

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF TENNESSEE

UNITED STATES OF AMERICA,)
)
 PLAINTIFF,)
)
 v.)
)
 ROBERTSON COUNTY;)
 HOWARD BRADLEY, COUNTY MAYOR,)
 in his official capacity; ROBERTSON COUNTY)
 COMMISSIONERS, in their official capacity;)
 BILL HOLT, ROBERTSON COUNTY SHERIFF,)
 in his official capacity;)
)
 DEFENDANTS.)
 _____)

CIVIL ACTION NO: 3:13-cv-00392

COMPLIANCE REPORT

PLAINTIFF, THE UNITED STATES OF AMERICA, hereby files the Ninth and Final
Compliance Report.

Respectfully submitted,

/s/ William G. Maddox
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Settlement Agreement Between the United States Department of
Justice and Robertson County, Tennessee

9th and Final Monitoring Report

Submitted by:

Lindsay M. Hayes, Independent Consultant

January 30, 2018 (revised final)

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. Seven (7) subsequent site visits have been conducted to date.

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.

Ninth Site Visit

The Independent Consultant conducted the 9th and final on-site visit to the Robertson County Detention Facility (RCDF) on September 28-29, 2017. The site visit included an initial meeting with the RCDF Administrator. In addition, numerous medical charts of inmates on the suicide precautions and chronic care lists for serious mental illness from June thru September 2017 were reviewed, as well as monthly RCDF compliance reports. Finally, a debriefing was held during the afternoon of September 29, 2017 that included the Sheriff, Chief Deputy, County Attorney, USDOJ attorney, RCDF Administrator, SHP Chief of Clinical Services, Medical Team Administrator, Qualified Mental Health Professional, and Psychiatrist.

The abbreviated *8th Monitoring Report* (dated June 5, 2017) confirmed an earlier finding during the *7th Monitoring Report* (dated December 31, 2016) that all **48** provisions were in Substantial Compliance. This *9th Monitoring Report*, as well as the *8th Monitoring Report*, confirmed that these **48** provisions sustained Substantial Compliance. The sustained provisions are shown in the table below.

Substantive Area	Total Provisions	Sustained and Substantial Compliance		Partial Compliance		Non-Compliance	
		#	%	#	%	#	%
Suicide Prevention	21	21	100%	-	-	-	-
Mental Health	25	25	100%	-	-	-	-
Quality Improvement	2	2	100%	-	-	-	-
TOTAL	48	48	100%	-	-	-	-

As detailed in this report, as well as raised during previous monitoring tours, although *all* 48 provisions continue to remain in sustained Substantial Compliance, for two of the provisions (**A.1h** dealing with timely psychiatric referrals, and **A.1.n** dealing with adequate treatment planning for inmates released from suicide precautions) though constitutional, RCDF should continue to improve and sustain these provisions remain problematic. In addition, a third issue relating to inmates placed on suicide precautions during a prior RCDF confinement and readmitted to the facility and not always being referred to a QMHP was found during this most recent assessment, and has been resolved through a corrective action plan.

It was noteworthy that Substantial Compliance was achieved in many of the mental health provisions of this Settlement Agreement because psychiatric hours were increased to 32 hours per month.

Conclusion

During the exit meeting on September 29, 2017, the County again assured the Independent Consultant and USDOJ attorney that they were committed to maintaining the 32-hour per month psychiatric coverage well beyond the successful resolution of this Settlement Agreement. In addition, due to the concern regarding continuing supervision of the lone QMHP assigned to the RCDF by Southern Health Partners (SHP), the SHP President informed the RCDF Administrator that:

“Providing additional support, resources, guidance and supervision will be our responsibility, one which we take seriously. We feel our program at Robertson County is a flagship, one that we would like to use in training other staff members as to quality practices. Upon hiring of additional QMHPs we will ask for on-site training at the facility to be completed so that they can further provide support to the QMHP when needed. Also, the SHP Mental Health Director is staying with the company and will continue to have oversight and assist the QMHP at the Robertson County Detention Facility.”

As noted above, the Agreement requires “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*.”

It is this Independent Consultant’s opinion that, although the three issues noted above and contained in this report have not been ideally resolved, Robertson County has maintained Substantial Compliance with all of the 48 provisions and has operated a substantially adequate mental health care system for a sufficient period of time to warrant completion of this Settlement Agreement.

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	Substantial 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 (IC) developed the policy based upon earlier drafts. The revised policy was forwarded back to RCDF officials and also finalized on March 17, 2014.</p> <p>Because all suicide prevention-related provisions are in Substantial Compliance, this provision was previously moved to Substantial Compliance.</p>	

Recommendations	
Evidentiary Basis	

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 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 IC observed the intake process during a previous on-site assessment and verified that all of the above changes were made. As such, this provision was previously moved to Substantial Compliance.</p> <p>However, as noted in the Introduction of this report, the IC observed a disturbing practice during the most recent monitoring visit in September 2017. The IC reviewed 12 cases of inmates placed on suicide precautions during a prior RCDF confinement and subsequently readmitted into the facility. In 10 of those cases, the booking officer incorrectly marked “no” on the Intake Screening form for the designated question regarding prior suicide precautions in the RCDF. The deficiency was brought to the attention of the RCDF Administrator who subsequently issued the following corrective action on October 26, 2017:</p> <ol style="list-style-type: none"> 1) The RCDF has requested a report from its jail management system (JMS) provider (Southern Software) of all inmates previously placed on suicide precautions in order to update and present accurate data for use by booking officers; 2) A report will be generated for all inmates placed on suicide precautions in order to ensure that their names are placed in the JMS; 3) The Intake Screening form has been slightly revised to ensure that all booking officers independently verify an inmate’s previous placement on suicide precautions, rather than allowing the inmate’s self-report such information; 4) Prior to an inmate’s housing placement, all prior incident reports will be reviewed to verify any placement on suicide precautions; 5) A new check sheet has been developed that requires a booking officer to verify alerts within the JMS; and 6) Any inmate flagged on the JMS for a prior alert will initially be placed on psychiatric observation status until they can be seen by a QMHP.
Recommendations	The above six-point corrective action of October 26, 2017 appears reasonable and should be monitored by the RCDF’s Continuous Quality Improvement program, see Provisions C1-3.
Evidentiary Basis	

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 was previously corrected. Currently, each new detainee is required to be screened by either a nurse or QMHP within 24 hours of admission.</p> <p>The IC previously 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 was previously moved to Substantial Compliance.</p>	
Recommendations		
Evidentiary Basis		

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

<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> <ul style="list-style-type: none"> (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. (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. (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. (4) Ensuring that a QMHP conducts appropriate mental health assessments within the following periods from the initial screen: <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 not been hired until October 2013. In addition, this provision required a protocol pertaining to the assessment of inmates on suicide precautions prior to their release from custody. Because</p>	

	both policies have since been revised and the QMHP was previously found to be fully acclimated into the program, this provision was previously moved to Substantial Compliance.
Recommendations	
Evidentiary Basis	

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	Substantial Compliance	
Discussion	As detailed in the previous report, pursuant to SHP policy, two instruments were available as mental health assessments: a Mental Health Survey and a	

	<p>Psychiatric Nursing Initial Assessment form. In practice at the RCDF, however, the Mental Health Survey was previously rarely utilized. Upon initial referral, the QMHP often completed a Psychiatric Nursing Initial Assessment. The form listed most of the required factors listed within this provision, although they were not specifically identified.</p> <p>Substantial compliance could only 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 a previous site visit, the IC reviewed the new Psychiatric Nursing Assessment (revised from the Psychiatric Nursing Initial Assessment form in May 2014). The form included more in-depth inquiry regarding suicide/self-injurious history, mental health history (including diagnoses), and mental status examination.</p> <p>This provision was previously moved to Substantial Compliance.</p> <p>It should be noted, however, that SHP recently changed the name of the “Psychiatric Nursing Assessment” to “Psychiatric Assessment.” Such a name change was inappropriate because the form is completed by the QMHP, not the psychiatrist, and the name of the form closely resembles the name of the psychiatrist’s “Initial Psychiatric Assessment” form. Based upon the IC’s previous recommendation, the form was subsequently renamed a “Mental Health Assessment.”</p>
Recommendations	
Evidentiary Basis	

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> <ul style="list-style-type: none"> (1) Any suicide attempt; (2) Any suicidal ideation, with or without a plan; or (3) Any aggression to self resulting in major injury. 	
Status	Substantial Compliance	
Discussion	<p>The QMHP was hired in October 2013 and a previous review of medical charts indicated assessments were conducted following any of the above listed triggering events. This provision was previously moved to Substantial Compliance.</p>	
Recommendations		

Evidentiary Basis	
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 was previously moved to Substantial Compliance.
Recommendations	
Evidentiary Basis	

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	Substantial Compliance
Discussion	<p>With the hiring of a QMHP in October 2013, as well as increase in the number of psychiatric hours, inmates identified as either mentally ill and/or suicidal are now much more likely to receive timely assessments.</p> <p>Due to continued deficiencies found in this provision, as previously described in the 6th Monitoring Report, Southern Health Partners notified the IC on May 11, 2016 that they had created the following corrective action plan for this provision:</p> <p style="text-align: center;"><i>Patients entering the facility with diagnosed mental illness with an active prescription verified and restarted will be placed on the Psychiatrist list immediately. If the patient is stable on their medications, and there are no emergent needs, the following procedure will be adhered to:</i></p>

1. Patient will be placed on the QMHP log and seen by the QMHP within 14 days. The Psychiatric assessment will be completed at this time.

2. Patient will be placed on the Psychiatrist log, and seen by the Psychiatrist within 30 days (The medical staff will denote why the person is placed on the list (i.e. John Doe, psych meds continued, new assessment needed). The initial Psychiatric Consult will be completed at this time.

If the patient entering the facility has a diagnosed mental illness, and they have no active medication prescription or the prescription cannot be verified:

1. The patient will be placed on the QMHP log and seen within 5 days. The Psychiatric assessment will be completed at this time.

2. The patient will be placed on the Psychiatrist log and seen within 14 days. The initial Psychiatric Consult will be completed at this time.

If the patient entering the facility has an emergent mental health need identified by operations staff or medical staff.

3. The patient will see QMHP on his/her next working day (if they are not in the facility at the time the need was determined)

4. The patient will see the Psychiatrist the next time the Psychiatrist is in the facility (if they are not in the facility at the time the need was determined).

As a result of the above corrective action, Southern Health Partners has made steady improvement in the area of timely referrals for inmates who present as suicidal and/or screened positive for mental illness. Sample review of 12 medical charts of inmates placed on suicide precautions during June through December 2016 found that *all* received timely assessments by the QMHP. In addition, a sample review of 38 medical charts of inmates who screened positive for mental illness found that almost 90 percent (34 of 38) received timely referrals to the psychiatrist.

This provision was moved to Provisional Substantial Compliance in January 2017 because, although there has been steady improvement and the County reached the 90 percent threshold, there were concerns in a few of the reviewed charts in which the QMHP did *not* make timely referrals to the psychiatrists. In the 8th *Monitoring Report*, the IC reviewed 43 medical charts and found that

	<p>timely assessments (both initial and/or follow-up QMHP and psychiatric) were provided in 93 percent (40 of 43) of the cases.</p> <p>In the most recent review, conducted on September 28, 2017, sufficiently maintained his level of compliance, i.e., a review of 36 cases found that timely assessments were provided in 89 percent (32 of 36) of the cases.</p> <p>Thus, this provision is moved to sustained compliance because of its sustained sufficient level of compliance and, as stated in the Introduction, SHP leadership has agreed to provide continuing supervision to ensure timely assessment by the QMHP and psychiatric providers.</p>
Recommendations	SHP leadership should provide continuing supervision to ensure timely assessment by the QMHP and psychiatric providers.
Evidentiary Basis	Review of 36 medical charts of inmates who screened positive for mental illness during June through September 2017.

Provision A.1.i	<p>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.</p>	
Status	Substantial Compliance	
Discussion	<p>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 IC during a prior site visit, as well as confirmed during a recent site visit, the forms are now reviewed and signed by a RCDF supervisor each shift. This provision was previously moved to Substantial Compliance.</p>	
Recommendations		
Evidentiary Basis		

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	Substantial 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 IC 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 IC 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</p>	

	<p>ventilation grate in his cell. As a result, the RCDF Administrator ordered that the ventilation grates be replaced again.</p> <p>During the IC's 3rd Monitoring visit, the renovation project was inspected once again with the RCDF Administrator and personnel from the Robertson County Maintenance Department. The inspection found that Cell No. 5 or Cell No. 6 in the Medical Unit still contained a gap between the bed and wall, as well as ventilation grates with holes that were 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 had been replaced with a grate of 3/16 inch diameter, the second grate in each cell remained dangerous and needs to be replaced.</p> <p>During the IC's on-site monitoring visit in February 2015, the nine (9) Booking cells and Cell No. 5 or Cell No. 6 in the Medical Unit were again inspected and found to be suicide-resistant. The ventilation grates in both the Booking cells and the Medical Unit were retrofitted with a grate of 3/16 inch diameter, and the gap between the bed and the wall in the Medical Unit cells was covered. As such, this provision was previously moved to Substantial Compliance.</p>
<p>Recommendations</p>	
<p>Evidentiary Basis</p>	

<p>Provision A.1.k</p>	<p>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.</p>	
<p>Status</p>	<p>Substantial Compliance</p>	
<p>Discussion</p>	<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. In addition, review of medical charts during several recent monitoring periods found that nursing staff have greatly improved documenting their weekend check-ins of suicidal inmates.</p>	

	<p>Due to continued deficiencies found in this provision, as previously described in the <i>6th Monitoring Report</i>, SHP notified the IC on May 11, 2016 that they had created the following corrective action plan for this provision:</p> <p><i>The QMHP will:</i></p> <ol style="list-style-type: none"> <i>1. Complete the Suicide Risk Assessment at his/her initial assessment of the patient on Suicide Precautions.</i> <i>2. If the patient is released from suicide observation at this time, this will serve as the only assessment of the patient by the QMHP while on observation.</i> <i>3. If the patient is continued on suicide precautions, the QMHP will conduct an initial SRA and a reassessment SRA prior to release from suicide precautions.</i> <i>4. If the patient is kept on suicide precautions more than 2 days, QMHP will complete the Mental Health Clinical Contact Monitoring Form to document continued reassessments until the patient is discontinued from suicide precautions.</i> <p>As a result of the above corrective action, SHP made steady improvement in the area of timely assessments and reassessments referrals for inmates on suicide precautions. Sample review of 12 medical charts of inmates placed on suicide precautions during June through December 2016 found that <i>all</i> received timely assessments by the QMHP, and all inmates were reassessed on a daily basis, including weekends by nursing staff. As such, this provision was previously moved to Substantial Compliance.</p>
<p>Recommendations</p>	
<p>Evidentiary Basis</p>	

<p>Provision A.1.1</p>	<p>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.</p>
<p>Status</p>	<p>Substantial Compliance</p>

Discussion	With the hiring of a QMHP in October 2013, the QMHP and psychiatrist continue to communicate and collaborate on individual cases, as well as provide correctional personnel with appropriate information as needed. As such, this provision was previously moved to Substantial Compliance.
Recommendations	
Evidentiary Basis	

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 previous assessments 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 was previously moved to Substantial Compliance.
Recommendations	
Evidentiary Basis	

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	Substantial 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>

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.”

The QMHP has consistently provided a high level of compliance with follow-up assessments for inmates released from suicide precautions. Treatment planning, however, was chronically problematic. Due to this deficiency, as previously described in the *6th Monitoring Report*, Southern Health Partners notified the IC on May 11, 2016 that they had created the following corrective action plan to address treatment planning:

The QMHP will:

- 1. Follow up with patients (who were on suicide precautions more than 24 hours) as established in the SHP policy (J-G-05).*
- 2. Complete a treatment plan on patients who were on suicide precautions longer than 24 hours. (Please see Treatment Plan Attached). This form will be used with the SRA at the time of release from suicidal precautions.*

As a result of the above corrective action, SHP has made steady improvement in the area of timely assessments and reassessments referrals for inmates on suicide precautions. Sample review of 12 medical charts of inmates placed on suicide precautions during June through December 2016 found that all had treatment plans contained on a new SHP form entitled “Treatment Plan - Suicide Precautions Release.” Although all of the treatment plans listed specific goals, objectives, and interventions to reduce and/or avoid recurrence of the inmate suicidal ideation, not all of the plans were as specific as they should have been. In addition, although group therapy was recommended in most treatment plans, there was no documentation to suggest that these inmates were enrolled in any of the RCDF’s current group therapy classes. Because of the improvement in treatment planning templates for suicidal inmates, this provision was moved to Substantial Compliance in January 2017.

The most recent review, conducted on September 28, 2017, did not find substantial improvement, i.e., a review of seven (7) cases of inmates placed on suicide precautions continue to find safety plans that needed improvement in most of the cases.

Given the Independent Consultant’s discussions with RCDF leadership concerning this issue, as well as the level of technical assistance rendered on-site, coupled with SHP leadership agreeing to provide continuing supervision

	of the QMHP to ensure adequate development of safety planning in appropriate cases, this provision is moved to sustained compliance.	
Recommendations	SHP leadership should provide continuing supervision of the QMHP to ensure that treatment plans for inmates discharged from suicide precautions contain individualized, realistic, and measurable strategies to reduce the recurrence of suicidal ideation.	
Evidentiary Basis	Review of seven (7) medical charts of inmates placed on suicide precautions during June through September 2017.	
Provision A.2.a	<p><u>Training:</u> 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. 	
Status	Substantial Compliance	
Discussion	<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 	

	<ul style="list-style-type: none"> • 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 IC received verification that correctional and health care staff was trained on the suicide prevention curriculum on November 19 and November 26, 2013, resulting in approximately 95 percent of required staff trained. As such, this provision was previously moved to Substantial Compliance.</p>
Recommendations	
Evidentiary Basis	

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 IC received verification that correctional and health care staff was trained on the suicide prevention screening forms on April 4 and April 9, 2014, resulting in approximately 99 percent of required staff trained. As such, this provision was previously moved to Substantial Compliance.	
Recommendations		
Evidentiary Basis		

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	Substantial Compliance	
Discussion	Annual suicide prevention training was initiated in September 2014, with four workshops held on September 3, September 4, September 15, and September 16. The QMHP was the instructor for most of the workshops. The IC previously reviewed the lesson plan for the 4-hour annual suicide prevention training and found it to be comprehensive. To date, all correctional staff, and all medical	

	staff, has completed the annual suicide prevention training. This provision was previously moved to Substantial Compliance.
Recommendations	
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 was previously moved to Substantial Compliance.	
Recommendations		
Evidentiary Basis		

Provision A.2.e	Ensure that all correctional staff are certified in cardiopulmonary resuscitation (“CPR”).	
Status	Substantial Compliance	
Discussion	The RCDC Administrator previously informed the IC that most correctional staff received CPR training on November 19 and November 26, 2013, resulting in approximately 90 percent 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. According to the RCDF training director, CPR training occurs every two years and is again due to commence in 2015. According to the training director, approximately 90-100 percent of custody staff are always CPR certified. This provision was previously moved to Substantial Compliance.	
Recommendations		

Evidentiary Basis	
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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	<p>First aid kits, automated external defibrillators (AED), and emergency rescue tools were previously found in each housing unit tower inspected by the IC. 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.</p> <p>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. This provision was previously moved to Substantial Compliance.</p>	
Recommendations		
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	Substantial 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 SHP had appropriately revised several policies regarding the provision of mental health services, including the Basic Mental Health Services (J-G-04) and Special Needs Treatment Plans (J-G-01), revised May 11, 2016. This provision was previously moved to Substantial Compliance.</p>	
Recommendations		
Evidentiary Basis		

Provision B.1.a	Ensure that all prisoners are appropriately screened for mental illness using an appropriately validated screening instrument.	
Status	Substantial 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 IC is not aware of any validated screening instrument for mental illness in operation in any correctional facility throughout the country.

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 inmate 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 was defective because it assumed that the inmate had received initial mental health screening from an adequate screening instrument. As found in previous on-site monitoring tours, because the screening forms utilized in the RCDF (i.e., the Medical Screening form administered by booking staff and the Medical Staff Receiving Screening Form) did not address all of the required areas, proper screening for mental illness was not being done.

	<p>However, SCP did have a screening instrument entitled “Mental Health Survey” that was appropriate for use as an initial mental health screening form, but was previously <i>not</i> being utilized on a regular basis. As stated in the <i>3rd Monitoring Report</i>, the IC informed the parties that substantial compliance with this provision could be obtained if medical staff administered the Mental Health Survey form to all inmates in the RCDF within 14 days of admission. Positive responses to the mental health survey form would then result in a referral to the QMHP or psychiatrist for completion of a mental health evaluation. Currently, either the “Psychiatric Nursing Assessment” or the “Initial Psychiatric Assessment” forms could be utilized completion of a mental health evaluation, although the “Psychiatric Nursing Assessment” could not be utilized as a suicide risk assessment form. The Mental Health Survey form was reactivated in April 2014.</p> <p>As detailed in a previous monitoring report, several medical charts were reviewed and each contained a Mental Health Survey form that had been completed in a timely fashion (i.e., within 14 days of admission). As such, this provision was previously moved to Substantial Compliance.</p>
Recommendations	
Evidentiary Basis	

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	Substantial Compliance	
Discussion	<p>As previously indicated, unless instructed otherwise by the parties, the IC has been utilizing 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.”</p> <p>SHP’s Special Needs Treatment Plans Policy (No. J-G-01) has undergone numerous revisions in order to become compliant with the Settlement Agreement. It was most recently revised on May 11, 2016 and includes a revised list of serious mental health disorders that require a treatment plan:</p>	

	<ul style="list-style-type: none"> • schizophrenia • paranoid with other psychotic disorders • bipolar disorders (hypomania, manic, depressive, and mixed) • major depressive disorder (single episode or recurrent) • schizoaffective disorder (bipolar or depressive) • pervasive developmental disorders • obsessive-compulsive disorders • depression in childhood and adolescence • panic disorder • post-traumatic stress disorders (acute, chronic, or with delayed onset) • bulimia nervosa • anorexia nervosa <p>• In addition, substance abuse disorders, adjustment disorders, and personality disorders (borderline and antisocial)</p> <p>In addition, the SHP policy now includes the requirement for: 1) narrative requiring all inmates with a serious mental illness have an active psychiatric diagnosis and then develop a specific intervention tailored to that diagnosis, 2) a working definition/listing of serious mental illness diagnoses, and 3) treatment planning definitional narrative from the National Commission on Correctional Health Care’s “Patients with Special Health Needs” (Standard J-G-02).</p> <p>During this 7th monitoring visit, sample review of 38 medical charts of inmates who screened positive for mental illness found that almost 90 percent (34 of 38) were seen by both the QMHP and psychiatrist, and treatment plans were subsequently developed.</p> <p>Because of the improvement in treatment planning for inmates with serious mental illness, this provision was previously moved to Substantial Compliance. <i>However, similar to Provision A.1.n (regarding treatment planning for suicidal inmates) the QMHP needs to demonstrate better consistency in this area.</i></p>
<p>Recommendations</p>	
<p>Evidentiary Basis</p>	

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	Substantial Compliance	
Discussion	<p>As indicated in prior monitoring reports, the psychiatrist was originally 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 IC's 3rd on-site monitoring visit, it was determined that the psychiatrist was still only devoting approximately 8 hours of on-site services per month. However, at the conclusion of that 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 mid-June 2014, on-site psychiatric services was increased to 16 hours per month, and fulfilled by the current psychiatrist and a colleague.</p> <p><i>The standard of care requires that inmates identified with a serious mental illness and in need of psychotropic medication should be seen by a psychiatrist no more than 14 days from identification of the mental illness (which normally occurs during the intake screening process), unless the current behavior indicates the need for an emergent or urgent assessment. In addition, a newly arrived inmate with serious mental illness that has a current prescription for psychotropic medication that can be verified and timely dispensed (i.e., within 24 to 72 hours), should be seen within 30 days unless the behavior indicates the need for an emergent or urgent assessment. Finally, all inmates receiving psychotropic medication should be seen by a psychiatrist at least every 90 days, or sooner if a change in medication is indicated and/or a different level of care is warranted.</i></p> <p>Although the increase in psychiatric coverage to 16 hours per month has resulted in a significant increase in the number of psychiatric contacts with inmates, the IC's previous reviews of medical charts continued to find problems with timely initial psychiatric assessments. The following recommendation was included within the <i>4th Monitoring Report</i>: "SHP data captured on the monthly Daily Report of Mental Health Services should include the total number of <i>new</i> inmates that were identified during the month as exhibiting serious mental illness and in need of psychotropic medication, and then whether they were seen on a timely basis (either within 14 days or 30 days, unless the behavior indicated an urgent or emergent referral)." In response, SHP subsequently notified the IC on May 5, 2015 that "The monthly reporting statistic sheet has been altered to include new patients receiving psychotropic medications."</p> <p>During the IC's May 2016 review of 8 medical charts of inmates identified as seriously mentally ill continued to indicate problems with timely psychiatric</p>	

	<p>assessment, only 2 of 8 reviewed cases (25%) resulted in a psychiatric assessment. This was a very disappointing finding and resulted in continued Partial Compliance with this provision.</p> <p>As a result of this continued efficiency, the IC was informed during a teleconference call on July 11, 2016 that several SHP staffing changes were approved by the County: 1) the number of psychiatric hours was increased from 16 to 32 per month; 2) a new “mental health clerk” position was funded at 30 hours per week; and 3) a “medical compliance officer” position was established at 36 hours per week.</p> <p>In addition, according to other SHP data, over 70 inmates per month are prescribed psychotropic medication in the RCDF. However, although SHP data captured on the Daily Report of Mental Health Services was recently revised pursuant to the IC’s recommendation to include both “new patient” contacts and “chronic care” contacts by the psychiatrist(s), the <i>data did not indicate whether the contacts were timely</i>. As previously offered, because this provision measures the timeliness of psychiatric contacts, this SHP data would be more helpful if it included the total number of inmates that were identified during the month as exhibiting serious mental illness and in need of psychotropic medication, and then whether they were seen on a timely basis (either within 14 days or 30 days, unless the behavior indicated an urgent or emergent referral).</p> <p>As a result of the above corrective action, SHP has made steady improvement in the area of timely referrals to, and assessments initiated by, the psychiatrists. During this 7th monitoring visit, sample review of 38 medical charts of inmates who screened positive for mental illness found that almost 90 percent (34 of 38) received timely referrals to the psychiatrist. This provision was previously moved to Substantial Compliance. It was noteworthy that Substantial Compliance was achieved because psychiatric hours were increased to 32 hours per month.</p>
Recommendations	The County and SHP should continue to ensure that psychiatric hours are maintained at a minimum of 32 hours per month.
Evidentiary Basis	

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	Substantial 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>During the 3rd Monitoring visit, a “Mental Health Chronic Care Clinic Log” had been developed and utilized as a tracking tool. According to the IC’s review of several months of data, documents, it would appear that almost all inmates on the Mental Health Chronic Care Clinic Log were seen by the QMHP on a monthly basis. Because this provision does <i>not</i> include a requirement to assess the quality of assessment or treatment planning, and simply requires regularly scheduled contact with the QMHP, this provision was previously moved to Substantial Compliance.</p>	
Recommendations		
Evidentiary Basis		

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	Substantial Compliance	
Discussion	<p>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 was provided by only 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).</p> <p>Beginning in September 2014, the County agreed to hire a licensed professional counselor (LPC) through SHP to provide 10 hours of weekly group therapy</p>	

treatment. At that time, the LPC has reportedly provided the 14-week Anger Management group to over 36 inmates. Priority was given to inmates with serious mental illness. Previous preliminary plans were to offer a Life Skills group in the future.

Access to licensed in-patient psychiatric care remained available following assessment and referral of the SHP psychiatrist, as well as following triage by a Mobile crisis clinician from Centerstone Mental Health Services. SHP revised its Basic Mental Health Services policy (J-G-04) to include reference to a full-time QMHP, on-site psychiatric coverage, and a list of emergency treatment services (i.e., Mobile Crisis Services, Northcrest Medical Center Emergency Department, and Middle Tennessee Mental Health Institute).

During a previous on-site monitoring visit, the IC requested a listing of all inmates with mental serious mental illness that had participated in the anger management program. In addition, because offering only one therapeutic program (i.e., “anger management”) did not represent an “adequate array of structured therapeutic programming,” the IC recommended that the SHP psychiatrist and QMHP confer and discuss the types of therapeutic programming that would be most appropriate for RCDF inmates with serious mental illness. It was agreed by the parties during the debrief meeting on September 9, 2015 that SHP officials will then develop a plan and schedule for delivering such programming within the current 40-hour per month allotment for therapeutic programming and submit it to the IC by December 1, 2015.

The SHP corrective action plan dated May 11, 2016 included a revised Basic Mental Health Services policy (J-G-04) listing the following treatment services offered to inmates with a serious mental illness on a case-by-case basis:

- Suicide Monitoring and Follow-up
- Psychiatric Assessment by the QMHP
- Discharge Planning as indicated
- Treatment Planning (as indicated in the Psychiatric Assessment)
- Initial Psychiatry Consult
- Ongoing Psychiatry monitoring as determined in the initial consult
- Medication Management/monitoring
- Individual Psychotherapy
- Group Psychotherapy (to include the following groups; however, not limited to)
 - Managing Stress and Anxiety
 - Breathing Exercises
 - Understanding Bi-Polar and Managing your illness
 - Sleep Management
 - Anger Management
 - Natural ways to control impulses

- Parenting Skills
- Coping with incarceration
- Effects of various drugs
- Schizophrenia (ADL enhancement skills)

SHP notified the IC on May 31, 2016 that it had consulted with its group facilitator and proposed rotating the following groups every three months: 1) anger management, 2) coping with stress and anxiety, and 3) life skills. The IC responded to SHP that, based upon an uncertain average length of stay within the RCDF, it was unknown as to whether inmates with a serious mental illness could be offered all three groups during their confinement. As a result, the IC suggested that SHP explore the possibility of scheduling these three groups on a rotating three-week basis (i.e., a different group each week). As a result, SHP agreed to the revised group schedule.

During this 7th on-site monitoring visit, the IC was informed that the original group facilitator had resigned their position effective August 23, 2016. A new facilitator was subsequently hired and groups were restarted on October 11, 2016. Despite the loss of group therapy treatment for approximately seven (7) weeks, SHP has shown steady improvement with this provision during the last two months. The following treatment modules are now offered to inmates with serious mental illness at the RCDF:

- The Right Frame of Mind/Acceptance of Mental Health Disorders/Coping with Incarceration
- Anger Awareness/Dysfunctional Thinking/Conflict Resolution
- Managing Stress and Anxiety/Mindfulness/Calming Techniques

These three groups continue to be rotated on a three-week basis (i.e., a different group each week). Groups run between 60 and 90 minutes. The group facilitator is on-site for approximately 10 hours per week (Monday and Tuesday).

Since these group therapy sessions were initiated on June 20, 2016, approximately 350 inmates have participated, with most involved with multiple group sessions. *Review of attendance sheets over the course of several months found only one area of concern, i.e., approximately 15 percent of inmates assigned to the program refused to participate, and an unknown, but large number of assigned inmates could not participate in subsequent sessions because they were released from custody.*

During the most recent on-site visit, the IC had an opportunity to converse with the group facilitator on September 28, 2017 and determined that group participation has increased based upon several corrective actions, including a

	change of schedules and custody personnel proactively encouraging inmate participation. This provision was previously moved to Substantial Compliance.
Recommendations	
Evidentiary Basis	Interview with group facilitator on September 28, 2017.

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	Substantial Compliance	
Discussion	<p>As offered during the other on-site sites, although SHP 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 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.</p> <p>SHP previously revised its Basic Mental Health Services Policy (No. J-G-04) to list its emergency treatment services (i.e., Mobile Crisis Services, Northcrest Medical Center Emergency Department, and Middle Tennessee Mental Health Institute). This provision was previously moved to Substantial Compliance.</p>	
Recommendations		
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 assumed responsibility for maintaining the SHP Nursing Chronic Disease Flowsheet and Mental Health Chronic Care Clinic Log to identify and manage inmates with chronic and serious mental illness. In addition, as recommended in a previous monitoring report, each intervention with an inmate is now documented as a progress note in the inmate's medical chart. This provision was previously moved to Substantial Compliance.	
Recommendations		
Evidentiary Basis		

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	Substantial 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 IC was informed during several prior monitoring on-site visits that future training would include instruction in the new <i>DSM-5 Diagnostic and Statistical Manual of Mental Disorders</i> , as well as attendance at a Correctional Mental Health Care Conference sponsored by the National Commission on Correctional Health Care. Because such training had not occurred as of February 2015, the date of the last on-site monitoring, the IC again recommended verification that the QMHP has received instruction on the new <i>DSM-5 Diagnostic and Statistical Manual of Mental Disorders</i> , as well as attended workshops at the NCCHC's Spring Conference on Correctional Health Care in April 2015. In response, SHP notified the IC that the "QMHP completed training at the NCCHC conference in New Orleans in April 2015. Please see attached class roster those attended by QMHP."	

	<p>While on-site during the 4th Monitoring visit, the IC conversed with the QMHP who verified that she has received, and begun to review, the new <i>DSM-5 Diagnostic and Statistical Manual of Mental Disorders</i>, as well as <i>Lippincott's Manual of Psychiatric Nursing Care Plans</i>, which contains 52 treatment plans addressing the most commonly encountered behaviors of serious mental illness. In addition, the QMHP attended the NCCHC conference in April 2015 and participated in approximately 11 workshops.</p> <p>This provision was previously moved to Substantial Compliance based upon the agreement that the QMHP would be scheduled to attend future NCCHC conferences on an annual basis, with the costs to be shared by both the County and SHP.</p>
Recommendations	
Evidentiary Basis	

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	Substantial Compliance	
Discussion	<p>As discussed in previous monitoring reports, the MTA trained all nursing staff regarding completion of the Mental Health Survey form in April 2013, but the form was rarely utilized. In 2014, however, Mental Health Survey form was reactivated and now required to be completed on all inmates within 14 days of RCDF confinement.</p> <p>In addition, all nursing staff, as well as most correctional staff received a 2-hour annual mental health workshop on September 3, September 4, and September 15, 2014. Most of the workshops were conducted by the QMHP. The IC previously reviewed the lesson plan and found it to be adequate. This provision was previously moved to Substantial Compliance.</p>	
Recommendations		
Evidentiary Basis		

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	Substantial Compliance	
Discussion	Previously, a post-test was developed and administered to all correctional staff receiving suicide prevention training. The SHP Vice President of Operations subsequently developed a post-test of five questions related to policies and procedures on suicide prevention and mental health services. The IC approved the post-test during a previous on-site visit. The post-test was administered to all SHP personnel in April 2014, as well as to all correctional staff in September 2014. This provision was previously moved to Substantial Compliance.	
Recommendations		
Evidentiary Basis		

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.	
Status	Substantial Compliance	
Discussion	As discussed in B.2.b above, most correctional staff received a 2-hour annual mental health workshop on September 3, September 4, and September 15, 2014. Most of the workshops were conducted by the QMHP. The IC reviewed the lesson plan, previously developed by Centerstone Mental Health Services and including a 65-slide PowerPoint presentation entitled "Mental Illness 101,"	

	and found that it reasonably reflected the requirements of this provision. This provision was previously moved to Substantial Compliance.
Recommendations	
Evidentiary Basis	

Provision B.3.a	<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: Ensure that prisoners have proper diagnoses made by a psychiatrist, psychologist or medical doctor for each psychotropic medication they receive.	
Status	Substantial Compliance	
Discussion	<p>During the IC's initial review of selected records in late February 2013, each health care chart had a Medication Administration Record (MAR) that accurately reflected administration of psychotropic medication(s). However, as required by this provision, not all of the selected records contained a psychiatric diagnosis associated with the psychotropic medication. It was the IC's recollection during the 3rd Monitoring visit that the SHP Vice President of Operations stated the current mental health diagnosis would be contained on the MAR of each inmate. However, when the IC began to review a sample of MARs during a recent previous visit, it was found that diagnoses were not contained on the forms. A subsequent discussion with both the SHP Vice President of Operations and MTA determined that they were under the impression that the diagnoses would be contained in the psychiatric note and/or IPA section of the medical chart, as originally envisioned. Due to this misunderstanding, this provision could not be adequately audited during the February 2015 on-site visit.</p> <p>The <i>4th Monitoring Report</i> contained two recommendations for SHP to continue auditing medical charts to ensure that current psychiatric diagnoses were in the chart, preferably in the MAR. In response, SHP notified the IC on May 5, 2015 that "the diagnosis is being written on the MAR at the present time and please see attached audit to include those with diagnosis as well."</p> <p>Following review of numerous medical charts during previous monitoring audits, this provision was previously moved to Substantial Compliance.</p>	
Recommendations		

Evidentiary Basis	
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	Substantial Compliance
Discussion	<p>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 IC during the a previous on-site monitoring visit and, therefore, the <i>4th Monitoring Report</i> recommended that "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 in the <i>5th Monitoring Report</i>, SHP should begin auditing this provision on a monthly basis and, if 100% compliance is achieved, quarterly auditing can begin." SHP did not respond to this recommendation.</p> <p>Despite the above concern, sample review of 38 medical charts of inmates who screened positive for mental illness and were subsequently seen by the psychiatrist during this 7th on-site monitoring visit found that almost 90 percent received timely verification and dispensing of psychotropic medication. A comparable number of medical charts were again reviewed in September 2017. This provision was previously moved to Substantial Compliance. It was noteworthy that Substantial Compliance was achieved because psychiatric hours were increased to 32 hours per month.</p>
Recommendations	
Evidentiary Basis	Review of 36 medical charts of inmates who screened positive for mental illness during June through September 2017.

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
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	qualified prescriber making such changes contemporaneously documents the reason for such change in the prisoner's health record.	
Status	Substantial Compliance	
Discussion	<p>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. SHP had previously not been able to provide the IC with sufficient documentation to indicate that psychiatrists are assessing all inmates on psychotropic medication at intervals that did not exceed 90 days. For example, although SHP maintains a Mental Health Chronic Care Clinic Log that tracks the number of inmates on psychotropic medications, whether they are on one or multiple medications, and the dates seen by a mental health provider. The log, however, does not distinguish between contacts by the QMHP versus contacts by a psychiatrist. Therefore, the Mental Health Chronic Care Clinic Log cannot be utilized to verify whether a psychiatrist is seeing all inmates on psychotropic medications at intervals that do not exceed 90 days.</p> <p>Southern Health Partners notified the IC on May 11, 2016 that they had created the following corrective action plan for this provision:</p> <ol style="list-style-type: none"> <i>1. Psychiatrist and/or Medical Provider will document any changes to psychotropic medications of the Chronic Care Psychiatry Monitoring Form.</i> <i>2. If a patient puts a sick call in or refuses (3 documented refusals) to take their psychotropic medications, medical staff and/or QMHP will document the refusal on an SHP Refusal Form and the patient is placed on the psychiatrist log for an immediate consult with the patient. They are not to make any changes to medications unless they have an order to do so.</i> <i>3. The Chronic Care log has been reviewed and meets current criterion under this provision. The log must be updated each time there are changes to the patient's diagnosis or complaint and/or medication. Each mental health contact and Psychiatry contact will be documented on the form.</i> <p>Sample review of 38 medical charts of inmates who screened positive for mental illness during this 7th on-site monitoring visit found that almost 90 percent had their psychotropic medications reviewed by the psychiatrists in a timely fashion. A comparable number of medical charts were also reviewed in September 2017. As such, this provision was previously moved to Substantial Compliance. It was noteworthy that Substantial Compliance was achieved because psychiatric hours were increased to 32 hours per month.</p>	

Recommendations	
Evidentiary Basis	Review of 36 medical charts of inmates who screened positive for mental illness during June through September 2017.

Provision B.3.d	Ensure that individuals receiving psychotropic medication are adequately monitored for potential negative side-effects of such medications.	
Status	Substantial Compliance	
Discussion	According to SHP, current monitoring is accomplished by reviewing Health Care Sick Call Requests and QMHP contacts through the Mental Health Chronic Care Clinic Log to ensure identification of any potential negative side-effects of such medications. This practice was confirmed by the IC during the February 2015 on-site monitoring visit. This provision was previously moved to Substantial Compliance.	
Recommendations		
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 IC 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 was previously moved to Substantial Compliance.	
Recommendations		
Evidentiary Basis		

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	Substantial Compliance	
Discussion	The RCDF Administrator drafted the “Use of Clinically-Ordered Restraints for Inmates with Serious Mental Illness” policy (No. 8.03.R1). The policy was rewritten and approved by the IC in May 2014. The policy was implemented on June 10, 2014. This provision was previously moved to Substantial Compliance.	
Recommendations		
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	Substantial Compliance	
Discussion	The IC previously reviewed documentation regarding the use of the Restraint Chair. In each incident, the use of restraint did not exceed 60 minutes. Practices were found to be consistent with the RCDF “Use of Clinically-Ordered Restraints for Inmates with Serious Mental Illness” policy (No. 8.03.R1). This provision was previously moved to Substantial Compliance.	

Recommendations	
Evidentiary Basis	

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, restrained inmates were observed by correctional officers at 15 minute intervals and seen by nursing staff at least every two hours. In addition, as shown above in Provision B.4.b, correctional staff continue to observe inmates confined in the restraint chair at 15-minute intervals. This provision was previously moved to Substantial Compliance.	
Recommendations		
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	Substantial Compliance	
Discussion	<p>The QMHP was hired in October 2013 and provides 40 hours of on-site mental health services. On-site psychiatric services were increased to 16 hours per month in mid-June 2014. Because several mental health provisions remained in partial compliance, the critical issue as to whether or not the RCDF has sufficient mental health staffing to address the provisions had been a continuing source of discussion throughout this Settlement Agreement.</p> <p>As a result of numerous provisions remaining in Partial Compliance, the IC was informed during a teleconference call on July 11, 2016 that several SHP staffing changes were approved by the County: 1) the number of psychiatric hours was increased from 16 to 32 per month; 2) a new “mental health clerk”</p>	

	<p>position was funded at 30 hours per week; and 3) a “medical compliance officer” position was established at 36 hours per week.</p> <p>This provision was previously moved to Substantial Compliance.</p>
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 psychiatrists are 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 was previously moved to Substantial Compliance.	
Recommendations		
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	Substantial Compliance	
Discussion	<p>Although both RCDF and SHP officials previously informed the IC that correctional officers notify medical staff when inmates are released from custody, the notification did not always occur on a consistent basis because of the lack of an appropriate RCDF policy.</p> <p>The RCDF Administrator subsequently drafted the “Inmate Release and Transfer” policy (No. 4.04). The policy was revised and approved by the IC, and was implemented on December 1, 2014. This RCDF policy is consistent</p>	

	with SHP Policy J-E-13 (Discharge Planning). This provision was previously moved to Substantial Compliance.
Recommendations	
Evidentiary Basis	

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.	
Status	Substantial Compliance	
Discussion	As offered in previous monitoring reports, an inmate's current Medication Administration Record (MAR) 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 historically not been utilized. Instead, because many inmates are transported to/from the Tennessee Department of Correction, SHP staff utilize the "Tennessee Department of Correction Health Status/Transfer Summary" form. As such, this provision was previously moved to Substantial Compliance.	
Recommendations		
Evidentiary Basis		
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	Substantial Compliance	
Discussion	As offered in previous monitoring reports, all inmates on medication at the time of their discharge from the RCDF were provided with a 3-5 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	

	<p>information for local community mental health providers, including Centerstone Mental Health Services/Mobile Crisis.</p> <p>During a previous site visit, the RCDF Administrator provided the IC 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. As discussed in Provision B.6.a above, the RCDF “Inmate Release and Transfer” policy (No. 4.04) became effective on December 1, 2014. The policy requires that inmates on psychotropic medication will receive a sufficient supply (approximately 3-5 days worth of medication) upon discharge, as well as an offer from the QMHP to schedule an appointment with the appropriate community mental health provider. This provision was previously moved to Substantial Compliance.</p>
Recommendations	
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	Substantial 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, or any policies and procedures that were consistent with the requirements of this Settlement Agreement. Since the 3rd Monitoring visit, both RCDF and SHP have developed policies and procedures regarding quality improvement for suicide prevention and the provision of mental health services, including: 1) RCDF “Continuous Quality Improvement Program - Mental Health Care/Suicide Prevention” policy (No. 11.06), effective October 20, 2014; 2) RCDF “Quality Improvement of Inmate Mental Health Care” policy (No. 11.03-AR1), effective October 8, 2014, revised January 6, 2015; and SHP “Quality Improvement Program policy (No. J-A-06), undated. The IC reviewed and approved these policies. As such, this provision was previously moved to Substantial Compliance.	
Recommendations		
Evidentiary Basis		

Provision C.2	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:	
	(1) relevant aggregate data, including:	
	<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 	

	<p>attempted act that inflicted harm requiring medical attention or likely would have if completed;</p> <p>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;</p> <p>iii. number of prisoners prescribed psychotropic medications;</p> <p>iv. number of prisoners prescribed two or more psychotropic medications;</p> <p>v. the number of prisoners who report having participated in general mental health/therapy counseling;</p> <p>vi. the number of prisoners who have received one-on-one treatment from the psychiatrist;</p> <p>vii. the time elapsed between prisoners' requests for mental health services and the provision of services by a QMHP or QMS;</p> <p>viii. a list of prisoners with chronic mental illnesses, including the dates prisoners were treated by a QMHP or QMS;</p> <p>ix. number of individuals with mental illness who return to RCDF within 30-60 days.</p> <p>(2) an assessment of trends and interventions, including:</p> <p>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);</p> <p>ii. whether prisoners at risk of self-harm are being appropriately identified for care;</p> <p>iii. whether incidents of self-harm are increasing or decreasing;</p> <p>iv. the severity of incidents of self-harm;</p> <p>v. whether restraints are being appropriately used against prisoners with mental illness;</p> <p>vi. whether prisoners are receiving appropriate and adequate mental health counseling and therapy;</p> <p>vii. the timeliness of mental health services provided;</p> <p>viii. referrals to outside care;</p>
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	<ul style="list-style-type: none"> 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 polices; and xi. the effectiveness of interventions undertaken in response to identified trends from previous months. <p>(3) Based on these monthly assessments, the County shall recommend and implement changes to policies and 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>
<p>Status</p>	<p>Substantial Compliance</p>
<p>Discussion</p>	<p>According to the SHP Vice President of Operations (now Chief of Clinical Services) and MTA, the Daily Report of Mental Health/Suicide Services form utilized to track aggregate data on the provision of various mental health services was previously 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>In addition, although RCDF and SHP officials formally met on at least a monthly basis regarding the recommendations contained within this report they did <i>not</i> routinely provide a monthly report to the IC regarding status of compliance with those remaining provisions in Partial Compliance.</p> <p>As a result of this deficiency, SHP notified the IC on May 11, 2016 that they had created the following corrective action plan for this provision:</p> <p style="text-align: center;"><i>Effective May 2016, there will be a monthly mental health staffing held on the 4th Thursday of every month. Participants are to include at a minimum:</i></p> <p style="text-align: center;"><i>QMHP Group Provider MTA</i></p>

	<p><i>Compliance Nurse</i> <i>Mental Health Coordinator (may be remote attendance depending on schedule)</i></p> <p><i>Correctional Staff or County Administrator (depending on availability)</i> <i>Medical Provider (if available)</i> <i>Psychiatrist (if available)</i> <i>Unit Clerk (Document meeting agenda)</i></p> <p><i>Purpose of Meeting, but not limited to the following:</i></p> <p><i>Discuss specific treatment issues regarding a patient(s)</i> <i>Treatment Progress/Concerns</i> <i>Medical concerns</i> <i>Group updates</i> <i>Any other clinical issues</i> <i>Review of QA data</i> <i>Discharge Planning</i> <i>Corporate or County concerns</i></p> <p><i>Meeting agendas and notes will be typed and placed in a binder for review by IC, SHP Corporate office, and at the discretion of the County Administrator.</i></p> <p>During this 7th on-site monitoring visit, the IC reviewed the monthly meeting minutes of the RCDF Mental Health Staff Meetings from June 29 through December 13, 2016. Meeting participants regularly included the SHP Chief of Clinical Services, SHP Mental Health Coordinator, MTA, QMHP, Medical Compliance Officer, Group Facilitator, and RCDF Administrator.</p> <p>Finally, in addition to the SHP’s “Daily Report of Mental Health/Suicide Services - Monthly Report,” SHP had previously developed (in May 2016) both a “Suicide Precautions Monitoring Tool” and a “MAR/Medication/QMHP/Psychiatrist Assessment Monitoring Tool” to track compliance with this Settlement Agreement on a monthly basis. The utilization of these three (3) forms now equips the County with quality assurance tools to measure compliance with the Settlement Agreement. This provision was previously moved to Substantial Compliance.</p>
<p>Recommendations</p>	
<p>Evidentiary Basis</p>	