

**Fourth Expert Monitoring Report  
Doña Ana County Detention Center  
January 10 - 12, 2012**

**Overview**

The Doña Ana County Detention Center (DACDC) was visited for the fourth expert monitoring tour pursuant to subsection XI. A. of the Settlement Agreement. The visit occurred from January 10, 2012 to January 12, 2012. The following report is based upon interviews with institutional staff and detainees, medical records reviews, as well as review of documentation and information provided by the institution. This report will specifically address the institution's status and progress toward compliance with the Stipulated Settlement Agreement between Plaintiffs Jaime Bravo, et al., and Defendants, Board of County Commissioners for the County of Doña Ana et al.

**Compliance with Settlement Agreement**

*I. STAFFING*

A. General Principles for Staffing

Doña Ana County Detention Center (DACDC) maintained mental health staffing that exceeded the requirements outlined in the Settlement Agreement. At this monitoring visit, there were 2.0 FTE (full time equivalents) Qualified Mental Health Professionals (QMHP) working at the facility. These two QMHP consisted of a full time nurse practitioner and a full time psychiatrist. Dr. Castillo, the psychiatrist, continued to function as the mental health team leader. This level of mental health staffing was unchanged from recent past visits.

DACDC continued to exceed the required staffing levels for other mental health practitioners as well. Since the last monitoring visit, another mental health counselor was hired; this brought the total to 4.0 FTE mental health counselors in place. The Settlement Agreement only required 1.0 FTE mental health counselor. Additionally only one mental health technician was required by the Settlement Agreement; the facility had approximately 4.3 FTE mental health technicians in place at the time of the monitoring visit. DACDC continued to utilize a full time mental health nurse who continued to provide mental health triage duties as well assisting in the completion of psychosocial evaluations and medication verification. The additional mental health staff hiring at DACDC was consistent with their proposed plans outlined at the last monitoring visit to augment staffing with the opening of the new mental health units on the Delta unit.

The facility continued to maintain an on-call schedule that provided for mental health coverage 24 hours per day/seven days per week.

DACDC maintained the improvements that were previously reported regarding the provision of mental health services at the facility.

1. At least 0.2 FTE psychiatrists working preferably on-site in the facility. This provision was met.
2. Remaining FTE time (1.5 FTE) of QMHP filled by licensed psychologists and/or certified nurse practitioners. This provision was met.
3. At least 1.0 FTE mental health counselor. This provision was met.
4. At least 1.0 FTE mental health technician. This provision was met.
5. Review of staffing to assure sufficient mental health staffing. This provision was met.

6. Job Functions of QMHP: This provision was met. The QMHP responded to referrals that were generated by the detainees and staff. Initial assessments were documented on the Psychosocial Assessment. This provision was met.
- a. The psychiatrist, Dr. Castillo functioned as the mental health team leader. Treatment planning in coordination with other mental health care staff occurred primarily during weekly treatment team meetings. This provision was met.
  - b. Follow-up individual treatment was consistently provided by the QMHP; group therapy was not provided by the QMHP. Treatment plans continued to outline recommendations for therapy. This provision was met.
  - c. The QMHP saw patients daily. Clinical encounters continued to occur in an office setting that afforded sound confidentiality; additional space was also available in the Fox unit for individual clinical encounters with mental health clinicians. QMHP also conducted segregation rounds with the mental health technicians at least weekly. This provision was met.
  - d. Maintenance of data and medical records charting were completed by the QMHP. This provision was met.
  - e. The QMHP were responsible for crisis intervention when onsite. The provision of crisis intervention was coordinated with other mental health clinicians, including the mental health nurses, technicians and counselors. This provision was met.
  - f. Detainees continued to be routinely screened for their suitability for segregation by the QMHP. This provision was met.

- g. The QMHP saw detainees daily for evaluation regarding treatment with psychotropic medications. The QMHP also evaluated detainees regarding medication compliance issues, usually in response to referrals from medical or mental health staff. This provision was met.
  - h. The QMHP provided follow-up for those detainees treated with psychotropic medications. This provision was met.
  - i. The QMHP routinely evaluated detainees for suicide risk. This provision was met.
  - j. The QMHP routinely evaluated detainees returning from the hospital for mental health reasons. This provision was met.
  - k. The QMHP routinely provided crisis intervention for detainees. This provision was met.
  - l. Detainees were routinely referred to medical providers when clinically indicated. This provision was met.
  - m. On-call services were provided by the QMHP. This provision was met.
7. A minimally acceptable level of mental health staffing shall allow time for complete initial psychiatric assessment, psychosocial assessment and documentation of time spent providing services. This provision was partially met.
- a. There remained sporadic backlogs of past due initial psychiatric assessments and psychosocial assessments. Mental health nurses and mental health counselors assisted the QMHPs in the completion of these assessments. The supervisory staff was in the process of re-evaluating the assignment of these assessments in light of workload demands.

- b. As above.
  - c. The Catalyst system was fully implemented. This electronic management system continued to allow for the tracking of QMHP assessments and follow-up.
8. Intensity of mental health follow-up clinically appropriate based upon acuity.
- a. Clinical services are treatment plan driven. Medical records documentation and observations at the treatment team meeting indicated that treatment plans continued to be developed for detainees who received mental health services in the mental health, medical and segregation units. A review of the treatment plans noted continued improvements, and in-service training regarding treatment planning had been implemented since the last monitoring visit. Despite these changes, treatment plans, although improved, frequently did not address the prominent symptoms of major mental illness (for example, not noting depression as a problem area for a detainee diagnosed with Major Depressive Disorder). This provision was partially met.
  - b. Monthly contact will occur for caseload detainees in general population, minimum of weekly contact for those housed in mental health units. Detainees housed in the mental health units continued to be seen weekly in group therapy. Some delays in monthly contacts for general population caseload detainees continued, possibly due to workload issues. Catalyst data continued to document some past due appointments for mental health counseling. This provision was partially met.

- c. Treatment plans will be reviewed as clinically indicated; this provision was met. Treatment team meetings continued to occur on a weekly basis, and all detainees housed in the segregation, medical and mental health units were staffed weekly. Treatment plans were reviewed on a weekly basis during these meetings.
- d. Initial medication orders will not exceed two weeks in duration and reordered not to exceed 30 days. This issue remained unchanged. Initial orders continued to routinely be written for 30 days with refills. Renewals were written for at least thirty days and usually with at least two refills. This provision was not met.

B. DACDC will hire additional staff as necessary. This provision was met. The County hired additional mental health staff exceeding the levels outlined in the Settlement Agreement.

C. QMHP designated to provide overall responsibility for mental health service delivery. Dr. Castillo, the psychiatrist continued to function as the single point of clinical and administrative responsibility for overall mental health care delivery. This provision was met.

## *II. POLICIES AND PROCEDURES*

A. All staff will receive training on revised policies and procedures and CPR. This provision was met. The facility provided information that documented the attendance of healthcare staff in training regarding the policies and procedures and CPR.

B. Health care staff will receive training regarding aspects of policies and procedures. This provision was met.

C. DACDC to conduct audits of the implementation of revised policies and procedures.

This provision was met. Supervisory staff had ready access to information from the Catalyst system which provided information for auditing regarding the grievance process, clinical contacts, restraint and seclusion use as well as other parameters of care.

### *III. INTAKE*

DACDC shall develop intake and triage procedures that include Catalyst Intake Screen or its equivalent. In addition the new psychosocial assessment will be included at intake into the Catalyst system. This provision was met.

A. Specific training in detecting signs of mental illness and suicide risk training in the use of the standardized intake instrument. This provision was met.

1. Medical records reviews continued to indicate that the suicide risk assessment was routinely performed when clinically indicated. Additionally medical records reviews indicated that clinicians were able to detect the signs of mental illness and to address as indicated.
2. Information regarding previous incarcerations was available and reviewed by screening clinicians, including information regarding suicide risk.
3. The form provided for mandatory referrals under certain defined circumstances.
4. The ability to refer based upon clinical judgment regardless of score. Clinicians continued to make decisions regarding disposition and treatment based on clinical judgment.
5. Placement of posters in intake, booking and the women's housing units. This provision was met.

B. Staffing to allow intake processing within 72 hours.

This was an area of needed improvement. Detainees routinely remained in the booking/intake area greater than 72 hours. Detainees interviewed during the monitoring visit reported stays of days to weeks in the intake area with little opportunity for access to mental health care. The lack of appropriate housing at the jail was cited as the reason for the prolonged stays in booking. This provision was not met.

*C.* Male and female detainees housed separately in intake. This provision was met.

*D.* There was documentation that medical staff routinely inquired from transport officers information regarding their observations, including intoxication, mental health/medical information and suicide. This information and inquiry remained a routine part of the intake screening process that was completed at the time of booking.

*E.* Detainees able to request mental health services through the admission process. This issue remained unchanged. Kiosks were not available to detainees in the booking area; staff and detainees reported that requests for mental health services were routinely submitted to custody, medical or mental health staff. Unlike during past visits, it did not appear that routine rounds were conducted by nursing staff in the booking area, making access problematic. This was especially of concern due to the prolonged stays in the booking area. This provision was not met.

*F.* Kiosks were available in all housing areas except the medical unit and booking for detainees to access mental health services. Requests for mental health services by detainees from those areas necessitated the handling of these referrals by medical, custody or mental health staff. Plans were underway to provide kiosks in these areas, and kiosks had already been installed in some of the cells in the medical unit.

Information was reviewed regarding compliance with timely response to emergent, urgent and routine referrals. The overall compliance with timely response to referrals of all types averaged approximately 80%, with ranges of compliance from less than 50% to 100% compliance. This provision was partially met.

G. Detainee mattresses on the floor. This issue remained problematic. Detainees remained in temporary beds (boats) in some areas of the facility both in the dayroom area and in multi-person cells, including some of the women's units. Detainees slept on mattresses in these temporary beds.

#### *IV. POST-ADMISSION MENTAL HEALTH SERVICES*

A. DACDC to develop criteria, tools and a system to conduct more comprehensive mental health and psychosocial assessments with positive intake screenings, those placed in administrative segregation and others. DACDC developed such criteria that were outlined in the Corizon policies and procedures. This provision was met.

B. Development of organization structure for triage, assessment levels of care and referral. This provision was met.

C. System for development and review of individualized treatment plans. DACDC implemented a system in which treatment planning was developed by the mental health counselors and discussed in the weekly treatment team meetings. Training regarding treatment planning had been conducted by Dr. Castillo since the last visit, and improvement was noted regarding the individualization of the treatment plans. Despite these improvements, clinicians frequently missed significant problem areas in treatment planning, such as symptoms of

psychosis for detainees with a diagnosis of Schizophrenia. Although this provision was met, more work is indicated to further improve individualized treatment planning.

*D.* DACDC decided to discontinue the use of Mesilla Valley Hospital (MVH) for evaluation and treatment of detainees in need of mental health stabilization. Alternatively construction was nearing completion for the conversion of units on Delta for the housing and programming of detainees in need of mental health treatment. Despite these very positive developments which will provide for closer proximity of mental health clinicians to their patients, additional office space for clinicians and plans for increased programming as well as movement of mentally ill detainees out of the Fox unit; access to inpatient mental health treatment will remain an important issue. This provision was met.

*E.* DACDC continued to maintain two mental health units known as Halcyon units; there was one unit each for men and women. These units continued to provide protective housing for those detainees who had difficulty managing in a general population setting. The men's mental health unit had been relocated to the Delta unit at the time of the visit, and programming was provided in the dayroom of the unit. Modifications were made to the housing and office space units on the Delta unit. An important modification made in the mental health housing units was the installation of fencing on the second tier that will help to prevent jumping from the second tier by detainees attempting self-harm. Jail administrative staff should consider continuing this fencing down the stairway to further prevent opportunities for self-harm. Upon the completion of the construction on the unit, detainees will be seen by providers in private offices on the Delta unit. This provision was met.

1. The training provided for corrections officers was unchanged. The custody training supervisors reported that all correctional officers had received training in Crisis

Intervention Team (CIT) and approximately 70% received Crisis Prevention Institute (CPI) training. All new recruits received both types of training during basic cadet orientation. Only those officers who had received such training were utilized for the mental health units or at MVH. Direct supervision continued to be utilized by custody staff.

2. There was a system in place to admit and discharge detainees to and from the mental health caseload. This provision was met.
3. Treatment plans were developed during the weekly treatment team meetings; however, there were continuing problems with a lack of clinical individualization of treatment plans. This provision was partially met.
4. As above. This provision was met.
5. Daily rounds were conducted in the mental health units. This provision was met.
6. DACDC continued to conduct weekly treatment team meetings, and the necessary participants were in attendance at the meetings. These weekly meeting continued to include relevant discussion of all detainees housed in the mental health units, disciplinary and administrative segregation and the medical unit. This provision was met.
7. Detainees on the mental health units continued to participate in daily group meetings that afforded beneficial out-of-cell time. It appeared that the provision of outdoor recreation was significantly improved with the initiation of group recreation that afforded more detainees greater recreation time. This provision was met.
8. Detainees on the mental health units were limited in their availability for participation in some programming that was afforded to general population detainees. Detainees

- housed in the mental health units and segregation units did not have access to outside groups such as Narcotics Anonymous (NA) and Alcohol Anonymous (AA). Plans were underway to address this issue but had not been completed at the time of the monitoring visit. This provision was not met.
9. Clinicians were provided with confidential space for private interviews. New offices were under construction in the Delta units that would provide close proximity for clinicians to have access to their patients. This provision was met.
  10. Method for assessing detainee's capacity for treatment refusal and seeking treatment guardians. The staff continued to report that treatment refusals were consistently reviewed; however, there had been some difficulty in obtaining treatment guardians and transfer to the appropriate facility for mental health treatment. Although there were difficulties remained in the process, DACDC had a method in place to assess a detainee's need for a treatment guardian. This provision was met.

## *V. SECLUSION AND RESTRAINT*

A revised policy and procedure regarding seclusion and restraints was developed since the last monitoring visit with input from all parties regarding healthcare related issues (Corizon Policy) as well as correctional related issues (DACDC policy).

A. Restraints will be ordered only after less restrictive measures attempted. There was improvement noted regarding the appropriate documentation of seclusion and restraint usage. A review of the Medical Audit Committee (MAC) statistics revealed that there were 25 incidents of placement of detainees in the padded cell for suicide precautions from September to December 2011. Although it was reported that there had been improvement in the placement of detainees

on suicide precautions into the padded cell at the last monitoring visit, there was an increase in the use of the padded cell for the monitoring of suicidal detainees during this review period. 57% of suicidal detainees were placed into the padded cell for the period as compared to 23% during the most recent period and 46% during the first three months of 2011. A review of the duration of placement in the padded cell indicated that the average duration of placement was 1.5 days; stays during November and December 2011 lasted for two days or less. It was unclear if attempts were made to move detainees to less restrictive areas during incidents of prolonged padded cell placement. The lack of appropriate beds in the medical unit was the reported reason for the increased usage of the padded cell for the monitoring of suicidal detainees.

Information regarding the use of the restraint chair was improved. Information from the MAC regarding restraint chair usage from September to December 2011 indicated that there were six incidents of restraint chair usage. The data provided indicated that no placements into the restraint chair lasted for greater than several hours. 67% of the placements were reportedly due to issues of self-harm; one placement was reportedly due to safety reasons, and one placement was reportedly due to “discipline” and no further explanation was provided. This restraint chair placement lasted reportedly for approximately 1.5 hours. It appeared that the use of restraints and seclusion was generally ordered after less restrictive measures were considered or undertaken. This provision was met.

B. Restraint shall be used only to prevent imminent harm to self or others, only until appropriate medical intervention is obtained within no more than 30 minutes and in no case for longer than four hours. The information provided indicated that the duration of restraint usage was less than four hours. The facility policies and procedures outlined the requirements for

timely medical intervention with restraint usage, and restraint chair usage occurred in the medical unit. This provision was met.

D. Any detainee with a mental health history will be assessed by a QMHP within 72 hours of restraint. It was unclear if detainees were seen timely after restraint placement, and workload issues resulted in prioritization of evaluations.

E. Seclusion requires QMHP assessment within 24 hours for release or continuation. Reassessment is required every 24 hours. This provision was partially met. Detainees in seclusion were seen by the nursing staff daily; however, it was unclear if they were seen within 24 hours of placement into the seclusion cell and reassessed every 24 hours routinely by the QMHP.

F. Time in restraints should be limited with treatment plan review after each incident. Regular or multiple instances of restraints require referral to a higher level of care. Treatment team meetings continued to occur on a weekly basis, and detainees housed in the medical unit, including those placed in the restraint chair or in seclusion were discussed during these meetings. The treatment team continued to consider detainees with multiple instances of restraint for referral to a higher level of care. This provision was met.

## *VI. QUALITY IMPROVEMENT*

A. Weekly staffing of mental health detainees shall occur to determine continued housing in the mental health units or general population. DACDC continued to conduct weekly treatment team meetings that included the required participants. The monitor attended one of these meetings during the monitoring visit, and discussion included pertinent treatment issues, such as medication compliance, treatment planning and disposition. This provision was met.

B. Continuous Quality Improvement (CQI) committee in place at least quarterly. This process was unchanged. Documentation was provided that indicated that ongoing meetings continued regarding the review of CQI issues. The MAC met monthly during the review period. Monthly statistical information was presented to the Facility Administrator; this information was presented in the MAC. Facility administrators continued to utilize information from these meetings to address areas of needed improvement. This provision was met.

C. CQI results are presented to necessary persons. A review of the minutes of the MAC indicated that CQI results were presented during this meeting. This provision was met.

#### *VII. OFFICER TRAINING*

A. Mental health unit will be staffed with specially trained officers. The correctional officer training supervisors reported that all officers had been trained in CIT and approximately 70% had been trained in CPI. As all officers had received some form of specialized mental health training, this provision was met.

B. DACDC will establish specialized training for mental health housing officers and those assigned to MVH. Officers assigned to the mental health units and to MVH all had received specialized mental health training. This provision was met.

C. All health care unit officers shall receive training using Crisis Intervention Team (CIT) training or an equivalent. Please refer to VII. A. This provision was met.

D. DACDC will provide training to an experienced officer as trainer in Crisis Prevention Institute (CPI) or its equivalent. DACDC provided CIT with the use of a hired consultant. Six officers received training as instructors. This provision was met.

#### *VIII. SEGREGATION UNITS AND CONDITIONS OF CONFINEMENT*

A. Placement of detainees in administrative segregation with mental health conditions should be an unusual and rare event and only occur if violent, requires protective custody for safety reasons or makes an informed choice to be housed in a segregated cell. Placement of mentally ill detainees in administrative segregation was not an unusual or rare event, and detainees with severe mental illness were routinely housed in administrative segregation on the Fox units. Greater efforts continued to be made to prevent mentally ill detainees from housing in the disciplinary segregation unit (Bravo). Detainees with a history of mental health treatment were routinely moved to the disciplinary segregation units; although there was documentation that these admissions were not cleared by mental health staff. It did; however, appear that detainees continued to be removed from segregation after recommendations from mental health staff when there was evidence of decompensation. This issue remained unchanged; however, the planned movement of the majority of mentally ill detainees from the Fox unit to the Delta unit will help to address this issue. This provision was not met.

B. Detainees suspected of mental illness or on the mental health caseload housed in administrative segregation will have documentation in the medical record of the justification of continued placement in the segregation unit. This issue was also unchanged. There continued to be a lack of documentation in the medical record of the justification of placement in administrative segregation. As was previously stated, it did appear that custody staff was cooperative in timely removal of detainees who showed evidence of decompensation while housed on the unit. This provision was not met.

C. Detainees will be assessed by a QMHP within one business day of segregation placement. There was documentation to indicate that there were continued occasions in which detainees were not seen within one business day of segregation placement. There appeared to be

some continuing issues regarding communication between custody and mental health regarding the placement of some detainees in segregation, resulting in some delays in evaluation; it did appear that these occurrences were infrequent. Daily segregation rounds by the mental health technicians helped to identify detainees who had been moved to segregation without referral to the QMHP. Although this provision was met, in light of the importance of prompt evaluation of segregation detainees by mental health, this was an area that required ongoing scrutiny by DACDC staff.

D. Detainees classified to administrative segregation for non-emergency situations will have an assessment by the QMHP and not placed if not appropriate for this unit. As was noted in Subsections VIII.A and B., although assessments were generally performed timely, mentally ill detainees were routinely housed in the administrative segregation units. This provision was partially met.

E. Segregation units will be staffed with trained officers. As was reported in Subsection VII, this provision was met.

F. Rounds shall be conducted three times per week by a QMHP. Mental health rounds were conducted daily by mental health technicians in the segregation units. QMHPs conducted rounds with the mental health technicians at least weekly. Although the Settlement Agreement indicated that rounds should be conducted three times per week by a QMHP, it appeared that the parties had a general agreement that the rounds could be conducted by the mental health technicians. This provision was met.

G. Detainees will be monitored daily with the opportunity for confidential interview. Detainee interviews as well as medical records reviews indicated that daily rounds consistently occurred in the segregation units. This provision was met.

H. DACDC will conduct a structured periodic review of inhabitants' mental health status and suitability for continued housing in these units. Observations during the weekly treatment team meeting revealed that all detainees housed in the segregation units were discussed weekly regarding their suitability for continued housing in these units. This provision was met.

I. Detainees shall be provided individualized opportunities for out-of-cell time. This issue remained unchanged. Detainees on the segregation units remained limited in the availability of participation in programming that was afforded to general population detainees. Detainees housed in the segregation units did not have access to groups such as Narcotics Anonymous, Alcohol Anonymous and parenting groups. Group recreation was beneficial in providing increased recreational/out of cell time. Plans were also underway to address the lack of outside group access for detainees in the segregation units. This provision was partially met.

J. DACDC will provide a comprehensive one-time assessment with treatment planning of all administrative and disciplinary segregation units to assure that detainees with mental health conditions are identified. The staff reported that these assessments were completed; however, it was unclear if the assessments were conducted within two weeks of the signing of the Settlement Agreement.

K. No detainee with a known mental health condition shall be housed in the Bravo ("Supermax") unit. This issue remained unchanged. Detainees with a history of mental health treatment or condition were at times housed in the Bravo unit. The mental health staff continued to attempt to prevent the placement of detainees with serious mental illness into this unit. Mental health staff also reported that detainees were removed from the unit when symptoms of decompensation were noted. Of concern was the reflective covering that was in place on many of the cell windows in the Bravo unit, which made visibility inside the cells very difficult and

visualization outside of the cell by the detainee impossible. These coverings resulted in greater isolation for detainees housed on the unit and limited the staff's ability to adequately visualize inside the cells. The Jail Administrator indicated that this issue would be promptly addressed. This provision was partially met.

L. Individuals placed in the mental health unit shall be provided individualized treatment as governed by current psychiatric practice. Daily rounds continued to be conducted by the mental health technicians and weekly by the QMHP. Detainees were provided with the opportunity for out-of-cell interview. Corrective measures were indicated to better improve treatment planning and to provide more access to outside groups. This provision was partially met.

#### *IX. MEDICAL RECORDS / CLINICAL DOCUMENTATION*

Medical records should be organized and accessible to clinical staff.

- A. Notes are dated, timed and signed appropriately. This provision was met.
- B. Notes entered in chronological order. Information in the medical record was generally in the correct order. Part of the medical record was maintained electronically. This provision was met.
- C. Contain an easily identifiable problem list. This provision was met.
- D. Contain an individualized treatment plan. This provision was met; however, improvement was needed regarding improvements in treatment planning.
- E. Enable all computerized medical records and all paper medical records to be accessible upon admission or shortly thereafter. This provision was met.

F. Assure continuity and access to the medical record regardless of the mental health provider. As Corizon (formally Prison Health Services) was the mental and medical health provider, this issue was not evident at the time of the visit.

#### *X. GRIEVANCE SYSTEMS AND ACCESS TO MEDICAL CARE*

DACDC continued to utilize an electronic kiosk system that allowed for detainee submission of requests for services and grievances. These kiosks were located in the dayroom area of the housing units with the exception of some cells in the medical unit and booking where detainees continued to rely on custody officers or clinical staff to submit their requests; kiosks had been placed into some of the medical cells with plans to install additional kiosks. A triage nurse was assigned to respond to grievances timely. Information obtained through the grievance process was forwarded to the MAC for discussion, review and remedy.

A sample of grievances was reviewed for the monitoring period. Grievances were responded to by an assigned nurse (RN) and reviewed by the healthcare administrator. The number of mental health grievances remained low by percentage in comparison to other grievances submitted (generally less than 5% of grievances). Response to grievances was timely for September and October 2011, with responses averaging three to four days. The timeliness of response to grievances was problematic for November 2011 with significant delays in response of 16 days and inappropriate responses to some grievances.

DACDC had a minimally adequate grievance system that addressed all of the criteria outlined in the Settlement Agreement. Of concern was the lack of clinical rounds in booking where there was a lack of access to kiosks for detainees; mental health rounds were conducted in the other areas where kiosk access was limited. Plans were underway to institute rounds by the

mental health technicians in the booking area to address this omission. This provision was partially met.

#### *XI. MONITORING*

Please refer to the overview section of this report.

#### *XII. FINANCIAL TERMS OF SETTLEMENT*

This provision is not covered in this report.

#### *XIII. RELEASES*

This provision is not covered in this report.

### **Summary and Recommendations**

This fourth and final expert monitoring visit has demonstrated continued commitment and evidence of progress toward Settlement Agreement compliance. The vast majority of issues noted in the Settlement Agreement have been addressed. Additionally the County has continued to provide resources to the jail beyond that which was required. The County and jail officials and staff should be commended for the hard work and dedication to improvement noted at the facility. The plaintiff's counsel should also be commended for their hard work, dedication and persistence toward the goal of Settlement Agreement compliance.

At the time of initial review, there were significant problems with timely clinical contacts, medication continuity delays, lack of programming for mentally ill detainees and inadequate mental health staffing among other areas of deficiency. The segregation units were

filled with detainees suffering from mental illness with insufficient monitoring and treatment planning. Clinical contacts often occurred in inappropriate settings, and custody staff lacked adequate training in dealing with mentally ill detainees. Most of these problem areas have been addressed, and it appears that there is a system in place to monitor and address issues through the quality assurance process. Lastly the new mental health units on Delta were nearing completion with plans for increased programming as well as movement of mentally ill detainees out of the Fox segregation units.

Several issues remained partially compliant or noncompliant. Some of these issues have been the source of discussion between the parties, and it appears that there is agreement for resolution regarding some of these issues.

The following are the areas of recommended improvement:

1. The County should to work to address the timely completion of psychosocial assessments/evaluations and clinical contacts. The proposed hiring of additional staff with reassignment of some duties and changes to some requirements (that have been agreed upon by the parties, such as discontinuing segregation assessment updates for those detainees returning to segregation within 30 days) should help to address these delays.
2. The County should continue to work to increase out-of-cell time and programming for segregation detainees to ensure that those detainees have the same opportunities as general population detainees. It is encouraging to learn that the facility has made plans to identify staff that may provide these services.
3. The County should continue to work to ensure that treatment plans are individualized and address the detainees' individual clinical needs.

4. As per the Settlement Agreement, the County should work to limit new psychotropic medication prescriptions to fourteen days and reorders to thirty days. General correctional psychiatric practice allows for medication prescriptions for thirty days with refills. Discussions regarding the completion of a Memorandum of Understanding between the parties may result in agreement to dismiss this provision.
5. The County should continue to work to provide timely evaluation, follow-up and monitoring of detainees placed into seclusion and restraint for mental health reasons.
6. Attempts should be made to address the lack of appropriate beds that has resulted in prolonged stays in booking and overuse of the padded cell for suicidal detainees. The padded cell and restraints should be utilized only after other means have been attempted.
7. The County should work to address the lack of kiosks in booking and the medical unit. Mental health rounds should be conducted in the booking area in light of the prolonged stays in that unit and the lack of access to kiosks.
8. The County should continue to monitor and address the timeliness of response to grievances and referrals.
9. The County should continue to work to prevent the placement of mentally ill detainees into the segregation units. Detainees who develop symptoms after transfer should be monitored closely and removed as soon as possible. A means to mitigate the effects of segregation should also include more out-of-cell time as well as access to groups or outside resources such as NA and AA.
10. The County should continue to work with healthcare staff to identify and utilize treatment guardians to facilitate the treatment of those detainees who are severely mentally ill, but not competent to make treatment decisions.

11. The County should continue to work to address the limited access to inpatient treatment for some mentally ill detainees. Although the completion of the Delta mental health units was a positive development, this does not negate the need for access to inpatient mental health care for some detainees who cannot be stabilized at the jail.

Please contact me should you have any questions regarding this report.

Respectfully submitted,

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