

Memorandum of Agreement between the Department of Justice, the
Parish of St. Tammany, and the St. Tammany Parish Sheriff Regarding the
St. Tammany Parish Jail

Monitor's Report #4

Final - February 1, 2016

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Introduction

Since January of 2014, I have served as the Independent Monitor of the Memorandum of Agreement (MOA) between the Department of Justice (DOJ), the Parish of St. Tammany, and the St. Tammany Sheriff regarding the provision of mental health care at the St. Tammany Parish Jail. I have now conducted three on-site evaluations of the jail: from February 4 to 6, 2014; September 15 to 17, 2014; and March 30 to April 1, 2015. I have written three *Monitor's Reports*, dated May 2014, December 2014, and July 2015.

After reviewing the third Monitor's Report, the parties agreed that an Independent Auditor's on-site visit in September of 2015 was unnecessary. The parties instead agreed to have DOJ monitor St. Tammany's compliance with the MOA during the October 2015 on-site visit. Therefore, my conclusions in this report, *Monitor's Report #4*, are based on a review of documents provided by the jail, the Parish, and DOJ. The report focuses on the remaining five provisions of the MOA where the jail has not achieved compliance for at least one year. It covers the jail's functioning during the approximately 6-month period between March and September of 2015. As always, the parties have been fully cooperative, and I have been given access to all information requested.

Methodology and Definitions

The conclusions in this report are based upon review of the following documents:

- Policy J-E-05c, Mental Health Screenings for Disciplinary Court, revised September 8, 2015
- Disciplinary Board Review Form
- "Times for Medical Intake Screenings," dated October 1, 2015, prepared by Medical Director
- Spreadsheet of "QA Intake Screening Time," July 2015
- Copies of educational emails sent from Medical Director to medical staff about mental health topics from May-Sept 2015
- Emails from Medical Director on September 18, 2015 that provide updates about the jail's mental health initiatives
- Medical staff training logs documenting participation in continuing education sessions from Jan-Oct 2015
- Two restraint reviews from 2015
- Morbidity Report, Psychiatric Morbidity Report, and Morbidity Review of suicide attempt that occurred on May 22, 2015
- STPSO statistics related to medical care from Jan-July 2015
- Pharmacy reports from February 2015
- Quality assurance meeting reports from May 5 and July 21, 2015
- DOJ site visit notes from October of 2015, which included:
 - Direct observation of intake medical screening
 - Reviews of medical charts

- Review of new disciplinary procedures
- Prisoner interviews
- Staff interviews
- Facility tour
- Computerized logs of suicide watch observation
- Plans to improve facilities and expand the jail medical area
- Discussions of several complex and high-risk psychiatric cases with medical staff
- Inmate grievances and complaints about medication regimens

The following definitions are used in this report:

- “Substantial Compliance” indicates that the jail has achieved compliance with most or all components of the relevant provision of the agreement.
- “Partial Compliance” indicates that the jail has achieved compliance on some components of the relevant provision of the agreement, but significant work remains.
- “Noncompliance” indicates that the jail has not met most or all of the components of the relevant provision.

Defendants’ Actions To Date

The jail staff, led by the Warden and Medical Director, has continued its efforts to comply with the provisions of the MOA. Since the March 2015 site visit, the following changes related to the provision of mental health care have occurred:

- The psychiatric RN has retired;
- A psychiatric social worker, Susan Johansson, has been hired to work full-time at the jail;
- Another social worker has been hired to focus on re-entry planning for prisoners leaving the jail;
- A new “step down” unit has been created for prisoners being released from suicide watch or isolation (administrative segregation or protective custody);
- The policy on mental health screening for disciplinary proceedings has been revised;
- Quarterly peer review of the psychiatrist’s work has begun; and
- The Parish has moved forward with plans to repurpose the Mandeville hospital site and provide additional mental health services for St. Tammany residents.

These recent changes are in addition to the improvements implemented before the March 2015 site visit:

Facility

- Removing all “booking cages” from the facility and creation of a policy prohibiting their use in the management of suicidal prisoners;
- Creating a “suicide watch” unit for males with five suicide-resistant cells and 24-hour security staff monitoring;
- Creating long-term plans to move and expand the jail medical department in order to have more space for patient care.

Staffing

- Hiring a full-time psychiatrist and increasing his on-site time to 6 days/week;
- Hiring an RN-level psychiatric nurse (who has since retired);
- Hiring a medical administrator to assess the adequacy of issues such as nursing care, access to medication, medical clinic environment and safety, and compliance with regulations;
- Adding security staff in the female holding area;
- Adding two additional evening nurses; and
- Adding two medical deputies.

Patient Care

- Implementing the Psychiatric Risk Index, a system of classifying and triaging inmates during intake screening based on suicide risk and need for treatment;
- Ensuring that mental health assessments are performed based on acuity and risk, rather than uniformly at the time of “roll-back” from the booking area into the jail;
- Implementing a protocol for follow-up care after inmates are removed from suicide watch;
- Providing individual psychotherapy while inmates are on suicide watch;
- Revising procedures for mental health care while in isolation;
- Implementing and revising policies for mental health screening before adjudication of disciplinary violations;
- Revising the restraint policy;
- Revising the psychiatrist’s initial evaluation form in order to reflect more detailed treatment goals and plan; and
- Documenting the time of completion for intake medical screenings.

Education and Training

- Providing regular training about mental health care through staff meetings, emails, and off-site training sessions; and
- Developing an educational module about mental health for all deputies through the sheriff’s office annual in-service training.

Quality Assurance

- Implementing quality assurance measures and quarterly reviews by the Medical Director; and
- Implementing audits of deputies' completion of pre-intake screening; and
- Implementing audits of intake medical screenings by the Medical Administrator.

At the time of the site visit, the Parish reported that it was in substantial compliance with all provisions of the MOA, with the exception of providing access to outside psychiatric hospitals. As noted in the previous *Monitor's Reports*, no area psychiatric facilities will admit jail patients for treatment, and the Parish did not believe this was likely to change in the foreseeable future.

Summary of Compliance

The Memorandum of Agreement contains 48 separate provisions, but only 5 of these provisions are documented in this report:

Provision	Noncompliance	Partial Compliance	Substantial Compliance
<i>Screening within 8 hours</i>			X
<i>Transfers to outside hospital</i>		X	
<i>Disciplinary procedures</i>			X
<i>Crisis services</i>			X
<i>Use of isolation cells</i>			X
TOTAL (#)	0	1	4

In reviewing materials provided by the jail, Parish, and DOJ, I found no evidence that the Parish has fallen out of compliance with any of the other 43 provisions of the MOA.

Substantive Provisions

III.A.1. Screening and Assessment

- c. *Ensure that all prisoners are screened by Qualified Medical Staff upon arrival at the Jail, but no later than eight hours, to identify the prisoner's risk for suicide or self-injurious behavior.*

Finding: **Substantial Compliance**

Relevant Areas Reviewed:

- Jail policy J-E-02a (Pre-Intake Screening)
- Jail policy J-E-02b (Intake Medical Screening)
- “Times for Medical Intake Screenings,” dated October 1, 2015, prepared by Medical Director
- Spreadsheet of “QA intake screening time,” July 2015
- DOJ’s notes from October 2015 on-site inspection

Basis for Finding:

In Monitor’s Report #3, the jail was in substantial compliance with this provision. Prior to that time, the jail was in partial compliance, essentially because nurses did not routinely record time of completion on medical intake screening forms, so I could not assess whether the time from booking to medical screening complied with the MOA. After the jail corrected the nurses’ documentation in January of 2015, several studies have been conducted to assess the time from booking to medical screening:

- March 2015: The jail’s internal audit found that 99.4% of screenings were completed within 8 hours.
- March 2015: My review of 18 randomly selected charts that intake screening was completed in an average time of 4 hours 20 minutes.
- July 2015: The jail’s internal audit of 106 medical screenings completed from July 19-25, 2015 found that screening was completed in an average time of 2 hours 20 minutes.
- October 2015: DOJ’s on-site review of charts, together with the Medical Director, found that inmates were being assessed within 8 hours.

The jail’s audit of medical charts in July of 2015 also provided additional data for review. Only one of the 106 screenings reviewed occurred outside of the MOA’s specified 8-hour time frame (it was completed in 8 hours 5 minutes). The audit also found that nurses were frequently called to the booking area of jail to complete urgent medical screenings when clinically indicated. These evaluations occurred 10.4% of the time, indicating that medical professionals are able to provide screenings as soon as clinically indicated, not just within the specified 8-hour time frame. Overall, the audit provided substantial documentation that the jail is completing screenings in a timely manner, both from a clinical standpoint and from a compliance standpoint.

- j. *Ensure that prisoners who have been classified as high risk based on a mental health screening, but who cannot be assessed within two hours, are transferred to an outside hospital or other appropriate mental health provider for assessment.*

Finding: **Partial Compliance**

Relevant Areas Reviewed:

- “Transforming the St. Tammany Behavioral Health System” report from 2014
- Executive Summary of St. Tammany Parish Safe Haven Project
- Discussions with Medical Director, Warden, sheriff, and sheriff’s counsel during site visits and conference calls

Basis for Finding:

The jail has repeatedly asserted that no hospital in St. Tammany Parish will accept an inmate for psychiatric treatment, so there are no outside hospital facilities available. As of October 2015, this was still the case. However, St. Tammany Parish purchased a 293-acre hospital campus in Mandeville in March of 2015 and is working to repurpose the land. Northlake Behavioral Health Systems currently provides some hospital services on the site, but it does not treat jail inmates. While the exact plans for the site have not been finalized, the Parish is working to enhance its behavioral health and “safety net” services, which could potentially include jail inmates.

In the mean time, the jail medical staff continues to provide the majority of its mental health services on site. The psychiatrist works 6 days per week and occasionally comes in on Sundays to see inmates in crisis. The addition of Susan Johansson, who has extensive statewide connections to mental health services (including at the state hospital), has also enhanced the jail’s ability to transfer inmates when necessary. These transfers do not occur within two hours of mental health screening (as specified in the MOA), nor does the on-site jail mental health care replicate the treatment available in an inpatient psychiatric hospital. However, the jail staff continues to make the best of a situation in which community resources are not routinely available.

III.A.2. Treatment

- c. Mental health evaluations completed as part of the disciplinary process include recommendations based on the prisoner’s mental health status.*

Finding: **Substantial Compliance**

Relevant Areas Reviewed:

- Policy J-E-05c, Mental Health Screenings for Disciplinary Court, revised September 8, 2015
- Disciplinary Board Review Form
- DOJ site visit notes from October 2015

Basis for Finding:

In response to my recommendations in *Monitor's Report #3*, the jail substantially revised its policies and procedures for evaluating the contribution of mental illness to disciplinary infractions. Previously, the jail was screening only inmates who faced "high court" infractions, and very few of these screenings were positive. As a result, the jail staff was unsure whether the screenings were useful. In addition, during my March 2015 site visit, I observed "low court" disciplinary hearings in which significant mental health concerns had not been communicated to the disciplinary officer or inmate counsel. These factors all contributed to a finding of "Partial Compliance" in *Monitor's Report #3*.

In the revised policy for mental health screening, some "low court" inmates are screened along with all "high court" inmates. In particular, any inmate receiving 3 or more disciplinary infractions in a month is screening by the mental health staff, as an escalating pattern of disruptive behavior may indicate an untreated psychiatric illness. In addition, the disciplinary officer communicates with the mental health staff after the hearing, indicating whether or not the inmate exhibited concerning behavior that needs mental health follow-up care. Although the new policy is in its early phase of implementation, both of these changes have the potential to substantially improve the jail's ability to identify inmates with mental illness and take their symptoms into account when enforcing discipline.

Of note, the new screening procedures create an additional workload for the disciplinary officer. In his interview with DOJ during the October 2015 site visit, the officer indicated that the jail plans to work with the Louisiana DOC to train additional officers and inmate counselors. This additional training should help ease the burden on the jail's existing staff of one disciplinary officer and one inmate counsel.

- j. *Crisis services are available to manage psychiatric emergencies that occur among prisoners. Such services may include, but are not necessarily limited to, licensed in-patient psychiatric care, when clinically appropriate.*

Finding: **Substantial Compliance**

Relevant Areas Reviewed:

- DOJ notes from site visit October 2015
- Morbidity and restraint reviews
- Discussions with Medical Director, sheriff, and other jail leadership during site visits and conference calls

Basis for Finding:

Access to inpatient psychiatric care remains an intractable problem in St. Tammany Parish, and no major progress has been made in this area since Monitor's Report #3. The jail continues to provide crisis care to the best of its abilities, including:

- 1) Having an on-site psychiatrist 6 days per week (and more, as clinically necessary);
- 2) Borrowing emergency medication from local hospitals when the jail's pharmacy exhausts its supply;
- 3) Transferring inmates to the Jackson State Hospital forensic unit when necessary;
- 4) Transferring DOC inmates back to a DOC facility with a higher level of psychiatric care; and
- 5) Working with local courts to lower the bond or drop charges so that the inmate has access to urgent medical or psychiatric treatment.

After the psychiatric nurse practitioner retired in 2015, the jail hired Susan Johansson, a social worker, to provide additional mental health services on-site. Ms. Johansson had previously worked as a liaison between the jail and the state hospital. Because of her familiarity with the state mental health system, she is able to arrange transfers of very sick inmates in need of inpatient care more quickly than could be done prior to her arrival. The medical director estimated that the jail now has the capacity to transfer 1-2 inmates per month to the state hospital, as opposed to "a few per year."

III.A.3. Suicide Precautions

- g. Policies for the use of isolation cells (i.e., suicide-resistant cells) are developed and implemented.*

Finding: **Substantial Compliance**

Relevant Areas Reviewed:

- Tour of male and female suicide watch areas during previous site visits
- Jail policy J-G-05a, Suicide Prevention
- Morbidity Review, Morbidity Report, and Psychiatric Morbidity report related to attempted self-harm of inmate on 5/22/15

Basis for Finding:

As noted in *Monitor's Report #3*, policies and procedures for male and female inmates on suicide watch are reasonably equivalent despite their different locations within the facility, and they are in compliance with the MOA. No substantial changes have been made to the policies or procedures related to

suicidal inmates since that report.

I would note that the one incident of self-harm that occurred during this 6-month review period highlighted a significant challenge for the jail. In the May 22, 2015 incident, a male-to-female transgender inmate tied a piece of cloth around her neck and drew the attention of officers before any harm occurred. In reviewing the incident, the mental health staff learned that she had engaged in this behavior in an attempt to leave the isolation cell in which she has been housed for the better part of her incarceration (approximately 1 year) for her own protection. During previous site visits, the jail leadership and I had discussed the challenges of caring for transgender inmates, which is a national problem for correctional facilities. Such inmates are often housed in isolation to protect them from assault or harassment, but then they develop psychiatric complications of long-term solitary confinement (anxiety, increased regressed or self-injurious behaviors, etc). In the *Morbidity Review* of this incident, the Medical Director indicated that the jail was working on plans for a “Special Needs” tier to house inmates who are unsuitable for general population but who also should not be kept in long-term isolation. This unit, now called a “Step-Down Unit” (per DOJ’s notes) has been created. Its use should help alleviate some of the challenges of housing transgender inmates, in addition to helping ease the transition between the highly structured suicide watch units and general population for vulnerable inmates.

Recommendations

Overall, the jail and Parish continue to do an excellent job complying with the MOA. I am particularly impressed with jail’s enthusiastic adoption of my recommendations and the ever-improving quality of mental health services provided to inmates. I am left with the impression that the jail will continue these efforts in the future, even without formal oversight. At this time, I recommend that the jail and Parish:

1. Continue with plans to move the jail medical unit to a larger space, as it has outgrown its current location.
2. Move forward with plans to repurpose the Mandeville hospital site and expand the Parish’s mental health services.

As noted in my prior reports, the lack of access to inpatient psychiatric treatment in St. Tammany Parish is a problem that extends well beyond the jail population. I am pleased that the Parish has continued with plans to expand behavioral health services for all residents. Without this action—and a specific commitment to including jail inmates in the population of patients served—the jail cannot be in 100% compliance with the MOA.