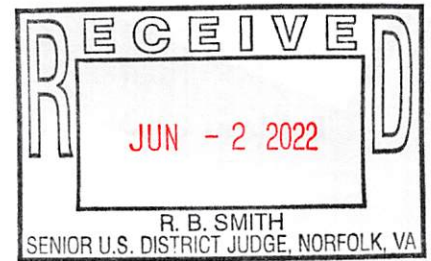


MAY 31, 2022



HAMPTON ROADS REGIONAL JAIL

THIRD MONITORING REPORT

CIVIL NO.: 2:20-CV-410

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

HRRJ THIRD REPORT MAY 30, 2022

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

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Scope of this Report

This third report is provided in compliance with paragraph #144 of the Agreement six months after the Second Monitoring Report. It covers the time frame from November 1, 2021 – April 30, 2022, with additional information being provided from the May 2022 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 of the substantive provisions began during this third period of review, therefore they will have their first rating in this report. Most of the provisions are now fully in play. “NR”, Not Rated will be used in this third report on items in development or are ongoing.

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

The Monitor has been on-site each month since the beginning of the Agreement to evaluate and analyze progress of HRRJ. HRRJ has continuously been challenged during this third phase of the Agreement period. COVID - 19 has continued to cause 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 fully some portions of the Agreement. Currently there is one case of COVID - 19 in the jail. Over the past few months one hundred sixty-nine (169) HRRJ staff, thirty-five (35) Wellpath staff and four hundred eighty (480) inmates have been

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vaccinated against COVID-19. HRRJ will continue to provide vaccinations and boosters to staff and inmates over the next few months. First booster shots began on November 19, 2021, for eligible staff and inmates. Second booster shots began in May 2022.

HRRJ administrative leadership change shortly after the initial start-up of the Agreement has continued to have a positive impact on the movement of the facility toward compliance with the Agreement. The Hampton Roads Regional Jail Authority Board appointed Col. Jeff Vergakis to the position of Superintendent at the December 2021 Board meeting. He officially took the helm on January 1, 2022. He was the interim Superintendent from January 1, 2021 – December 31, 2021. This change has allowed the Superintendent to implement more of the targeted staff and policy changes to the institution. The Administration has moved forward to make necessary changes in the ability of HRRJ to begin to meet the substantive provisions in the Agreement and continues to make changes to the physical structure and security staff to assure that HRRJ can meet the challenges of the changing environment of corrections.

HRRJ has also made changes to move previous partially compliant areas to substantially compliant. This report period HRRJ has moved two (2) from not rated (NR) to partial compliance (PC), One (1) from non-compliance (NC) to partial compliance (PC), and fifteen (15) from partial compliance (PC) to substantial compliance (SC). There were none that moved to a lower score this report period. It will be critical for HRRJ to work to sustain the gains they have made in the past year and a half.

However, as noted in the Second report, the addition of some provisions, especially those related to the mental health units, which HRRJ had one year to begin implementing, most continue to be non-compliant. These delays are directly related to security, behavioral and other healthcare staffing. HRRJ will need to hire and train these staff to meet the threshold needed for these units to open. Without those staff HRRJ lacks the ability to divert mental health inmates to mental health units.

During this year and a half since the beginning of the Agreement, as noted above, the change in administration has improved the likelihood of HRRJ's ability to meet challenges faced by both COVID – 19 and the Agreement. DOJ staff were able to be on-site for the first time since the inception of the Agreement in April 2022. They noted the improved communication between security and healthcare staff. Medical and behavioral health have continued to improve necessary communication.

HRRJ received notice on March 4, 2022, from the National Commission on Correctional Health Care (NCCHC) that they had been accredited. This is a great accomplishment for which the entire HRRJ team should be proud. This shows they are working hard to assure that inmates in their care receive health and mental health care which follows national standards.

As was noted in the previous reports, the use of spray (Oleoresin capsicum or "pepper spray") to contain inmates has significantly decreased. There have only been a handful of uses on persons with an SMI diagnosis, compared to multiple times each week when I first arrived at the site. During this past six (6) month period there have been ten (10) uses of spray on persons with SMI. Behavioral health or medical staff have been used to help de-escalate situations where "pepper spray" had been used as a routine occurrence. These actions result in positive outcomes and do not involve the use of force. Not all situations will resolve in such a manner, but it was noted that the improved communication among HRRJ staff has resulted in more coordination and cooperation between and among staff. Mental health training which is occurring monthly has also helped to provide opportunities for security staff to be

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provided alternative actions to the use of force. This training must be ongoing and rigorous to continue to be effective.

Staffing is continuing to be a significant challenge. A new Human Resources Manager (HRM) was hired in June of 2021. During their tenure the security vacancy numbers have stayed about the same with very slight movement. As noted in the second report, the HRM has instituted innovative onboarding techniques to improve both the quality and the quantity of staff hired. HRRJ also implemented a \$1,750 sign on bonus for new employees. There continues to be significant sworn officer position vacancies. Improving the staffing situation has been hampered by the direct effects of COVID and the indirect economic impact of COVID. This continues to have a negative effect on the available pool of candidates which remains minimal. HRRJ has converted several sworn positions to civilian positions which are placed in areas where a sworn officer is not required to assure the safety of the facility. HRRJ is evaluating reallocating a position to that of a recruiter to work with a team to develop better recruitment and retention strategies. As noted in the First and Second Monitor Reports, the HRRJ Jail Board and finance committee must review the salary structure of all positions in the HRRJ facility to assure they are commensurate with similar positions in the area. This was not completed during this first year and a half and must become a priority for the HRRJ Board. Decisions by the State of Virginia may provide some salary assistance through the compensation board process, however the HRRJ Jail Board will need to evaluate if that assistance will cover the needed bump in salary to attract qualified candidates. HRRJ will need to be vigilant with their sworn and civilian staff to assure safety and security of inmates and staff. Wellpath must review the salary structure for all healthcare staff, both medical and behavioral health. A review of Registered Nurse (RN) salaries by Wellpath for a nearby jail has found that they are between \$5 and \$15 per hour below what RN's can receive locally. This is hindering the hiring of qualified RN staff.

A census reduction for the facility has continued to have a positive effect on the institution. At the beginning of 2021 the ADP was seven hundred (700). As of April 26, 2022, there were three hundred ninety-eight (398) inmates at the institution. The five (5) feeder jails send inmates with the highest medical and mental health needs to HRRJ. Due to COVID, all correctional institutions are having difficulty recruiting security and healthcare staff. This is a concern with the ability of the feeder jails to be able to sustain care that HRRJ has provided to those high acuity inmates. 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. It has been noted by the Monitor that there have been times when arriving inmates are so sick that they have had to be taken to a hospital for care. Strategies have been implemented by Wellpath regional staff to work with those feeder jails with whom they have contracts to better address those medical and mental health needs.

HRRJ has improved, but it will take time to recruit and train security and healthcare staff to be able to accept feeder jail inmates at a faster rate. Currently HRRJ is receiving up to twenty-five (25) admissions a week from all the feeder jails. Until HRRJ can accept a greater number of inmates it will be incumbent on the feeder jails to keep up with the care of those who were sent to them temporarily. As was discussed previously, feeder jails have done a good job of returning those who require a higher level of care back to HRRJ.

At HRRJ Board meetings Superintendent Vergakis notes that he and his administrative staff are continuing to focus on the consolidation of Pods (housing units within HRRJ), renovation of areas not utilized currently, reducing the number of people in restrictive housing, the DOJ Agreement, recruitment

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and retention of jail staff, changes to the medical contract, kitchen renovation, repairs to the air conditioning chillers, a 5-year strategic plan and leadership development.

At the October 2021 HRRJ Board meeting the Board took action to provide a one-time bonus to civilian and part-time staff who did not qualify for the \$3,000 bonus funded by the Compensation Board in September 2021 and paid to Sworn officers. The Authority Finance Committee recommended, and the HRRJ approved, a bonus in the amount of \$1,500 for civilian employees and a bonus of \$750 for part-time employees. It is anticipated that those who had not received the one-time bonus should see it in their paychecks within a month, due to the pay cycle.

An area of significant improvement is the number of persons with Serious Mental Illness (SMI) who are in Restrictive Housing (RH) for more than twenty-one (21) days. In the Baseline Report (as of September 2020), there were one hundred forty-one (141) persons with SMI in RH and forty-six (46) of those had been there for more than twenty-one (21) days. In the First Monitoring Report (as of March 2021), there were only forty-three (43) persons with SMI in RH and twenty (20) of those had been there for more than twenty-one (21) days. As of the end of October 2021, there were only thirty-five (35) persons with SMI in RH and only four (4) of those had been there for more than twenty-one (21) days. All four were on a disciplinary restriction due to an infraction. As of April 27, 2022, statistics show six (6) who have been in RH for over the twenty-one (21) day period. Of those, three (3) had an SMI diagnosis. While the reduced ADP has had an influence on the RH numbers, it is the concerted effort by all the staff and HRRJ that has produced this drastic reduction in the use of restrictive housing for all inmates.

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.

Some healthcare systems continue to be a challenge. As will be noted later in the report, sick call and recruitment seem to be those that need the most work. It will be incumbent on the Director of Nursing (DON), Medical Director (interim), and the new Health Services Administrator (HAS) to assure systems are in place for inmates to have access to the sick call process and robust recruitment activities.

It is positive to note that HRRJ has begun to develop their multidisciplinary treatment teams. Over the past few months, even with the shortage of staff they have created nineteen (19) treatment plans based on the team approach. HRRJ's plan is to work on treatment plans with the multidisciplinary teams after the Institutional Classification Committee (ICC) meetings each Wednesday. It will be important to keep up with these plans to meet the Substantive provisions related to mental health.

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 continues to state, "This is a marathon, not a sprint". There will be times potentially when you improve and struggle to keep up, but you need to keep your eye on the goal, continued improvement. To work through all the areas of the agreement, a sustained effort will be necessary to put in place safeguards to assure continued compliance. A robust Quality Improvement System will assist with assuring continued compliance. Current efforts by HRRJ Administration and Staff continue to show promise.

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Introduction

The Monitor has visited the HRRJ every month since the signing of the contract. This allows for observation of day-to-day operations of the institution and improvements being implemented. During all monitoring visits no area of the facility is off limits and are available for observation and inspection. Due to the COVID – 19, and multiple variants, restrictions for visitation are still in effect. Lawyer visits are permitted. Over the next few weeks and months decisions will be made to allow for relaxation of some of those as more inmates are vaccinated. On September 1, 2021 Col. Vergakis sent a memo to all employees and contractors informing them that: On or before October 1, 2021 all workforce members must either: (a) accurately and truthfully provide proof of the date of the completed vaccination to Human Resources (i.e., receipt of the second dose in a 2-dose series vaccination such as Pfizer or Moderna, or receipt of a single-dose vaccine such as Johnson & Johnson) or (b) obtain an approved Office of Human Resources (OHR) vaccine exemption (with the specification of any reasonable accommodation if applicable and available). As of November 5, 2021, one hundred and sixty-nine (169) HRRJ staff and seventy (70) contractors are fully vaccinated and thirty (30) get weekly checks for a negative status for COVID – 19. Wellpath staff have provided COVID – 19 vaccinations to one hundred forty (140) staff and four hundred eighty (480) vaccinations to inmates, as of April 27, 2022. Some staff and inmates acquired their vaccinations in the community or at other jail facilities. HRRJ started to provide booster shots to those eligible on November 19, 2021, and will continue to provide those shots as needed and requested. Temperature checks and masks continue to be required for entry into the facility.

A snap shot from the HRRJ Board Agenda of April 20, 2022 showed of the four hundred five (405) inmates in custody in March 31, 2022 showed: three hundred forty (340) with a chronic care diagnosis, twenty-nine (29) patients with HIV, one (1) patient with AIDS, seventy-three (73) with an endocrine diagnosis, one hundred fifty (150) hypertension/cardiovascular diagnosis, five (5) pregnant woman, four (4) patients receiving cancer treatment – one (1) with metastasis and a poor prognosis, two (2) paraplegic inmates, five (5) patients on dialysis, two (2) needing assistance with activities of daily living (ADL's), two (2) patients recently receiving heart surgery, one (1) patient post liver transplant, four (4) patients receiving daily methadone treatment, one (1) Crohn's with IV infusions, twelve (12) intellectually disabled, one hundred forty-one (141) with an SMI (serious mental illness diagnosis), seventeen (17) Temporary Detention (TDO) orders) completed since November. Out of an average daily population (ADP) of four hundred five (405), three hundred forty (340) are on medications, and two hundred fifty-eight (258) inmates are on psychotropic medications. There are nine (9) patients over 65, four (4) over 70 and one (1) patient over 80. 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.

Col. Vergakis has made significant inroads since he was hired as the Interim Superintendent in January 2021. Over the past few months dialogue about staff has been open and direct. This has created an open atmosphere which has replaced the previous tension observed during the first few months of monitor visits. Items are discussed and action taken to move things forward. Nothing is left to chance or not allowed to be brought up for discussion and action.

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. Since the last report all inmates are reviewed and when a situation occurs due diligence is taken

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to discuss the best housing situation for the inmate and the facility. This has reduced the availability of items used for self directed violence (SDV) especially by those on suicide precautions. The Lt. Col. attended the Corrections Academy during the last quarter of 2021. He was required to attend the Academy as a part of his job qualifications. He returned full time to HRRJ in January 2022.

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. Data from the reports are reviewed while on-site.

The security consultant continues to provide services to the HRRJ and has been on site all but one 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. He has conducted interviews with inmates and staff and observed security operations from each of the active units in the facility.

A Restrictive Housing (RH)/Behavioral Health (BH) consultant visited the facility in April to advise HRRJ on RH/BH issues related to the Agreement. Specific items related to RH/BH were discussed during the out-briefing conducted after the visit. These have been incorporated into the advice provided to HRRJ on an ongoing basis and in this report.

Substantive Provisions

Policies and Procedures

19. Within six months of the Effective date, the jail will consult with the Monitor to draft and/or revise policies and procedures to incorporate and align them with the provisions in this Agreement - HRRJ has submitted over one hundred five (105) policies for review. Out of those that are specifically related to the Agreement only three are awaiting minor revisions or signatures by HRRJ. An Officer is assigned to supervise the preparation and revision of the Jail's Security Policies and Procedures. A team of officers has been working diligently to review, make changes and process Policies and Procedures to assure they are consistent with the Agreement. At present, HRRJ staff are meeting weekly to discuss the various policies. As noted below, there is one set that they need to work on over the next few months that relates to the mental health units. The behavioral health policy related to those units has been approved by the monitor and DOJ. Security will now need to write their policies based on the ones which have been approved.

It will be critical for HRRJ to continue to work diligently with regards to 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 continue using the security consultant to assist with the development of policies and procedures.

HRRJ is partially compliant with this provision.

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20. Policies approved will be adopted – Approved policies and procedures have begun to be adopted and training on those has commenced. The Monitor and HRRJ prioritized policies needing to be completed as soon as possible. The healthcare policies were the first to be completed. The security policies are well on their way toward completion. They will need to focus on the mental health unit policy(ies) during the next few months.

As noted above, it will be critical for HRRJ to continue working quickly with drafting the remaining security policies to assure consistency with healthcare policies approved by the Monitor and the USDOJ.

HRRJ is partially compliant with this provision.

21. Begin Implementing policies approved - HRRJ has three (3) months after approval to begin implementing the approved policies. - HRRJ is conducting training and implementing approved policies. The training plan has been developed by HRRJ security and healthcare administrations and is being implemented as soon as policies are approved. Documentation was available for review by the security consultant and monitor. HRRJ has improved the collection and tracking of data by using the Power Data Management System (DMS). This is a computer system where HRRJ can track when a policy is approved, implemented and when each staff member has been trained and signed off on the policy.

Keeping track of the policies approved, training and implementation continues to be critical. HRRJ has moved in a positive way using the DMS. HRRJ will need to assure that they keep up with the new DMS to assure compliance.

HRRJ is partially compliant with this provision.

22. Fully implemented policies - HRRJ has six (6) months to fully implement policies after approval. HRRJ is on track to implement policies which have been approved by the monitor and the United States. Tracking through DMS has made this an easy process. It will be critical for HRRJ to stay on track of any policy changes as they begin to implement more of those required by the Agreement. This will be an ongoing process as new or revised policies are approved.

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

HRRJ is partially compliant with this provision.

23. Annual policy review - Annual review of policies developed is required. Review of policies which have been in place for at least a year showed that they had been reviewed. No substantial changes have been required.

HRRJ will need to assure that all policies approved are reviewed each year. DMS tracking is in place to assure compliance with this provision.

HRRJ is partially compliant with this provision.

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Staffing Plan

24. Staffing plan development - Staffing plans were submitted to the Monitor as required by the Agreement. Plans are still in flux as HRRJ works on their reimagination blueprint document. The new plans should address current changes in consolidation of housing units and inmates. Mandatory posts for security have been reduced due to reduction in ADP therefore changes in the security staffing plan was necessary. Recruitment activities are ongoing at job fairs, postings on the internet, and so on, however, the pool of candidates remains minimal. As noted in the First and Second Monitor Reports, the HRRJ Jail Board must look at the salary structure for the facility and assure that it is competitive with surrounding correctional and other facilities. In the Second Monitor report there were seventy-one (71) sworn officer vacancies and two (2) non-sworn staff shortages at the facility as of October 31, 2021. There are currently eighty (80) sworn officer vacancies and four (4) non-sworn staff shortages at the facility as of April 20, 2022. As noted in the executive summary HRRJ continues to work on recruitment and retention efforts.

For medical and behavioral health, a draft matrix has been created. HRRJ must approve the revised medical staff matrix to 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. The amended contract must assure that there is flexibility to increase staffing, as needed, to assure medical and the opening of mental health units. Wellpath must review salaries for all healthcare staff. It is critical to recruitment efforts that this analysis continue to occur. A new Health Services Administrator (HSA) began in December of 2021 and left on May 13, 2022. It will be incumbent on Wellpath to aggressively recruit for this critical position. The Director of Nurses (DON) returned from FMLA in November. The Medical Director position is vacant, as is the psychiatric nurse practitioner position that covered weekends. Specific healthcare vacancies will be addressed under #40 below. It is critical for Wellpath to hire needed replacements post haste. A quick turnover will assist HRRJ in assuring that achievements are not lost in any transition of staff.

In order to achieve and maintain substantial compliance, filling vacancies for Registered Nurses, Behavioral Health professionals and security/civilian staff must be a recruitment priority. Additional recruitment activities and review of salary structure must occur to assure that HRRJ salaries are competitive with surrounding correctional and other healthcare 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 had one year from the date of submission of their security, medical and behavioral health staffing plans to fully implement this provision. The closing of one unit in the facility has caused a shifting of staff. As noted above, HRRJ has a current plan, however, as the ADP changes and the anticipated future opening of mental health units occurs, this will be a continuing work in progress. As noted above a significant challenge to HRRJ is the lack of security staff. This causes the challenge to fully implement the provisions of the Agreement. At the November 16, 2021, zoom call it was agreed that HRRJ will provide to the Monitor and United States a monthly update as to the current security numbers of on-site staff and vacancies. They will also provide the plans as the ADP increases

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and opening of the mental health units commences. Initial documents were sent to the Monitor and the United States on November 17, 2021 and continue monthly.

HRRJ must provide the above documents on a consistent basis to continue to be partially compliant with the provision. Final plans must be submitted as all the mental health units are opened and staffing plans approved to obtain substantial compliance. Flexibility with the plans will be critical.

HRRJ is partially compliant with this provision.

Training

Note: Please see Appendix B for a list of all training provided during the current reporting period November 30, 2021 – April 30, 2022.

26. Pre- Service and Annual in-service training - A Comprehensive Annual Training Plan has been developed and is being implemented for the Jail, which includes Orientation for sworn officers, Suicide Prevention, 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. Review of rosters shows all incoming staff are being trained and all current staff are being trained according to the annual schedule.

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. Continued tracking of this training by the CMS is important.

HRRJ is partially compliant with this provision.

27. Incorporate Agreement requirements into the training curriculum - The Monitor and security consultant continue to meet 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. Annual In-service training - 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 to provide all training. As new policies are approved, training staff have begun to incorporate these items into the existing training activities. Rosters were reviewed and training is occurring on new policies. Annual in-service training is occurring and has begun to incorporate the new policies into that training activity.

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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 policies and daily operations of the institution.

HRRJ is partially compliant with this provision.

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 and being conducted to assure each security and healthcare staff member are up to date with the training requirement. De-escalation technique training is being provided. Medical and mental health orientation training for all new hires is occurring. Annual training is ongoing, there were no current employees whose required training is behind schedule.

Initiation of specific mental health training for security is critical to be able to move from partial compliance. Development 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 continues to be a challenge. During this six (6) month period, there times when the pill pass staff had to wait for a jail officer. This was especially evident on weekends. There have been modified lockdowns due to security staffing which causes minor delays. A concerted effort has been made by HRRJ security staff to assure that jail officers are available and present during pill pass, sick call, and mental health rounds. However, due to the staffing shortage this was not always possible. One specific area that will need continuous vigilance is the area of seeing suicidal patients in a confidential setting. In late April and early May HRRJ initiated a process which allows behavioral health staff to see patients on suicide watch in the "blue room". This is a room specifically designed with blue walls and comfortable chairs in which to see patients in a confidential and more comfortable setting.

It will be important for HRRJ to continue their efforts in recruitment and retention. As noted previously, the HRRJ Board must look at the salaries of sworn officers to assure that they are competitive with the surrounding jails and the community. 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. Newly approved incentives for civilian employees will help to thank those employees who have stuck with HRRJ during this time.

The average daily population of HRRJ has hovered at approximately four hundred (400) inmates. The conversion of some security positions to a civilian position has helped HRRJ to better address the sworn officer shortage. Positions converted include but are not limited to master control operators, records clerks, and maintenance technicians. Six (6) of sixteen (16) pods are closed which has reduced posts needing to be staffed from twenty-three (23) to eighteen (18). Housing unit 2 remains closed.

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While the closing of housing unit two and the reduction in ADP 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 – The Jail will ensure that all reasonable efforts are made to obtain a prisoner’s medical and mental health records from feeder jails. Out of the one hundred twenty-four (124) intake records reviewed, there were no admissions where the feeder jails had not provided some portion of the medical record. Feeder jails fax information to HRRJ 24 hours prior to the inmate being transferred to the facility. There is a zoom call with HRRJ and feeder jails at noon where inmates being transferred are discussed. There were times when the feeder jail staff on the zoom call were not familiar with the inmate being transferred. This causes HRRJ staff to use other methods to find information regarding the medical and mental health care of the inmate. At the HRRJ morning meeting of all healthcare and security staff (called the Whiteboard meeting) all admissions are discussed to assure that information obtained is shared with all staff prior to the arrival of the inmate. 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.

To assure continued substantial compliance with this provision, 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 requires contiual discussion with HRRJ and feeder jail administration to assure that essential documents are included with the transfer.

HRRJ is substantially compliant with this provision.

32. Feeder Jail medical records - Observation of intakes during site visits and review of one hundred twenty-four (124) intake records showed that all met the Agreement standard of assuring that pertinent information is incorporated into the inmates’ medical and mental health charts. Instances of emergent conditions were noted by the intake nurse and nurse practitioner. There were at least two instances observed where the transferred inmate had emergent conditions. One was a medical condition that required hospitalization of the inmate, the other was an inmate who was acutely psychotic and required an immediate TDO to a state facility. The intake staff at HRRJ do a fantastic and thorough job of assessment and coordination of treatment for inmates being admitted to the facility.

To assure continued substantial compliance with this provision, there must be ongoing communication with feeder jails to assure that medical and behavioral health records are included with the transfer of inmates. It requires discussion with HRRJ and feeder jail administration to assure that essential documents are included with the transfer. HRRJ must be vigilant to assure that all information obtained from the feeder jails and community providers is incorporated into the HRRJ medical record system. It is also critical that feeder jails not transfer inmates that need emergent medical or psychiatric care. That should be handled at the feeder jail facility, prior to any transfer.

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HRRJ is substantially compliant with this provision.

33. Continue Medications - Review of one hundred twenty-four (124) 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. All inmates received from feeder jails have had most medical information present. It is important for those feeder jails to continue to improve this practice to assure continuity of care. It is noted that one of the questions on the receiving screening (intake form) specifically asks about medications used for substance use disorder (SUD) and Medication Assisted Treatment (MAT). "Do you take Medication Assisted Treatment (MAT) for Opiate dependence? Admissions to HRRJ come from feeder jails. Discussions with the HRRJ Authority during the Board meeting focused on how to assure that patients on prescribed MAT are not detoxed but continue their medication regimen to assure HRRJ stays substantially compliant with this provision.

To assure continued substantial compliance with this provision intake nurses must be vigilant assuring that all information is received with medications noted and ordered to assure continuity of care for those inmates received from feeder jails.

HRRJ is substantially 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 continues to be a work in progress. Out of one hundred twenty (120) records reviewed all had been seen in the required time frame. Some of those was due to pure chance and the presence of provider staff on site, not to the process.

Deficiencies noted in medical sick call slips were the lack of nursing notes using the agreed upon process and procedure. Documentation was inconsistent at times and not available in ERMA. 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.

Chart records had to be reviewed to assure that the sick call was completed. Security and healthcare staff recognized that there were inconsistencies in the process and changes were needed. A new system was initiated, however not all nurses providing sick call were following the process.

Pill pass staff continue to accept sick call slips from inmates and note that they have been received. Triage was completed in a timely manner by charge nurses on duty. However, not all the information on assessment and treatment for the problem identified in the sick call was present in the medical record or nursing protocols followed (as noted above).

Inconsistent delivery of mental health sick call slips continues to be a problem. One hundred (100) mental health sick calls were reviewed. While mental health staff have been vigilant in seeing inmates on their treatment rosters, sick call slips reviewed showed some had not been delivered from nursing staff to mental health staff in a timely manner, or not at all. Again, it was happenstance that inmates requesting mental health sick call were seen in a timely manner. The slips themselves were not always available for mental health staff to review. Paper mental health sick call slips were not delivered to the collection boxes stationed next to the mental health offices and electronic submissions were not always

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delivered in a timely manner to mental health staff. The delay was sometimes over a week. Again, this was due to an assigned nurse not following the written process for sick call.

Recruitment and retention of RN's must be a priority to assure that sick call services are provided by a Registered Nurse (RN). Training for those responsible to pick up sick call slips during pill pass, and for RN's providing the actual service must continue to be a priority. Nursing administration must constantly review implementation of the new process to assure that all staff are following the procedure.

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. The process for collection of the sick call slips has not changed, however, what those pill pass staff do with them after collection has changed. It will be important for each pill pass staff to follow the new process for depositing the slips into the proper bins for triage.

It will be critical to assure that all staff responsible for sick call collection follow the new process.

HRRJ is partially compliant with this provision.

36. Sick Call Triage - Review of the one hundred twenty (120) medical sick call records showed a consistency with the timing of triage. Inmates submitting sick call slips had been seen by a nurse or referred directly to a provider. There were only two (2) out of the total that had a triage date that was out of compliance. Triage was completed by the charge RN. Emergent, Urgent, and Routine was noted on sick call slips.

Wellpath administration must work diligently to assure that the sick call process is followed. Training for new RN charge staff will need to be ongoing to assure continued compliance.

HRRJ is partially compliant with this provision.

37. Sick Call Tracking – Sick call log was available for review. All elements were present. Auditing of the process by the DON, Medical Director (interim) and Wellpath administrative staff 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 continue to 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 – The HSA, DON and other Wellpath administrative leadership have been providing oversight and communicating regularly with the monitor. The Medical Director (interim) continues to review charts randomly of sick call activities. Twenty (20) records were reviewed while on site which the interim medical director had assessed. Suggestions for improvement were provided to nursing staff as indicated by the review. Nursing pathways and protocols have been approved by Wellpath national Nursing/Medical staff

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It will be important for the Health Services Administrator, Director of Nurses, Medical Director and Wellpath administrative staff to assure oversight is continued for compliance with the Agreement and NCCHC/ACA standards.

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 – There has been Medical (physician and nurse practitioner) provider coverage on days, evenings, and most weekends. However, due to the loss of the psychiatric nurse practitioner psychiatric coverage is by tele-psych on weekends. Provider coverage does run into the early evening hours. There were times when a provider was not available due to vacation or other reason. There are two Nurse Practitioners who are available during the day shift five (5) days a week. Wellpath must plan in advance, especially for known time off by provider staff. Medical director is still vacant; however, it is being filled in by two Wellpath providers who are assigned to HRRJ to fill in during the vacancy. One is working 5 days every other week, sometimes 12-hour days to assure that all patients are seen. The other is working 3 evenings each week, including weekends. They have been able to keep up with appointments and see patients in the sick call area in the pods and cell side as needed if the patient is on quarantine due to COVID restrictions. During the April visit, in addition to the Medical Director vacancy, Wellpath vacancies included 3.4 RN, 0 CMT and 0.9 LPN. One RN position is being covered by an agency nurse and another by a travel nurse who will fill in for sick call starting the week of April 26, 2022. Virtual Job fairs are continuing. Sign on bonuses is up to \$4,000 depending on position. A challenge is that RN salaries are not on par with local community pay scale. They are between \$5 - \$15 below what RN's can receive locally. This needs to be looked at as it is a challenge for recruitment and retention. Once the RN vacancies are filled the current staff is adequate for the reduced ADP. However, when the ADP increases, and the new mental health units are set to open additional medical staff will be needed to assure that all areas of the Agreement are addressed. With the change in ADP HRRJ security staff is mostly available to escort inmates to and from appointments in the clinical areas and provide escorts for sick call. There are delays at times, especially on weekends, when security staffing is lower.

Wellpath must assure that medical provider coverage continues later in the day into the evenings and on weekends to be substantially compliant with this provision. Wellpath must assure that provider staff is available to cover vacations and other times when the usual staff are off for whatever reason. Recruitment for RN staff is important for HRRJ to move toward substantial compliance with this provision. HRRJ security must assure that escort is provided to all health care staff to assure safety and

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security. HRRJ must assure that security staff are available for pill pass, and that mental health visits are conducted in a confidential setting.

HRRJ is partially compliant with this provision.

41. Medical Intake - On site review of one hundred twenty-four (124) intake records showed a one hundred percent (100%) completion of medical intake screening. No records had any items 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. The challenge with the intake staff was not their ability to assess, evaluate and prescribe the needed and appropriate treatment, but the lack of information present from the feeder jails and the treatment that had been provided at those facilities prior to arrival at HRRJ.

Intake nurses must be vigilant to assure that this standard continues to be implemented to sustain substantial compliance. Wellpath administrative staff must make it a priority to train alternative intake staff to assure that this provision continues in substantial compliance.

HRRJ is substantially compliant with this provision.

42. Medical screening factors - As noted above out of the one hundred twenty-four (124) records reviewed there were no missing components in any of the reviewed records. All 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. It will be important for Wellpath administration to cross train additional RNs to assure that intake continues to be substantially compliant when the usual intake nurse(s) and nurse practitioner are on vacation or off for any other reason.

HRRJ is substantially compliant with this provision.

43. Medical Assessments - As a routine HRRJ conducts the medical assessment during the intake process or within one day of admission. Chart review of one hundred twenty-four (124) found none that did not have a routine medical assessment completed either on admission or within one day of admission. The sick call process as noted in #s 34 – 38 has had some bumps, however review of one hundred twenty (120) sick call records did show that when noted in the tracking log emergent, urgent and routine assessments were completed in the required timeframe.

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). As this substantive provision addresses both intake and sick call, I will address them separately. An intake assessment by a NP is to be completed on all inmates being admitted into the facility according to the above policy. During this six (6) month period all assessments were conducted within twenty-four (24) hours, all but one was completed the

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same day as the intake process was completed. One client refused and was seen the next day. Two of the intake assessments were of an emergent nature from notes that were written in the patient chart. One was sent directly to the hospital the other had a TDO and was sent to a state psychiatric facility. Since every admission into the facility is seen by a registered nurse and a nurse practitioner, the emergent and urgent classifications are rarely used in this context. Admissions are from feeder jails. Each of those individuals has been in another facility, in most instances for at least seven (7) to fourteen (14) days.

For sick call, as was noted in #'s 34 – 38 above the sick call process continues to be monitored, the process addresses all items in the Agreement. Reviewing patient records, security logbooks and clinic notes all emergent calls to the medical area are dealt with immediately, eight (8) records were reviewed. Security policies allow for a jail officer to contact medical at any time they feel it is needed to care for an inmate. Observation over the past year has shown that jail officers are aware of and call medical when they notice any medical or mental health issues with an inmate. The challenge here is tracking those that may be sent to medical due to an emergent or urgent issue. Emergent Medical Assessments identified through the sick call process need to be tracked in a manner where it will be easier to identify them as Emergent.

Wellpath administrative staff will need to strengthen the sick call process to specifically identify 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. There were two (2) emergent, no urgent medical assessments that were not addressed during intake, however tracking through the sick call process was difficult. The new revised process still needs to address this issue. Assessments identified through the sick call process need to be tracked in a manner where it will be easier to identify them as Urgent.

Wellpath administrative staff will need to strengthen the sick call process to specifically identify 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) – Comprehensive health assessments are conducted within fourteen (14) days of entering the facility – At HRRJ intake screening assessments are completed by a NP during the admission process. Out of one hundred twenty-four (124) intake assessments, there were two (2) that were completed within twenty-four (24) hours from admission. All other assessments were completed during the intake process within hours of arrival to the facility. All intakes were routine. All intake assessments are documented in the medical record. As noted above and in #s 34 – 38 above the sick call process is currently being tracked.

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

HRRJ is substantially compliant with this provision.

47. Routine Medical Assessments (Sick Call) - Of the one hundred twenty (120) sick call assessments that were reviewed, all were seen in the required 72-hour time frame. However, there were

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fifteen (15) that did not have adequate documentation of treatment in the record. Tracking and completion of sick calls following the Nursing Pathways must be followed. As noted in #34 above, there is a system to assure that sick call slips are picked up and deposited into the correct areas for triage and follow up. It was noted that most of the RN staff providing sick call services completed documentation and treatment as required. However, there was one RN who did not complete treatment and records as required. HRRJ healthcare leadership has taken action to assure that all nurses are following the established standards and protocol.

Recruitment, retention, training, and assessment of RN performance must be a priority to assure that sick call services are provided appropriately. Wellpath will have to work to assure that the modified system for sick call is fully implemented and oversight is conducted on a timely basis.

HRRJ is partially compliant with this provision.

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. Twenty-nine (29) records were reviewed for acute treatment. Four (4) of the records included were where the inmate had made statements or actions of a self-directed violence nature. All four (4) were seen by nursing and mental health staff and placed on suicide watch. 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. Once 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. However, tracking of this item is not consistent. Records were taken from security, medical and mental health to review this provision.

Tracking by security 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. Mental health tracking is occurring. 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 by all staff. HRRJ must make this a priority to be able to track all incidents where HRRJ security staff request acute care services from healthcare provider 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. The chronic care clinical evaluation is conducted by a NP during the intake process. Chart review of one hundred twenty-four (124) intake screenings from November 2021 - April 2022, found all inmates had received a routine medical/chronic care assessment on intake.

Wellpath must assure availability of Physician and Nurse Practitioner staff to provide this valuable service as it is critical for HRRJ to stay in substantial compliance with this provision.

HRRJ is substantially compliant with this provision.

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50. Chronic Care Registry – The jail will maintain a chronic care registry. There has been a consistent chronic care RN over the last six (6) month period. Review of one hundred twenty-six (126) charts on the registry found the process had identified all patients on the chronic care registry, diagnosis, date of last visit and date for the next visit. All items in the Agreement are met. The chronic care nurse follows up with providers to assure that appointments are made, checks the charts to assure that the providers are indicating degree of control. This is a major step in assuring that HRRJ addresses the ongoing chronic care needs of patients.

Retention of the 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 substantially compliant with this provision.

51. Chronic Care Plan of Care - Review of one hundred twenty-six (126) charts in the registry found that all patients had a plan of care. Review of the charts found no inconsistencies between providers when identifying degree of control and consistency with providers orders for when to return for a follow up appointment. All provider staff follow the same criteria when identifying degree of chronic care control and scheduling follow up visits to a chronic care appointment.

Retention of the 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 substantial compliance with this provision.

HRRJ is substantially compliant with this provision.

52. Chronic Care Protocol - Review of the one hundred twenty-six (126) charts found that all providers were using the same criteria and follow up visits based on their assessment of whether their condition was “poor”, “fair” or “good”. Provider notes indicate when there is a desire to see the patient earlier to assure that medication, dietary or other changes to the treatment plan are showing positive results.

Wellpath will need to assure that all providers continue following the same criteria when identifying the degree of control related to the identified chronic condition. A consistent chronic care nurse that will follow up with the Medical Director and nurse practitioners to assure continuity of care is critical to remain substantially compliant.

HRRJ is substantially compliant with this provision.

53. Medical Diagnosis - Review of charts in; intake one hundred twenty-four (124), chronic care one hundred twenty-six (126), sick call one hundred twenty (120), acute care twenty-nine (29) 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.

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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. The on-site nurse practitioner reviews the registry to assure there are no delays in care. Tracking for any urgent referrals is present. 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. There were no delays noted over the past six (6) month period. On site providers are required to write a note in the chart if there is a delay of more than 30 days. The registry was reviewed at each on-site visit. It was noted that some of the medical specialist appointments were within 24 – 72 hours after the request had been made. This is an amazing accomplishment.

The on-site nurse practitioner reviews with the medical practitioner the registry to assure that time frames are consistent with the Agreement. This must be followed to assure continued substantial compliance with this provision.

HRRJ is substantially 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 thirty-five (35) records over the course of the six (6) month period showed a ninety-eight percent (98%) completion rate, which was higher than the percentage in the last monitor report. On one (1) chart vital signs were not available, but they were available on the spread sheet, provider notes were present where they are required. Systems were developed over the last review period to assure that the patient is to be seen on return and documentation is given to the provider for follow up. There was no patient who was not seen, documentation was better during this six (6) month period of review.

All RNs identified as the intake or charge nurse must follow the agreed upon procedure for follow up of all patients who return from outside appointments and hospital stays, and ensure documentation is in the chart. This provision is on track to be substantially compliant in the next six (6) months if all follow-up care is completed in a similar manner as the past six (6) months.

HRRJ is partially compliant with this provision.

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57. Medical Treatment Plans - As noted above, Review of charts in; intake one hundred twenty-four (124), chronic care one hundred twenty-six (126), sick call one hundred twenty (120), acute care twenty-nine (29) 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, vital signs and other testing. The electronic medical record system ERMA and the Point of Care Companion (POCC) tracks when patients are scheduled for medical treatment, and when it has been completed. The POCC is also used to administer medications as well as certain treatments. After review of the POCC and the ERMA system and review of fifty (50) records this provision is substantially compliant as records are available.

Wellpath needs to assure that all administrative staff understand the ERMA and POCC systems to assure that tracking is occurring on an ongoing basis to continue substantial compliance with this provision.

HRRJ is substantially 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 jail will increase mental health staffing ... and increasing the hours that staff with higher credentials are onsite on evenings and weekends. The current staffing level provides care seven days a week, however, not at the level required in the Agreement. Qualified Mental Health Providers (QMHP) are available seven days per week. Tele-psychiatry services are available. There are four (4) Psychiatrists providing fifty-six (56) hours of tele psych services per month. They have a vacant Psychiatric Nurse Practitioner position who provided 32 hours on site services per week. These services were provided over the weekend into the beginning of the week. This provided seven (7) day a week coverage along with the weekend coverage required in the Agreement. However, due to the loss of the psychiatric nurse practitioner, there is no psychiatric coverage on-site during weekends or evenings. QMHP staff are available seven days a week to provide services to patients. They provide monitoring, suicide watch assessment, intake screening and assessment, treatment, and management

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plan development, etc. There are currently one point two (1.20 FTE) QMHP vacancies (when the jail's plan is for four (4 QMHPs) and one (1) nurse practitioner vacancy.

Once the on-site nurse practitioner position is filled Psychiatry staffing is adequate due to the reduced ADP. Currently there are tele-psych clinics five (5) days a week. On two (2) days there are two (2) psychiatrists providing coverage. Tele-Psych coverage includes Monday, Thursday, Friday, Saturday, and Sunday.

However, with the loss of the psychiatric nurse practitioner and, the QMHP vacancies, the staff is stressed out and must work overtime to keep up with the requirements for care. The Monitor has requested an increase of 1.0 QMHP to the current mental health staffing plan (increasing the QMHPs to five (5) in total) which was accepted by HRRJ but has not been finalized in the Wellpath contract. The Wellpath contract is still in the works to hire the additional QMHP staff. Discussion has also occurred with Wellpath and HRRJ leadership to hire three (3) behavioral health (psych) techs to be part of the strategy to open up the required mental health units.

Once the last of the QMHP staff are hired the Monitor will conduct a full examination of the mental health staffing to assure adequate staffing, especially because the current staffing plan does not include the staff needed to open all mental health units at the facility. That will require additional QMHP, behavioral (psych) tech and security staff to assure safety, security, and adequate treatment.

There was a change in the mental health director position in the past three (3) months. The new director was part of the HRRJ mental health team so has been able to keep up with the demands of the position and is to be commended for this person's great work.

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, especially as they open up mental health units as required in the Agreement. With the loss of the psychiatric nurse practitioner, they must make every effort to hire a replacement.

HRRJ is partially compliant with this provision.

61. Mental Health Intake - Mental Health intake was reviewed at each on site visit during this monitoring period. One hundred twenty-four (124) charts were reviewed. All had a mental health intake screen completed. Notes were included in each chart; all elements of the Agreement were included in the intake process. The policy and process are in place. It is amazing how the mental health staff have been able to keep up with the intake assessment process and deserve kudos for their effort. There were no times when an intake assessment was missed.

HRRJ will need to work diligently to keep up with this provision as the pressure to do more with its patients increases. 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 been approved.

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The QMHP staff continue to document “observations by the transporting officer”, if appropriate in the notes by intake staff. It will be critical that this continue to assure a substantial compliance rating.

HRRJ is substantially compliant with this provision.

63. Mental Health Assessments - Mental Health assessments were reviewed at each on site visit. One hundred twenty-four (124) 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 and policy are approved and in place. During on-site visits I was able to observe fifteen (15) intake processes. Communication between intake nursing staff, QMHP, security staff and patient were observed and critical to the process.

As noted above, communication from officers to staff has continued to improve, it will be critical for mental health staff to continue to ask the officers if they observed or have any information that may help in the assessment process. This is a strategy that will help staff with the assessment and assure continued substantial compliance with this provision.

HRRJ is substantially compliant with this provision.

64. Emergent Mental Health Assessments - Mental Health referral process was updated, and referral criteria was identified during the last reporting period. Temporary Detention Orders (TDO) are being utilized and since April 2021 to April 2022 thirty (30) out of thirty-one (31) TDO's submitted for action have been approved. The rate of acceptance for TDO's during this period is ninety-seven percent (97%). 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. Inmates who express suicidal ideation or harm are immediately referred for mental health follow up by a QMHP by a phone call to mental health. Suicide prevention training outlines the criteria for emergent, urgent, and routine referrals to MH staff. In the absence of on-site MH staff, all emergent referrals to MH are seen by the charge nurse. For all emergent referrals the charge nurse submits an electronic emergent referral in ERMA and calls the MH Director via phone when MH is not onsite. All thirty-one (31) TDO referrals were reviewed for authentication of the system. It was interesting to note that a psychiatrist had asked for the TDO that was denied by pre-screening. Tracking is occurring and all were noted in the log. As noted in #48 above HRRJ jail staff call the mental health staff directly if there is an emergent need for assessment. A staff person is always on call to receive the call if on off hours. Four (4) emergent (non TDO) referrals through electronic or phone call were reviewed, all were documented and tracked. There was no incident noted where an emergent inmate referral was not seen, or a referral lost.

Tracking of referrals will be an ongoing challenge, especially when the ADP increases in the future and as additional burdens are placed on the behavioral health system. It will be important to continue to track this to show the thoroughness of the process.

HRRJ is substantially compliant with this provision.

65. Urgent Mental Health Assessments - As noted above a referral process and criteria was identified and is in place. Sixteen (16) urgent mental health assessments were reviewed. A mental health assessment by a QMHP is part of the referral process. Tracking log of the referral process is present. The four (4) criteria required in the Agreement is part of the assessment process and is being noted in the

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patient chart. Tracking the exact time frame for the referral and action taken is showing improvement. Notes by the QMHP addressed items required in the Agreement. The challenge was that at times the referral process was not used properly by the sick call nurse. Examples included referrals not logged into the system, dates on referrals were inconsistent with the emails sent, and documentation was lacking. Again, due to the acute attention by mental health and security staff all patients who had needed an urgent assessment were provided such in the time frame required by the Agreement. Sick call staff changes should help this process.

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. Wellpath administration must assure that sick call nurses follow the established 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. One hundred twenty-four (124) 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, the policy is in place and being followed. During the visit I was able to observe fifteen (15) intake processes. There was great communication between the nursing intake staff, QMHP staff and custody staff and the patient showed great coordination and consistency.

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

HRRJ is substantially 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 and quarantine 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. 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 14-day mental health check-in must be included. As COVID – 19 restrictions decrease this provision will stay in partial compliance until the reception unit is created, or a process is in place to assure the 14-day review.

HRRJ is partially compliant with this provision.

68. Routine Mental Health Assessments (Sick Call) - Review of one hundred twenty (120) 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 # 34 was the physical deposit of the sick call slip into the required behavioral sick call box and the electronic submission by a sick call nurse to the inbox of mental health staff. In

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addition, 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. Sick call requests where the patient asks for a journal, crayons, or other items not requiring an individual session are conducted cell side. Most others are conducted in the multi-purpose or other confidential area of the pod. This is a challenge on weekends and holidays especially due to security staffing. Mental health will be tracking all encounters to evaluate where encounters are held to assure that those requiring a confidential setting are conducted in such a location. The Monitor will continue to work with security to assist HRRJ to help meet that goal of confidentiality.

At times the sick call slip which requests a visit by mental health is not physically deposited in the mental health in box nor is it transmitted electronically to mental health staff in a timely manner. The newly identified sick call process is to assure that this occurs, but it is not always followed. Follow up over the next few months by Wellpath administration will be critical. Tracking of a confidential setting for clinical encounters will be critical to meet substantial compliance with this provision.

HRRJ is partially compliant with this provision.

69. Nature of Mental Health Assessment – One hundred twenty-four (124) mental health assessments from intake were reviewed while on site and one hundred twenty (120) from sick call were reviewed. All assessments had the required items of the Agreement. When assessments are completed in the intake area they are conducted in a confidential setting. If an assessment is conducted in other areas of the facility, some assessments, sixty-three (63) were conducted in a confidential setting adjacent to the main cell area. While others fifty-seven (57) were conducted cell side, this was due to the inability of security staff to provide the needed jail officers to assure a confidential setting. 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. Recruitment and retention of security staff needs to take high priority to assure that adequate staff are available. 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. The initial treatment plan for those inmates with a mental health diagnosis are developed during the admission intake assessment. If during incarceration an inmate develops a MH diagnosis after seeing a psychiatrist, a treatment plan will be created at that time.

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.

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71. Timing for initial treatment plan - Initial treatment plan development occurs at the time of intake for those with an SMI diagnosis, those on a psychiatric medication and those identified through the initial mental health assessment in need of a mental health treatment plan. All intakes (those with an SMI diagnosis and those without) have an initial intake mental health assessment. If the patient is on a psychiatric medication or has mental health needs an initial treatment plan is created. Ongoing updates are occurring according to the schedule created by the Agreement and Mental Health Director. There were no instances where a treatment plan was not created for those individuals identified as SMI on intake. There were two hundred forty (240) treatment plan records that were reviewed, only twelve (12) were not in compliance with the required time frame. All were completed before the conclusion of the on-site visits. An issue that has been resolved was that the QMHP staff were not informed if there was a medication or diagnosis change after the tele-psych visit. The situation was resolved when the new psych RN was hired and now completes a spread sheet where that information is obtained, and an email is sent to the mental health director who then sends a communication to the rest of the mental health staff with any changes. This has alleviated that situation.

HRRJ mental health staff must be diligent regarding follow up and revision of the plan based on current conditions of the patient. QMHP staff must work to assure that all components of the Agreement are present, when appropriate in the treatment plan. The psych RN must be diligent in communicating with the mental health director and QMHP staff with any changes in medication or diagnosis.

HRRJ is substantially compliant with this provision.

72. Multidisciplinary team treatment plan update - Vacancies in behavioral health, medical and security make it extremely difficult to create and maintain a consistent multidisciplinary treatment team. There have been thirty (30) SMI individual treatment plans based on the treatment team approach. Patient participation in the treatment plans is required and it is great to note that all 30 had patient involvement. As HRRJ improves staffing it will be possible to continue to meet this requirement. Currently there is a process where QMHP staff work with security staff to try and initiate Treatment Plans on Wednesdays after the ICC meeting. This is a significant improvement. There were sixteen (16) during the previous six (6) month period.

HRRJ must work to consistently convene multi-disciplinary treatment teams. It will be critical for HRRJ to assure all required staff and inmates are present for the Treatment Plan process

HRRJ is partially compliant with this provision.

73. Requirements for treatment plan - Of the two hundred forty (240) treatment plans that were reviewed, all but twelve (12) had met the appropriate time frame requirements. The treatment plans were thorough, comprehensive, and included requirements in the Agreement. The plans components were individualized to meet the needs of the inmates. The behavioral health consultant will be focusing on the quality of the treatment plans over the next reporting period.

It will be critical for the behavioral health staff to continue to be vigilant in their creation, revision and execution of the plans. One challenge is the involvement of the patient in the process. It will be critical to work to increase involvement of the patient in the treatment plan process.

HRRJ is partially compliant with this provision.

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74. Timing for Treatment plan review – Of the two hundred forty (240) treatment plans that were reviewed, all but twelve (12) had met the appropriate time frame requirements. The treatment plans were thorough, comprehensive, and included requirements in the Agreement. The plans components were individualized to meet the needs of the inmates. Over the past few months QMHP staff have been diligent with changing treatment plans based on change in diagnosis, medication, suicide watch and other relevant factors based on sessions with the patient. It will be important to include all relevant areas of the Agreement, when appropriate into the treatment plan. Compliance has been over ninety five percent (95%) for the past six (6) month period.

Tracking and continued follow up is critical to assure that treatment plans are updated according to the Agreement schedule.

HRRJ is substantially 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 twenty-two (22) individual therapy sessions over the last reporting period. COVID – 19, staffing and lockdowns due to the presence of COVID - 19 has caused a delay in the ability to provide individual counseling and group therapy sessions. QMHP staffing has also caused a delay in implementing more sessions. The CORE clinical staff are providing individual and group therapy under that grant. Observation during mental health rounds showed that at times a routine “Check” turns into a half hour to 45-minute therapy session. It will be important for the QMHP to note when a therapy session occurs for tracking purposes that identify individual therapy contacts.

As restrictions imposed by COVID-19 subside and staffing improves, it will be critical to re-initiate more group and 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. It will take time for HRRJ to become substantially compliant with this provision as it requires staff and space to hold both individual and group sessions as clinically indicated.

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 April 2021 to April 2022 thirty (30) out of thirty-one (31) TDO's submitted for action have been approved. The rate of acceptance for TDO's during this period is ninety-seven percent (97%). 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.

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Continued review of all submissions to see if they are appropriate for the 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 to occur in all circumstances. HRRJ has begun to make confidential areas available in more locations. It will be critical that senior Jail management continue to review the HRRJ floor plan to make changes as necessary to fully 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 seen in a confidential setting, (in the blue room) this helps to assure that those interviews are conducted in a professional and confidential manner. The challenge is during the weekend and holidays when security staffing is light. One challenge that was identified is not all patients wish to come out into the blue room or into another space. The monitor and consultant will be working with behavioral health staff to develop strategies for those that are reluctant to be seen in such a confidential space. As behavioral health staff increases plans are to expand the clinic area to include space for mental health providers to see patients in a confidential setting in that area.

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

HRRJ is partially compliant with this provision.

79. Psychotropic Medications - review of Eighty-six (86) charts showed psychotropic medications are ordered in a timely manner and consistently provided to patients in all areas of the institution. Review of the Medication Administration Record System (MARS) for those patients showed that they were delivered as ordered - unless refused by the patient. On-site review during pill pass showed that medications are delivered to all inmates who are on "lockdown", or are on quarantine due to COVID restriction status. Observation of pill pass staff showed they checked for the correct patient, correct medication, and correct dosage. Previously, HRRJ had a challenge ordering and getting non-formulary medications, and re-ordering of medications. This seems to have been corrected. There were no instances noted during on-site weekend visits where medications were not present, or medication delivery was not provided. It will be important to keep up with the re-ordering of prescribed medications. The psychiatric nurse is currently reviewing all psychiatric medications and has a tracking system to assure compliance.

Tracking and follow up by the Psychiatric RN needs to be continued. HSA and Wellpath administrative staff, the DON and Clinic Charge RNs need to work to assure that medications are ordered so there is no delay in medication delivery to patients on any medication, especially Psychiatric medications. If a medication has not been reordered properly, it is incumbent that pill pass staff notify the charge RN so the medication may be ordered from the back up pharmacy. Delay in medication delivery is not acceptable. Recruitment and retention of a consistent pool of pill pass and RN staff is needed to assure continued substantial compliance.

HRRJ is substantially compliant with this provision.

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80. Psychotropic Medication follow-up - Review of one hundred four (104) charts where medication changes had occurred showed that two-week, thirty (30), sixty (60) and ninety (90) day follow ups had occurred. As noted in #60 above Psychiatrist staffing is five (5) days per week with two (2) days where there are two tele-psych clinics occurring. All psychiatric providers have been given instructions regarding the need for follow up as required by the Agreement. A system is in place to check on the number of medication changes and methods to assure that follow up is conducted according to the Agreement. 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 weekends of observation. The new psychiatric nurse is responsible for tracking this system. If a psychiatrist is on vacation or a lockdown occurs, the psychiatric nurse will see the patient and report to the psychiatrist to assure continued compliance with this provision. COVID – 19 did cause a delay in the past, there are currently no delays noted.

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

HRRJ is partially compliant with this provision.

81. Psychotropic Medication Compliance - If a medication is refused, the procedure is a follow up visit by a QMHP and subsequent appointment with the psychiatrist or psychiatric nurse practitioner as necessary would then be conducted. This has been occurring, however, with the loss of the nurse practitioner on weekends there is a concern this will delay the ability of HRRJ to keep up with this provision. There is a specific mental health tracking system for compliance. The current Medication Administration Record System (MARS) does identify when a patient has refused a medication. The Mental Health Director currently reviews all refusals. The Psychiatric Registered Nurse has taken over the responsibility for tracking medication compliance. Behavioral health log for Medication refusals started in June 2021. There were one hundred fifteen (115) records of medication refusals reviewed by the Monitor all were compliant.

Formal tracking mechanism using the current system must continue to be followed. This will assure medication compliance. This should move to substantial compliance over the next six (6) month period.

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 place. Due to the lower ADP, Psychiatrist hours are appropriate. Psychiatry hours are noted in #60 above. Currently, all are seen in a tele-psych format as they have lost their psychiatric nurse practitioner (PNP). Observation of the process on the weekends for tele-psych showed a robust and well-oiled process.

Tracking of actions taken by the prescribing psychiatrist after review by the lead psychiatrist has been implemented. The loss of the psychiatric nurse practitioner on weekends has put stress on the tele-psych system and may cause delays in access to higher level practitioners. This is still in substantial compliance, however there is concern that this could move to partial if the system can't keep up with this provision.

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HRRJ is substantially compliant with this provision.

83. Medication Administration Records Audits - MARs audits were conducted in November 2021 and February of 2022. Audits should be conducted every 90 days. Results of the audits showed completeness and accuracy.

This was recently re-initiated. Every 90-day audits will need to be consistently completed to obtain substantial compliance with this provision. HRRJ healthcare administration must be vigilant to assure this review occurs every 90 days.

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. The Monitor and USDOJ also receive weekly updates prior to the ICC meetings.

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. There has not been a death by suicide at HRRJ for forty (40) months. Suicide Prevention Signs are present for HRRJ to remind them of the potential warning signs of suicide.

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 and is currently being used for suicide prevention training. Suicide training is scheduled and has been conducted monthly over the past six (6) months. Please see table in Appendix B for a list of all training activities. During the last six (6) month period twenty-nine (29) new hires attended suicide training and twenty-two (22) sworn officers attended suicide training. Suicide Prevention Training is an eight (8) hour training. Sign-in sheets are copied and sent to the monitor and USDOJ monthly. Once all HRRJ staff have been trained an annual 2-hour training will be initiated. A schedule is maintained by HRRJ training staff to assure all staff have the required training. Training is provided by Qualified professionals. 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) was re-initiated in August of 2021. Thirty-seven (37) employees were trained during this reporting period in CIT.

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Continuation 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 comprehensive risk assessment tool. One specific area that will need continuous vigilance is the area of seeing suicidal patients in a confidential setting. In late April and early May HRRJ initiated a process which allows behavioral health staff to see patients on suicide watch in the "blue room". This is a room specifically designed with blue walls and comfortable chairs in which to see patients in a confidential and more comfortable setting. One challenge is that some patients aren't comfortable coming out of their cells for a confidential session. The Monitor and behavioral health consultant will be working with staff to develop strategies to help motivate patients to be seen in a confidential setting. Another challenge is security staffing during weekends and holidays however, emphasis has been given to assure that these confidential sessions occur. The behavioral health staff will begin to track where they are seen and the reasons. It will be critical to continue to improve this process to assure all assessments are held in a confidential setting. As HRRJ continues to improve this process this provision would move toward substantial compliance.

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 continue to improve. In earlier reports it was noted that 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" show that the officers on watch are providing 15-minute irregular checks. 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" helped to make the process consistent. Observation by the Monitor on five (5) occasions showed that the staff assigned to "watch" had no other duties. The Agreement states that "constant observation requires that a staff member have an unobstructed view of the prisoner at all times". The new improved cells provide an unobstructed view. HRRJ made this a priority and new cell doors with an unobstructed view were ordered and are now in place in all areas where suicide watches take place. This was critical for the officer to be able to always see the inmate, especially when on a constant watch. The HRRJ Board approved emergency funding to allow HRRJ to purchase doors quickly. A coordinated effort made this a reality. Suicide watch sheets are reviewed by HRRJ administrative staff on an ongoing basis to assure that the procedures and documentation follow policy. There was only one instance where a staff member received a note where documentation was not up to policy standard. This is a great improvement.

HRRJ made the 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. Constant training must

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occur to assure compliance. All supervisory staff must be vigilant to assure that “watch” staff have no additional duties, especially on weekend and holidays.

HRRJ is partially 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 now adequate for the task. It will take a continuous process to train all Security, Behavioral Health and Medical Staff, ensuring consistent treatment and housing of suicidal inmates. As noted in the second monitor report new doors were installed in late September 2021. All cells in this area are suicide resistant. The doors have Lexan gauge windows which allows for unobstructed sight lines from “watch” staff. This provision mixes physical plant issues, “housing” with “clinically appropriate mental health care”, treatment. The next provision section deals specifically with “treatment”. Therefore, for housing HRRJ is substantially compliant. Clinical treatment will be dealt with in section #90 a – e to be more focused on treatment issues.

HRRJ must continue the training and supervision of all jail officers assigned to “watch”. Doors are present which provide an unobstructed view with sight lines that permit the appropriate level of staff supervision.

HRRJ is substantially compliant with this provision.

90. Suicidal Prisoner Treatment – HRRJ will ensure suicidal inmates receive access to adequate mental health treatment and follow up care.

a. and b. adequate assessment by a QMHP and placement in an appropriate setting, seen as soon as possible -

Inmates placed on suicide watch within the required four (4) hour timeframe. Patients are evaluated by a QMHP within the required twelve (12) hour or (sixteen (16) hours on weekends) time frame. Confidential assessment of those inmates expressing suicidal ideation prior to placement on suicide watch is occurring. Either in the clinical area in a treatment room, or in the blue room or multipurpose room as appropriate. In late April and early May HRRJ initiated a process which allows behavioral health staff to see patients on suicide watch in the “blue room”. This is a room specifically designed with blue walls and comfortable chairs in which to see patients in a confidential and more comfortable setting. Assessments are done in that setting. Documentation on the level of watch and conditions and precautions are provided by the QMHP to security staff daily, after the in person visit.

c. patients are offered out-of-cell time

During the daily visits by the QMHP, patients are offered to be seen in the blue room for clinical sessions. They are also offered showers by HRRJ jail officer staff. HRRJ is working with behavioral health staff to offer group and individual sessions to comply with the Agreement. This was recently initiated. Evaluation of their success will be reviewed during the next six (6) month reporting period.

d. QMHP interaction and treatment.

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As noted above, QMHP staff interact daily with those on suicide watch and provide out-of-cell clinical session in the blue room. Group and individual therapy sessions will increase the access of patients to treatment.

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 and interaction.

e. discharge from suicide watch by a QMHP and follow-up

Discharge from watch is approved by a QMHP or a Psychiatrist. 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 current 6-month period nineteen (19) inmates of the twenty-four (24) 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 are in, or 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 more out-of-cell activities 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 and since April 2021 to April 2022 thirty (30) out of thirty-one (31) TDO's submitted for action have been approved. The rate of acceptance for TDO's during this period is ninety-seven percent (97%). 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 of submissions 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 (MHAA) - HRRJ behavioral health staff are presenting awards. Procedures and criteria are in place. Review of incentives provided through Behavioral Management Plans and review of medication compliance by the psych RN is the process for providing "Achievements" to mental health clients. From November 2021 – April 2022 seventy (70) achievement awards have been presented to patients with SMI. Forty-eight (48) of those awards were for medication compliance.

HRRJ must continue to expand this process to be compliant with this provision.

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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 (FDP) Programs through local Community Services Board (CSB) address this provision. During this period, grant staff completed one hundred ninety-eight (198) mental health screenings using the Brief Jail Mental Health Survey and received one hundred seventy-two (172) referrals, one hundred twenty-six (126) were program eligible. Contracted staff provided programming for three (3) programs: Thinking for Change, Seeking Safety and Peer POD hour. Inmates received eighty (80) hours of individual counseling and fifty-six (56) hours of group counseling. While HRRJ is not directly responsible for the FDP grant, they are the key player in helping to make release planning a reality for those being transitioned from HRRJ custody. Forty-two (42) SMI inmates were released with a specific release plan. Eleven (11) appeared to their first behavioral health appointment and thirty-four (34) received some services as a result of forensic discharge planning support. The release plans contained all the required areas from the Agreement, some clients provide the information and contacts to follow through on the plans and some do not. The plans are sound, but clients can choose not to use part, or all of the plans as is their right. There are times when a plan may not have all the areas as an inmate may not give all information. This is especially true in the area of family/community/social supports. A challenge is that the CSB must send the final release plan to HRRJ if the patient is released directly from Court. That does not always happen. Medical and mental health staff have also been active working on release planning for inmates especially when there is a quick release from the Court. Another challenge is that some SMI patients refuse to meet or cooperate with the local CSB. In one instance release planning had arranged housing for an inmate. HRRJ provided transportation on release for the inmate to the behavioral health community housing unit. The patient was dropped off at the unit, after the HRRJ staff left it was reported by staff at the behavioral health facility that the patient walked away and did not enter the building. The Monitor met with CORE staff to discuss how to better coordinate with the local CSB to assure that HRRJ can meet this provision. A meeting with HRRJ administration and CORE staff will occur in July to discuss issues related to assuring those with SMI are offered a FDP within the Agreement time frame. In addition, tracking of those that may not be CORE participants but receive a FDP by the local CSB. It is hoped that better coordination will help HRRJ to meet this provision. A challenge is that other than responsibility for the CORE grant, the local CSB's are responsible for creating the FDP.

It will be incumbent on the HRRJ staff to continuously reach out to assure that the referrals for inmates are in place to assist those SMI inmates being released. It will be critical for the grant and forensic staff to track those SMI released inmates for HRRJ to meet the requirements of the Agreement.

HRRJ is partially compliant with this provision.

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95. Warm hand-off – Enriched communication with the grant and CSB staff has allowed for more coordination of services and a warm hand off to community mental health providers. COVID – 19 is still a barrier to both HRRJ, CSB and grant staff. During this time period, November - April, thirty (30) individuals had a warm hand off to a 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 -. Eighty-five (85) inmates were transferred to State Department of Correction. The process for medical and mental health records acceptance is fairly rigorous, requiring the 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. Each inmate is provided a card and a form which identifies for each medication the drug name and strength, indication and days supply. On-site record review of fifteen (15) discharged inmates for time served, bond produced or released by the Court showed four (4) of those had an SMI diagnosis and four (4) were on psychotropic medications. Each were given the medications on hand and an InMed order was generated. There are occasions when HRRJ mental health and medical staff work with the pharmacy and the patient to assure they receive 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 2021. The new format which includes discussion of inmates with SMI diagnosis who are in a RH unit greater than twenty-one (21) days duration or approaching thirty (30) days. Discussion also includes inmates with MH issues that are housed in the RH unit. ICC also reviews those that are on pre-hearing detention to assure rapid review of any disciplinary charges. 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 this first year and a half of the

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Agreement. Change in administration at HRRJ has shown a commitment for accomplishing the requirements of the Agreement.

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 for new employees, including lesson plans using a PowerPoint presentation are implemented. All lesson plans have the required components of the Agreement. Training for new security staff conducted starting in April 2021 and continues using the 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 begun, and twenty-seven (27) were trained this reporting period. (see appendix B) It was noted, in the past when there was a potential issue with inmates security would use OC spray (Oleoresin capsicum or "pepper spray") to contain the situation. At each ICC meeting any inmate with an SMI diagnosis where OC spray was used is discussed. In six (6) months there were ten (10) instances. It is noted that the use of OC spray on any inmate has significantly decreased, and staff are using alternative methods to de-escalate situations where OC spray or use-of-force may have been used. 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.

Specific security MH Awareness training for sworn staff has yet to begin. Suicide prevention training is occurring, see #86 and appendix B. Suicide prevention training outlines the DOJ criteria for emergent, urgent, and routine referrals to MH staff.

HRRJ will need to initiate sworn officer mental health training and continue de-escalation, new orientation and suicide training to obtain substantial compliance with this provision.

HRRJ is partially compliant with this provision.

Housing For Prisoners with Serious Mental Illness

Housing for prisoners with SMI will be provided in general population, mental health units, secure mental health units, and acute mental health units as outlined below.

HRRJ will need to be substantially compliant with provisions #100 – #104 to obtain substantial compliance with this overall provision.

100. Housing for Prisoners with SMI – HRRJ had one (1) year from effective date of the Agreement to meet these provisions. Currently those patients diagnosed with SMI needing suicide watch observation and those that may have an acute exacerbation of symptoms are housed in an Acute MH Unit. There are plans to create gender specific acute and secure SMI units respectively, gender specific Transition and Recovery Units (TRU) and gender specific Mental Health GP units. Specifics for these

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units are currently being outlined in a reimagination blueprint document. The blueprint will have pictures to show the locations, rooms and furniture expected to be in place at the units. HRRJ has begun to make changes to the physical plant. They have created a “blue” room which are used for de-escalation or “time out” locations for mental health patients. They are also used for clinical sessions for out-of-cell time. HRRJ has also brought chairs suggested by the mental health consultants which are less “institutional” and are more comfortable. HRRJ plans to move forward with opening one unit at a time. HRRJ opened the first unit at the end of April 2022. Opening of additional units is contingent on the hiring of staff for the unit. As of the writing of this report, there is one unit open. HRRJ must have adequate security, medical and mental health staff in place prior to opening any additional units.

While this Monitor is encouraged by the desire to meet the obligations of the Agreement, I caution HRRJ to make sure that they don’t forget the security and safety of the institution. Neither HRRJ or the United States could have anticipated the occurrences over the past two years, and neither party should push the institution into a corner that may cause a negative outcome. COVID- 19 and the fallout from the restrictions that have had to be put in place, and the new labor situation has caused serious problems with recruiting and retention of security and healthcare staff. Again, this is a marathon, not a sprint.

HRRJ will need to be substantially compliant with provisions 100 – 104 to obtain substantial compliance with this overall provision. No grade will be given at this time pending review, PR.

101. Policies and Procedures for Mental Health Units - HRRJ healthcare staff has produced a policy which has been approved. The next step for HRRJ security staff is to create a policy based on the healthcare approved policy.

HRRJ will need to complete the security policy and procedures which mirror healthcare policy as they work on the opening of additional units.

HRRJ is partially compliant with this provision

102. Mental Health Units - Challenges noted are the current and future staffing needs, including additional psychiatry hours, RN vacancies, officer vacancies, which will provide the needed employees for a robust treatment team. A reimagination blueprint is in development which will address most of these issues. As noted in #100 above and # 104 below, HRRJ has opened one of the units as of the end of April 2022. As units are completely for a reporting period this provision will move to partially compliant. However, again as noted in #100 above, HRRJ must be acutely aware of the security situation at the jail to assure safety and security of the institution, its staff, contractors, and inmates. A plan for dedicated mental health programming must be available for inmates housed in the unit(s).

HRRJ will need to work on policy, procedure, and implementation issues to move toward partial and then substantial compliance. This will take serious efforts for recruitment and retention of employees to staff the units.

HRRJ is non-compliant with this provision

103. Secure Mental Health Units – HRRJ creating a reimagination blueprint which describes the unit and staffing for the unit. The healthcare policy describes the inmates who would be assigned to the unit and the programming to be ongoing. Challenges to implementation are security and healthcare staffing to allow for the structured activities outlined in the Agreement. Physical plant changes have begun to

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occur and more will be needed to assure the safety and security of the residents of these units, jail, and healthcare staff. This unit is not set to open soon.

HRRJ is in the beginning stages of strategies to implement this provision. As noted previously, work on policy, procedures, employee recruitment and retention must be ongoing and strengthened to obtain partial compliance and ongoing to achieve substantial compliance.

HRRJ is non-compliant with this provision.

104. Acute Mental Health Unit – HRRJ opening this unit in late April 2022.

a. An acute mental health unit for suicide watch observation

The unit has ten (10) safety cells with Lexan doors. This unit has been being used as the suicide watch unit. The unit has security staff who are assigned to watch duties. The challenge will be the ability of HRRJ to keep up with the security pressures to assure that there is sufficient staff for suicide watch duties.

b. Patients will be offered out-of-cell time with activities determined by a QMHP a detailed in the individualized treatment plan

The Agreement requirement of a total of four (4) hours of clinically appropriate out-of-cell time is a challenge at this time. QMHP staff see each patient daily and take them to the blue room for appropriate clinical activities. The QMHP staff with support from security is implementing therapeutic programming “Affect Regulation” as a pilot program. This program will be in addition to individual clinical time with each patient on suicide watch. Another program “Collaborative Safety Planning and Brief CBT for Suicidality” is also to be implemented over the next few months. It will be a challenge to keep up with the programming and access to showers and individual clinical sessions. However, over the past reporting period the entire staff at HRRJ have striven to implement these provisions in the Agreement. Due to this fact it is determined that they are partially compliant with this provision.

HRRJ must show that the unit is fully operational, out-of-cell time is increased, clinically appropriate activities based on a QMHP generated treatment plan are in place for HRRJ to stay in partial compliance.

HRRJ is partially compliant with this provision.

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 was developed to address the new revised process. HRRJ security and healthcare staff have worked hard to move toward compliance. HRRJ has

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made significant steps in removing inmates out of RH areas. It will take a concerted effort by all staff at HRRJ to stay compliant with these provisions.

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. Restrictive housing is not used as alternative to Mental health care and treatment - HRRJ has worked hard to assure that RH is not used as an alternative to mental health treatment. HRRJ policies have been approved and are being implemented to assure RH is not used as an alternative to mental health treatment. As noted in the first and second monitor reports, all persons in Protective Custody (PC) are no longer housed in the RH unit. The ICC process has significantly improved. This process started in 2021. Security and healthcare staff have worked well together to make this a reality. The Monitor, behavioral health or security consultant attend each ICC meeting in person or via Zoom. The United States attends when available. The population of those in RH for over twenty-one days continues to be much lower than in previous reports. The statistics for November 3, 2021, showed fourteen (14) inmates who had been in RH for more than twenty - one (21) days. April 27, 2022, statistics show six (6) who have been in RH for over the twenty-one (21) day period. Of those, three (3) had an SMI diagnosis. As noted previously and to be compliant with #111 – 114, HRRJ creates memos which are reviewed at the ICC meeting and signed off by the Superintendent and MH Director if an inmate with an SMI is in RH for more than thirty (30) days. The monitor and USDOJ receive monthly documents showing memos created.

HRRJ and healthcare staff are to be commended for the continued 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 is 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. Over the next reporting period it is anticipated that they may move to partial compliance with this provision.

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 continues to be submitted to hearings on grievances SMI patients which continues to result in most instances dismissal of disciplinary infractions. On site and zoom attendance by the monitor and/or security consultant 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 the inconsistent notification of a change in inmate status to mental health staff in a timely manner, and staff vacancy. Specific tracking of this element is currently underway.

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Continued vigilance will be required to move this provision from partial to substantial compliance. Tracking is now occurring, continued use of this tool be required to maintain partial compliance.

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 eighty-five (85) SMI charts reviewed. All inmates who are identified as decompensating are seen with increasing frequency, referred for a psychiatric 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. There are times on weekends when a patient is not taken out of their cell to be seen.

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 is sent to the monitor, security consultant and the United States on a weekly basis and reviewed during on-site visits.

HRRJ security policy has been approved. Continued vigilance regarding the placement of persons in RH must continue. Those with SMI should continue to be assessed to assure decompensation does not occur.

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. Access to reading and writing materials is provided, as clinically indicated, and evaluated especially for those who may have a potential for self-directed violence behavior. Meetings were held between security and mental health staff to assure everyone was on the same page, and documentation of what items are to be allowed in the RH areas was discussed based on the clinical profile and current condition of the inmate.

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 inmate with SMI will be placed in restrictive housing on administrative restriction status absent Extraordinary Circumstances which are approved with documented reasons by the Superintendent and Director of Mental Health- In May 2021, Mental Health Department created memos outlining date of placement in RHU, behavior while in RHU resulting in additional disciplinary infractions and recommendation to stay or remove from RHU. These memos are generated by the Mental Health Director or designee for initial thirty (30) day review and are subsequently updated every

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week they remain in RHU. These patients are also discussed weekly ICC meetings to brainstorm alternative placement options, creative problem solving, to identify antecedents to maladaptive behaviors and a clear pathway to transition out of RHU. Documentation of these memos is sent to the monitor and USDOJ monthly.

HRRJ will need to continue tracking any SMI inmates' administrative restriction status and address that issue with the Superintendent and Mental Health Director as soon as 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 are in use. These are used to provide proof of review by the Superintendent and Mental Health Director. HRRJ is developing policies and procedures to memorialize the current practice utilizing these forms.

HRRJ has adopted policy, forms and processes. It will be important to track and assure that the policy as written and followed.

HRRJ is substantially compliant with this provision.

113 SMI in restrictive housing administrative restriction moved to mental health unit or reviewed – Security Policy and Procedure is being developed using the approved healthcare policy. Specific locations for Acute MH Unit and Secure MH Unit have been identified. This provision cannot move to partial until most of the mental health units are open to allow for patients to be “moved to the appropriate mental health unit unless there are Extraordinary Circumstances”. Challenges include security and MH vacancies, workspaces for dedicated MH staffing, and programming for each MH unit.

Implementation of most mental health units will be necessary to move from non-compliant to partial compliance. Policy development by security needs to be a priority.

HRRJ is non-compliant with this provision

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.

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115. If inmate is not removed from RH, then HRRJ must have a heightened level of care for those in RH- All patients with a SMI diagnosis have an increased level of care after which includes once daily visit from an RN if on medications, face-to-face, therapeutic, out-of-cell session with a QMHP once a week, rounds three (3) times a week by QMHP, one of which is conducted out of cell. There currently is no specific diversion unit. Currently, QMHP staff will conduct additional rounds in RH unit, if clinically indicated. Mental health rounds are not being used as treatment. As noted previously there are times when the out-of-cell session has not occurred. The Superintendent has made it clear to staff that all due diligence must be used to try and allow for out of cell sessions. However, due to security staffing this is not possible much of the time.

HRRJ and Wellpath need to continue to work 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. Continued tracking will be important for HRRJ to obtain substantial compliance with this provision.

HRRJ is partially 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 - In 2021, Mental Health Department created memos outlining date of placement in RHU, behavior while in RHU resulting in additional disciplinary infractions and recommendation to stay or remove from RHU. These memos are generated by Mental Health Director or designee for initial thirty (30) day review and subsequently every week they remain in a RHU. These patients are also discussed weekly ICC meetings to brainstorm alternative placement options, creative problem solving, to identify antecedents to maladaptive behaviors and a clear pathway to transition out of RHU. These memos are kept by MH Director and security places copy of memo in inmates' classification file. As of April 27, 2022, there were three (3) inmates with an SMI diagnosis who had been in RH for more than thirty (30) days.

HRRJ will need to continue to evaluate the use of the form and track if it addresses the provision appropriately. HRRJ security needs analyze their operational procedure and policy to see if they are consistent using the current 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. Review of all relevant documents showed that 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 to stay in substantial compliance.

HRRJ is substantially compliant with this provision.

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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”. This term is no longer used at HRRJ.

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 – HRRJ and Wellpath, the healthcare vendor has produced policies related to Continuous Quality Improvement (CQI).

HRRJ must continue to provide training on the updated policies to be consistent with current practice to stay substantially compliant with this provision.

HRRJ is substantially compliant with this provision.

121. QA monthly mechanisms implemented in 3 months, including relevant data 1 - 29 - Relevant data related to the Agreement has been submitted monthly by the Agreement Coordinator, to the United States, and the Monitor. There have been no instances that HRRJ has been unwilling to provide the data, the formats have been decided and the reports are sent to the parties. Substantial provision 121 a. 25 - The United States has been working with HRRJ to see if there is any way they may be able to take the information available and merge it into one report. HRRJ sent their reports to DOJ IT staff who will be working on resolving the compatibility issue.

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 - The first meeting of the Quality Improvement Committee was held on May 7, 2021 and have been held monthly since. The monitor attends the meetings when on site or on zoom. The United States also attends via

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zoom. Minutes of the meeting are reviewed and contain recommendations for changes on how data is 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 in restricted housing, however had been counted as such in the data, this has been corrected. This is the type of recommendation that will help HRRJ provide accurate data to the Monitor and the United States. Wellpath, the healthcare contractor has recently established QIC goals and processes. Also, there are specific questions that are sent to staff at HRRJ requesting clarification on data reported each month. These questions have helped to create ownership for the data collected.

HRRJ must continue to assure that the QIC meets monthly addressing all areas of the institution and Agreement, reviewing, and analyzing data, identifying trends and interventions, making 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 QIC 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 graph is presented to the HRRJ Board to keep them abreast of the current status and movement toward substantial compliance. All of these have continued over the past six (6) month period.

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

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 United States and to the Monitor.

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 meeting minutes and through direct observation, medical and mental health care staff are involved in the process as well as the monitor. As part of the Wellpath CQI process, HRRJ administration is acutely involved in the CQI process. Policy for the QA process was finished and implemented to coincide with the current practice. Annual review to assure the policy is consistent with practice will be needed.

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.

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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 clinical and administrative review portions of the M and M process. There have been no deaths in the past 6-month review period so review of any changes to the process has not been possible currently. There was one serious suicide attempt which required a trip to the hospital so the site will need to conduct an M and M over the next month. This will be reported in the next Monitor report.

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 and have access to all materials.

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 latest status report was provided on March 31, 2022. A review on-site was conducted during the April monitor site visit, additional meetings will occur in May during the on-site visit to review additional areas of the report.

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 was sent to the Court on May 28, 2021. As May 31, 2021, was federal holiday, the Court received the report on June 1, 2021. The Second Monitor Report was sent to the Court on November 29, 2021 and received on November 30, 2021. The

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Monitor has been on-site every month since October 2020. The Monitoring contract was signed on September 17, 2020. This report will be sent to the parties for review and comment and then submitted to the Court on May 31, 2022.

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.

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 communicate better with the stakeholders to encourage their commitment. This works 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. HRRJ submitted the next Implementation Plan on October 1, 2021, with staffing matrix additions on October 1 and 7, 2021. The United States sent comments and recommendations on the plan November 1, 2021. The implementation plan identified the parameters required under the Agreement. The next implementation plan will be due on September 30, 2022.

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 site October 20, 2020.

157. Annual Implementation Plan - the next Implementation plan from HRRJ is to be submitted on September 30, 2022

Inmate Interviews

Over the past 6 months the security consultant conducted inmate interviews.

1. 0022941 – The inmate has been incarcerated at HRRJ for approximately four (4) years, and at this time is a trustee in the medical area. He has not required the services of Medical or Mental Health at

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this time. He related that during his time as the medical trustee, he has seen an improvement in the medical care that other inmates have been receiving. While in his housing unit he is not aware of any major problems occurring with other inmates' Medical/Mental Health treatment. (Male)

2. 0007289 – The inmate has been incarcerated at HRRJ for approximately four (4) years. While at HRRJ he has had surgery conducted on his Aorta and feels that he has received adequate medical treatment. During his recovery, he received the appropriate medical treatment. He is presently an outside trustee and awaiting his release from the Jail. (Male)

3. 0008970 – The inmate has been incarcerated for one and half years (1 ½) years. He has no noticeable medical issues at this time but has observed the medications being provided at various times and is not aware of any major concerns voiced by other inmates. (Male)

4. 0045286 – The inmate arrived at HRRJ with previous knee surgery, he related that while being transported from another facility, some damage occurred to the repaired knee. The damage was treated at the Jail. He participated in therapy and was released. He just returned from being housed in the medical infirmary. While in the general population he has received his medications promptly but did state that on several occasions the medications arrived late. He has previously been seen by Mental Health and feels that he may want to talk to them again for some minor depression. This information was referred to the Medical HSA. (Male)

He was seen the next day by mental health staff.

5. 0044515 – The inmate has been incarcerated at HRRJ for approximately three (3) years. He is presently being treated for High Blood pressure and cholesterol and iron medication. He informed me that his sick call has improved since he arrived at the Jail and is receiving his medications on regular bases. With his high blood pressure, he is being seen by Chronic Care every ninety (90) days. (Male)

6. 0042965 – The inmate has been housed at HRRJ for approximately two (2) years. The inmate has been incarcerated at this jail previously and stated that they have not seen an improvement in medical and mental health care since returning to jail. She stated that after you submit a request to medical, it takes several weeks before they respond to the request. She has been receiving her medications on time and as ordered. The medical staff does not take time to talk to her and they express a lack of concern for their condition but further state that the mental health staff treat her better and show concern. While incarcerated this time she lost a child and received adequate medical treatment. (Female)

Review of the patient chart found the following:

Sick call for behavioral health was submitted on 3/5/22, referred to behavioral health and was seen by a QMHP on 3/7/22. Seen by the Psychiatrist on 3/26/22. This patient has been seen by a psychiatrist on the following dates; 2/13, 3/26 and 4/16/22.

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They also submitted a sick call on 2/2/22 for a dental complaint and was seen on 2/3/22 and 2/6/22 by nursing and referred to dental and seen by dental on 2/16/22.

On 1/28/22 submitted a sick call for behavioral health and was seen the same day on 1/28/22.

7. 0011478 - The inmate has been housed at HRRJ for approximately thirty (30) days. The inmate expressed that she has seen an improvement in medical and mental health services since her last term of incarceration. When you file a request to see medical, they will respond to your request in several days. She has been receiving the proper medication on time since her arrival. She is presently being seen by mental health as scheduled every two weeks. (Female)

8. 0044357 – The inmate has been housed at HRRJ for approximately three (3) years. Previously I interviewed this inmate and states that medical and mental health services continues to improve. Due to her medical condition, she has begun seeing a specialist. She has received her sentence and is awaiting transfer to the Department of Corrections. (Female)

9. 0045159 – The inmate has been housed at HRRJ for approximately one (1) year. The inmate was extremely negative toward medical and while incarcerated. They stated requests for medical issues are not taken seriously and it may be several weeks before they receive a verbal or written response. She is receiving mental health services regularly every two weeks and now moved to four weeks. (Female)

Review of patient chart found the following:

sick call submitted on 3/22/22, nursing saw patient on 3/23 and referred to provider who saw patient on the same day 3/23/22. Patient was also seen on the following dates for various issues 2/28, 3/10, 3/11, 3/24, 3/27, 4/12, 4/13, 4/15 and 4/16/22

00045621 – The inmate has only been housed at HRRJ for two (2) weeks and has limited contact with medical or mental health services. Upon arrival, she was referred for mental health services and saw the psychiatrist today and was positive about the session. (Female)

Appendix A

Summary of Compliance - Substantive Provisions

Number	Policies and Procedures	Rating
19	Consultation with Monitor, USDOJ on policy development	PC

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Summary of Compliance - Substantive Provisions

20	Policies approved will be adopted	PC
21	Begin Implementing policies approved	PC
22	Fully implemented policies	PC
23	Annual policy review	PC
Number	Staffing Plan	Rating
24	Staffing plan development	PC
25	Staffing Plan Implementation	PC
Number	Training	Rating
26	Annual in-service training	PC
27	Incorporate Agreement requirements into the training curriculum	PC
28	In-service training	PC
29	Training on mental health care	PC
Number	Security	Rating
30	Security Staffing	PC
Number	Medical and Mental Health Care	Rating
31	Medical and Mental Health Prior Records	SC
32	Feeder Jail medical records	SC
33	Continue Medications	SC
34	Medical or Mental Health Request/Sick Call Process	PC
35	Sick Call Collection	PC
36	Sick Call Triage	PC

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Summary of Compliance - Substantive Provisions

37	Sick Call Tracking	PC
38	Sick Call Oversight	PC
Number	Medical Care	Rating
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)	SC
47	Routine Medical Assessments (Sick Call)	PC
48	Acute Care	PC
49	Chronic care	SC
50	Chronic Care Registry	SC
51	Chronic Care Plan of Care	SC
52	Chronic Care Protocol	SC
53	Medical Diagnosis	SC
54	Medical Specialist Appointments	PR
55	Medical Specialist Registry	SC
56	Medical Follow-up care	PC
57	Medical Treatment Plans	SC
58	Medical Treatment	SC
Number	Mental Health Care	Rating

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Summary of Compliance - Substantive Provisions

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	SC
63	Mental Health Assessments	SC
64	Emergent Mental Health Assessments	SC
65	Urgent Mental Health Assessments	PC
66	Routine Mental Health Assessments (Intake)	SC
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	SC
72	Multidisciplinary team treatment plan update	PC
73	Requirements for treatment plan	PC
74	Timing for Treatment plan review	SC
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	SC
80	Psychotropic Medication follow-up	PC
81	Psychotropic Medication Compliance	PC
82	Anti-Psychotic Medication Use	SC
83	Medication Administration Records Audits	PC
84	Serious Mental Health Registry	SC

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Summary of Compliance - Substantive Provisions

85	Suicide Prevention	PR
86	Suicide Prevention Training	PC
87	Suicide Risk Assessment	PC
88	Suicide Watch	PC
89	Suicidal Prisoner Housing	SC
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
Number	Housing For Prisoners With Serious Mental Illness	Rating
100	Housing for Prisoners with SMI	PR
101	Policies and Procedures for Mental Health Units	PC
102	Mental Health Units	NC
103	Secure Mental Health Units	NC
104	Acute Mental Health Unit	PC
Number	Restrictive Housing	Rating
105	Restrictive Housing on Prisoners with Serious Mental Illness	PR
106	Not used as alternative to Mental health care and treatment	PC

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Summary of Compliance - Substantive Provisions

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	SC
113	SMI in restrictive housing administrative restriction moved to mental health unit or reviewed	NC
114	If inmate not removed from restrictive housing reason documented including reasons	PC
115	If inmate not removed have heightened level of care	PC
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	SC
118	No inmates to be placed on restrictive housing due to "mental deficiencies"	SC
Number	Quality Assurance	Rating
119	Assure QA program is developed, implemented and maintained, identifies and correct deficiencies	PR
120	QA policies will be developed in six (6) months	SC
121	QA monthly mechanisms implemented in 3 months, including relevant data	PC
122	Quality Improvement Committee (QIC) developed and implemented in 3 months	PC
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

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Summary of Compliance - Substantive Provisions

Number	Morbidity-Mortality	Rating
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
Number	Monitoring Activities	Rating
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
Number	Implementation	Rating
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

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Appendix B

Training Conducted November 1, 2021, to May 1, 2022	
Annual In-Service - 40 Hr.	57
Officer's Orientation - New	18
Civilian Orientation -New	14
Medical and Mental Health Orientation - New	18
Suicide Training - New Hires	29
Suicide Training -Sworn	22
De-Escalation Training	27
Crisis Intervention Training	37
Mental Health Training for Security	0
1.4 Policies and Procedure	149
5.4 Training	150
7.1 Inmate Intake	168
8.1 Security Risk and Custody Status	150
13.15 Hunger Strikes	177
17.2 Emergency Medical Services	186
17.3 Dental Services	186

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17.5 Health Care for Security Staff	150
17.7 Inmate Duty Restrictions	186
17.8 Medical Screening Upon Admission	150
17.10 Health Records	186
17.12 Medication Administration to Inmates	150
17.16 Ectoparasite Control	186
17.20 Medical Services to Kitchen Inmate Workers	186
17.21 Health Assessment	186
17.24 Medical Management of Inmates with HIV/AIDS	186
17.25 Pregnancies	186

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