

MAY 31, 2024

HAMPTON ROADS REGIONAL JAIL

FINAL MONITORING REPORT

CIVIL NO. : 2:20-CV-410

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COURT APPOINTED MONITOR**

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

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Scope of this Report

This final report is provided in compliance with paragraph #144 of the Agreement six months after the Sixth Monitoring Report. It covers the time frame from November 1, 2023 – April 30, 2024, following the closure of HRRJ. This report will describe the steps taken by HRRJ to implement this Agreement and evaluate the extent to which Hampton Roads Regional Jail (HRRJ) has complied with each substantive provision of the Agreement. The report will compare the original findings with where HRRJ was at the time of its closure, and evaluate the status of compliance for each relevant provision of the Agreement using these standards:

(1) Substantial Compliance; (2) Partial Compliance; and (3) Non-Compliance.

“Substantial Compliance” indicates that HRRJ has achieved material compliance with the components of the relevant provision of the Agreement. “Partial Compliance” indicates that HRRJ has achieved material compliance with some of the components of the Agreement, but significant work remains. “Non-compliance” indicates that HRRJ has not met the relevant provision of the Agreement.

In the body of the report, the degree of compliance is *italicized*, recommendations were removed for this final report. In Appendix A (Summary of Compliance), the degree of compliance is abbreviated as: Substantial Compliance will be noted as “SC”, Partial Compliance as “PC” and Non-Compliance as “NC”.

Pending Review “PR” was used to mark those overarching provisions that required several provisions to be substantially compliant over time.

Appendix A – Summary of Compliance

For reference, The Consent Agreement is included as Appendix B as a separate document.

Executive Summary

The Monitor has been to the facility every month except June 2022 and May 2023 since the Agreement began in August 2020 to evaluate and analyze the progress of HRRJ. As stated in the previous report, Hampton Roads Regional Jail Authority decided to close the facility no later than April 1, 2024. Thus, this seventh and final report will do two things. First, it will assess the Jail’s compliance with the provisions of the Consent Decree as the Jail was nearing closure. It will also talk about the trajectory the Jail was on with respect to certain provisions. Second, at the beginning of each section of the report, it will look back at the 2018 DOJ Findings Report and talk about the progress made in the intervening years. This Monitor feels that if HRRJ were able to complete its work, HRRJ would have been able to comply with all provisions of the Agreement. It is disappointing that the staff didn’t have the chance to complete their mission.

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Deaths that opened the DOJ investigation

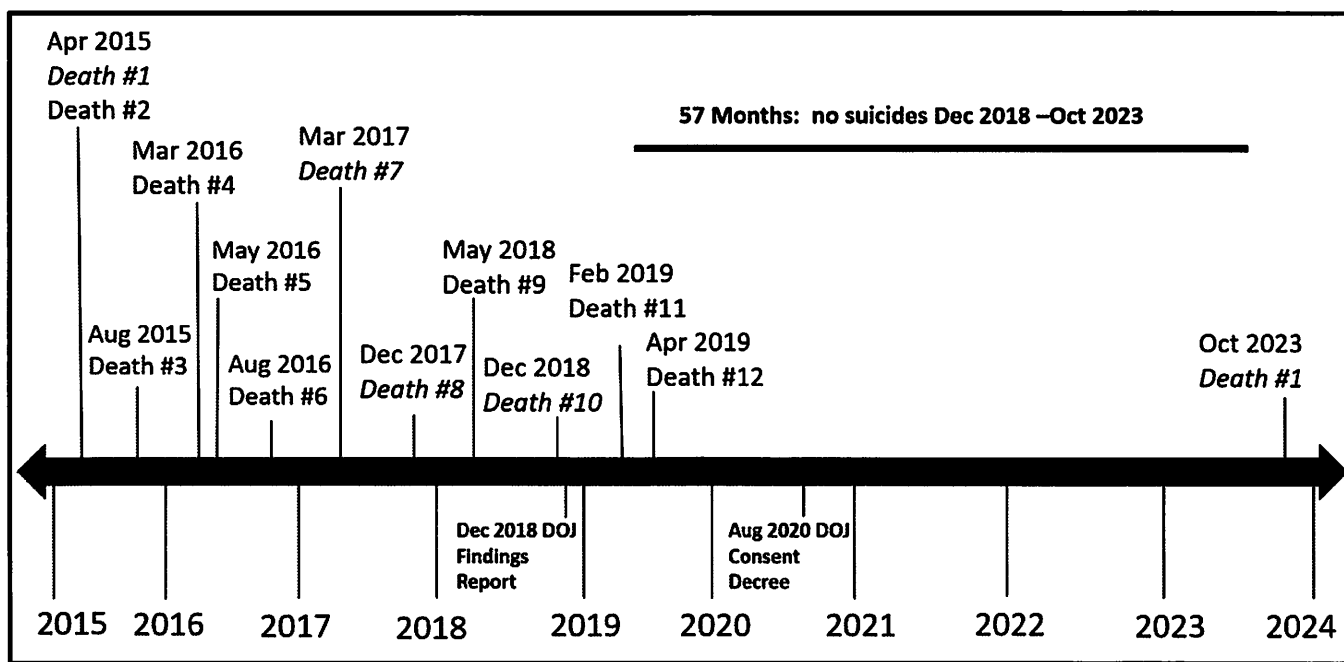
In December 2016, the Department of Justice opened its investigation of the Hampton Roads Regional Jail in part because of two deaths. One, referred to as AA in the 2018 DOJ Findings Report,¹ involved a 24-year-old man with serious mental illness who, after losing nearly 40 pounds, died of heart failure because of rapid weight loss after being placed in restrictive housing for 100 days. The other involved a 66-year-old man, BB, who died of a perforated ulcer weeks after submitting requests for medical help related to abdominal pain that were not addressed. These were two of ten deaths, shown in Figure 1 below, which included four suicides, outlined in the 2018 DOJ Findings Report that occurred during a four-year period between 2015 and 2018.

Soon after the 2018 DOJ Findings Report, there were two more concerning deaths that involved medical issues, in February and April 2019.

Turnaround

Remarkably, since 2019 and after DOJ’s and the monitor’s involvement, the Hampton Roads Regional Jail experienced 57 consecutive months without a suicide or death where the facilities actions were in question. No suicides in 57 months due to the hard work of its security, medical, and mental health staff. Figure 1 below shows this 57-month stretch. There were also no concerning deaths that involved medical or mental health issues between April 2019 and October 2023 – a stretch of 53 months.

Figure 1: 57 Months Without a Suicide



¹ Throughout, I will refer to individual examples using the anonymous letters that match the letters the DOJ used in its 2018 Findings Report for consistency such as AA, BB, CC, etc. Those after the Agreement will be labeled A1, A2, etc.

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**Deaths in italics indicate suicides*

Restrictive housing for inmates with serious mental illness

In addition, the Jail worked to reduce the time inmates with serious mental illness (SMI) spent in restrictive housing (RH). The Department of Justice emphasized the importance of reducing time spent in restrictive housing for prisoners with SMI because of the risk of harm and actual harm it causes. As shown below in Figure 2, in the previous six years, the Jail had substantially reduced the percentage of inmates with SMI spending one day of more in restrictive housing and those spending 30 days or more there.

Figure 2: Percentage of Inmates with Serious Mental Illness in Restrictive Housing

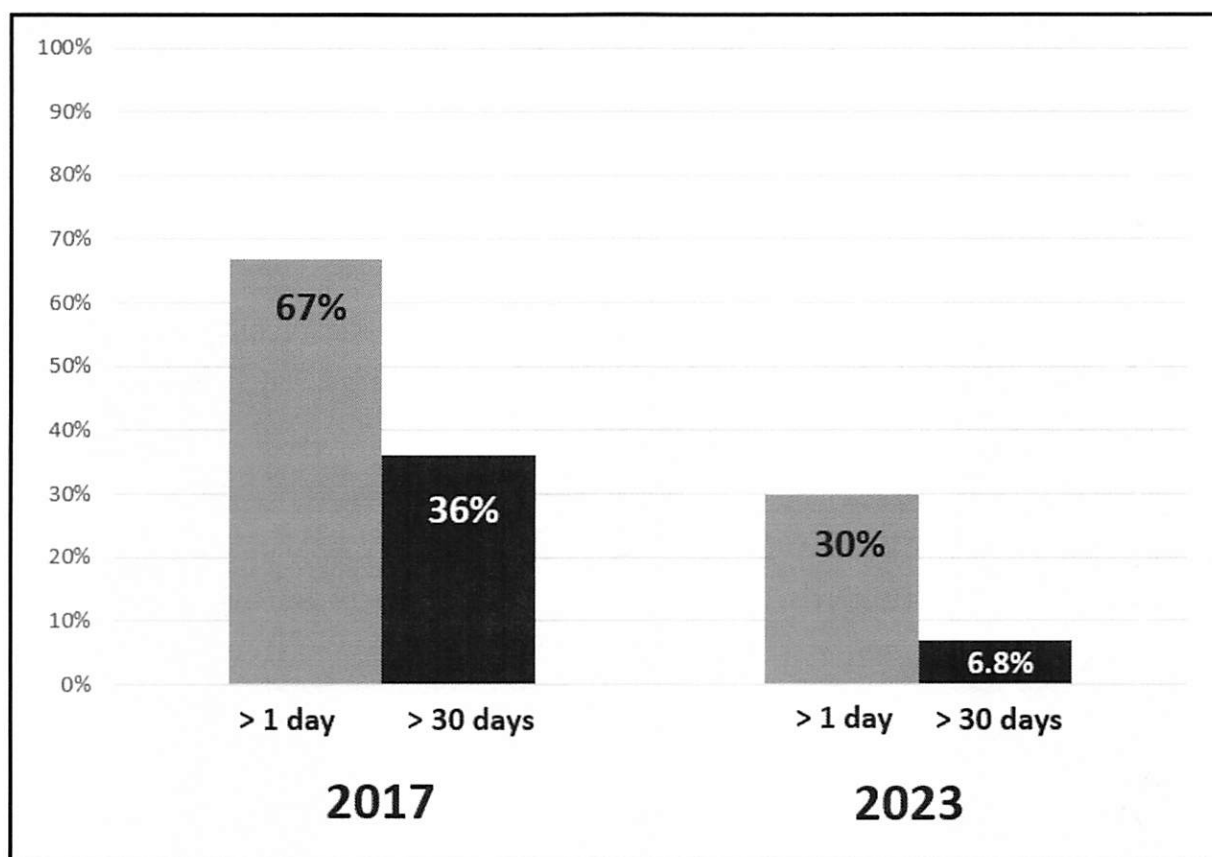


Figure 2 shows that during the DOJ investigation in 2017, 67% of the 496 inmates with SMI spent one day or more in restrictive housing, and 36% of those 496 inmates spent 30 days or more consecutively there. Then, in 2023, the Jail had greatly reduced holding inmates with SMI in restrictive housing. Only 30% of the 266 inmates with SMI spent one day or more in restrictive housing, and only 6.8% of those 266 inmates spent more than a month consecutively there. This especially shows a dramatic reduction of long stays in restrictive housing. This is attributable to Jail personnels' hard work to change its practices and culture by increasing mental health treatment, providing multi-disciplinary treatment plans and incentivizing behavior through achievement awards, efforts to divert inmates with

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SMI from restrictive housing, and creating spaces that were more therapeutic, less isolating, and provided the opportunity for confidential therapy sessions.

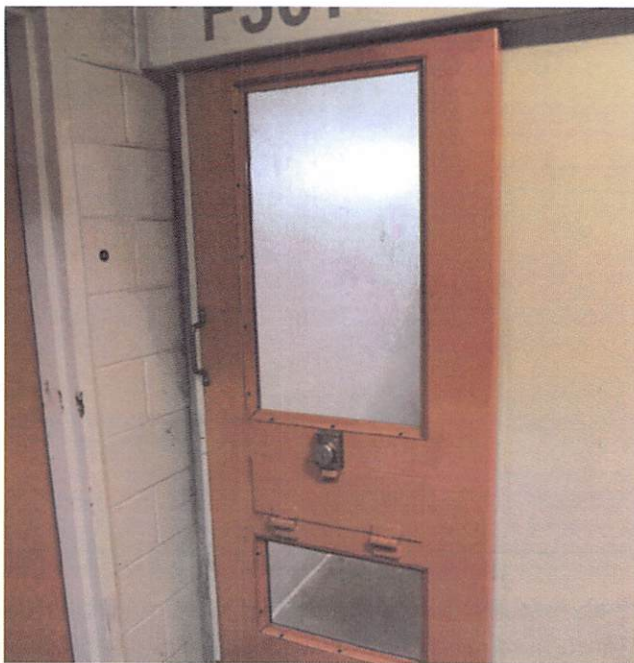
Transformation

For example, before the Jail closed, it had undergone renovations to improve its therapeutic atmosphere. In one area of the Jail where inmates who felt suicidal were held, the Jail had installed larger windows in the doors for better sight lines, painted the housing unit walls therapeutic colors, mounted televisions and a blackboard-wall (to be used with non-toxic chalk to prevent injuries if swallowed) that were being used in the dayroom in conjunction with mental health sessions, and added a de-escalation “blue” room with therapeutic furniture which created a calming space with a blackboard-wall for chalk drawing and mental health sessions. See Figures 3, 4, 5, and 6 for pictures of these spaces. In addition, eating meals out of cell and out of cell group therapeutic sessions were also occurring in the dayroom. This represented a shift from the restrictive, lock-down experience described in the 2018 DOJ Findings Report. One restrictive aspect that had shifted was the increase in out-of-cell mental health contacts. These new spaces had allowed for more mental health interactions that could occur out-of-cell as opposed to the “crack therapy” described the Findings Report. “Crack therapy” was the term inmates gave to talking with mental health staff through a crack where the solid metal door of their cell butts up to and slides along a track mounted to the wall of the housing unit; instead of being able to have an out-of-cell, confidential treatment session.

Figure 3: Larger windows in the doors for better sight lines



Old door – small window



New door – larger windows

Figure 4: Housing unit walls painted with therapeutic colors

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Prior to repainting



After painting with therapeutic colors

Figure 5: Television and blackboard wall in dayroom

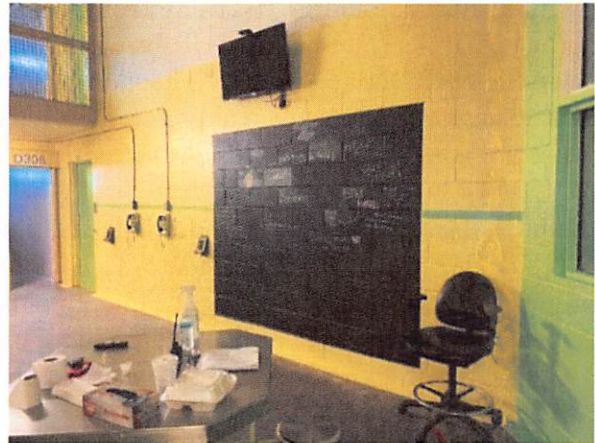
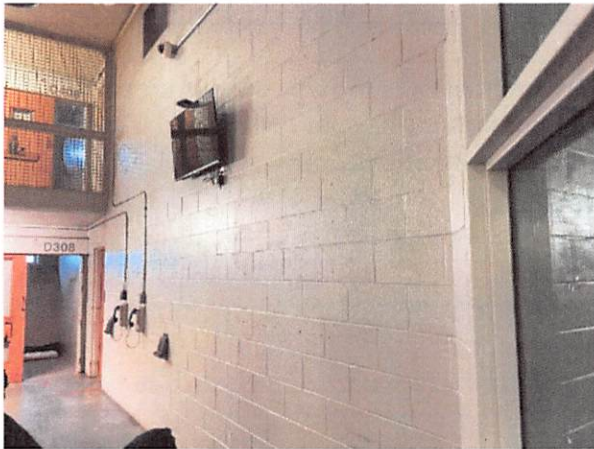
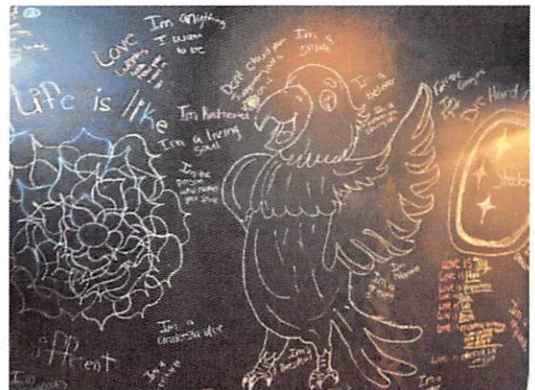
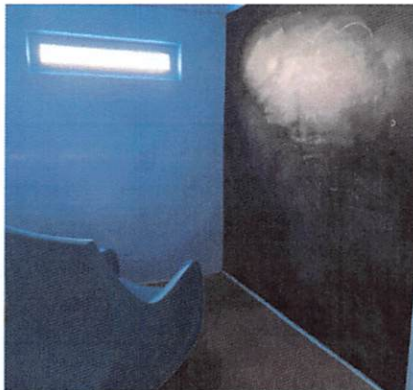


Figure 6: De-escalation “blue” room with blackboard wall



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Figure 6 is an example of how the Blue Room and the chalk board were used by clients to express their feelings. This example shows the artistic talent some of the inmates showed in their creations.

Using the Agreement, and the changes HRRJ made to provide care to inmates as an outline and guide, HRRJ's actions may assist other jurisdictions in avoiding being placed under outside oversight in the future.

When the Department of Justice began the investigation of HRRJ in December 2016 there were between nine hundred and one thousand (900 – 1000) inmates. When the Agreement was signed in August 2020 there were between five hundred and six hundred (500 – 600). In May 2021, the ADP was under four hundred (400). In May 2023 the ADP was two hundred or less (200). HRRJ slowly released inmates to the feeder jails over the past six months. All inmates had returned to their feeder jails, or alternative sites designated by the feeder jail, by March 22, 2024.

During the last few months Newport News has renovated part of its jail. Hampton is negotiating with the Western Tidewater Regional Jail to join their jail authority and many of their inmates were transferred to Western Tidewater Regional Jail. The City of Portsmouth City has put in a bid for the HRRJ facility. As of the writing of this report, the HRRJ Authority has not taken action to sell the property.

It will be critical that inmates housed at HRRJ and being transferred back to their feeder jails receive appropriate care. As stated during HRRJA Board meetings, "HRRJ was created to provide services that were unavailable at the feeder jails". Feeder jails must assure that they provide constitutionally appropriate care to all inmates residing in their jails. As this Monitor has not been asked to visit those jails, I am not able to respond to the care and treatment in those facilities.

As noted above, the five (5) feeder jails sent inmates with the highest medical and mental health needs to HRRJ. Feeder jails sent inmates to HRRJ because of the recognition that HRRJ had superior capabilities in addressing the medical and mental health requirements of high acuity inmates. Good indication of this statement has been noted in all previous reports by the Monitor that there have been times when arriving inmates are so sick that they have had to be taken immediately to a hospital or to a higher level of psychiatric care.

Some recommendations from the Agreement that the all correctional facilities may wish to review; #39 – 43 – medical care – assuring that care is provided according to national standards, #49 – 52 – Chronic Care – this area is critical to assure that inmates are provided constitutionally adequate healthcare, #88 – suicide watch – especially those on "extended stays" defined as more than 14 days, #93 – release plans – the spirit of what's required, #100 – 104 – diversion units where the facility may be able to house those with an SMI rather than in RH, #104 – acute mental health units – used for suicide watch for those actually on watch not those wanting more out-of-cell time, #111 – use RH only for disciplinary, not "fear for safety" – voluntary administrative restriction; and #114 – if using RH for disciplinary reasons on those with SMI, efforts must be made to divert them from RH and if diversion does not occur to protect them from the negative effects of RH. Feeder jails now have the responsibility to care for inmates in the same way that HRRJ had been providing. The monitor offered to meet and visit feeder jail facilities, this offer was rejected in a formal response to Her Honor Judge Smith.

Previously, the only Agreement provision in #'s 39 – 58 which were not in substantial compliance was #40 Medical Staffing. As the average daily population decreased, HRRJ and Wellpath were able to

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meet that provision. Therefore, the entire section is now in substantial compliance. This is a great accomplishment.

During this reporting period HRRJ moved eight (8) additional provisions from partial compliance (PC) to substantial compliance (SC), one moved from pending review (PR) to substantial (SC) and one moved from non to partial compliance. There were none that moved to a lower score this report period, even as HRRJ was closing. All staff continued to perform their duties admirably.

The HRRJ continued to be accredited by the National Commission on Correctional Health Care (NCCHC).

HRRJ continued to develop their multidisciplinary treatment teams. In the last few months, they continued to develop individual behavioral management plans based on the team approach.

However, as noted in previous reports, provisions related to the mental health units continued to be non-compliant. The challenge for HRRJ was they lacked the ability to divert mental health inmates to mental health units. During the last few months, HRRJ continued to assess all inmates to assure that they were placed safely in units related to their medical and mental health conditions.

During the three years since the beginning of the Agreement there has been a desire by senior management to meet the requirements of the Agreement. However, that desire was not able to be realized due to ongoing staffing issues. For all correctional systems, communication between security and healthcare staff needs to be a high priority. Continued vigilance is needed to assure that each party works towards the same goal of providing care and treatment to those in their care. The missions of each, security and healthcare must be understood and respected for continued progress toward meeting the goals of the inmates and the provision of constitutionally required care.

The HRRJA approved a closure bonus for those officers willing to stay on through the closing of the facility. This helped to assure that HRRJ had enough staff to reasonably guarantee the safety of staff and inmates. During the final visit, the level of stress, and frustration among the staff was palpable and understandable. It was commendable that all staff at the facility were able to perform their duties as required and provide care to inmates.

Over the last year, security changes in personnel had begun to improve the trajectory towards compliance with the Agreement. However, with the closure of HRRJ they will be unable to complete all the substantive provisions by April 1, 2024.

One of the biggest challenges faced by HRRJ was the available pool of candidates remained small, in a very competitive market. With over seven (7) local jurisdictions and two (2) regional jail systems not including Department of Corrections Facilities within a short distance of HRRJ competition was fierce.

It was praiseworthy that HRRJ continued to move partially compliant areas to substantial compliance, even as they prepared for closure of the facility. During the last six (6) months HRRJ was open, HRRJ continued to strive to provide constitutionally adequate care.

There was one case of COVID-19 in the jail during the past six (6) months.

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Agreement Section #31 – 38, Medical and Mental Health Care was in substantial compliance for over a year and has been removed from monitoring per court order.

Introduction

The Monitor has visited the HRRJ continuously since the signing of the contract. This allowed for observation of day-to-day operations of the institution and improvements being implemented. During all monitoring visits no area of the facility was off limits and was available for observation and inspection. Lawyer visits were permitted and were individual outside visitors who visited inmates at HRRJ. Security staffing caused delays in the full implementation of visitation and programming.

A snap shot from December 1, 2023 showed of the one hundred-eighty five (185) inmates in custody: one hundred sixty-three (163) with a chronic care diagnosis, four (4) patients with HIV, four (4) with Hepatitis C, one (1) currently under treatment, twenty-seven (27) with an endocrine diagnosis, sixty-three (63) hypertension/cardiovascular diagnosis, one (1) patient on daily methadone treatment, two (2) on suboxone treatment, one (1) patient receiving cancer treatment with metastasis and a poor prognosis, one (1) paraplegic inmate, one (1) patient on dialysis, two (2) needing assistance with activities of daily living (ADL's), one (1) Crohn's with IV infusions, one (1) intellectually disabled, eighty-one (81) with an SMI (serious mental illness diagnosis), and one (1) Temporary Detention (TDO) order completed in September 2023. Out of an average daily population (ADP) of one hundred eighty-five as on December 1, 2023, one hundred fifty were on medications and one hundred-fifteen (115) were on psychiatric medications. There are four (4) patients over 65, and one patient over 70. This information gives the reader a sense of the acuity and challenges faced in the daily routine of taking care of inmates at HRRJ. All patients were transferred to their feeder jurisdiction, or to another facility at the request of the feeder jail as of March 22, 2024.

Col. Vergakis the Superintendent made significant inroads since he was hired in January 2021, and his dialogue with and about staff was open and direct. His goal was to meet the challenges presented by the Agreement while improving HRRJ. It is unfortunate that he was not able to continue with those changes due to the closing of the facility. HRRJ made significant progress towards meeting the Agreement and this Monitor believed HRRJ would have been able to meet all of them with time and staffing under his direction.

Lt. Col. Anderson was a great complement to Col. Vergakis. Lt. Col Anderson and continually sought to work towards the changes needed to implement the Agreement and stated to the staff, "we need to provide the best care we can up to the day the last inmate leaves HRRJ."

Sgt. Hardy, Agreement Coordinator, (Substantial Provision 152) worked hard to forward the required relevant aggregate data (Substantial Provision 121, a 1 - 29) to the Monitor and United States Department of Justice (USDOJ). Data from the reports are reviewed while on-site.

I wish to thank the security and behavioral health consultants. Without their help HRRJ would not have been able to move so far forward with meeting the Agreement. We thank each of them for their tireless over the past three years.

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A special shout out to the security, staff who worked extremely hard till the last day inmates left the facility to assure a safe and secure environment. Also to the Wellpath staff; Medical Director, Nurse Practitioner, Health Services Administrator, Director of Nurses, Charge Nurses, Licensed Practical Nurses, Certified Mediation Technicians, Dentist, Mental Health Director, Qualified Mental Health Professionals and Psychiatrists who provided health and mental healthcare to the inmates during closure of the facility.

Substantive Provisions

Policies and Procedures –

As with any DOJ consent decree that requires a jail to reform its system, the jail must first take seriously changing its policies and procedures to align with new practices so that it can next train its staff. HRRJ and its medical provider undertook this process seriously and quickly. Its medical provider revised most of its medical and mental health policies within 12 months and the Jail revised many of its security policies soon after, with some exceptions that took longer. This urgency to revise its policies put it in a good position to implement training and to work on changing culture.

19. Within six months of the Effective date, the jail will consult with the Monitor to draft and/or revise policies and procedures to incorporate and align them with the provisions in this Agreement - HRRJ submitted over one hundred sixty-three (163) policies for review. Out of those that are specifically related to the Agreement all were approved. There were two HRRJ employees assigned to work on policies and procedures who are to be commended on finalizing the policies and assuring that this moved to substantial compliance. A team of officers also worked diligently to review, make changes and process Policies and Procedures to assure they were consistent with the Agreement.

HRRJ is substantially compliant with this provision.

20. Policies approved will be adopted – Approved policies and procedures continued to have ongoing training. The Monitor and HRRJ prioritized polices needing to be completed as soon as possible. The healthcare policies were the first to be completed.

HRRJ is substantially compliant with this provision.

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

HRRJ is substantially compliant with this provision.

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22. Fully implemented policies - HRRJ has six (6) months to fully implement policies after approval. HRRJ implemented all policies which were approved by the monitor and the United States. Tracking through DMS made this an easy process.

HRRJ is substantially compliant with this provision.

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

HRRJ is substantially compliant with this provision.

Staffing Plan

Having adequate security, medical, and mental health staff was a challenge throughout implementation, but the Jail never hid from the challenge and it maintained a month-by-month staff vacancies chart which it provided to the monitor and the DOJ.

24. Staffing plan development – Lt Col Anderson worked with staff to assure that there was adequate security staffing during the closure process. As staff left HRRJ worked to consolidate pods to assure the safety and security of the institution. Mandatory posts for security were reduced due to reduction in the population. HRRJ staff were offered a bonus if they were willing to continue their employment, however, a number of staff left prior to the closing of the facility.

HRRJ provided to the Monitor and United States a monthly update as to the current security, medical and mental health numbers of on-site staff and vacancies.

HRRJ is partially compliant with this provision.

25. Staffing Plan Implementation - HRRJ had one year from the date of submission of their security, medical and behavioral health staffing plans to fully implement this provision. The closing of HRRJ caused a shifting of staff. As noted above, HRRJ created a plan to assure the safety and security of the institution during the closure of the facility.

HRRJ is partially compliant with this provision.

Training

For training, HRRJ did not delay. As soon as a policy was approved by the Monitor and the DOJ, HRRJ incorporated it into whatever the current training program was, rather than waiting for all the policies to be approved which would have caused unnecessary delays. This ensured that staff training was as current as possible, as soon as possible, and helped the Jail reach compliance sooner and protect inmates.

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26. Pre-Service and Annual in-service training - A Comprehensive Annual Training Plan was developed and implemented for the Jail, which included Orientation for sworn officers, Suicide Prevention, Basic Training for new officers, de-escalation training and assignment to a Field Training Officer (FTO) when they completed orientation and In-service and Field training on a continuous basis. Training was increased to provide training in Mental Health, First Aid, and Crisis Intervention training. The Training Plan included the dates and times of scheduled training for each of the years the Agreement was in place. The training plan used competency-based adult learning techniques. Review of rosters showed all incoming staff were trained and all current staff were being trained according to the annual schedule.

HRRJ is substantially compliant with this provision.

27. Incorporate Agreement requirements into the training curriculum - The Monitor continued to meet with training officers reviewing the annual training plan, type, length, and times of training. HRRJ followed suggestions made and incorporated relevant Agreement requirements into their training activities.

HRRJ is substantially compliant with this provision.

28. Annual In-service training - HRRJ has six (6) months after new policies have been approved to provide training on those policies. And eighteen (18) months after the effective date of the Agreement to provide all training. As new policies were approved, training staff began to incorporate those items into the existing training activities. Rosters were reviewed and training occurred on new policies. Annual in-service training occurred and incorporated any new policies into that training activity.

HRRJ is substantially compliant with this provision.

29. Training on mental health care - Training on mental health care, suicide prevention occurred monthly using evidence-based standards. New staff were trained prior to being placed at their posts. Yearly in-service training was scheduled conducted to assure each security and healthcare staff member was up to date with the training requirement. De-escalation technique training was provided. Medical and mental health orientation training for all new hires occurred. Annual training was ongoing, there were no current employees whose required training was behind schedule.

HRRJ is substantially compliant with this provision.

Security

30. Security Staffing - Security staffing was a challenge, however, during the closure phase HRRJ was able to assure that the safety and security of the institution was upheld. During these last few months, a concerted effort has been made by HRRJ security staff to assure that jail officers were available and present during pill pass, sick call, and mental health rounds. In late April and early May 2022 HRRJ initiated a process which allowed behavioral health staff to see patients on suicide watch in the "blue room", unit managers office or small unit room to help alleviate challenges due to staffing. This allowed for efficient use of offices as the housing unit officer was able to complete the escort. Also,

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the security Lieutenant has completed escorts to ensure these are completed. The “blue room” as noted previously, is a room specifically designed with blue walls and comfortable chairs in which to see patients in a confidential and more comfortable setting. Specific data on “out of cell activity” is reported in #104.

HRRJ is partially compliant with this provision.

Medical and Mental Health Care

By Court Order, Her Honor has removed these provisions from monitoring, as all provisions were substantially compliant:

31. Medical and Mental Health Prior Records –
32. Feeder Jail medical records -
33. Continue Medications -
34. Medical or Mental Health Request/Sick Call Process -
35. Sick Call Collection -
36. Sick Call Triage –
37. Sick Call Tracking –
38. Sick Call Oversight –

Medical Care

During this seventh review period, and for much of the last three years, the medical care at Hampton Roads Regional Jail was much better than that described in the 2018 DOJ Findings Report. As described in previous Monitor’s Reports, the Jail had improved in the areas of medical intake, medical assessments, sick calls, acute and chronic care, outside medical appointments, and medical treatment plans.

Sick call improved

For example, with respect to sick call, in the 2018 DOJ Findings Report, the DOJ told the story of two inmates who died from medical issues after requesting sick call that was not appropriately responded to:

- The first was 69-year-old man, referred to as DD in the 2018 DOJ Findings Report, who died in March 2016 of severe acute pancreatitis, which was caused by gall stones and coronary artery disease. In the two days prior to his death, he wrote several sick call slips, but there was no evidence that he received any medical assistance.

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- The second was a 66-year-old man, referred to as BB, who died in August 2016 of a perforated ulcer. In the weeks prior, he had submitted requests for medical help related to abdominal pain that were not addressed. In the days prior to his death, he asked to see a medical provider “ASAP” because he had not used the bathroom in two weeks. This request was also not addressed.

In the last few years, sick call requests have been consistently collected, triaged, and attended to in a timely manner, resulting in appropriate care. There have been no incidents that this Monitor is aware of where a patient made a sick call request that was not followed up on; and thus, this monitor is not aware of any bad outcomes for any patients like those described above. Instead, the sick call process has impacted patients in positive ways.

- Reviewing sick call records for three years the staff has been diligent with following up on all sick call requests. They collected sick call slips every day and had a face-to-face triage. When the sick call nurse had any questions, they would call the provider or have them see the provider at the time of the sick call visit. This effort was also due to the follow-up of the chronic care nurse who assured that all chronic care nurses were seen on a routine basis and not languishing in their cells.
- Patient A1 was a 37-year-old patient who in the first month at HRRJ put in a sick call slip that they were having difficulty swallowing. Sick call was assessed, and the patient was sent to the provider for further assessment and treatment as needed. He was seen by the provider and sent directly to the hospital for a work-up where they received a diagnosis pancreatic cancer. HRRJ was able to obtain a compassionate release in June of 2023. Quick work by the medical staff at HRRJ allowed the patient to go home for continuing treatment.

Outside medical appointments improved

The DOJ also told the story of an inmate who died because the Jail failed to send him to an outside medical appointment in a timely fashion.

- This 56-year-old man, referred to as GG, died in July 2017 of liver cancer due to hepatitis B and hepatitis C infection. Despite the Jail being aware of a new discovery of a large liver mass during an ultrasound just days before his arrival to the Jail, the Jail did not schedule GG for an outside medical appointment for a biopsy. During the next five weeks, GG was in great pain, was losing weight, was becoming increasingly jaundiced, was severely dehydrated, and was having difficulty eating. And yet the Jail never sent him to an outside medical appointment up until his death five weeks later.

Today, and for the last two years, outside medical appointments have been scheduled on time and patients see their specialist often within days of scheduling. In part, this is due to the work of the staff that work diligently to make appointments for those in need. Moreover, an on-site nurse practitioner reviews a registry of all the appointments to make sure they are followed up on after the patient returns from the outside appointment. These processes have impacted patients in positive ways.

- The Off-site appointment nurse was usually able to schedule appointments within one-two weeks of the provider requests. At times it was even faster. Over the three years of the Agreement there

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were only two instances where the patient had to wait more than a month for a neurology appointment. The provider saw each patient twice between those times and both able to be seen within forty-five (45) days of the request. The delay was on the off-site provider – neurology – who identified that it was due to new COVID protocols at their office. Neither patient suffered any negative sequela from the delay.

- Another example of excellent care was patient A2 who had a diagnosis of malignant neoplasm of the nasopharynx and was able to get appointments with the specialists and radiological appointments on an ongoing basis without delays.
- A3 was a patient with a familial history of liver failure who was intellectually delayed and with a psychiatric history. It was also noted that they were a poor historian. The excellent follow-thru of the provider staff was able to get him to off-site care and stabilized as the patient had not followed up with outside treatment appointments prior to admission to HRRJ.
- A4 was a medically complex patient with a history of stroke, heart attacks, seizures, myotonic dystrophy type 2. Had frequent chest pain while incarcerated. Patient also developed fluctuating hyper and hypoglycemia. HRRJ off-site coordinator was able to send to outside appointments on a regular basis for GI, Cardiac and Endocrinology.

39. Medical Care - HRRJ needed to be substantially compliant with provisions 40 - 58.

All provisions are substantially compliant.

HRRJ met all the below provisions and are substantially compliant.

40. Medical Staffing – Over the past six (6) months HRRJ contractor Wellpath was able to staff the facility as advised by the Monitor. As the ADP was reduced, Wellpath was able to staff the facility to assure that patient care was not compromised in any way. Even with some of the staff leaving due to the closure the Health Services Administrator (HAS) and Director of Nurses (DON) were able to move staff around to assure that appropriate staff were available for all shifts at the facility. They assured that a provider was available every day for any emergencies and to keep up with chronic care patients. Registered Nurses (RN's), Licensed Practical Nurses (LPN's) and Registered Medical Assistants (RMA's) were available on each shift. Behavioral health was also staffed appropriately and will be addressed in #60 below.

HRRJ is substantially compliant with this provision.

41. Medical Intake – During the closure period there were six (6) new admissions. All had appropriate intake screens completed and were seen by the Nurse Practitioner. Over the past three (3) years this is an area that has continued to improve.

HRRJ is substantially compliant with this provision.

42. Medical screening factors - As noted above out of the six (6) records reviewed there were no missing components in any of the reviewed records. All components of the Agreement as noted in this item were present in all the records reviewed.

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HRRJ is substantially compliant with this provision.

43. Medical Assessments - As a routine HRRJ conducts the medical assessment during the intake process or within one day of admission. Chart review of the six (6) intake records found none that did not have a routine medical assessment completed either on admission. The sick call process has continued to be on track. Review of ninety-six (96) medical sick call records and eighty-two (82) behavioral health records showed emergent, urgent, and routine assessments were completed in the required timeframe. They were all in the sick call logs.

HRRJ is substantially compliant with this provision.

44. Emergent Medical Assessments - The assessments are based on Policy E - 02 Receiving Screening and E - 08 Nursing Assessment Protocols (NAP). As this substantive provision addresses both intake and sick call, I will address them separately. An intake assessment by a NP is to be completed on all inmates being admitted into the facility according to the above policy. During this six (6) month period the six (6) assessments were conducted on entry into the facility. There were no refusals noted in the records reviewed. Since every admission into the facility is seen by a registered nurse and a nurse practitioner, the emergent and urgent classifications are rarely used in this context. Admissions are from feeder jails.

Reviewing patient records, security logbooks and clinic notes all emergent calls to the medical area are dealt with immediately, four (4) records were reviewed. Security policies allow for a jail officer to contact medical at any time they feel it is needed to care for an inmate. Observation over the past three (3) years has shown that jail officers are aware of and call medical when they notice any medical or mental health issues with an inmate. Tracking is occurring for those that may be sent to medical due to an emergent or urgent issue. Medical and security track those that are sent for evaluation and treatment, as needed.

HRRJ is substantially compliant with this provision.

45. Urgent Medical Assessments - As noted above assessments are based on Policy E - 02 and E - 08. Data is the same. There are no emergent assessments during the intake process from records reviewed. Tracking through the sick call identified two (2) that were marked urgent. All were identified as mental health issues and were seen immediately by a mental health professional, and issues addressed according to chart review.

HRRJ is substantially compliant with this provision.

46. Routine Medical Assessments (Intake) – Comprehensive health assessments are conducted within fourteen (14) days of entering the facility – At HRRJ intake screening assessments are completed by a NP during the admission process, or within twenty-four (24) hours. Out of six (6) intake assessments, all were completed on intake. All intake assessments are documented in the medical record.

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HRRJ is substantially compliant with this provision.

47. Routine Medical Assessments (Sick Call) - Of the ninety-six (96) sick call assessments that were reviewed, all were seen in the required 72-hour time frame. All had adequate documentation of treatment in the electronic record. Tracking and completion of sick calls following the Nursing Pathways. It was noted that the RN staff providing sick call services completed documentation and treatment as required. Wellpath has taken action to assure that all nurses are following the established standards and protocols, and it shows. This area has shown great improvement over the past two (2) years and sick call nurse staff are to be commended for following up with all sick call standards.

HRRJ is substantially compliant with this provision.

48. Acute Care - Review of charts and discussions with security, nursing, behavioral health, inmate interviews and provider staff indicate there were no instances where an inmate identified was not seen immediately for a serious acute need. Five (5) records were reviewed for acute treatment. Two (2) of the records included were where inmates who had made statements or actions of a self-directed violence nature or identified as in a mental health crisis. One (1) of the two (2) were seen by nursing and behavioral health staff and placed on suicide watch within the required time frame. The other was counseled and agreed to a plan of safety. Continued follow-up by the QMHP staff resulted in positive outcomes and medication adherence. HRRJ policy number seventeen point two (17.2) states – “All sworn staff have the authority to contact medical concerning an inmate’s illness or missed medication without having to obtain permission from supervisory staff first”, “If sworn staff feel an inmate(s) is having a life threatening emergency do not hesitate to call a code 10-52” and, “If the inmate(s) medical condition is serious but not an emergency, staff have the authority to take the inmate to medical without seeking permission from supervisory staff first. Once in main medical or housing unit clinics inform your immediate supervisor, and an incident report must be completed.” Review during subsequent visits have continued to verify this provision. Tracking of this item is consistent now because HRRJ is providing a Medical Incident Report spreadsheet to the Monitor. Records were reviewed from security, medical and mental health to review this provision.

HRRJ is substantially compliant with this provision.

49. Chronic care - All inmates are seen for an assessment for chronic care during the intake process. The chronic care clinical evaluation was conducted by a NP during the intake process or within twenty-four (24) hours. Chart review of six (6) intake screenings during this period, found all inmates had received a routine medical/chronic care assessment on intake.

HRRJ is substantially compliant with this provision.

50. Chronic Care Registry – The jail will maintain a chronic care registry. There has been a consistent chronic care RN for over two years. Review of twenty-two (22) charts on the registry found the process had identified all patients on the chronic care registry, diagnosis, date of last visit and date for the next visit. All items in the Agreement are met. The chronic care nurse follows up with providers to assure that appointments are made, checks the charts to assure that the providers are indicating degree

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of control. This continues to be a major step in assuring that HRRJ addresses the ongoing chronic care needs of patients. It is interesting to note that the chronic care nurse took over HSA duties during the last five months at HRRJ while still performing chronic care duties for the institution.

HRRJ is substantially compliant with this provision.

51. Chronic Care Plan of Care - Review of twenty-two (22) charts in the registry found that all patients had a plan of care. Review of the charts found no inconsistencies between providers when identifying degree of control and consistency with providers orders for when to return for a follow up appointment. All provider staff followed the same criteria when identifying degree of chronic care control and scheduling follow up visits to a chronic care appointment.

HRRJ is substantially compliant with this provision.

52. Chronic Care Protocol - Review of the twenty-two (22) charts found that all providers were using the same criteria and follow up visits based on their assessment of whether their condition was "poor", "fair" or "good". Provider notes indicated when there was a desire to see the patient earlier to assure that medication, dietary or other changes to the treatment plan were showing positive results.

HRRJ is substantially compliant with this provision.

53. Medical Diagnosis - Review of charts in; intake six (6), chronic care twenty-two (22), sick call one hundred thirty (130) medical, acute care eighteen (18) found all had diagnosis for identified medical problems. A problem list was present in all charts reviewed where a medical condition was diagnosed. Patient education activities were noted in the charts.

HRRJ is substantially compliant with this provision.

54. Medical Specialist Appointments - There was an identified healthcare staff member responsible for scheduling medical specialty appointments. The spread sheet (specialty appointment registry - offsite appointment registry) was reviewed at each on site visit. As noted in previous reports many of the appointments are within days of scheduling.

HRRJ is substantially compliant with this provision.

55. Medical Specialist Registry – There was a medical specialist registry, and the registry was up to date and contained all the required elements. The on-site nurse practitioner reviewed and signed the registry assuring there were no delays in care. Tracking for any urgent referrals was present. The registry identified the reason for a delay, if it occurred, and the health care provider created a note in the chart identifying if the delay is acceptable or if the patient needs to be seen in an expedited manner. There

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were no delays noted over the past six (6) month period. On site providers are required to write a note in the chart if there is a delay of more than 30 days. The registry was reviewed at each on-site visit. It was noted that some of the medical specialist appointments were within 24 – 96 hours after the request had been made. This continues to be an amazing accomplishment. It is important to note that recent reports of a lack of specialist have not affected the specialist appointments needed for those at HRRJ. This is in part to the work of the staff that work diligently to make appointments for those in need.

HRRJ is substantially compliant with this provision.

56. Medical Follow-up care - On return from an outside appointment, patients were brought to the clinic area and vital signs are taken and documents received from the outside provider were reviewed. The documentation was then forwarded to the on-site provider who reviewed the information and created a note related to the outside providers assessment of the patient. Review of ten (10) records over the course of the six (6) month period prior to closure showed a one hundred percent (100%) completion rate. Systems were developed and were followed assuring the patient was seen on return and documentation given to the provider for follow up. There was no patient who was not seen, documentation was present.

HRRJ is substantially compliant with this provision.

57. Medical Treatment Plans - As noted above, Review of charts in; intake six (6), chronic care twenty-two (22), sick call one hundred thirty (130) medical, acute care eighteen (18) all had treatment plans which tracked active problems. A problem list was present in all charts reviewed where a medical condition was diagnosed. Patient education activities were noted in the charts.

HRRJ is substantially compliant with this provision.

58. Medical Treatment - Inmates were scheduled for chronic care, labs, wound care, finger sticks for diabetes, EKG's, vital signs and other testing. The electronic medical record system ERMA and the Point of Care Companion (POCC) tracked when patients were scheduled for medical treatment, and when it had been completed. The POCC was also used to administer medications as well as certain treatments. After review of the POCC and the ERMA system and review of sixty (60) records this provision continues to be substantially compliant.

HRRJ is substantially compliant with this provision.

Mental Health Care

Regarding mental health care, the jail's security and mental health staff worked hard to improve intakes, assessments, and treatment plans. One indicator of a good mental health system is suicide prevention. Following the December 2018 DOJ Findings Report, the Jail experienced 57 months – nearly 5 years – without a suicide until one occurred in October 2023. This is quite an accomplishment

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and is due to the hard work of the mental health and security staff to keep inmates healthy and safe. Part of that hard work included changes to its screening procedures to ensure that intake screening was conducted by a nurse with a mental health background, which was not the case prior to the DOJ involvement. This mental health nurse ensure inmates were identified during the first days in the Jail as to whether they needed mental health treatment. In addition, mental health staff improved treatment plans making them more individualized. In the past, these plans were not individualized nor comprehensive. These new procedures have impacted patients in positive ways. For example:

- A5 was identified by staff upon intake as vulnerable and was unable to answer questions or give a good history. They had been on the Mental health unit at the feeder jail. During their initial incarceration at HRRJ they were refusing to eat. The Jail's mental health team's assessment determined they were acutely psychotic and refusing medication and that needed to be stabilized at an outside mental health facility. A Temporary Detention Order was approved, and they were stabilized at the State hospital. They returned to HRRJ after stabilization and continued to improve prior to transfer. The QMHP staff worked was able to recognize that a higher level of care was needed for this patient and due to their continued MH assessment sent him to a higher level of care (next section) to assure he was treated appropriately.
- A6 was a patient who had repeated mental health hospitalizations from the Jail and repeated placement on suicide watch. They had a history of being physically and verbally aggressive. The Jail's mental health team created an individualized and structured step-down treatment plan from suicide watch that allowed transitioning to a Mental Health Unit where they would be out of the cell most of the day. The Jail was successful with keeping the inmate safe and even helping to be released from HRRJ without a placement on suicide watch or a TDO 60 days prior to his release. Discharge plans were present and the local CSB was involved in placement and follow-up.

Higher level of care and continued stability improved.

The Jail also improved at identifying whether a patient needed a higher level of care, sending the patient to the higher level of care, and then once the patient was sent back to HRRJ, continuing to stabilize them with a plan. This was not always occurring appropriately prior to the 2018 DOJ Finding Report. For example:

- A7 This 38-year-old with a history of schizoaffective disorder bipolar type arrived to HRRJ from a feeder jail acutely psychotic, verbally and physically aggressive, and refusing medication. HRRJ worked quickly to obtain a TDO and send the patient to ESH, where the patient was stabilized. HRRJ was able to keep the patient medication-adherent from the patient's return to HRRJ until discharge.
- A8 This was a 25-year-old patient with a diagnosis of Schizophrenia and generalized anxiety disorder. One first admission to HRRJ they were verbally and physically aggressive, refusing meds if they weren't name brand. HRRJ worked to stabilize patient and was unsuccessful. Patient was sent out to ESH for stabilization. They returned to HRRJ and HRRJ was able to continue the stabilization with medication. Patient was discharged to a CSB group home.

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59. HRRJ is to provide constitutionally adequate mental health care.

HRRJ will need to be substantially compliant with provisions 59 – 99 to obtain substantial compliance with this overall provision.

HRRJ must meet all the below criteria to become compliant with mental health care component of the Agreement. No grade will be given at this time. Pending Review, PR.

60. Mental Health Staffing – The jail will increase mental health staffing and increasing the hours that staff with higher credentials are onsite on evenings and weekends. During this reporting period mental health staffing was appropriate. Wellpath worked to stabilize the number of qualified mental health providers (QMHP) and psychiatric staff. There were three QMHP on site till the last patient was released to their feeder jail. Psychiatric staff continued to be available via tele-psych and patients were seen on a continuous basis till the last SMI patient left the institution. One of the QMHP staff filled in for the mental health director over the last three (3) month period.

HRRJ is substantially compliant with this provision.

61. Mental Health Intake - Mental Health intake was reviewed at each on site visit during this monitoring period. Six (6) charts were reviewed. All had a mental health intake screen completed. Notes were included in each chart; all elements of the Agreement were included in the intake process. The policy and process are in place. There were no times when an intake assessment was missed.

HRRJ is substantially compliant with this provision.

62. Mental Health Screening Factors – All the mental health screening factors required in the Agreement are included in the intake screening document. The process is in place and the policy has been approved.

HRRJ is substantially compliant with this provision.

63. Mental Health Assessments - Mental Health assessments were reviewed at each on site visit. Six (6) intake and eighty-eight (88) mental health sick call charts were reviewed. All had a mental health assessment completed at intake. Notes were included in each chart; all elements of the Agreement were included in the assessment. The process and policy are approved and in place. Over the past three years during on-site visits, I was able to observe intake processes. Communication between intake nursing staff, QMHP, security staff and patient were observed and critical to the process. It is great how much communication occurs with security intake and medical/behavioral health staff. Each had a critical role to play in the intake process.

HRRJ is substantially compliant with this provision.

64. Emergent Mental Health Assessments - Temporary Detention Orders (TDO) are being utilized, there were seventy-five (75) TDO's submitted for action over the past three (3) year period. The rate of

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acceptance for TDO's during this period fits in the parameters. This shows that HRRJ mental health staff are assessing and evaluating the need for a TDO appropriately and correctly using that process to the advantage of inmates. Inmates who express suicidal ideation or harm are immediately referred for mental health follow up by a QMHP by a phone call to mental health.

Suicide prevention training outlined the criteria for emergent, urgent, and routine referrals to MH staff. In the absence of on-site MH staff, all emergent referrals to MH are seen by the charge nurse. For all emergent referrals the charge nurse submits an electronic emergent referral in ERMA and calls the MH Director via phone when MH is not onsite. All seventy-five (75) TDO referrals over the past three years were reviewed for authentication of the system. Tracking was occurring and all were noted in the log. As noted in #48 above HRRJ jail staff call the mental health staff directly if there is an emergent need for assessment. A staff person is always on call to receive the call on off hours. There were no emergent (non TDO) referrals through electronic or phone call during this reporting period. Emergent referrals were documented and tracked. There was no incident noted where an emergent inmate referral was not seen, or a referral lost.

HRRJ is substantially compliant with this provision.

65. Urgent Mental Health Assessments - As noted above a referral process and criteria was identified and is in place. Two (2) urgent mental health assessments were reviewed. A mental health assessment by a QMHP is part of the referral process. Tracking log of the referral process is present. The four (4) criteria required in the Agreement are part of the assessment process and is being noted in the patient chart. Tracking the exact time frame for the referral and action taken was noted. Progress notes by the QMHP addressed items required in the Agreement. Again, due to the acute attention by mental health and security staff all patients who had needed an urgent assessment were provided such in the time frame required by the Agreement. Sick call staff changes have helped this process.

HRRJ is substantially compliant with the provision.

66. Routine Mental Health Assessments (Intake) - As noted in 63 above, all inmates admitted to the facility had a mental health assessment during the intake procedure. Six (6) charts were reviewed. All had a mental health assessment completed at intake. Notes were included in each chart; all elements of the Agreement were included in the assessment. The process is in place, the policy is in place and being followed. During previous on-site visits I was able to observe the intake processes. There was great communication between the nursing intake staff, QMHP staff and custody staff and the patient.

HRRJ is substantially compliant with this provision.

67. 14-Day Mental Health Check-in - All inmates who are NOT assigned to the mental health caseload will be briefly screened within 14 days of being admitted into the facility. All inmates have access least twice a day by pill pass staff. A fourteen (14) day logbook has been created to capture the necessary information. The six (6) patients admitted during this period were seen by QMHP staff.

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HRRJ is substantially compliant with this provision.

68. Routine Mental Health Assessments (Sick Call) - Review of eighty-eight (88) sick call slips showed that all had been completed within the required five (5) day period. Sick call requests where the patient asks for a journal, crayons, or other items not requiring an individual session are conducted cell side. Most others are conducted in the multi-purpose or other confidential area of the pod when security staffing allows. This is a challenge on weekends and holidays. Mental health tracked all encounters to evaluate where encounters were held to assure that those requiring a confidential setting are conducted in such a location. Over this past reporting period there was an increase to 90% of the encounters occurring in a confidential setting if the patient agreed. A challenge many times was that the patient did not wish to leave their cell to go to a more appropriate setting.

HRRJ is substantially compliant with this provision.

69. Nature of Mental Health Assessment – Six (6) mental health assessments from intake were reviewed while on site and eighty-eight (88) from sick call were reviewed. All assessments had the required items of the Agreement. When assessments are completed in the intake area they are conducted in a confidential setting. If a sick call assessment is conducted in other areas of the facility, some assessments, eighty (80) were conducted in a confidential setting adjacent to the main cell area. Only eight (8) were conducted cell side. Either the inmate didn't wish to come out of their cell or was a security threat to the QMHP. This continues to be a significant improvement and keeps them in substantial compliance. The challenge is when the assessment was done in a location where true confidentiality was not available such as through the cell door. The DOJ CRIPA Notice mentioned inmates referred to this as "Crack Therapy".

HRRJ is substantially compliant with this provision.

70. Mental Health Treatment Plans – The jail will assure that appropriate individualized treatment plans are developed for inmate with mental health needs. The initial treatment plan for those inmates with a mental health diagnosis are developed during the admission intake assessment. If during incarceration an inmate develops a MH diagnosis after seeing a psychiatrist, a treatment plan will be created at that time.

HRRJ will need to be compliant with 70 - 74 to obtain substantial compliance with treatment plan section of the Agreement.

HRRJ must meet all the below criteria to become compliant with mental health treatment plan component of the Agreement. No grade will be given at this time. Pending Review, PR.

71. Timing for initial treatment plan - Initial treatment plan development occurs at the time of intake for those with an SMI diagnosis for those on a psychiatric medication, and those identified through the initial mental health assessment in need of a mental health treatment plan. All intakes (those with an SMI diagnosis and those without) had an initial intake mental health assessment. If the patient was on a psychiatric medication or had mental health needs an initial treatment plan was created. Ongoing updates occurred according to the schedule created by the Agreement and Mental Health Director. There were no instances where a treatment plan was not created for those individuals identified as SMI on

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intake or, were on a psychiatric medication. There were one hundred ten (110) treatment plan records that were reviewed. All were complete.

Treatment plans change if a diagnosis was changed by the psychiatrist. There were no instances where a change in medication caused an issue related to the treatment plan. During tele-psych visits, any changes in diagnosis or medication were identified on the daily roster to assure that information is provided to the behavioral health staff. The psychiatric RN or QMHP reviewed the information and made sure it was transmitted to the appropriate behavioral health staff.

HRRJ is substantially compliant with this provision.

72. Multidisciplinary team treatment plan update (MDT) – There were eight (8) SMI/special needs individual behavior management plans based on the multidisciplinary treatment team approach completed during this reporting period. QMHP staff worked with security staff to try and initiate individual behavior management plans when possible. There were two (2) examples this reporting period where individual behavior management plans were used to great effect for both the patient and the institution. This effort showed that these plans can make a difference for both.

HRRJ is partially compliant with this provision.

73. Requirements for treatment plan - Of the one hundred ten (110) treatment plans that were reviewed, all had met the requirements, however, HRRJ still struggled to make this a multidisciplinary team treatment plan. The treatment plans were thorough, comprehensive, and included requirements in the Agreement. The plans components were individualized to meet the needs of the inmates. In the review, goals were followed. These continue to be strategies employed by the QMHP staff. A challenge was the check offs used in the forms. Staff had begun to address the multiple diagnosis' in a more robust fashion as there were patients who had multiple symptomatology that was addressed.

Suggestions for improvement which can be used at any correctional institution included mini-case conferences with staff, presenting problems and history coming into the jail, review of treatment plan to reflect what is going on now with the client, brief intervention to address the current presenting problems and looping back in a month to evaluate and check in to see if the suggestions assisted treatment goals.

HRRJ is partially compliant with this provision.

74. Timing for Treatment plan review – Of the one hundred ten (110) treatment plans that were reviewed, all had met the appropriate time frame requirements. The treatment plans were thorough, comprehensive, and included requirements in the Agreement. The plans components were individualized to meet the needs of the inmates. During this reporting period, QMHP staff were diligent in changing treatment plans based on change of diagnosis, suicide watch and other relevant factors based on sessions with the patient. As noted in previous reports, treatment plans were not changed when there was only a medication change. Compliance has continued to be 100 percent (100%).

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HRRJ is substantially compliant with this provision.

75. Mental Health Treatment - HRRJ will provide treatment that adequately addresses their serious mental health needs in a timely and appropriate manner.

QMHP, Psych NP and Psychiatrists provided care and treatment to those incarcerated at HRRJ. I

HRRJ must meet provisions 75 - 78 in order to obtain substantial compliance with mental health treatment provision.

HRRJ must meet all the below criteria to become compliant with mental health treatment component of the Agreement. No grade will be given at this time. Pending Review, PR

76. Mental Health Therapy - There were eighty-nine (89) individual QMHP therapy sessions from October 2023 through the end of March 2024 (closure of the facility). Sessions were held in a confidential space and were developed by the QMHP to meet the needs of the client. Each client was different and the need for individual or group sessions was developed by a qualified mental health professional (based on the clinical judgement) based on the individual needs of the client. There were four (4) group sessions with a total of six (6) inmates participating. These “group” sessions were conducted for those on suicide watch. There were fewer patients on suicide watch during this reporting period due to the low census and the fact that many of those who in the past had been on suicide watch had been returned to their feeder jail. Observation during mental health rounds showed that at times a routine “Check” turns into a half hour to 45-minute therapy session. Tracking was much better during this reporting period. Security was also capturing data on group and individual session provided for those on suicide watch on a tracking sheet.

HRRJ is partially compliant with this provision.

77. Mental Health Inpatient Care - As noted in provision #64 above, Temporary Detention Orders (TDO) were utilized and during the past three (3) years there were eighty (80) TDO's submitted for action which were approved. During the Agreement period there were only three (3) TDO requests that were rejected. This was an exceptionally good outcome which shows that the QMHP staff were doing proper assessments. Eighty (80) patients were sent to a higher level of care over the three-and-a-half-year period of monitoring. This showed that HRRJ mental health staff were assessing and evaluating the need for a TDO appropriately and correctly using that process to the advantage of inmates. This effort helped to stabilize the inmates. Previously, the lack of access to a higher level of assessment and care led to circumstances and outcomes that were a contributing factor in the DOJ opening its investigation.

HRRJ is substantially compliant with this provision.

78. Confidential Mental Health Treatment – During this last period there were a few more inmates who were seen in a confidential setting as the census was reduced and staffing was adequate. The number of individual sessions which were held in a confidential setting increased during this review period to eighty-nine (89). Some of those on suicide watch were seen in a confidential setting, (in the blue room) this helped to assure that those interviews were conducted in a professional and confidential manner. As

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noted previously, not all patients wish to come out into the blue room or into another space. There were occasions where the inmate asked to be in the blue room to de-escalate. This was a significant step for HRRJ and a positive move in support of inmates who were SMI. Tracking of out-of-cell and confidential was occurring by security.

HRRJ is partially compliant with this provision.

79. Psychotropic Medications - review of eighty-six (86) charts showed psychotropic medications were ordered in a timely manner and consistently provided to patients in all areas of the institution. Review of the Medication Administration Record System (MARS) for those patients showed that they were delivered as ordered - unless refused by the patient. HRRJ had no challenges ordering and getting non-formulary medications, and re-ordering of medications. There were no instances noted during on-site weekend visits where medications were not present, or medication delivery was not provided. The psychiatric nurse was reviewing all psychiatric medications and had a tracking system to assure compliance.

HRRJ is substantially compliant with this provision.

80. Psychotropic Medication follow-up - Review of twenty (20) charts where medication changes had occurred showed that two-week, thirty (30), sixty (60) and ninety (90) day follow ups had occurred. It was impossible to follow-up for those patients who were discharged back to their feeder jail. The Psychiatric NP saw patients on site to assure medication follow-up. All psychiatric providers were given instructions regarding the need for follow up as required by the Agreement. A system was in place to check on the number of medication changes and methods to assure that follow up was conducted according to the Agreement. Patient lists were produced by appointment, patients were brought down by security, seen in tele-psych or by the psychiatric NP in the clinic area and returned to their housing units. The process went smoothly and without incident during the weekdays of observation. The psychiatric RN was responsible for tracking this system. If a psychiatrist is on vacation or a lockdown occurs, the psychiatric nurse saw the patient and reported to the psychiatrist or psychiatric NP assuring continued compliance with this provision.

HRRJ is substantially compliant with this provision.

81. Psychotropic Medication Compliance - If a medication was refused, the procedure was a follow up visit by the psychiatric RN or QMHP and subsequent appointment with the psychiatrist or psychiatric nurse practitioner as necessary was then conducted. The psychiatric RN worked to assure that all inmates were seen as required. There was a mental health tracking system for compliance. The current Medication Administration Record System (MARS) identified when a patient refused a medication. The Mental Health Director reviewed all refusals. The Psychiatric Registered Nurse had responsibility for tracking medication compliance. Behavioral health log for Medication refusals started in June 2021 and continued through the closure of the facility. There were eighty-two (82) records of medication refusals reviewed by the Monitor all were compliant.

HRRJ is substantially compliant with this provision.

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82. Anti-Psychotic Medication Use - There was an anti-psychotic medication registry. Complete review of the list showed that it is reviewed by the lead Psychiatrist. Notes were sent to other provider staff on suggested changes to the medication regimen. This list was forwarded to the Monitor for review and reviewed by the mental health director. Tracking of changes suggested was in place. Psychiatry patients were seen in a tele-psych format with the psychiatrist or on site by the psychiatric NP. Observation of the process for tele-psych during the weekdays was effective. The Psychiatric NP saw clients who may have been med non-compliant or where a change was requested by the lead psychiatrist.

HRRJ is substantially compliant with this provision.

83. Medication Administration Records Audits - MARs audits were conducted weekly by the psychiatric RN. Results of the audits showed completeness and accuracy.

HRRJ is substantially compliant with this provision.

84. Serious Mental Health Registry - The SMI registry was created and was sent to the Monitor and USDOJ once a month. The data included, diagnosis, date of last QMHP/Psychiatrist visit, date of next visit. The Monitor and USDOJ also received weekly updates prior to the ICC meetings.

HRRJ is substantially compliant with the provision.

85. Suicide Prevention - From observation and reviewed notes on charts and security records HRRJ was vigilant and proactive regarding suicidal potentials in the inmate population. There had not been a death by suicide at HRRJ since December 31, 2018. However, there was one event which led to a death by suicide in October 2023. The patient was in general population at the time and NOT on suicide watch. HRRJ had gone fifty-eight (58) months without a successful suicide. An M and M was convened in November. Suicide Prevention Signs were present for HRRJ to remind them of the potential warning signs of suicide.

HRRJ must meet all the below criteria to become compliant with the suicide prevention component of the Agreement. No grade will be given at this time. Pending Review, PR

86. Suicide Prevention Training – Suicide prevention training curriculum was revised with input from the Monitor and includes all topics required in the Agreement and was being used for suicide prevention training. Due to the closure, training activities ceased, however, they were occurring as indicated on the training schedule. Suicide training was conducted monthly. Suicide Prevention Training was an eight (8) hour training. Sign-in sheets were copied and sent to the monitor and USDOJ monthly. The annual 2-hour training was initiated and provided for sworn officers. A schedule was maintained by HRRJ training staff to assure all staff had the required training. Training was provided by Qualified professionals. CPR training was part of the New Employee Orientation (NEO) training curriculum. One NEO and two in-service annual trainings were conducted each month. Crisis Intervention Training (CIT) was re-initiated in August of 2021.

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HRRJ is substantially compliant with this provision.

87. **Suicide Risk Assessment** - Suicide risk assessments were conducted using a comprehensive risk assessment tool. HRRJ initiated a process which allowed behavioral health staff to see patients on suicide watch in the “blue room”. This was a room specifically designed with blue walls and comfortable chairs in which to see patients in a confidential and more comfortable setting. One challenge was that some patients weren’t comfortable coming out of their cells for a confidential session. Those on watch were asked to come out of their cells for two meals each day which began in Feb. of 2023. A snapshot of the tracking of out-of-cell activities on the unit is under #104a. The behavioral health staff was tracking where patients on suicide watch were seen and the reasons.

HRRJ is partially compliant with this provision.

88. **Suicide Watch** - Suicide watches continued to improve. In earlier reports it was noted that inmates who were not on watch were housed next to those on watch. This created a challenge for the officer responsible for the watch as contraband was passed to an inmate on watch and caused self-injurious behavior. This changed and only those on suicide watch were housed in the area. Review of “Inmate Watch Sheets” show that the officers on watch are providing 15-minute irregular checks. The Agreement states that “constant observation requires that a staff member have an unobstructed view of the prisoner at all times”. The new improved cells provided an unobstructed view. HRRJ made this a priority and new cell doors with an unobstructed view were ordered and were in place in all areas where suicide watches take place. This was critical for the officer to be able to always see the inmate, especially when on a constant watch. Suicide watch sheets were reviewed by HRRJ administrative staff on an ongoing basis to assure that the procedures and documentation follow policy. The officer on “watch” duty communicated with the QMHP assigned to provide clinical services to those on watch, and the QMHP with the officer. This established a good relationship between the QMHP and watch officer.

HRRJ is partially compliant with this provision.

89. **Suicidal Prisoner Housing** - HRRJ is to provide suicide housing that is clinically appropriate with sight lines that permit the appropriate level of staff supervision. As noted above, the sight lines were adequate for the task. All cells in the area were suicide resistant and doors have Lexan gauge windows which allowed for unobstructed sight lines from “watch” staff. This provision mixes physical plant issues, “housing” with “clinically appropriate mental health care”, treatment. The next provision section deals specifically with “treatment”. Therefore, for housing HRRJ is substantially compliant. Clinical treatment is dealt with in section #90 a – e to be more focused on treatment issues. A timeline of the improvements to the suicide watch area is noted below:

Fall 2021 – Lexan doors installed with line of sight available for all those on suicide watch

May 2022 – Blue room created, used intermittently, challenges for continued use due to door issues

Sept 2022 – D rings installed to pod picnic tables for chow and group sessions, delay in implementing groups due to staffing

Dec 2022 – groups out of cell 1x/week

Feb 2023 – TV is on for 2 hours each day, sometimes more

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Feb 2023 – meals out of cell

Mar 2023 – painted the 1-3-D unit

Apr 2023 – door to blue room changed to lexan and taken out of lock position to allow pts access to room individually for “down time” as necessary

August 2023 – security tracking out-of-cell activities

HRRJ is substantially compliant with this provision.

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

a. and b. placement on suicide precautions was made only pursuant to an adequate, timely (within four hours of identification, or sooner if clinically indicated), and confidential assessment and was documented, including level of observation, housing location, and conditions of the precautions and seen by a QMHP within 12 hours or 16 on weekends -

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

c. patients are offered out-of-cell time as least four hours per day.

See # 104a for a snapshot of out-of-cell activities and tracking. During the daily visits by the QMHP, patients were offered to be seen in the blue room for clinical sessions. They were also offered showers by HRRJ jail officer staff three times per week. HRRJ began in December to offer out-of-cell time during two – three meals every day. HRRJ also had group sessions with those on watch each week. Individual sessions also occurred. These were positive steps for HRRJ and evaluation of the success of these efforts would have continued to be reviewed. Additional out-of-cell time was being considered.

d. QMHP interaction and treatment.

As noted above, QMHP staff interacted daily with those on suicide watch and provided out-of-cell clinical sessions in the blue room when possible, and when the patient agreed. As noted in “c” one group session per week and a handful of individual therapy sessions had begun to increase the access of patients to treatment.

During on-site visits QMHP visits were observed for those on suicide watch. Observation on weekends showed a QMHP was available seven (7) days a week providing the required assessment and interaction.

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

Discharge from watch was approved by a QMHP or a Psychiatrist. After an inmate had been discharged from suicide watch, QMHP's would visit the inmate on a regular schedule, even more often than was required in the Agreement. Licensed MH staff saw the patient twenty-four (24) hours after release from suicide watch, then three (3) days following, then five (5) days following, for a total of three (3) follow up visits within nine (9) days of removal from suicide watch. Both QMHP staff and the Mental Health Director took responsibility for seeing inmates who were in, or had been released, from suicide watch status. Review of treatment plans for those inmates found that all plans were updated after being released from suicide watch. It is also of note that during the last few months one patient A6, was a challenge for all staff. Security, mental health, medical staff and the patient worked on an individual treatment plan to allow for them to finally get off watch status. This was a wonderful effort by all to assist a patient to move off suicide status. This area is in substantial compliance, however other areas are not.

HRRJ is partially compliant with this provision.

91. Psychiatric Hospitalization/Crisis services - As noted in #64 and #77 above - Temporary Detention Orders (TDO) were being utilized to provide a higher level of psychiatric care and stabilization. During the Agreement period there were only three (3) TDO requests that were rejected. This was an exceptionally good outcome which shows that the QMHP staff were doing proper assessments. Eighty (80) patients were sent to a higher level of care over the three-and-a-half-year period of monitoring. This showed that HRRJ mental health staff were assessing and evaluating the need for a TDO appropriately and correctly using that process to the advantage of inmates. This effort helped to stabilize the inmates. Previously, the lack of access to a higher level of assessment and care led to circumstances and outcomes that were a contributing factor in the DOJ opening its investigation.

HRRJ is substantially compliant with this provision.

92. Mental Health Achievement Awards (MHAA) – HRRJ behavioral health staff were presenting awards. Procedures and criteria were in place. Review of incentives provided through Behavioral Management Plans and review of medication compliance by the psych RN was the process for providing “Achievements” to mental health clients. During the three years of the Agreement, achievement awards were presented to patients with SMI for medication compliance, attending psychiatric appointments (especially for those clients who tend to “miss” appointments on a regular basis) and incentives for following an individual treatment plan.

HRRJ is substantially compliant with this provision.

93. Mental Health Release Planning – HRRJ will provide release planning for inmates with a serious mental illness.

HRRJ will need to be substantially compliant with provisions #93 – #97 to obtain substantial compliance with this overall provision.

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HRRJ must meet all the below criteria to become compliant with the mental health release planning component of the Agreement. No grade will be given at this time. Pending Review, PR

94. Release Plan - Grant funded programs were in place. Community Oriented Re-Entry Program (CORE) grant and Forensic Discharge Planning (FDP) Programs through local Community Services Board (CSB) were to address this provision. During this period, grant staff left and the grant process halted. HRRJ worked with CSB forensic discharge planners to assure any inmate who was released “to the street” had a discharge plan.

Feeder jails will need to continuously follow-up with the local CSB to assure that release planning is occurring for all inmates. The State of Virginia provides oversight for the FDP grants provided to each CSB.

HRRJ is partially compliant with this provision.

95. Warm hand-off – Enriched communication with CSB staff during the closure of the facility allowed for coordination of services and a warm hand off to community mental health providers.

HRRJ is substantially compliant with this provision.

96. State Prisons Notification - Ten (10) inmates were transferred to Virginia Department of Correction during the closure. The process for medical and mental health records acceptance is rigorous, requiring the faxing of relevant data, including COVID - 19 information to the receiving facility at least 24 hours in advance of the transfer. All information was transmitted to each receiving facility and inmates were transferred without incident.

HRRJ is substantially compliant with this provision.

97. Discharge Medications and Renewals - The contractor for healthcare services at HRRJ, Wellpath, had collaborated with InMed to ensure a total of a fourteen (14) day supply of medications. The process was for any remaining medications which were available on the pill pack to be provided to the inmate upon release. If there was not a 14-day supply available to the inmate, then a prescription was faxed to the nearest pharmacy to the address the inmate will be residing for the balance of the 14-day required supply. Each inmate was provided a card and a form which identified each medication, the drug name and strength, indication and days’ supply. On-site record review of twelve (12) discharged inmates for time served, bond produced or released by the Court showed four (4) of those had an SMI diagnosis and five (5) were on psychotropic medications. Each was given the medications on hand and an InMed order was generated. There were occasions when HRRJ mental health and medical staff work with the pharmacy and the patient to assure they received necessary continuity of medications.

HRRJ is substantially compliant with this provision.

98. Collaboration between Mental Health, Security Staff, and Jail Leadership - A weekly Institutional Classification Committee (ICC) meeting was held to discuss all inmates who may have been in any type of RH. The monitor and DOJ were present either in person or on zoom during these meetings. The format included discussion of inmates with SMI diagnosis who are in a RH unit. Emphasis was placed on those in RH greater than twenty-one (21) days duration or approaching thirty

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(30) days. Discussion also included inmates with MH issues that were housed in the RH unit. ICC also reviewed those that were on pre-hearing detention to assure rapid review of any disciplinary charges. Medical Advisory Committee (MAC) meetings were also used to convey relevant information on SMI and special needs inmates. The monitor and DOJ were present either in person or on zoom for these monthly meetings. As noted in previous section in this report, communication is something that had improved over the three years of the Agreement. There was a commitment for accomplishing the requirements of the Agreement. During the closure process Healthcare and Correctional Staff were stressed and some were not sure where they would land when HRRJ closed. This put stress on the entire system. However, during the last six (6) months all worked together to assure that patients were provided care. They moved this provision to substantial compliance with their combined efforts.

HRRJ is substantially compliant with this provision.

99. Mental Health Training for Security Staff - Revised training for new employees, including lesson plans using a PowerPoint presentation were implemented. All lesson plans had the required components of the Agreement. Training for new security staff conducted starting in April 2021 and continued using the revised curriculum. An addition to the curriculum was a Two-hour (2) role play scenario. For many adult learners, this strategy was extremely helpful to compliment lecture and PowerPoint types of presentations. De-escalation training had begun.

Officers attended MH Training for Security, Suicide prevention training for both new hires and yearly update was occurring and used the required parameters in the Agreement for emergent, urgent, and routine referrals to MH staff.

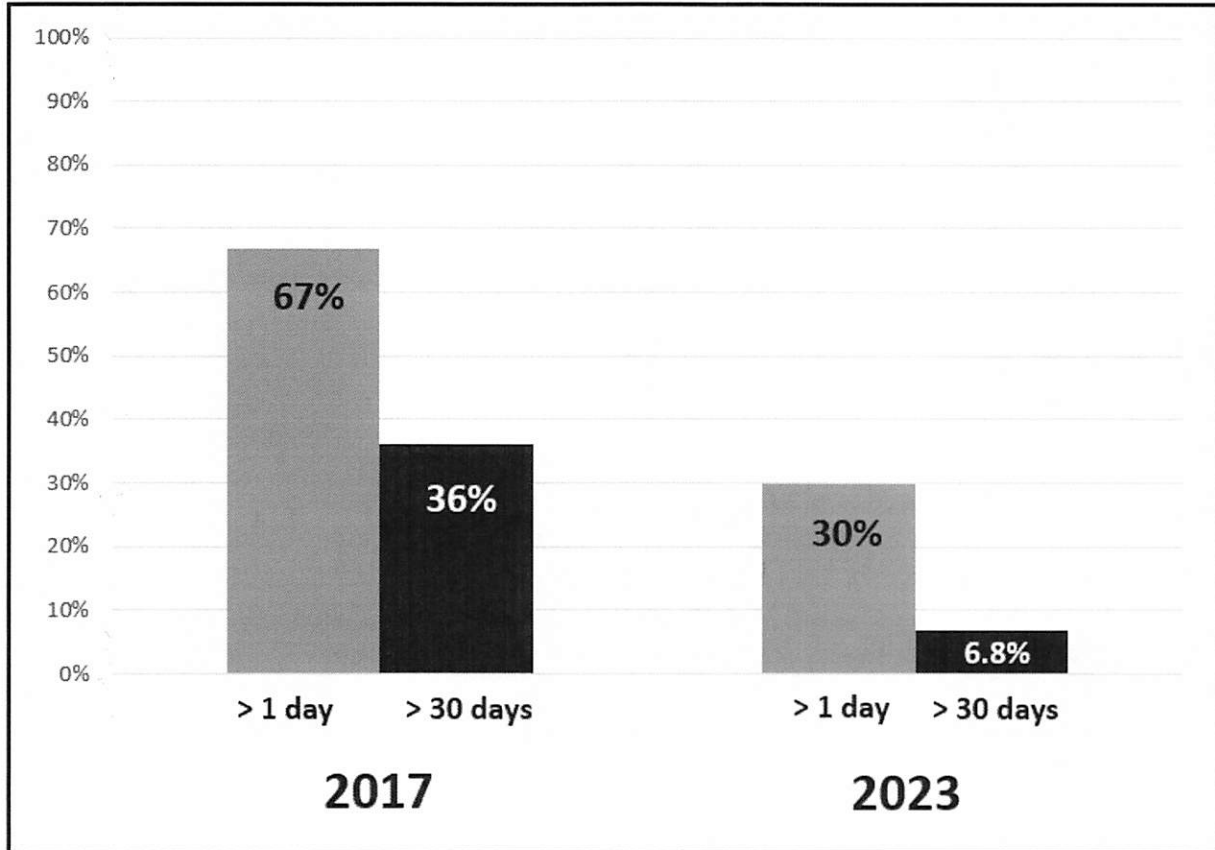
HRRJ is substantially compliant with this provision.

Housing For Prisoners with Serious Mental Illness

As described in the Executive Summary, the Jail worked hard during the last few years to house inmates with serious mental illness (SMI) in less restrictive settings, including reducing the time inmates with SMI spent in restrictive housing. Figure 2 below shows that during the DOJ investigation in 2017, 67% of the 496 inmates with SMI spent one day or more in restrictive housing, and 36% of those 496 inmates spent 30 days or more consecutively there. In 2023, the Jail had greatly reduced holding inmates with SMI in restrictive housing. Only 30% of the 266 inmates with SMI spent one day or more in restrictive housing, and only 6.8% of those 266 inmates spent more than a month consecutively there. This especially shows a dramatic reduction of long stays in restrictive housing. This is primarily attributed to the Jail's transformation of its practices and culture by creating spaces that were more therapeutic, more confidential, and less isolating. It is also due to the increase in mental health staff and the availability of some therapy, the increase in the creation of treatment plans and incentives/awards, and increased attempts of the staff to divert inmates with SMI from restrictive housing.

Figure 2: Percentage of Inmates with SMI in RH

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

100. Housing for Prisoners with SMI – HRRJ had one (1) year from effective date of the Agreement to meet these provisions. Patients diagnosed with a SMI needing suicide watch observation and those that may have an acute exacerbation of symptoms are housed in an Acute MH Unit. There was a mental health unit however programming was light with staffing. HRRJ created “blue” rooms which were used for de-escalation or “time out” locations for mental health patients. They were also used for clinical sessions for out-of-cell time. HRRJ also bought chairs suggested by the mental health consultants which are less “institutional” and are more comfortable. HRRJ opened the first unit at the end of April 2022. Due to the closing of the facility none of the other units opened during the duration of the Agreement.

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

101. Policies and Procedures for Mental Health Units - HRRJ healthcare staff has produced policies which were approved. HRRJ security staff have created policies based on the healthcare approved policies. Due to the closing of the facility additional procedures needed for opening additional units will not be forthcoming.

HRRJ is partially compliant with this provision

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102. Mental Health Units – There is one unit open – The acute Mental Health Unit for those on suicide watch. HRRJ did what they were able to do in this area prior to closing. None of the other units were open prior to the institution closure.

HRRJ is partially-compliant with this provision.

103. Secure Mental Health Units – The healthcare and security policies described inmates who would have been assigned to the unit and the programming which was to be ongoing. This unit did not open prior to the closure of the facility.

HRRJ is non-compliant with this provision.

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

a. An acute mental health unit for suicide watch observation

The unit had ten (10) safety cells with Lexan doors. This unit was used as the suicide watch unit. The unit had security staff who were assigned to watch duties.

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

The Agreement requirement of a total of four (4) hours of clinically appropriate out-of-cell time was a challenge. Data was kept on out-of-cell activities for each person in the unit. For October 2023 – March 2024 a snapshot of data for six (6) individuals shows two - four (2-4) were out for breakfast, five (5) were out for lunch and three (3) were out for dinner on a regular basis. Each client may refuse to come out of the cell. Use of the blue room for the same time period shows one (1) individual used the blue room two (2) times each week, one individual used it three (3) times and four (4) used it at least one (1) time. For individual therapy session for the six (6) patient records reviewed each inmate came out for an individual therapy session at least one (1) time in the blue room. This data was collected in the Weekly Out of Cell Activity report by security. This report tracked the number of times an inmate is out-of-cell for Breakfast, Lunch, Dinner, Blue Room, and Therapy session. The data above was just a snapshot of the efforts put forth by mental health and security staff to better address the out-of-cell activity by those on suicide watch.

Behavioral health staff saw inmates on watch every day.

HRRJ is partially compliant with this provision.

Restrictive Housing

The use of restrictive housing at HRRJ has been reduced in the six years since the 2018 DOJ Findings Letter. When DOJ first visited in March 2017 there were approximately 230 inmates being held in restrictive housing cells which represented 21% its approximately 1,100 inmates. Six years later, when DOJ visited the Jail in March 2023, only 40 of its 283 prisoners (or 14%) were in restrictive housing. And many of those had self-requested to be held there not for protective custody but for other voluntary reasons that were permitted by the Agreement and approved by Jail staff.

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No more deaths in restrictive housing

In the Executive Summary, Figure 1 shows ten deaths that occurred prior to the 2018 DOJ Findings Report. Three of those deaths occurred in a restrictive housing cell and another one occurred soon after the inmate had spent two months in a restrictive housing cell, according to the DOJ's Findings Report:

- AA a 24-year-old inmate with serious mental illness who, after losing nearly 40 pounds, died of heart failure as a result of rapid weight loss after being placed in restrictive housing for 100 days.
- PP committed suicide while in restrictive housing
- YY committed suicide while in restrictive housing
- JJ had spent 69 of his first 76 days at the Jail in restrictive housing before hanging himself 17 days after being released from restrictive housing.

But since the 2018 DOJ Findings Letter there have been no deaths related to restrictive housing because of the hard work of the Jail staff to reduce the number of inmates in these restrictive cells and to provide more out-of-cell time.

Reduction of harm has improved.

Not only have there not been any deaths associated with restrictive housing but also inmates were experiencing other improvements in reduction of harm with the positive changes. This was not so prior to the 2018 DOJ Findings Report. For example:

- The DOJ told the story of AF an inmate diagnosed with schizoaffective disorder who told DOJ he was known as "hammerhead" at the Jail because he had a large welt on his forehead from the years of banging his head on the walls of his restrictive housing cell. Jail records showed DOJ that he had been in the Jail at least five times from 2012 to 2017 and had spent nearly 800 of his 1100 days in restrictive housing. He told DOJ in an interview during their investigation that he does better when not in restrictive housing and when he can talk with mental health staff to help him deal with his issues.
- [Sometime after 2020], this same inmate, AF, was placed on an individualized self-injury reduction plan, kept out of restrictive housing, and successfully experienced three months without a self-injury and was able to be released from HRRJ directly from a general population mental health unit. This is a remarkable success due to the hard work of the staff and the culture change of no longer locking down difficult inmates.

Since DOJ's involvement and oversight by the monitor monthly, there have been many positive examples of patients improving because of the reduction of restrictive housing. One such example was A8, an inmate with SMI, who had a history of difficult behavior towards security staff. Because of constant mental health interventions and not simply placing the patient in restrictive housing, enormous progress was made. So much that a veteran officer sent this monitor an email stating:

"I was amazed at the person that I had interacted with. A little over two months ago this inmate was a manipulative, assaultive, and problematic individual who had accrued approximately 34 institutional charges during the duration of 8/2022-12/2022. Twelve of those charges were related to assaulting or threatening staff and the remaining ten were being non-complaint with the rules and regulations of the facility. When I encountered inmate A8 yesterday, they greeted

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me, was very pleasant speaking and apologetic to having previously spat in my face. The transition of this individual was remarkable. Between the inmate's willingness to become compliant with intervention, and the collaboration between Security and Mental Health Department has shown through the current presentation of this inmate and steadiness of remaining in [general] population."

Placement in RH improved

The Jail ended its placement of inmates in restrictive housing *because of* their disability following the 2018 DOJ Findings Report. According to the DOJ Findings Report, during the first eight months of 2017, 54 prisoners were held in restrictive housing on the sole basis of "Administrative Restriction – Mentally Deficient." This had terrible consequences. For example, four days after arriving at the Jail in March 2015, a 53-year-old prisoner referred to as EE in the Findings Report was placed in restrictive housing because he was actively psychotic, agitated and throwing feces. Two days later he was seen vomiting "what looked and smelled like feces," according to Jail notes. Four days later he had died of a duodenal ulcer, having never received a mental health visit except by the clinician who discovered him unresponsive on the day of his death. Since monitoring has begun, I can confirm that the Jail has stopped placing patients in restrictive housing because of their disability.

Stable release from HRRJ improved

Even more notable is that the Jail had successfully stabilized patients with mental health issues and worked to keep them out of restrictive housing to help them release from HRRJ from a more therapeutic environment instead of a restrictive housing or suicide watch environment. This is a laudable goal for many jails and but not always one they succeed at. For example:

- A9 A patient with schizoaffective disorder, major depression and bipolar disorder had multiple serious suicide attempts, they were stabilized on sw and with consistent interventions and being transitioned to MH unit off suicide watch, and had no incidents of sdv for 45days prior to release
- A10 This patient was bipolar with repeated attempts of sdv and placement on sw. They had diminished impulse control, poor emotional regulation, frequent preparatory sdv. Through ongoing work with the QMHP staff and one on one therapy, the patient developed skills for emotional regulation, were stabilized on the MH unit prior to release with no sdv for 2wks prior to release.

105. Restrictive Housing on Prisoners with Serious Mental Illness - As noted in #98 above all RH placements were reviewed during the ICC. Those with a SMI diagnosis were reviewed and diverted to another housing unit if possible. However, as HRRJ did not have these alternative units operational some inmates stayed in RH longer. With the closure of HRRJ these diversionary units were not available.

HRRJ must meet all the below criteria to become compliant with restrictive housing component of the Agreement. No grade will be given at this time. Pending Review, PR.

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106. Restrictive housing is not used as alternative to Mental health care and treatment - HRRJ worked hard to assure that RH was not used as an alternative to mental health treatment. HRRJ policies were approved and were being implemented to assure RH was not used as an alternative to mental health treatment. As noted in the six monitor reports, all persons in Protective Custody (PC) were no longer housed in the RH unit. The ICC process significantly improved. Security and healthcare staff worked well together to make this a reality. The Monitor, behavioral health or security consultant and DOJ representatives attended each ICC meeting in person or via Zoom. As noted above HRRJ made significant strides in the RH arena.

HRRJ and healthcare staff are to be commended for their continued commitment and work to make this a reality.

HRRJ is partially compliant with this provision.

107. Screening of all on mental health caseload in 24 hours after placement in restrictive housing – All inmates placed in RH were assessed in the first 24 hours. A MH assessment for Restrictive Housing Unit form was implemented to identify any contradictions for RH placement for inmates with a SMI diagnosis. The form continued to be submitted to hearings and grievances for SMI patients. In some instances, this resulted in dismissal of disciplinary infractions. Dismissal of infractions was discussed during ICC meetings. On site and zoom attendance by the monitor at the ICC meeting showed excellent discussion regarding inmates who were in RH and what the best strategy was to use for the inmate and the institution. Tracking was occurring.

HRRJ is partially compliant with this provision.

108. Referral assessment for deteriorating condition - The behavioral health staff conducted weekly rounds in RH units. Those with a SMI diagnosis were seen more frequently, at least three (3) times weekly according to twenty (20) SMI charts reviewed. All inmates who were identified as decompensating were seen with increasing frequency, referred for a psychiatric evaluation and/or follow up. If necessary, a TDO was initiated. QMHP staff were vigilant in following up with all inmates identified with a SMI diagnosis.

HRRJ is partially compliant with this provision.

109. Documentation of placement/removal from restrictive housing - HRRJ tracked all placements and removals from RH through documentation. Documentation was sent to the monitor, security consultant and the United States on a weekly basis and reviewed during on-site visits.

HRRJ is substantially compliant with this provision.

110. SMI inmates in restrictive housing have same standards as General Population (GP) - Inmates in the RH unit received the same food service as the GP. RH unit inmates were given showers three days per week. Clinical and professional visits were allowed for those in RH units. Access to reading and writing materials was not always provided. For those who may have a potential for self-directed violence behavior a QMHP evaluated the need for and use of reading and writing materials, if clinically

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indicated. Access to radios and or TV was limited. Meetings were held between security and mental health staff to assure everyone was on the same page, and documentation of what items were to be allowed in the RH areas was discussed based on the clinical profile and current condition of the inmate.

HRRJ is partially compliant with this provision.

111. No inmate with a SMI will be placed in restrictive housing on administrative restriction status absent Extraordinary Circumstances which are approved with documented reasons by the Superintendent and Director of Mental Health. Memos outlining date of placement in RHU, behavior while in RHU resulting in additional disciplinary infractions and recommendation to stay or remove from RHU were used. These memos were generated by the Mental Health Director or designee for initial placement. These patients were also discussed weekly at ICC meetings to brainstorm alternative placement options, creative problem solving, to identify antecedents to maladaptive behaviors and a clear pathway to transition out of RHU. Due to the lack of alternative housing opportunities, there was not always a “clear pathway” to transition out of the RH unit. As noted previously, alternative placement for many inmates was not possible as the units were not available. Documentation of these memos was sent to the monitor and USDOJ monthly.

HRRJ is partially compliant with this provision.

112. Weekly approval by Superintendent and MH Director if SMI placed on administrative restriction in restrictive housing - A written process and forms required to be signed by the Superintendent and Mental Health Director were revised and were being used. These documents were used to provide proof of review by the Superintendent and Mental Health Director weekly.

HRRJ is substantially compliant with this provision.

113 SMI in restrictive housing administrative restriction moved to mental health unit or reviewed – Security Policy and Procedure was developed using the approved healthcare policy. Each patient had a thirty (30) day review and were subsequently updated every week they remained in RHU. Specific locations for Acute MH Unit and Secure MH Unit were identified. This provision was not able to be initiated prior to the closing of the facility.

HRRJ is non-compliant with this provision

114. If inmate not removed from restrictive housing must be documented including reason - Wellpath, the healthcare services contractor developed a policy to address this provision. A form was created outlining recommendation to divert an inmate diagnosed with a SMI from RH. The form was being used and helped to divert SMI inmates from RH. Also, during the ICC meeting any staff who felt a SMI inmate should not be removed from RH must give a reason, and a suggestion as to strategies to help the inmate to move from RH unit. Full implementation was not possible prior to the closure of the facility.

HRRJ is partially compliant with this provision.

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

HRRJ is partially with this provision.

116. SMI inmates in restrictive housing for more than 30 days will be reviewed weekly and approved by Superintendent and MH Director - In 2021, Mental Health Department created memos outlining date of placement in RHU, behavior while in RHU resulting in additional disciplinary infractions and recommendation to stay or remove from RHU. These memos were generated by Mental Health Director or designee for initial thirty (30) day review and subsequently every week they remained in a RHU. These patients were also discussed weekly ICC meetings to brainstorm alternative placement options, creative problem solving, to identify antecedents to maladaptive behaviors and a clear pathway to transition out of RHU. These memos were kept by MH Director and security placed copy of the memo in inmates' classification file. The challenge was the need for alternative placement for those with a SMI.

HRRJ is partially compliant with this provision.

117. Restrictive Housing Placement Based on Disability – HRRJ must assure that inmates with mental health disabilities are not placed unnecessarily in RH based on their disability. Review of all relevant documents showed that there were no persons placed on RH based on disability. Review of all documents and tracking continued to confirm this status.

HRRJ is substantially compliant with this provision.

118. No inmates to be placed on restrictive housing due to “mental deficiencies” - There have been no inmates who have been placed on RH status based on “mental deficiencies”. This term is no longer used at HRRJ.

HRRJ is substantially compliant with this provision.

Quality Assurance

119. Assure QA program was developed, implemented, and maintained, identifies and correct deficiencies –

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HRRJ will need to be substantially compliant with provisions 119 – 125 to obtain substantial compliance with this overall provision.

HRRJ must meet all the below criteria to become compliant with Quality Assurance Program component of the Agreement. No grade will be given at this time. Pending Review, PR.

120. QA policies will be developed in six (6) months – HRRJ and Wellpath, the healthcare vendor produced policies related to Continuous Quality Improvement (CQI).

HRRJ is substantially compliant with this provision.

121. QA monthly mechanisms implemented in three (3) months, including relevant data 1 - 29 - Relevant data related to the Agreement was submitted monthly by the Agreement Coordinator, to the United States, and the Monitor. There have been no instances that HRRJ was unwilling to provide the data, the formats were decided, and the reports were sent to the parties. By Agreement, HRRJ did not need to duplicate reports which were available to the parties. With the closing of the facility the QA activities resolved around how to best work with inmates and staff to ease the transition, especially those with a SMI, back to their feeder jail.

HRRJ is substantially compliant with this provision.

122. Quality Improvement Committee (QIC) developed and implemented in three (3) months - The first meeting of the Quality Improvement Committee was held on May 7, 2021, and had been held monthly since. The monitor attended the meetings when on site or on zoom. The United States also attended via zoom. Minutes of the meeting were reviewed and contained recommendations for changes on how data is collected and reported. Changes to descriptors related to the data helped with interpretation. An example was those that were in quarantine were not considered in restricted housing, however had been counted as such in the data, this was corrected. This was the type of recommendation that helped HRRJ provide accurate data to the Monitor and the United States. Wellpath, the healthcare contractor had QIC goals and processes. Also, there were specific questions that were sent to staff at HRRJ requesting clarification on data reported each month. These questions helped create ownership for data collected. A new Agreement Coordinator was appointed during the previous reporting period. They continued to provide information and required reports. With the closing of the facility the QA activities resolved around how to best work with inmates and staff to ease the transition, especially those with an SMI, back to their feeder jail.

HRRJ is partially compliant with this provision.

123. Recommend and Implement changes to policies and procedures based on monthly assessment – As noted above, HRRJ held their first QIC meeting on May 7, 2021. Minutes noted changes suggested for identifying self-directed violence, suicide training for staff, monthly staff vacancy report, achievement certificates, breakdown of administrative restrictions in the monthly aggregated data report submitted to the Monitor and DOJ. There were also graphs created to identify where HRRJ was in the

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Agreement process to help track recommended changes. The graph was presented to the HRRJ Board to keep them abreast of the current status and movement toward substantial compliance. All of these continued up to the closing of the facility.

HRRJ is substantially compliant with this provision.

124. Monthly reports to monitor and USDOJ - HRRJ has complied with and sent all requested and required documents to the United States and to the Monitor.

HRRJ is substantially compliant with this provision.

125. Medical and mental health staff are included as part of the Continuous Quality Improvement (CQI) process - As noted in the meeting minutes and through direct observation, medical and mental health care staff were involved in the process as well as the monitor. As part of the Wellpath CQI process, HRRJ administration was acutely involved in the CQI process. Policy for the QA process was finished and implemented to coincide with the current practice.

HRRJ is substantially compliant with this provision.

126. Morbidity-Mortality Reviews –

HRRJ will need to be substantially compliant with provisions 126 – 128 to obtain substantial compliance with this overall provision.

HRRJ must meet all the below criteria to become compliant with morbidly-mortality reviews component of the Agreement. HRRJ is substantially compliant with this provision.

127. Morbidity and Mortality Review Committee and process –

HRRJ had no deaths in this reporting period, however, as there was a death by suicide in the previous review period a M and M was completed for that death and described in the previous report. The M and M was conducted with all parties present. Recommendations were put in place immediately by both security and healthcare staff. These recommendations were to improve their procedures.

HRRJ is substantially compliant with this provision.

128. Ensure senior Jail staff have access to all reviews - HRRJ jail staff were involved and had attended the M and M reviews and had access to all materials. Pertinent findings were provided to senior jail and Wellpath staff. If suggested, corrective actions and appropriate training were taken.

HRRJ is substantially compliant with this provision.

140. Bi-annual Status Reports - Status reports have been provided. A status report was provided in September of 2023. A review on-site was conducted during the October monitor site visit, additional meetings did not occur due to the decision to close the facility.

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HRRJ is substantially compliant with this provision, as it is an ongoing responsibility for HRRJ.

142. Monitor baselines site visit - The Monitor visited the facility on October 12 - 16, 2020 and again on October 21, 2020. This visit was in conjunction with a face-to-face meeting with the HRRJ Jail Board.

143. Monitor baseline report - The Monitor Baseline report was provided to the Court on November 30, 2020.

144. Every six (6) month report - The First Monitor Report was sent to the Court on May 28, 2021. As May 31, 2021, was federal holiday, the Court received the report on June 1, 2021. The Second Monitor Report was sent to the Court on November 29, 2021, and received on November 30, 2021. The Third Monitor Report was sent to the Court on May 31, 2022 and received on June 1, 2022. The fourth report was sent to the Court on November 30, 2022, and received by the Court on December 1, 2022. The Fifth Monitor Report was sent to the Court on May 31, 2023, and received on June 1, 2023. The Sixth Monitor Report was sent to the court on November 30, 2023, and received by the Court on December 1, 2023. The Monitor has been on-site every month since October 2020 except June 2022 and May 2023. The Monitoring contract was signed on September 17, 2020, and was scheduled to be renewed September of 2024 if the Court and parties agreed. This report was sent to the parties for review and comment. Comments were received and incorporated into this report. This report was submitted to the Court on May 29, 2024.

152. Agreement Coordinator – Sgt. Hardy, the new Agreement Coordinator, (Substantial Provision 152) has been forwarding the required Relevant aggregate data (Substantial Provision 121, a 1 - 29) to the Monitor and US DOJ monthly since her appointment during this reporting period.

HRRJ is substantially compliant with this provision.

153. Stakeholders - Multiple partners were working with the HRRJ to support efforts to provide continuing care to HRRJ inmates who were released. HRRJ was using the CORE grant available through the Portsmouth CSB to involve other feeder jails within their jurisdiction to provide services to inmates who were released from HRRJ. There were multiple meetings to work on better coordination of the forensic discharge planning process.

HRRJ is partially compliant with this provision.

154-5. Implementation Plan - HRRJ provided the first implementation plan on September 30, 2020. HRRJ submitted the next Implementation Plan on October 1, 2021, with staffing matrix additions on October 1 and 7, 2021. The United States sent comments and recommendations on the plan November 1, 2021. The implementation plan identified the parameters required under the Agreement. HRRJ sent their third Implementation plan on October 13, 2022. All parties agreed the focus would be on staffing. The plan included specific activities HRRJ has been involved with to recruit and retain employees but was lacking details on healthcare staff. As noted in a letter from the DOJ, “it does not list steps, deadlines, responsible persons, or specific security staffing benchmarks that will be met to move the Jail toward compliance with the Agreement.” In addition, “Plan #3 also does not address medical or mental health staffing needs at all.” HRRJ was to send an addendum to the plan by November 15, 2022, as requested by the DOJ. The DOJ and Monitor are concerned that the plan lacked detail in terms of timelines and deliverables. There was a total lack of any mention of the healthcare staff, medical or

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behavioral health. They must formulate an addendum to the plan that identifies a time frame for the current security situation, including healthcare staffing. As noted in #25 above - A plan to assure staffing was discussed by the parties, however they were unable to come to an agreement. The United States is requesting that HRRJ provide benchmarks for security and healthcare staffing, however HRRJ is uncomfortable agreeing to specific staffing numbers. Both parties will need to come to an agreement for there to be true progress. The latest Implementation Plan was provided to the parties on October 5, 2023. Due to the closing of the facility, this would be the last plan required under the Agreement.

HRRJ is partially compliant with this provision, as it is an ongoing responsibility for HRRJ.

156. Comments on Annual Implementation Plan - the Monitor provided comments to the HRRJ implementation plan on site October 16, 2023.

157. Annual Implementation Plan – Due to the closing of the facility the October 5, 2023 plan was the final one submitted by HRRJ.

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Appendix A

HRRJ has also made changes to move previous partially compliant areas to substantially compliant. This report period HRRJ has moved eleven (11) from partial compliance (PC) to substantial compliance (SC). There were none that moved to a lower score this report period. It will be critical for HRRJ to work to sustain the gains they have made in the two years.

Summary of Compliance - Substantive Provisions

Number	Policies and Procedures	Rating
19	Consultation with Monitor, USDOJ on policy development	SC
20	Policies approved will be adopted	SC
21	Begin Implementing policies approved	SC
22	Fully implemented policies	SC
23	Annual policy review	SC
Number	Staffing Plan	Rating
24	Staffing plan development	PC
25	Staffing Plan Implementation	PC
Number	Training	Rating
26	Annual in-service training	SC
27	Incorporate Agreement requirements into the training curriculum	SC
28	In-service training	SC
29	Training on mental health care	SC
Number	Security	Rating
30	Security Staffing	PC
Number	Medical and Mental Health Care	Rating

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Summary of Compliance - Substantive Provisions

31	Medical and Mental Health Prior Records	NA
32	Feeder Jail medical records	NA
33	Continue Medications	NA
34	Medical or Mental Health Request/Sick Call Process	NA
35	Sick Call Collection	NA
36	Sick Call Triage	NA
37	Sick Call Tracking	NA
38	Sick Call Oversight	NA
Number	Medical Care	Rating
39	Constitutionally adequate medical care	SC
40	Medical Staffing	SC
41	Medical Intake	SC
42	Medical screening factors	SC
43	Medical Assessments	SC
44	Emergent Medical Assessments	SC
45	Urgent Medical Assessments	SC
46	Routine Medical Assessments (Intake)	SC
47	Routine Medical Assessments (Sick Call)	SC
48	Acute Care	SC
49	Chronic care	SC
50	Chronic Care Registry	SC
51	Chronic Care Plan of Care	SC
52	Chronic Care Protocol	SC
53	Medical Diagnosis	SC

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Summary of Compliance - Substantive Provisions

54	Medical Specialist Appointments	SC
55	Medical Specialist Registry	SC
56	Medical Follow-up care	SC
57	Medical Treatment Plans	SC
58	Medical Treatment	SC
Number	Mental Health Care	Rating
59	HRRJ is to provide constitutionally adequate mental health care	PR
60	Mental Health Staffing	SC
61	Mental Health Intake	SC
62	Mental Health Screening Factors	SC
63	Mental Health Assessments	SC
64	Emergent Mental Health Assessments	SC
65	Urgent Mental Health Assessments	SC
66	Routine Mental Health Assessments (Intake)	SC
67	14-Day Mental Health Check-in	SC
68	Routine Mental Health Assessments (Sick Call)	SC
69	Nature of Mental Health Assessment	SC
70	Mental Health Treatment Plans	PR
71	Timing for initial treatment plan	SC
72	Multidisciplinary team treatment plan update	PC
73	Requirements for treatment plan	PC
74	Timing for Treatment plan review	SC
75	Mental Health Treatment	PR
76	Mental Health Therapy	PC
77	Mental Health Inpatient Care	SC

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Summary of Compliance - Substantive Provisions

78	Confidential Mental Health Treatment	PC
79	Psychotropic Medications	SC
80	Psychotropic Medication follow-up	SC
81	Psychotropic Medication Compliance	SC
82	Anti-Psychotic Medication Use	SC
83	Medication Administration Records Audits	SC
84	Serious Mental Health Registry	SC
85	Suicide Prevention	PR
86	Suicide Prevention Training	SC
87	Suicide Risk Assessment	PC
88	Suicide Watch	PC
89	Suicidal Prisoner Housing	SC
90	Suicidal Prisoner Treatment	PC
91	Psychiatric Hospitalization/Crisis services	SC
92	Mental Health Achievement Awards	SC
93	Mental Health Release Planning	PR
94	Release Plan	PC
95	Warm hand-off	SC
96	State Prisons Notification	SC
97	Discharge Medications and Renewals	SC
98	Collaboration Mental Health, Security Staff, and Jail Leadership	SC
99	Mental Health Training for Security Staff	SC
Number	Housing For Prisoners With Serious Mental Illness	Rating
100	Housing for Prisoners with SMI	PR
101	Policies and Procedures for Mental Health Units	PC

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Summary of Compliance - Substantive Provisions

102	Mental Health Units	PC
103	Secure Mental Health Units	NC
104	Acute Mental Health Unit	PC
Number	Restrictive Housing	Rating
105	Restrictive Housing on Prisoners with Serious Mental Illness	PR
106	Not used as alternative to Mental health care and treatment	PC
107	Screening of all on mental health caseload in 24 hours after placement in restrictive housing	PC
108	Referral assessment for deteriorating condition	PC
109	Documentation of placement/removal from restrictive housing	SC
110	SMI inmates in restrictive housing have same standards a GP	PC
111	No placement for SMI unless Extraordinary Circumstances	PC
112	Weekly approval by Superintendent and MH Director if SMI placed on administrative restriction in restrictive housing	SC
113	SMI in restrictive housing administrative restriction moved to mental health unit or reviewed	NC
114	If inmate not removed from restrictive housing reason documented including reasons	PC
115	If inmate not removed have heightened level of care	PC
116	SMI inmates for more than 30 days will be reviewed weekly and approved by Superintendent and MH Director	PC
117	Restrictive Housing Placement Based on Disability	SC
118	No inmates to be placed on restrictive housing due to "mental deficiencies"	SC
Number	Quality Assurance	Rating
119	Assure QA program is developed, implemented and maintained, identifies and correct deficiencies	PR
120	QA policies will be developed in six (6) months	SC

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Summary of Compliance - Substantive Provisions

121	QA monthly mechanisms implemented in 3 months, including relevant data	SC
122	Quality Improvement Committee (QIC) developed and implemented in 3 months	PC
123	Recommend and Implement changes to policies and procedures based on monthly assessment	SC
124	Monthly reports to monitor and USDOJ	SC
125	Medical and mental health staff are included as part of the Continuous Quality Improvement (CQI) process	SC
Number	Morbidity-Mortality	Rating
126	Morbidity-Mortality Reviews	SC
127	Morbidity and Mortality Review Committee and process	SC
128	Ensure senior Jail staff have access to all reviews	SC
Number	Monitoring Activities	Rating
140	Bi-annual Status Reports to Monitor	SC
142	Monitor baselines site visit	Completed
143	Monitor baseline report	Completed
144	Every six (6) month report	Ongoing
Number	Implementation	Rating
152	Agreement Coordinator	SC
153	Stakeholders	PC
154-155	Implementation Plan	PC
156	Monitor Comments on Annual Implementation Plan	Completed
157	Annual Implementation Plan	Ongoing