus to others in the facility), some inmates with a serious mental illness had been in the Jail's Restrictive Housing Units for over 50 days. A review of those patients was underway to work with mental health staff to review each case and move those back to the mental health unit or general population based on a mental health assessment. Also, a specific review was being conducted to assure any patients on the mental health roster were moved as soon as possible. This had not been completed as of the November visit.

On the second visit the monitor was present at the Institutional Classification Committee (ICC) meeting. This meeting was to review those inmates identified in the "Special Housing Report". Attendance at the meeting included the Superintendent, Major, other security administrative staff, security staff responsible for specific housing units, mental health director and some mental health staff. The meeting lasted approximately 40 minutes. It only addressed those inmates on the report who were noted for "review", however, there were inmates who had been in restricted housing for over 200 days. HRRJ reported that it housed 141 inmates with SMI in restrictive housing in September, this was twice the number in DOJ's Dec. 2018 CRIPA Notice Letter. During future visits and specifically the visit identified for mental health it will be critical to review each of these SMI inmates in restrictive housing to assure they don't violate the Agreement, which only allows patients with SMI to be placed in restrictive housing on administrative restriction for "Extraordinary Circumstances or self-request".

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Restrictive housing rounds were conducted by the mental health staff. Observation of four different mental health staff was conducted during the two site-visits. Each of the mental health staff were professional and courteous, even when the patient was not. Each conducted the interview by asking if the Monitor could be present during the session. Twenty (20) patients on the mental health roster were seen. Four (4) of the 20 were seen in a semi-private area, the rest were seen cell side, which caused great difficulty for both the patient and the mental health provider. Each had to shout in order to be heard over the din of the facility and other patients wanting to be seen. Privacy was non-existent. On positive note, each of the mental health providers has recreational paper games/exercises, puzzles on paper, composition books and crayons they slipped through the side of the door if the patient was interested.

Recommendation

20. Create a weekly review strategy for out of cell and shower time based on the current COVID 19 presentation within HRRJ.
21. Assure that the ICC process of review for those placed in restrictive housing continues on a weekly basis with appropriate input from all sectors of the institution, specifically reviewing those with SMI as it relates to the Agreement.
22. Work on a temporary plan to provide better space for MH to be able to communicate in private with those in restrictive housing until the facility is able to implement the permanent change to the physical plant.

Morbidity-Mortality Reviews

The only death at the facility this year was in May when an inmate with pre-existing medical conditions died of COVID – 19 complications. There have been no deaths since signing of the Agreement August 31, 2020. Reviews of M and M reports will be undertaken at subsequent visits.

Quality Assurance

The quality assurance program is in the very beginning stages of development. Use of statistics included in the Agreement will help this process progress.

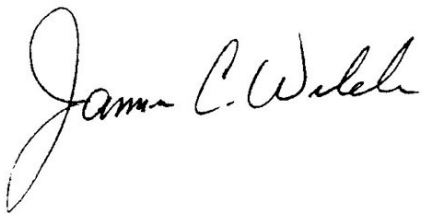
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Implementation Plan

HRRJ provided their status report and implementation plan on September 30, 2020. The Monitor provided observations and feedback to the facility on October 6, 2020 via email.

Considerations For Future Monitoring Activities

During the on-site visit there were discussions as to whether or not the effect of COVID 19 on HRRJ warranted changes to the deadlines related to the Agreement. In cooperation with the DOJ representatives and the Monitor those items will be discussed over the next few months as the critical staffing issues for security and healthcare are resolved. Addressing the critical staffing issue and the contract for a health provider must take priority at the outset, in order to make progress with implementing the Agreement. In the event changes to the deadlines or other aspects of the Agreement appear warranted, the Monitor and the Parties will seek Court approval for changes as appropriate.

A handwritten signature in black ink that reads "James C. Welch". The signature is written in a cursive, flowing style.

James C. Welch, RN, HNB, BC