

Settlement Agreement Between the United States Department of
Justice and Robertson County, Tennessee

3rd Monitoring Report

Submitted by:

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Introduction

In October 2010, the United States Department of Justice (USDOJ)'s Civil Rights Division (Special Litigation Section) conducted an investigation regarding alleged inadequate conditions of confinement within the Robertson County Detention Facility (RCDF) in Springfield Tennessee. The investigation resulted in a Findings Letter issued on August 26, 2011 alleging that the "RCDF's mental health practices place prisoners at a substantial and unreasonable risk of serious harm. Shortly thereafter, the USDOJ and Robertson County began to negotiate a settlement agreement that eventually was finalized and became effective upon the signature of United States District Court Judge Kevin H. Sharp on April 30, 2013. According to the Settlement Agreement, "From the beginning, and continuing through the United States' investigation of conditions of confinement at RCDF, Defendants have acted expeditiously to begin addressing concerns the United States has raised with respect to conditions at RCDF, including concerns related to the provision of mental health care. This Agreement memorializes the actions that Defendants will implement to address the United States' findings related to mental health care."

Even prior to the effective date of the Agreement, Robertson County officials expressed a strong desire to begin complying with provisions of the Agreement and requested that this writer, jointly chosen by the parties to be the Independent Consultant, conduct an on-site baseline assessment to determine the current level of compliance. That assessment was conducted in late February 2013 and resulted in the *1st Monitoring Report* dated April 30, 2013. A second abbreviated site visit was conducted on October 30, 2013, resulting in the *2nd Monitoring Report* dated January 28, 2014.

Monitoring Compliance with the Settlement Agreement

There are 48 provisions to this Settlement Agreement, including 21 for Suicide Prevention, 25 for Mental Health Treatment, and 2 for Quality Improvement and Risk Management. Pursuant to the Agreement, the following definitions are utilized to measure compliance with each provision:

Substantial Compliance indicates that defendants have achieved compliance with most or all components of the relevant provision of the Agreement for both the quantitative (i.e., 90% performance measure) and qualitative (i.e., consistent with the larger purpose of the Agreement) measures.

Partial Compliance indicates that compliance has been achieved on some of the components of the relevant provision of the Agreement, but significant work remains.

Non-Compliance indicates that most or all of the components of the Agreement provision have not yet been met.

According to the Agreement, "the Court shall retain jurisdiction of this action for all purposes until the County has achieved substantial compliance with each provision of the Agreement,

provides constitutional mental health care to prisoners, and has maintained substantial compliance and provided constitutional mental health care for a period of one year.”

This report is formatted to present each provision, followed by the provision’s current status or rating (substantial, partial, or non-compliance) as determined by the Independent Consultant, a discussion section which provides justification for each rating, recommendations offered to raise each status to substantial compliance, and the evidentiary basis utilized in monitoring each provision.

Third Site Visit

The Independent Consultant conducted the third on-site visit to the Robertson County Detention Facility (RCDF) on April 30-May 1, 2014. The site visit included an initial meeting with the Sheriff, his Administrative Assistant, and the RCDF Administrator, as well as subsequent discussions with the RCDF Administrator, Southern Health Partners (SHP) Vice President of Operations, Medical Team Administrator (MTA), Qualified Mental Health Professional (QMHP), and Psychiatrist. In addition, numerous medical charts of inmates on the suicide precautions and chronic care lists for serious mental illness from January 2014 to April 2014 were reviewed. The intake screening process conducted by RCDF booking staff was also observed. Further, various draft policies and procedures, and other documents generated to show compliance with provisions of this Agreement, were reviewed. Finally, the Independent Consultant met with the RCDF Administrator and several Robertson County maintenance personnel to review requirements for protrusion-free cells for inmates on suicide precautions. A debriefing was held during the late afternoon of May 1 that included the Sheriff, his Administrative Assistant, and the RCDF Administrator.

As shown in the table below, Robertson County has made meaningful progress during the past six months, resulting **14** provisions now in Substantial Compliance (increase from 3 in October 2013), **30** provisions now in Partial Compliance (decrease from 45 in October 2013), and no provisions in Non-Compliance.

Substantive Area	Total Provisions	Substantial Compliance		Partial Compliance		Non-Compliance	
		#	%	#	%	#	%
Suicide Prevention	21	14	67%	7	33%	-	-
Mental Health	25	4	16%	21	84%	-	-
Quality Improvement	2	-	-	2	100%	-	-
TOTAL	48	18	37%	30	63%	-	-

Finally, as noted on the final page of this report (as well as in previous reports), to assist in expediting achievement of substantial compliance with each provision of this Settlement Agreement, it is strongly recommended that RCDF and SHP officials continue to meet on at least a monthly basis regarding the recommendations contained herein and provide a monthly report to the Independent Consultant regarding status of compliance with each provision.

THE SETTLEMENT AGREEMENT: Substantive Provisions

The County shall take all actions necessary to comply with the substantive provisions of this Agreement listed below. These provisions are intended to ensure that prisoners with mental illness or at risk of suicide receive proper treatment and do not experience unnecessary suffering or harm while incarcerated. The failure to provide necessary treatment not only harms prisoners, but affects public safety if prisoners' mental health deteriorates during incarceration. Accordingly, the County shall ensure constitutionally adequate intake, assessment, treatment, and monitoring of prisoners with mental health needs or at risk for self-injurious behavior.

A. SUICIDE PREVENTION

The County shall protect the safety of prisoners at risk for self-injurious behavior or suicide by providing timely and adequate access to Qualified Mental Health Professionals, including giving priority access to individuals most at risk of harm and who otherwise meet the criteria for being at high risk for suicide.

Provision A.1	<u>Policies:</u> The County shall implement comprehensive policies and protocols to ensure that prisoners at risk of self harm are identified, protected, and treated in a manner consistent with the Constitution. The County shall continuously track and analyze prisoners' risk of self harm and implement measures to protect prisoners by reducing or eliminating the risk of harm. At a minimum, the policies and protocols shall:	
Status	Partial Compliance	
Discussion	<p>This provision is interpreted as a "catch-all" provision for all suicide prevention-related provisions, therefore, this provision cannot come into substantial compliance until all of the provisions under Suicide Prevention come into substantial compliance.</p> <p>Following several draft revisions, the Southern Health Partners' (SHP) suicide prevention policy for the RCDF (No. J-G-05) was finalized on March 17, 2014. As discussed in previous reports, the SHP policy needed to be slightly revised based upon the requirements of the Settlement Agreement.</p> <p>In early January 2014, following several efforts by RCDF officials to develop an adequate suicide prevention policy and in an effort to expedite the process, the Independent Consultant developed the policy based upon earlier drafts. The revised policy was forwarded back to RCDF officials and also finalized on March 17, 2014.</p>	
Recommendations	None	
Evidentiary	RCDF's Suicide Prevention Policy, effective March 17, 2014.	

Basis	SHP's Suicide Prevention Policy for the RCDF (No. J-G-05), effective March 17, 2014.
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Provision A.1.a	<p>Ensure that all prisoners are appropriately screened for risk of self harm using an appropriately validated screening instrument. At a minimum, the screening instrument should include inquiry regarding the following:</p> <ol style="list-style-type: none"> (1) past suicidal ideation and/or attempts; (2) current ideation, threat, or plan; (3) prior mental illness treatment or hospitalization; (4) recent significant loss, such as the death of a family member or close friend; (5) history of suicidal behavior by family members and close friends; (6) suicide risk during any prior confinement; (7) any observations of the transporting officer, court, transferring agency, or similar individuals regarding the prisoner's potential suicide risk; (8) medication history; and (9) risk of withdrawal from drugs or alcohol, including whether the prisoner is under the influence of drugs or alcohol, the amounts taken, the date of last dose and history of withdrawal symptoms. 	
Status	Substantial Compliance	
Discussion	<p>The RCDF Intake Screening form administered by booking officers was revised to include inquiry regarding "4) recent significant loss, such as the death of a family member or close friend; 5) history of suicidal behavior by family members and close friends" (see above). In addition, an "Arresting Officer's Questionnaire" was created to solicit information regarding a detainee's mental status and potential for suicide risk upon admission into the RCDF. Further, booking officers are said to now utilize the "alert screen" of RCDF's jail management system "XJail" software to determine if the newly admitted detainee was on suicide precautions during a prior RCDF confinement.</p> <p>Finally, a critical issue to the appropriate screening of incoming detainees to identify the risk of suicide is the ability to provide reasonable privacy and confidentiality during the intake screening process. (Inmates cannot be expected to affirmatively respond to sensitive medical and mental health inquiries if reasonable privacy is not provided.)</p> <p>As a result of the <i>1st Monitoring Report</i> findings, the RCDF Administrator reconfigured the booking area so that the intake screening process is now</p>	

	<p>conducted away from the booking counter and located next to the fingerprint machine on the back wall. Such a change better ensures confidentiality and privacy.</p> <p>The Independent Consultant observed the intake process during this on-site assessment and verified that all of the above changes were made. As such, this provision is moved to Substantial Compliance.</p>
Recommendations	None
Evidentiary Basis	<p>Observation of Intake Process</p> <p>RCDF Intake Screening Form</p> <p>Arresting Officer's Questionnaire</p> <p>XJail-jail management system software</p>

Provision A.1.b	Ensure that all prisoners are screened by Qualified Medical Staff upon arrival to RCDF, but no later than within 24 hours, to identify the prisoner's risk for suicide or self-injurious behavior. If a prisoner will be discharged in less than 24 hours, Qualified Medical Staff should perform a screening prior to the prisoner's release.	
Status	Substantial Compliance	
Discussion	<p>According to SHP officials, a previous deficiency of health care staff not routinely completing the Suicide Prevention Screening Guidelines form on all new detainees has been corrected. Currently, each new detainee is required to be screened by either a nurse or QMHP within 24 hours of admission.</p> <p>The Independent Consultant reviewed medical charts of newly admitted inmates in April 2014 and verified that Suicide Prevention Screening Guidelines forms were completed by nursing staff on a timely basis. As such, this provision is moved to Substantial Compliance.</p>	
Recommendations	None	
Evidentiary Basis	Review of medical charts	

Provision A.1.c	Classify prisoners based on the results of the screening factors as low, moderate, or high risk.	
Status	Substantial Compliance	
Discussion	Both the RCDF and SHP's suicide prevention policies have been revised to include the following three levels of observation:	

	<p><u>Level 1</u> requires <i>constant observation</i> for those inmates identified as being at high risk for suicide based upon “an overt attempt of a serious nature and have stated they will continue to attempt. These persons may also present psychotic symptoms and are deemed an immediate danger to themselves or others.”</p> <p><u>Level 2</u> requires <i>close observation</i> at 15 minute intervals and can be said to be reserved for inmates identified as being at moderate risk for suicide based upon “presenting suicidal intention or have made a suicide threat or have made a suicide gesture or plan. These persons are not psychotic.”</p> <p><u>Level 3</u> requires <i>psychiatric observation</i> at 30-minute intervals and can be said to be reserved for inmates “who were not presenting suicidal intent or plan, but may have a history of severe to moderate mental illness and require observation and possibly medical stabilization before being moved into a housing unit.”</p> <p>As such, this provision is moved to Substantial Compliance.</p>
Recommendations	None
Evidentiary Basis	<p>RCDF’s Suicide Prevention Policy, effective March 17, 2014.</p> <p>SHP’s Suicide Prevention Policy for the RCDF (No. J-G-05), effective March 17, 2014.</p>

<p>Provision A.1.d</p>	<p>Ensure that prisoners are protected from identified risks for suicide or self-injurious behavior commensurate with their level of risk by:</p> <p>(1) Ensuring that any prisoner classified as high risk is searched and monitored with constant supervision until the prisoner is transferred to a QMHP for assessment. Constant supervision means in-person observation of the prisoner on a continuous, uninterrupted basis. Other aids, e.g., closed-circuit television, can be used as a supplement to, but never as a substitute for, such observation. If RCDF cannot provide continuous observation, the prisoner should be transferred to an appropriate mental health facility.</p> <p>(2) Ensuring that any prisoner classified as moderate risk is searched and monitored with close supervision until the prisoner is transferred to a QMHP for assessment. Close supervision requires staff to observe prisoners at staggered intervals not to exceed every 15 minutes.</p> <p>(3) Ensuring that any prisoner classified as low risk is searched and monitored until the prisoner is transferred to a QMHP for assessment. Prisoners classified as low risk shall be observed by staff at staggered intervals not to exceed every 30 minutes.</p> <p>(4) Ensuring that a QMHP conducts appropriate mental health assessments within the following periods from the initial screen:</p> <ul style="list-style-type: none"> i. 14 days, or sooner, if medically necessary, for prisoners classified as low risk; ii. 48 hours, or sooner, if medically necessary, for prisoners classified as moderate risk; and iii. immediately, but no later than two hours from the time the QMHP comes on duty at RCDF, for prisoners classified as high risk. If a prisoner classified at high risk is set to be released prior to a QMHP arriving on duty at RCDF, RCDF shall call the local mobile crisis unit for an on-site assessment prior to release. 	
<p>Status</p>	<p>Substantial Compliance</p>	
<p>Discussion</p>	<p>Similar to the provision above (A.1.c), this provision had previously remained in partial compliance because the RCDF and SHP suicide prevention policies were in need of revision and the QMHP had only been recently hired in October 2013. In addition, this provision required a protocol pertaining to the assessment of inmates on suicide precautions prior to their release from</p>	

	custody. Because both policies have been revised and the QMHP is fully acclimated into the program, this provision is moved to Substantial Compliance.
Recommendations	None
Evidentiary Basis	RCDF's Suicide Prevention Policy, effective March 17, 2014. SHP's Suicide Prevention Policy for the RCDF (No. J-G-05), effective March 17, 2014.

Provision A.1.e	<p>Appropriate mental health assessments include an assessment of the following factors:</p> <ul style="list-style-type: none"> (1) Whether the suicide risk screening indicates low, moderate or high risk; (2) Any suicide attempt in the past; (3) Any suicidal ideations, with intent/plan within the past 30 days; (4) Any command hallucinations to harm self within the past 30 days; (5) Any combination of the following: <ul style="list-style-type: none"> i. Suicidal ideations within the past year with or without intent/plan; ii. Suicidal gestures (current and/or within past year); iii. One or more of the following diagnoses: <ul style="list-style-type: none"> a. Bipolar Disorder, Depression b. Major Depression with or without Psychotic Features c. Schizophrenia d. Schizoaffective Disorder e. Any diagnosis within the Pervasive Developmental Disorder Spectrum f. Any other factor(s) determined by the Interdisciplinary Team as contributing to suicide risk (e.g. recent loss, family history of suicide, etc.) (6) Any history of self-injurious behavior resulting in injury requiring medical attention within the past year. 	
Status	Partial Compliance	

Discussion	<p>As detailed in the previous report, pursuant to SHP policy, two instruments are available as mental health assessments: a Mental Health Survey and a Psychiatric Nursing Initial Assessment form. In practice at the RCDF, however, the Mental Health Survey is rarely utilized. Upon initial referral, the QMHP often completes an Psychiatric Nursing Initial Assessment. The form lists most of the required factors listed within this provision, although they are not specifically identified.</p> <p>Substantial compliance can be achieved with slight revision of the Psychiatric Nursing Initial Assessment form to include specific reference to the required factors referenced in this provision. During this recent site visit, the Independent Consultant reviewed and approved a revised Psychiatric Nursing Initial Assessment. The form will be audited during the next on-site visit.</p>
Recommendations	None
Evidentiary Basis	Revised Psychiatric Nursing Initial Assessment form.

Provision A.1.f	<p>Ensure that QMHPs perform an appropriate mental health assessment following any adverse triggering event while a prisoner remains in RCDF custody, including any of the following:</p> <p style="padding-left: 40px;">(1) Any suicide attempt; (2) Any suicidal ideation, with or without a plan; or (3) Any aggression to self resulting in major injury.</p>	
Status	Substantial Compliance	
Discussion	The QMHP was hired in October 2013 and a recent review of medical charts indicated assessments were conducted following any of the above listed triggering events.	
Recommendations	None	
Evidentiary Basis	Review of medical charts.	

Provision A.1.g	Ensure that QMHPs, as part of the prisoner's Interdisciplinary Team, maintain a risk profile for each individual based on the assessment factors identified above and develop and implement interventions to minimize the risk of harm to each individual.	
Status	Substantial Compliance	
Discussion	With the hiring of a QMHP in October 2013, the RCDF now has an "interdisciplinary team" comprised of the Medical Team Administrator (MTA), RCDF Administrator, and Security Captain that meets on a minimum weekly basis to discuss inmates on suicide precaution, as well as other inmates requiring special handling. As such, this provision is moved to Substantial Compliance.	
Recommendations	None	
Evidentiary Basis	Review of medical charts.	

Provision A.1.h	Ensure adequate and timely treatment for prisoners, whose assessments reveal mental illness and/or suicidal ideation, including timely and appropriate referrals for specialty care and visits with QMHPs, as clinically appropriate.	
Status	Partial Compliance	
Discussion	<p>With the hiring of a QMHP in October 2013, inmates identified as either mentally ill and/or suicidal are now much more likely to receive timely assessments.</p> <p>However, review of the 10 medical charts of inmates on suicide precautions during the recent assessment found that inmates discharged from such precautions did not have a reasonably comprehensive suicide risk assessment documented in the discharging progress note. The standard of care requires that documentation of a comprehensive assessment of suicide risk include sufficient description of the current behavior and justification for either, placement on, or discharge from, suicide precautions. For example, the assessment should include a brief mental status examination, listing of chronic and acute risk factors, listing of any protective factors, level of suicide risk (e.g., low, medium, or high), and a treatment plan. A Suicide Risk Assessment should be completed when an inmate is placed on, and discharge from, suicide precautions. A sample "Suicide Risk Assessment" form is contained in the appendix of this report.</p> <p>The issue as to whether or not inmates with serious mental illness are receiving timely referrals to the psychiatrist, as well as whether the</p>	

	psychiatrist is consistently devoting sufficient time per month on-site, will be addressed in Provisions B.1.c and B.1.d of this report.
Recommendations	1) Whenever an inmate is placed on, and discharged from, suicide precautions, the QMHP should complete a suicide risk assessment that includes a sufficient description of the current behavior and justification for either, placement on, or discharge from, suicide precautions, as well as a brief mental status examination, listing of chronic and acute risk factors, listing of any protective factors, level of suicide risk (e.g., low, medium, or high), and a treatment plan. A sample "Suicide Risk Assessment" form is contained in the appendix.
Evidentiary Basis	Review of medical charts.

Provision A.1.i	Ensure appropriate levels of supervision, as defined above, of actively suicidal prisoners and prisoners with lower levels of risk. Correctional officers shall document their checks in a format that does not have pre-printed times and staff shall document their visual verification of the prisoner's welfare accurately and completely. A supervisor shall conduct and document a review of all documents related to this provision before the end of the shift during which it occurred to ensure compliance with policy and this Agreement.	
Status	Substantial Compliance	
Discussion	A previous concern that various observation forms were utilized by correctional officers to verify observation of an inmate on suicide precautions has been corrected with current use of only the SHP's "Observation Cell Record" form. As verified by the Independent Consultant during the most recent site visit, the forms are now reviewed and signed by a RCDF supervisor each shift.	
Recommendations	None	
Evidentiary Basis	Review of "Observation Cell Record" forms.	

Provision A.1.j	Set forth the conditions of the watch, including allowable clothing, property, and utensils, in accordance with generally accepted correctional standards of care. These conditions shall be altered only on the written instruction of a QMHP, except under emergency circumstances.	
Status	Partial Compliance	
Discussion	<p>This provision is interpreted to include not only the policy, procedures, and practices regarding allowable clothing, property, and utensils afforded inmates placed on suicide precautions, but (as noted above, “consistent with generally accepted correctional standards of care”) also the location in which they are housed and the expectation that they will be housed in cells that are “suicide resistant.”</p> <p>Suicidal inmates are placed in several locations within the RCDF: 1) inmates requiring Level 1 <i>constant observation</i> or Level 2 <i>close observation</i> are placed in either Cell No. 5 or Cell No. 6 in the medical unit; 2) inmates requiring Level 2 <i>close observation</i> are placed in any of the nine (9) booking cells. In addition, inmates requiring Level 3 <i>psychiatric observation</i> are placed in one of the four (4) observation/isolation cells.</p> <p>During the initial site visit in late February 2013, the Independent Consultant inspected each of these cell areas and found that the ceiling ventilation grates in all of the booking cells, as well as the observation/isolation cells, contained holes with a diameter greater than the industry standard of 3/16 per inch. Ventilation grates with this diameter allow for an inmate to weave a piece of clothing or other material through the grate hole and utilize the vent as an anchoring device in a hanging attempt. Within the medical unit, the designated cells contained double bunks in which the metal frames also served as potential anchoring devices in a hanging attempt, as well as contained bunk holes that could be easily be utilized as an anchoring device.</p> <p>Following issuance of the <i>1st Monitoring Report</i> in April 2013, the RCDF Administrator embarked upon a program to retrofit cells that were designated for suicide precautions. The result was removal of double bunks in the medical unit, covering of bunk holes, and replacement of ceiling ventilation grates. Various photographs of the renovation project were subsequently sent to the Independent Consultant for review. Inspection of the photographs found that although bunk holes had been covered from the bunks, there still appeared to be a significant gap between the bunk frame and the wall that could be utilized as an anchoring point in a suicide attempt by hanging. In addition, although the holes in the new ventilation grates appeared to be smaller in diameter, it was difficult to ensure that the holes were the industry standard of 3/16 per inch or smaller in diameter from review of the photographs. On September 15, 2013, an inmate on Level 2 suicide precautions was able to weave a piece of his sheet through the ventilation</p>	

	<p>grate in his cell. As a result, the RCDC Administrator ordered that the ventilation grates be replaced again.</p> <p>During the Independent Consultant's recent site visit, the renovation project was inspected once again with the CDF and personnel from the Robertson County Maintenance Department. The inspection found that Cell No. 5 or Cell No. 6 in the medical unit still contain a gap between the bed and wall, as well as ventilation grates with holes that are larger than 3/16 inch diameter that could (and have been) utilized as an anchoring point in a suicide attempt by hanging. In addition, inspection of the nine (9) booking cells found that although one ceiling ventilation grate in each cell has been replaced with a grate of 3/16 inch diameter, the second grate in each cell remains dangerous and needs to be replaced.</p> <p>In addition, both RCDF and SHP policies require that "all inmates on suicide precautions shall be allowed all routine privileges (e.g., family visits, telephone calls, recreation, etc.). In the recent review of medical charts, <i>the Independent Consultant found one case that was potentially problematic in that, according to the QMHP progress note, the inmate "requested if I can move him to a medical watch so that he can use phone to call his mother." If accurate, such a practice violates RCDF and SHP policies, as well as the provisions of this Settlement Agreement.</i></p>
Recommendations	<p>1) The gap between the bunk frame and the wall in each medical unit cell designated to house inmates on suicide precautions should be covered to ensure that the frame is not utilized as an anchoring device. Ventilation grates in both medical unit and booking cells should be replaced with grates that are no larger than 3/16 of an inch in diameter.</p> <p>2) Conditions of suicide precautions should only be based upon the QMHP's clinical judgment and current procedures contained within the RCDF and SHP suicide prevention policies should be followed. These procedures require a QMHP to determine the conditions of an inmate's suicide precautions (e.g., clothing, possessions, privileges, etc.) on a case-by-case basis.</p>
Evidentiary Basis	<p>Inspection of cells within the medical unit and booking area. Review of medical charts.</p>

Provision A.1.k	Ensure that a QMHP or QMS, not including a licensed practical nurse, regularly, but no less than once per day, reassesses prisoners on suicide precautions to determine whether the level of precaution or supervision should be raised or lowered. It is expected this reassessment will be made on-site and in person on Monday through Friday, and will be made by a QMHP or QMS by telephone communication with the assistance of a LPN on the weekends. These reassessments shall be documented and recorded in the prisoner's medical chart.	
Status	Partial Compliance	
Discussion	<p>With the hiring of a QMHP in October 2013, inmates on suicide precautions are now much more likely to receive daily assessments during the work week. However, review of 10 medical charts of inmates on suicide precautions found that only 3 of 10 (30%) inmates were seen consistently on a daily basis during the length of their suicide precautions. It should be noted that, in several cases, the inmates were not observed as required by nursing staff on the weekends when the QMHP was not on-site.</p> <p>The lack of a reasonably comprehensive suicide risk assessment was previously addressed above in Provision A.1.h.</p>	
Recommendations	<p>As previously offered in prior monitoring reports:</p> <p>1) The QMHP should ensure that all suicide risk assessments and progress notes utilized to upgrade, downgrade, and discontinue suicide precautions provide adequate clinical justification for the decision based upon the criteria contained in the SHP suicide prevention policy highlighted above.</p> <p>2) The MTA should ensure that all nursing staff are aware of the requirement to not only assess suicidal inmates on a daily basis when the QMHP is not on-site, but to also document that they conferred by telephone with the QMHP after-hours as necessary.</p>	
Evidentiary Basis	Review of medical charts.	

Provision A.1.l	Ensure that all mental health care staff within the Jail have access to critical information for prisoners on suicide precautions (e.g., progress notes from all treating clinicians). Following each assessment, mental health care staff shall provide correctional staff with pertinent and relevant information regarding a prisoner on suicide precautions to the extent that it affects the correctional staff's duties and responsibilities for supervising prisoners on suicide precautions.	
Status	Substantial Compliance	

Discussion	With the hiring of a QMHP in October 2013, the QMHP and psychiatrist are now able to communicate and collaborate on individual cases, as well as provide correctional personnel with appropriate information as needed. As such, this provision is moved to Substantial Compliance.
Recommendations	None
Evidentiary Basis	Review of medical charts. Interviews with the QMHP, psychiatrist, and correctional personnel.

Provision A.1.m	Ensure that only a QMHP may promote, demote, or terminate a prisoner's suicide precaution level or status. LPNs and correctional officers may only modify suicide precautions or remove prisoners from suicide watch upon the documented order of a QMHP.	
Status	Substantial Compliance	
Discussion	Review of medical charts during the recent assessment indicated that only a QMHP has been upgrading, downgrading, and discharging inmates from suicide precautions. Pursuant to both RCDF and SHP policy, nursing and correctional personnel can initiate suicide precautions pending an assessment by a QMHP. As such, this provision is moved to Substantial Compliance.	
Recommendations	None	
Evidentiary Basis	Review of medical charts.	

Provision A.1.n	Ensure that all prisoners discharged from suicide precautions receive a follow-up assessment within eight days, in accordance with a treatment plan developed by a QMHP.	
Status	Partial Compliance	
Discussion	<p>This provision specifically requires an assessment within 8 days following discharge from suicide precautions, as well as development of a treatment plan.</p> <p>The SHP suicide prevention policy (J-G-05) exceeds this provision's requirements by requiring a QMHP to conduct follow-up assessments of inmates discharged from suicide precautions (and were on such precautions for more than 24 hours) at intervals of 7 days, 14 days, 1 month, and then periodically until discharge from custody. A "SHP Suicide Watch Tracking Log" is utilized to manage this follow-up schedule.</p>	

	<p>In addition, pursuant to the SHP suicide prevention policy, “The treatment plan will describe signs, symptoms, and the circumstances in which the risk for suicide is likely to recur, how recurrence of suicidal thoughts can be avoided, and actions the patient or medical staff can take if suicidal thoughts do occur. This treatment plan is to be documented in the patient’s medical record accordingly.”</p> <p>The Independent Consultant reviewed 10 medical charts of inmates on suicide precautions during the most recent on-site assessment. For the most part, all the reviewed charts indicated that the inmate received follow-up assessments by the QMHP as required. However, treatment plans for these inmates was problematic. For example, most treatment plan sections of the progress notes simply indicated that “therapeutic support offered. Inmate provided with educational materials on coping with depression.” This does not exemplify adequate treatment planning. As required by policy, a treatment plan should specifically describe signs, symptoms, and the circumstances in which the risk for suicide is likely to recur, how recurrence of suicidal thoughts can be avoided, and actions the patient or medical staff can take if suicidal thoughts do occur.</p>
<p>Recommendations</p>	<p>As offered in previous monitoring reports:</p> <p>1) Consistent with current SHP policy, every inmate on suicide precautions for longer than 24 hours should be provided with a treatment plan that describes “signs, symptoms, and the circumstances in which the risk for suicide is likely to recur, how recurrence of suicidal thoughts can be avoided, and actions the patient or medical staff can take if suicidal thoughts do occur.”</p>
<p>Evidentiary Basis</p>	<p>SHP’s Suicide Prevention Policy for the RCDF (No. J-G-05), effective March 17, 2014.</p>

<p>Provision A.2.a</p>	<p>Training: The County shall ensure that all staff have the adequate knowledge, skill, and ability to address the needs of prisoners at risk for suicide. Within 180 days of the Effective Date, the County will institute a suicide prevention training program. The County shall review and revise its current suicide prevention training curriculum to include the following topics:</p> <ol style="list-style-type: none"> (1) suicide prevention policies and procedures (as revised consistent with this Agreement); (2) analysis of facility environments and why they may contribute to suicidal behavior; (3) potential predisposing factors to suicide; (4) high-risk suicide periods; (5) warning signs and symptoms of suicidal behavior; (6) case studies of recent suicides and serious suicide attempts; (7) mock demonstrations regarding the proper response to a suicide attempt; and (8) the proper use of emergency equipment. 	
<p>Status</p>	<p>Substantial Compliance</p>	
<p>Discussion</p>	<p>A SHP consultant previously developed a suicide prevention curriculum entitled “Suicide Training: Inside the Bars.” The PowerPoint curriculum, 72 slides in length, contained the following topics:</p> <ul style="list-style-type: none"> • Why are we doing this? • Constitutional responsibility to address suicide • What the research says – What experience says • Myths – Barriers to prevention & how to change it • Causal factors: environment, events, individual stressors, mental illness/SA • Suicide requires intent, means and opportunity • Components to good prevention • Overview of WCD and SHP policy • Details of policy • Management options – in house, out of house • QPR and Debriefing <p>The curriculum was quite good and consistent with the required training topics within this Agreement.</p> <p>The Independent Consultant received verification that correctional and health care staff were trained on the suicide prevention curriculum on November 19 and November 26, 2013, resulting in approximately 95% of required staff trained. As such, this provision is moved to Substantial Compliance.</p>	

Recommendations	None
Evidentiary Basis	Verification of training by RCDF Administrator.

Provision A.2.b	Ensure that all correctional, medical, and mental health staff are trained on the suicide screening instrument.	
Status	Substantial Compliance	
Discussion	The Independent Consultant received verification that correctional and health care staff were trained on the suicide prevention screening forms on April 4 and April 9, 2014, resulting in approximately 99% of required staff trained. As such, this provision is moved to Substantial Compliance.	
Recommendations	None	
Evidentiary Basis	Verification of training by RCDF Administrator.	

Provision A.2.c	Ensure that a minimum of four hours of in-service suicide prevention training is completed annually by all correctional, medical, and mental health staff, to include training on updated policies, procedures, and techniques.	
Status	Partial Compliance	
Discussion	Annual suicide prevention training has not yet occurred, but is scheduled to begin in September 2014. This provision cannot be moved to substantial compliance until a round of annual in-service training is completed.	
Recommendations	None	
Evidentiary Basis		

Provision A.2.d	Ensure that correctional staff is trained in observing prisoners on suicide watch and step-down unit status.	
Status	Substantial Compliance	

Discussion	This provision appears redundant with Provision A.2.a. and because Substantial Compliance has been achieved with completion of the initial 4-hour suicide prevention training described in Provision A.2.a., this provision is also moved to Substantial Compliance
Recommendations	None
Evidentiary Basis	See Provision A.2.a.

Provision A.2.e	Ensure that all correctional staff are certified in cardiopulmonary resuscitation (“CPR”).	
Status	Substantial Compliance	
Discussion	The RCDC Administrator informed the Independent Consultant that most correctional staff received CPR training on November 19 and November 26, 2013, resulting in approximately 90% of required staff trained. (The MTA had previously reported, and training records reflected, that all medical staff were currently certified in CPR.) CPR cards were received in March 2014.	
Recommendations	None	
Evidentiary Basis	Discussion with RCDF Administrator.	

Provision A.2.f	Ensure that an emergency response bag that includes appropriate equipment, including a first aid kit and emergency rescue tool, shall be in close proximity to all housing units. All staff coming into regular contact with prisoners shall know the location of this emergency response bag and be trained to use its contents.	
Status	Substantial Compliance	
Discussion	First aid kits, automated external defibrillators (AED), and emergency rescue tools were previously found in each housing unit tower inspected by the Independent Consultant. First aid kits included microshields and similar equipment utilized for rescue breathing. In addition, the medical unit had an emergency response bag that includes portable oxygen and an AED. In regard to a previous recommendation to establish an emergency medical code system, RCDF and SHP officials decided not to establish a code system,	

	but rather revise the current protocol so that all first responders now specifically announce the nature of the emergency, including medical equipment required.
Recommendations	None
Evidentiary Basis	

B. MENTAL HEALTH TREATMENT

The County shall ensure that prisoners suffering from mental illness receive treatment appropriate to their condition and adequate to prevent unnecessary suffering or risk of harm. Proper treatment will also assist prisoners in successfully reentering the community upon release. To achieve this outcome, the County shall provide sufficient staffing to meet the demands for timely access to QMHPs and/or QMS and ensure that qualified staff perform comprehensive assessments, provide comprehensive multidisciplinary treatment planning and medication management, and monitor medication side effects.

Provision B.1	<u>Policies:</u> The County shall implement comprehensive policies and protocols to ensure that RCDF delivers mental health services that include an array of services. These policies and protocols must also provide for necessary and appropriate mental health staff; require a treatment plan for prisoners with serious mental illness; and contain mechanisms sufficient to measure whether care is being provided in a manner consistent with the Constitution. At a minimum, the policies and protocols shall:	
Status	Partial Compliance	
Discussion	<p>This provision is interpreted as a “catch-all” provision for all mental health treatment-related provisions, therefore, this provision cannot come into substantial compliance until all of the provisions under Mental Health Treatment come into substantial compliance.</p> <p>The current assessment found that both RCDF and SHP still have policies regarding the provision of mental health services that are in need of further revision, including Mental Health (J-E-05), Basic Mental Health Services (J-G-04), and Special Needs Treatment Plans (J-G-01).</p>	
Recommendations	See below	
Evidentiary Basis	Documented in previous monitoring reports.	

Provision B.1.a	Ensure that all prisoners are appropriately screened for mental illness using an appropriately validated screening instrument.	
Status	Partial Compliance	
Discussion	As indicated in previous monitoring reports, this provision requires that all RCDF inmates are to be screened utilizing an appropriately validated screening instrument. The provision does not address the time frame by which the screening is to be completed and what entity is responsible (corrections,	

medical, or mental health) for the screening. In addition, the Independent Consultant is not aware of any validated screening instrument for mental illness in operation in any correctional facility throughout the country. With that said, current practices do **not** appear to be consistent with this provision.

National correctional standards (e.g., the National Commission on Correctional Health Care) require that initial mental health screening include a structured interview with inquiries into the following areas:

- psychiatric hospitalization and out-patient treatment
- suicidal behavior and suicidal ideation
- violent behavior
- victimization
- special education placement
- cerebral trauma or seizures
- sex offenses
- psychotropic medications
- drug or alcohol abuse
- orientation to person, place, and time
- emotional response to incarceration
- screening for intellectual functioning (i.e., mental retardation, developmental disability, and learning disability)

National correctional standards require that the initial mental health screening be completed on **all** inmates within 14 days of admission into the facility.

Currently, all inmates entering the RCDF receive Medical Screening from a booking officer. The form contains some inquiry regarding suicide risk and mental health history, but not all of the above described areas are addressed. In addition, SHP utilizes a “Medical Staff Receiving Screening form,” but this instrument is not appropriate for this provision for two reasons: 1) the form is not currently utilized for all inmates, it is only utilize on inmates referred to medical staff from the booking officer’s Medical Screening form; and 2) the form is deficient in its very limited mental health inquiry.

According to SCP’s Mental Health policy (No. J-E-05), “all inmates patients with positive screening for mental health upon intake will receive a mental health evaluation. The post-admission evaluation will be performed within 14 days of intake.” This policy is defective because it assumes that the inmate had received initial mental health screening from an adequate screening instrument. Because the current screening forms utilized in the RCDF (i.e., the Medical Screening form administered by booking staff and the Medical Staff Receiving Screening Form) do not address all of the required areas, proper screening for mental illness is not being done.

	<p>However, SCP does have a screening instrument entitled “Mental Health Survey” that would be appropriate for use as an initial mental health screening form. Currently, the mental health survey form is rarely used within the RCDF.</p> <p>Unless instructed otherwise by the parties, the Independent Consultant will assume that substantial compliance with this provision can be obtained by medical staff administering the Mental Health Survey form to all inmates in the RCDF within 14 days of admission. Positive responses to the mental health survey form should then result in a referral to a qualified mental health professional for completion of a mental health evaluation. Currently, either the “Psychiatric Nursing Initial Assessment” or the “Initial Psychiatric Assessment” forms can be utilized completion of a mental health evaluation.</p> <p>During this current on-site assessment, the Independent Consultant was informed by the MTA and SHP Vice President of Operations that, beginning in April 2014, the Mental Health Survey form was being completed by nursing staff on all inmates held in the RCDF within 14 days of admission. Because of the recent initiation of this protocol, medical charts could not be reviewed, and this provision will be fully audited during the next on-site visit.</p>
Recommendations	None
Evidentiary Basis	Discussion with MTA and SHP Vice President of Operations.

Provision B.1.b	Ensure that treatment plans adequately address prisoners’ serious mental health needs and that the plans contain interventions specifically tailored to the prisoners’ diagnoses and problems.	
Status	Partial Compliance	
Discussion	<p>Although SCP’s Special Needs Treatment Plans policy (No. J-G-01) addresses the requirement of treatment planning for inmates with serious mental illness, the Independent Consultant’s previous and current chart review found that treatment planning was <i>not</i> currently being utilized within the RCDF.</p> <p>As required in this provision, treatment planning for inmates with serious mental illness must include specific interventions tailored to an inmate’s diagnosis. As discussed in other sections of this report, not all inmates with serious mental illness within the RCDF have seen the psychiatrist and/or have an active psychiatric diagnosis, therefore, treatment planning is not yet in place.</p>	

	Finally, unless instructed otherwise by the parties, the Independent Consultant will utilize the following working definition of <i>serious mental illness</i> : “a diagnosable mental disorder characterized by severe alterations in thinking, mood, or impaired behavior associated with distress and/or impaired functioning; primarily inclusive of major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder, panic disorder, and post-traumatic stress disorder, but may include a personality disorder with significant functional impairments.”
Recommendations	As offered in previous monitoring reports: 1) SHP should ensure that all inmates with a serious mental illness have an active psychiatric diagnosis and then develop a specific intervention tailored to that diagnosis. The Special Needs Treatment Plans policy (No. J-G-01) should also be revised.
Evidentiary Basis	SCP’s Special Needs Treatment Plans policy (No. J-G-01)

Provision B.1.c	Ensure adequate on-site psychiatric coverage for prisoners’ serious mental health needs and ensure that psychiatrists see such prisoners in a timely manner.	
Status	Partial Compliance	
Discussion	<p>As indicated in prior monitoring reports, the psychiatrist was previously providing four (4) or eight (8) hours of on-site services per month. In September 2013, those hours were allegedly increased to 16 hours per month. However, during the Independent Consultant’s most recent on-site assessment, it was determined that the psychiatrist was still only the devoting approximately 8 hours of on-site services per month. This continues to be problematic.</p> <p>However, at the conclusion of the on-site visit, and with the intervention of both the RCDF Administrator and Sheriff, authorization for funding an additional 8 hours of on-site psychiatric services per month time was granted. As such, beginning in May 2014, on-site psychiatric services will hopefully be increased to 16 hours per month, and fulfilled by the current psychiatrist and a colleague. This provision will obviously need to be monitored again during the next site visit.</p> <p>In addition, the standard of care requires that inmates admitted into a jail or prison facility who have a current prescription for psychotropic medication, and appear stable, should be seen by a psychiatrist within 5 to 10 business days. Those inmates with a current prescription for psychotropic medication who appear unstable, should be seen by the psychiatrist in less than 5 business</p>	

	<p>days. In emergent cases, the inmate should either be seen immediately by the psychiatrist or transported to the emergency room.</p> <p>According to data reported to the Independent Consultant on a monthly basis, there were approximately 67 inmates in the RCDF with prescriptions for psychotropic medication in March 2014. In addition, according to a recent audit by the SHP Vice President of Operations, almost 50% (i.e., 33) of inmates with current prescriptions for psychotropic medication had <u>not</u> been seen by the psychiatrist as of April 30, 2014. This is very problematic and hopefully will be corrected in the next few months with the recent increase in on-site psychiatric services to 16 hours per month.</p>
Recommendations	None
Evidentiary Basis	<p>Monthly Reporting Data by the RCDF Administrator, March 2014.</p> <p>Internal Mental health Program Audit by the SHP Vice President of Operations, April 2014.</p>

Provision B.1.d	Ensure that prisoners with chronic mental illness are placed on a chronic mental health list for follow-up every 30, 60, or 90 days, as clinically appropriate. Prisoners with chronic mental illnesses shall not be required to submit a request for mental health services in order to receive such services at regular intervals.	
Status	Partial Compliance	
Discussion	<p>With the hiring of a QMHP in October 2013, inmates with chronic mental illness are more likely to be seen on a timely basis that 30, 60, and 90-day intervals. The QMHP has assumed responsibility for maintaining the SHP Nursing Chronic Disease Flowsheet and Chronic Illness Tracking Log to identify and manage inmates with chronic and serious mental illness.</p> <p>In addition, the SHP Vice President of Operations and MTA informed the Independent Consultant during the recent on-site assessment that that a “Mental Health Chronic Care Log” has been developed and currently utilized as a tracking tool.</p> <p>Finally, the standard of care requires that a psychiatrist should assess each inmate on psychotropic medication at least every 90 days or sooner if clinically indicated (e.g., a change in medication and/or change to a higher level of care). A recent audit indicated that there were at least 12 inmates who were seriously mentally ill and on psychotropic medication that had <u>not</u> seen the psychiatrist in over 90 days of RCDF confinement. This is problematic.</p> <p>Regularly scheduled appointments with the QMHP and psychiatrist for those inmates with serious mental illness will be examined again during the next</p>	

	on-site visit.
Recommendations	As offered in previous monitoring reports: 1) As offered in Provision B.1.b above, SCP's Special Needs Treatment Plans policy (No. J-G-01) should be revised to include more narrative on treatment planning for inmates with chronic and serious mental illness, to include the frequency of follow-up assessments and the parameters and array of components of treatment planning. The policy should also explain use of the SHP Nursing Chronic Disease Flowsheet and Chronic Illness Tracking Log forms.
Evidentiary Basis	Monthly Reporting Data by the RCDF Administrator, March 2014. Internal Mental health Program Audit by the SHP Vice President of Operations, April 2014. Discussion with QMHP and psychiatrist.

Provision B.1.e	Ensure timely and appropriate therapy, counseling, and other mental health programs for all prisoners with serious mental illness. This includes adequate space for treatment, an adequate number of QMHPs to provide treatment, access to licensed in-patient psychiatric care when clinically appropriate, and an adequate array of structured therapeutic programming.	
Status	Partial Compliance	
Discussion	Structured therapeutic programming for inmates with serious mental illness, to include both individual and group therapy, was previously either very limited or not occurring at all. When offered, individual therapy is provided by either the QMHP or psychiatrist. Both clinicians assess inmates with serious mental illness in the privacy of the QMHP's office (unless they are on suicide precautions where they are seen by the QMHP in the booking area). Access to licensed in-patient psychiatric care was available following assessment and referral of the SHP psychiatrist, as well as following triage by a Mobile Crisis clinician from Centerstone Mental Health Services.	
Recommendations	As offered in previous monitoring reports: 1) RCDF and SHP officials should work collaboratively in creating reasonable structured therapeutic programming for inmates with serious mental illness.	
Evidentiary Basis	Observation and discussion with QMHP and psychiatrist.	

Provision B.1.f	Ensure an adequate array of crisis services to appropriately manage the psychiatric emergencies that occur among prisoners. Crisis services shall not be limited to administrative segregation or observation status. Prisoners shall have access to appropriate licensed in-patient psychiatric care.	
Status	Partial Compliance	
Discussion	As offered during the other on-site sites, although SHP's Basic Mental Health Services policy (No. J-G-04) briefly addressed crisis services to manage psychiatric emergencies (e.g., "crisis intervention is to be initiated if patient is a threat to themselves and others"), the current policy was very vague as to a specific protocol that was to be initiated during a psychiatric emergency. Inmates in crisis were put on either Suicide Precautions or Medical Observation status, as well as the Restraint Chair on a limited basis (see provision B.4.a below). Access to licensed in-patient psychiatric care was available following assessment and referral of the SHP psychiatrist, as well as following triage by a Mobile Crisis clinician from Centerstone Mental Health Services.	
Recommendations	As offered in previous monitoring reports: 1) SHP's Basic Mental Health Services policy (No. J-G-04) should either be revised or a new policy developed that addresses the array of crisis services available to manage psychiatric emergencies.	
Evidentiary Basis		

Provision B.1.g	Ensure that the Jail's QMHPs or QMS maintain a log of prisoners receiving mental health services, which shall include both those prisoners who receive counseling and those who receive medication. The log shall be updated every time a prisoner receives mental health services. The log shall include each prisoner's name, diagnosis or complaint, and next scheduled appointment. Each clinician shall have ready access to a current log listing any prescribed medication and dosages for prisoners on psychotropic medications.	
Status	Substantial Compliance	
Discussion	As previously discussed, the QMHP has assumed responsibility for maintaining the SHP Nursing Chronic Disease Flowsheet and Chronic Illness Tracking Log to identify and manage inmates with chronic and serious mental illness. In addition, as recommended in the previous monitoring report, each intervention with an inmate is now documented as a progress note in the	

	inmate's medical chart. As such, this provision is moved to Substantial Compliance.
Recommendations	
Evidentiary Basis	Review of medical charts.

Provision B.2.a	<u>Training:</u> Ensure that all mental health staff performing mental health assessments receive comprehensive training concerning the policies, procedures, and practices for the delivery of mental health services, including the screening, assessment, and referral processes.	
Status	Partial Compliance	
Discussion	Although hired in October 2013, the QMHP has not received any additional mental health training other than that provided by the SHP Vice President of Operations. The Independent Consultant was informed during the recent on-site visit that future training would include instruction in the new <i>DSM-5 Diagnostic and Statistical Manual of Mental Disorders</i> , ideally from a local workshop within the state of Tennessee. The Independent Consultant also suggested that the QMHP attend the up-coming Correctional Mental Health Care Conference in Denver, CO on July 20-21, 2014 sponsored by the National Commission on Correctional Health Care.	
Recommendations	1) Provide verification to the Independent Consultant that any appropriate training occurred.	
Evidentiary Basis	Discussion with the QMHP and SHP Vice President of Operations.	

Provision B.2.b	Ensure that all nurses performing health screenings receive comprehensive training concerning the policies, procedures, and practices for the mental health screening process.	
Status	Partial Compliance	
Discussion	As discussed in previous monitoring reports, the MTA trained all nursing staff regarding completion of the Mental Health Survey form in April 2013. However, since nursing staff have only recently (i.e., April 2014) been required to complete the Mental Health Survey form on all inmates within 14 days of RCDF confinement, the adequacy of such training cannot be critiqued	

	without review of completed screening forms. This provision will be fully audited during the next on-site visit.
Recommendations	None
Evidentiary Basis	Review of medical charts during next on-site visit.

Provision B.2.c	Randomly test five percent of relevant staff on an annual basis to determine their knowledge of the policies, procedures, and practices for the mental health screening, assessment, and referral processes. The testing instrument and policies shall be approved by the United States. The results of these assessments shall be evaluated to determine the need for changes in training practices. The review and conclusions will be documented and provided to the IC, the County, and the United States.	
Status	Partial Compliance	
Discussion	The requirements of this provision were previously misunderstood. A post-test was developed and administered to all correctional staff receiving suicide prevention training. Although an admirable practice, this provision requires the random testing of 5% of all correctional, medical, and mental health personnel on the RCDF/SHP mental health program. A post-test of five questions was developed by the SHP Vice President of Operations and approved by the Independent Consultant during the most recent on-site visit. The post-test will be given to 5 percent of all staff in the near future.	
Recommendations	None	
Evidentiary Basis	Discussion with the SHP Vice President of Operations and RCDF Administrator.	

Provision B.2.d	Develop and implement written training protocols in the area of mental health for correctional staff, including an introductory training provided to new hires, which will include training on basic mental health information (e.g., recognizing mental illness, specific problematic behaviors, additional areas of concern); identification, timely referral, and proper supervision of prisoners with serious mental health needs; appropriate responses to behavior symptomatic of mental illness; suicide prevention; and an annual refresher training on relevant topics. The training will be conducted by a QMHP. The County will document and track training and attendance by staff, who must attend the training provided for in this provision in order to continue their employment.
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Status	Partial Compliance	
Discussion	<p>The Independent Consultant was informed that mental health clinicians from Centerstone Mental Health Services conducted a 2-hour mental health training for correctional staff at the RCDF in September 2013. (A similar training, utilizing a 65-slide PowerPoint presentation entitled “Mental Illness 101,” was done in October 2011. The Independent Consultant reviewed the curriculum and found that it reasonably reflected the requirements of this provision.)</p> <p>Substantial compliance with this provision can be achieved by ensuring that the above described mental health training (or similar training) is provided to correctional staff on an annual basis. A completion rate of 90% should be obtained.</p>	
Recommendations	<p>1) Provide evidence (from participant list) of the total number of correctional staff that received the September 2013 suicide prevention training, as well as a schedule of training for remaining staff.</p> <p>2) Although not required by this provision, it is also recommended that all nursing staff completed this annual mental health training.</p>	
Evidentiary Basis		

Provision B.3.a	<p><u>Psychotropic Medication Management:</u> The County shall ensure the accurate administration of psychotropic medication and maintenance of medication records. At a minimum, the County shall:</p> <p>Ensure that prisoners have proper diagnoses made by a psychiatrist, psychologist or medical doctor for each psychotropic medication they receive.</p>	
Status	Partial Compliance	
Discussion	<p>The Independent Consultant’s initial review of selected records in late February 2013 found that each health care chart had a Medication Administration Record (MAR) that accurately reflected administration of psychotropic medication(s). However, not all of the selected records contained a psychiatric diagnosis associated with the psychotropic medication. The SHP Vice President of Operations informed the Independent Consultant during the recent on-site visit that the current mental health diagnosis would now be contained on the MAR of each inmate. This provision will be more fully audited during the next on-site visit.</p>	
Recommendations	As offered in previous monitoring reports:	

	1) The QMHP should confer with the SHP psychiatrist and/or other provider of the current psychotropic medication to ensure that a current psychiatric diagnosis is documented in the chart (e.g., in the MAR).
Evidentiary Basis	Review of medical charts.

Provision B.3.b	Ensure a medication continuity system so that incoming prisoners receive psychotropic medications for serious mental health needs in a timely manner, as medically appropriate.	
Status	Partial Compliance	
Discussion	As previously offered by SHP, once an inmate's psychotropic medication(s) are verified and ordered from the pharmacy, they are delivered and dispensed within 24 hours. This practice could not be confirmed by the Independent Consultant during the recent on-site visit and will be reviewed with the MTA during the next on-site visit.	
Recommendations	As offered in previous monitoring reports: 1) As also discussed in Provision C.2 below, SHP should develop a quality improvement process by which timeliness of verification and dispensing of psychotropic medication can be audited on a regular basis. As discussed during recent on-site visit, SHP should begin auditing this provision on a monthly basis and, if 100% compliance is achieved, quarterly auditing can begin.	
Evidentiary Basis	Discussion with the SHP Vice President of Operations and MTA.	

Provision B.3.c	Ensure that prescriptions for psychotropic medications are reviewed by a psychiatrist or other qualified prescriber with mental health experience and training on a regular, timely basis to assess whether each prisoner's prescribed regimen continues to be appropriate and effective for his or her condition. Whenever a psychotropic medication is discontinued, added, or changed, the County will ensure that the psychiatrist or other qualified prescriber making such changes contemporaneously documents the reason for such change in the prisoner's health record.	
Status	Partial Compliance	
Discussion	As discussed above in B.1.c, the standard of care is for the psychiatrist to assess inmates on psychotropic medication at a minimum of every 90 days, unless more frequent assessment is clinically indicated. To date, the	

	psychiatrist has not been able to assess all inmates receiving psychotropic medication at 90-day intervals prior to medication renewal. This is very problematic and hopefully will be corrected in the next few months with the recent increase in on-site psychiatric services to 16 hours per month.
Recommendations	None
Evidentiary Basis	Discussion with psychiatrist, SHP Vice President of Operations, and MTA.

Provision B.3.d	Ensure that individuals receiving psychotropic medication are adequately monitored for potential negative side-effects of such medications.	
Status	Partial Compliance	
Discussion	According to SHP, current monitoring is accomplished by reviewing mental health sick call requests and the chronic care list to ensure identification of any potential negative side-effects of such medications. This practice could not be confirmed by the Independent Consultant during the recent on-site visit and will be reviewed during the next on-site visit.	
Recommendations	None	
Evidentiary Basis		

Provision B.3.e	Ensure that one unified health record is maintained for each prisoner that includes complete records for both physical and mental health and a complete list of medications the prisoner is taking. The County will also ensure that such unified health records are available to all medical and mental health staff who are necessary to facilitate continuity of care.	
Status	Substantial Compliance	
Discussion	The Independent Consultant previously confirmed that one unified health record was maintained for each inmate in the RCDF. The unified chart includes both medical and mental health records, as well as a MAR when applicable. The unified chart was well-maintained by an SHP medical records clerk. All medical and mental health personnel had easy access to the chart. This provision remains in Substantial Compliance.	
Recommendations	None	

Evidentiary Basis	
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Provision B.4.a	Use of Restraints: The County shall prevent the unnecessary or excessive use of restraints on prisoners with mental illness or requiring suicide precautions. At a minimum, the County shall: Develop and maintain comprehensive policies and procedures for the use of restraints for prisoners with mental illness in accordance with generally accepted standards of care.	
Status	Partial Compliance	
Discussion	To date, the RCDF does not have a policy on use of restraints. The RCDF Administrator drafted a policy and it was subsequently reviewed by SHP officials. The draft policy was recently revised and approved by the Independent Consultant in May 2014. The policy should be implemented in the near future.	
Recommendations	None	
Evidentiary Basis		

Provision B.4.b	Ensure that a QMHP by preference, and if not available, a QMS provides written approval prior to the use of restraints on prisoners suffering from mental illness or requiring suicide precautions. The QMHP or QMS shall document the basis for and duration of the use of restraints and the performance and results of welfare checks on such restrained prisoners. The parties acknowledge that there may be situations which arise of immediate nature where such prior written approval is not practical for the safety of the inmate, other inmates or the facility staff. In such cases, written approval shall be obtained as soon as practicable and the same documentation obtained.	
Status	Partial Compliance	
Discussion	See discussion above. The recently approved restraint policy has not yet been implemented, and this provision will be fully audited during the next on-site visit.	
Recommendations	None	

Evidentiary Basis	
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Provision B.4.c	Ensure that restrained mental health prisoners are monitored at least every 15 minutes by a Correctional Officer and further monitored by a Qualified Medical Staff to assess their physical condition every 2 hours.	
Status	Substantial Compliance	
Discussion	As found during previous on-site assessments, the Independent Consultant reviewed incident reports on the use of the Restraint Chair in 38 cases in 2012, and 4 cases in 2013. The reports indicated that restrained inmates were observed by correctional officers at 15 minute intervals and seen by nursing staff at least every two hours. This provision remains in Substantial Compliance.	
Recommendations	None	
Evidentiary Basis		

Provision B.5.a	<u>Mental Health Staffing</u>: The County shall ensure that the Jail's mental health staffing is sufficient to provide adequate care for prisoners' serious mental health needs, fulfill constitutional mandates and the terms of this Agreement, and allow for the adequate operation of the Jail, consistent with constitutional standards.	
Status	Partial Compliance	
Discussion	A QMHP was only recently hired in October 2013 and on-site psychiatric services are scheduled to be increased to 16 hours per month in the near future. As such, the critical issue as to whether or not the RCDF has sufficient mental health staffing to address the provisions in this Settlement Agreement will be determined during subsequent on-site visits.	
Recommendations		
Evidentiary Basis		

Provision B.5.b	The County will ensure that all persons providing mental health treatment meet applicable state licensure and/or certification requirements, and practice only within the scope of their training and licensure.	
Status	Substantial Compliance	
Discussion	The SHP psychiatrist is appropriately licensed and board-certified in psychiatry. The QMHP is currently licensed as a Licensed Master Social Worker by the State of Tennessee, Department of Health, Division of Health Licensure and Regulation. This provision is moved to Substantial Compliance.	
Recommendations	None	
Evidentiary Basis		

Provision B.6.a	<u>Release and Transfer</u>: RCDF shall notify a QMS prior to the release or transfer of a prisoner with mental health needs from RCDF custody as soon as information relating to his or her release or transfer becomes available.	
Status	Partial Compliance	
Discussion	As observed during both the current and previous assessments, although both RCDF and SHP officials stated that correctional officers notify medical staff when inmates are released from custody, it was said not to occur on a consistent practice. In addition, the RCDF does not have a policy that address release and transfer of inmates with serious mental illness.	
Recommendations	1) RCDF officials should develop a policy on discharge planning that is similar to SHP's Policy J-E-13 (Discharge Planning). However, the RCDF policy should outline specific procedures that correctional staff will follow to notify medical personnel of an inmate's pending release or transfer from the RCDF.	
Evidentiary Basis	Discussion with RCDF and SHP officials.	

Provision B.6.b	When a QMS is notified of the release or transfer of a prisoner with mental health needs, the QMS shall prepare and send with the transferring or released prisoner a summary detailing major mental health concerns and listing current medications and dosages, as well as medication history while at RCDF, in order to ensure continuity of care.	
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Status	Partial Compliance
Discussion	As offered in previous monitoring reports, an inmate's current Medication Administration Record and Admission Data/History and Physical Form are forwarded to transferring agency's upon the inmate's release. Although SHP policy also requires completion of a Medical Information Transfer Form, the form had not been utilized until recently. According to SHP officials, an inmate being released from RCDF custody and on psychotropic medication will be given a copy of their MAR that will contain the current diagnosis. This provision will be audited again during the next on-site visit to ensure that both the Medical Information Transfer Form and MAR are provided upon discharge.
Recommendations	None
Evidentiary Basis	Discussion with the SHP Vice President of Operations and MTA.

Provision B.6.c	RCDF shall provide released prisoners with a three day supply of appropriate prescription medication. RCDF shall also provide released prisoners with the contact information for local mental health crisis services and schedule if requested an appointment with a mental health provider in the community and/or will offer to schedule the initial appointment. RCDF shall supply sufficient medication for the period of transit for prisoners who are being transferred to another correctional facility or other institution not to exceed a three day supply.
Status	Partial Compliance
Discussion	<p>As offered in previous monitoring reports, all inmates on medication at the time of their discharge from the RCDF were provided with a 3 to 5 day supply of medication. However, with regard to the release of inmates who have a serious mental illness, medical staff were not providing appointments or contact information for local community mental health providers, including Centerstone Mental Health Services/Mobile Crisis.</p> <p>During the site visit in October 2013, the RCDF Administrator provided the Independent Consultant with a "Information Packet" containing the contact information of various community resources in the Springfield and Robertson County areas that is said to be given to inmates upon discharge. However, it was not clear whether or not the QMHP or nursing staff were offering to schedule an initial appointment with a local community mental health provider. This provision will be more fully audited during the next on-site visit.</p>

Recommendations	None
Evidentiary Basis	

C. QUALITY IMPROVEMENT AND RISK MANAGEMENT

The County will develop, implement, and maintain a system to ensure that trends and incidents involving restraint use, psychotropic medications, and avoidable suicides and self-injurious behavior are identified and corrected in a timely manner.

Provision C.1	Within 90 days of the Effective Date, the County shall develop and implement written Quality Improvement policies and procedures adequate to identify and address serious deficiencies in prisoner suicide prevention and mental health care.	
Status	Partial Compliance	
Discussion	As offered in previous monitoring reports, the RCDF and SHP did not have any policies or procedures regarding quality improvement for suicide prevention and the provision of mental health services.	
Recommendations	1) RCDF and SHP should develop and implement quality improvement policies or procedures for suicide prevention and the provision of mental health services.	
Evidentiary Basis		

Provision C.2	<p>Within 90 days of the Effective Date, the County will implement monthly quality assurance mechanisms at the individual and system levels to prevent or minimize harm to prisoners. These quality assurance mechanisms shall track and analyze patterns and trends regarding levels of risk for suicide and self-injurious behavior, restraint and psychotropic medication use and, more generally, the provision of mental health care at RCDF. Each monthly report shall include:</p> <p>(1) relevant aggregate data, including:</p> <ul style="list-style-type: none"> i. number of incidents related to self-harming behavior, including suicide gestures, attempts, or completed suicides, and any purposeful self-injurious act or attempted act that inflicted harm requiring medical attention or likely would have if completed; ii. all uses of restraints of prisoners with mental illness, including instances of self-injurious behavior while restrained, use of restraints on a prisoner on three or more occasions in a 30-day period, and single uses of restraints exceeding one hour in duration; iii. number of prisoners prescribed psychotropic medications; 	
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- iv. number of prisoners prescribed two or more psychotropic medications;
- v. the number of prisoners who report having participated in general mental health/therapy counseling;
- vi. the number of prisoners who have received one-on-one treatment from the psychiatrist;
- vii. the time elapsed between prisoners' requests for mental health services and the provision of services by a QMHP or QMS;
- viii. a list of prisoners with chronic mental illnesses, including the dates prisoners were treated by a QMHP or QMS;
- ix. number of individuals with mental illness who return to RCDF within 30-60 days.

(2) an assessment of trends and interventions, including:

- i. trends and/or the patterns regarding the self-harm data (i.e., the location and shift during which the majority of self-harm occurred; circumstances surrounding the discovery of the self-harm; the structures, objects, or instruments used to execute the self-harm, prisoners frequently engaged in self-harm);
- ii. whether prisoners at risk of self-harm are being appropriately identified for care;
- iii. whether incidents of self-harm are increasing or decreasing;
- iv. the severity of incidents of self-harm;
- v. whether restraints are being appropriately used against prisoners with mental illness;
- vi. whether prisoners are receiving appropriate and adequate mental health counseling and therapy;
- vii. the timeliness of mental health services provided;
- viii. referrals to outside care;
- ix. whether prisoners with chronic mental illnesses are receiving mental health services at regular intervals without requesting such services;
- x. staff counseling and discipline for violating psychotropic medication policies or restraint use policies; and
- xi. the effectiveness of interventions undertaken in response to identified trends from previous months.

(3) Based on these monthly assessments, the County shall recommend and implement changes to policies and

	<p>procedures.</p> <p>(4) The Jail shall ensure that all relevant facts and circumstances surrounding serious suicide attempts and completed suicides are investigated and reviewed by a multidisciplinary team, consisting of medical, mental health, and corrections staff . This team shall identify any areas in which staff performance could be improved or jail procedures that need to be adjusted to improve the ability to protect prisoners from self-harm. All reviews shall be documented and shall include the team’s findings, concerns, recommendations and remedial actions.</p>	
Status	Partial Compliance	
Discussion	<p>According to the SHP Vice President of Operations and MTA, the Daily Report of Mental Health/Suicide Services form utilized to track aggregate data on the provision of various mental health services has been reactivated. In addition, the RCDF Administrator has consistently forwarded QA management data, which includes the above SHP data, to the Independent Consultant on a monthly basis since August 2013.</p> <p>Finally, the Independent Consultant previously reviewed summaries of a few serious suicide attempts that occurred over the past several months. Consistent with this provision, the incidents resulted in a morbidity review by representatives of the corrections, medical, and mental health departments. At the suggestion of the Independent Consultant, the reviews were to have included: 1) review circumstances surrounding incident; 2) review procedures relevant to incident; 3) review relevant training received by staff; 4) review pertinent health care services/reports of victim; 5) review possible precipitating factors (i.e., circumstances which may have caused victim to attempt/commit suicide); and 6) recommendations, if any, for change in policy, training, physical plant, health care services, and operational procedures. To date, the reviews have begun to be structured to include the above inquiry, although documentation appeared limited regarding the goal of the inquiry and recommended corrective actions. The process remains a work in progress.</p>	
Recommendations	<p>As offered in previous monitoring reports:</p> <p>1) The Daily Report of Mental Health/Suicide Services form should be revised to also include the “number of inmates on psychiatric observation status.” The form should be consistently forwarded to the Independent Consultant on a monthly basis along with RCDF’s QA management data.</p> <p>2) To assist in expediting achievement of substantial compliance with each provision of this Settlement Agreement, it is strongly recommended that RCDF and SHP officials formally meet on at least a monthly basis regarding the recommendations contained within this report and provide a monthly</p>	

	report to the Independent Consultant regarding status of compliance with each provision.
Evidentiary Basis	Review of monthly QA management data for January through March 2014. Review of the Daily Report of Mental Health/Suicide Services forms for January through March 2014.

SUICIDE RISK ASSESSMENT

INMATE'S NAME: _____ **I.D. NUMBER:** _____

(Last) (First) (M.I.)
DOB: _____ **AGE:** _____ **SEX:** _____ **INITIAL ASSESSMENT:** _____ **REASSESSMENT:** _____ **DATE:** _____

SUICIDE PRECAUTIONS DURING PRIOR CONFINEMENT: YES _____ (When: _____) NO _____

REASON FOR REFERRAL: _____

SUICIDE RISK INDICATORS (Check all that apply):

- | | | |
|-------------------------------|--|-----------------------------|
| Suicide Attempt _____ | Suicide Ideation/Gesture _____ | Self-Mutilation _____ |
| Depressed _____ | Agitated _____ | Mood Change _____ |
| Hostile/Aggressive _____ | Sleep Problems _____ | Recent Loss _____ |
| Lethargy _____ | Excessive Weight Gain/Loss _____ | Isolation/Withdrawal _____ |
| Giving Away Possessions _____ | Intoxicated _____ | Hopeless/Helpless _____ |
| Afraid/Fearful _____ | Bizarre Behavior (Explain Above) _____ | Other (Explain Above) _____ |

TYPE OF THREAT/ATTEMPT: Hanging _____ Cutting _____ Jumping _____ Ingestion _____ Overdose _____ Other _____

PROTECTIVE FACTORS (Check all that apply):

- | | |
|---|---|
| Identifies reason to live/not commit suicide _____ | Future orientation/plans for future _____ |
| Family Support _____ | Children at home _____ |
| Religious/spiritual/cultural beliefs _____ | Spousal support _____ |
| Interpersonal social support _____ | Insight into problems _____ |
| Exercises regularly _____ | Job or school assignment _____ |
| Positive coping skills/conflict resolution skills _____ | Active and motivated in mental health treatment _____ |

PREVIOUS PSYCHIATRIC/SUICIDE HISTORY: _____

CURRENT MEDICATIONS: _____

ASSESSMENT OF LETHALITY: Low (1) _____ Medium (2) _____ High (3) _____

DIAGNOSIS:

- Axis I: _____
- Axis II: _____
- Axis III: _____
- Axis IV: _____
- Axis V (GAF): _____

