

## **Introduction**

### **September 2018**

This report is generated based on data requested from and provided by the Muscogee County Jail. The parties have agreed to participate in a remote review rather than an onsite tour because so many elements of the Memorandum of Agreement (MOA) have been sustained and rated as being in substantial compliance. On May 8, 2018, Ms. Marlysha Myrthil (Senior Trial Attorney, Special Litigation Section U.S. Department of Justice, Civil Rights Division) issued the final report from the previous mental health services tour in October 2017, with a cover letter (Appendix V) that summarized the few recommendations for those areas which were 6 months shy of reaching sustained compliance for a two-year period. These include Substantive Provisions A.10 (Medication Administration); A.15 (Suicide Prevention); A.19 (Health Records); and A.20 (Quality Assurance). All other provisions of the MOA had been in substantial compliance for at least 2 years as of October 2017.

### **Materials received and reviewed from MCJ are as follows:**

(All materials were also made available to the USDOJ by MCJ)

1.	Muscogee County Jail Status Report – Commander Larry Mitchell
2.	Muscogee County Jail Status Report (matrix)
3.	Mental Health Disciplinary Report form (III.A.14)
4.	Mental Health Disciplinary Tracking data (III.A.14)
5.	Data Matrix for Mental Health
6.	Health Assessment tracking and CAP
7.	PHA Status Report on 14 day Physical Health Assessments
8.	New Horizons Staffing report
9.	CCS Contact Roster
10.	Corrective Notice 20180703 – Jeremy Hattaway (III.A.6)
11.	Urgent Emergent Tracker( III.A.7)
12.	MCJ Special Detail Breakdown (III.A.8)
13.	Mental Health Case List 7-5-2018 (III.A.9)
14.	10 Patient Treatment Plans (III.A.9)

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15.	Labs Report CQI Study (III.A.15)
16.	Suicide Prevention Minutes 20170404; 20170721; 20180202. (III.A.15)
17.	20180118 CCS CQI Study (III.A.20)
18.	Email to Command Staff for June Results (III.A.20)
19.	Emergent-Urgent Form CQI (III.A.20)
20.	June Urgent-Emergent Study (III.A.20)
21.	Urgent-Emergent CQI Study May 31 2018
22.	Training CCS (Correct Care Solutions) courses
23.	2018 MH Staffing Analysis (III.A.1.c, III.A.2, III.A.3)
24.	FW time study follow up (III.A.1.c, III.A.2, III.A.3)
25.	All April 2018 sick Call requests for MH (III.A.1.i)
26.	USDOJ Compliance Tracking Chart of MOA Provisions as of October 2017 Assessment
27.	Policy – Clinical Seclusion, Disciplinary process
28.	HealthCare statistics Report by Site 2017- CCS
29.	HealthCare Assessments list
30.	2017 14 Day Health Assessments
31.	July 2018 Medication Verification
32.	CQI Project 48 hours – 2016
33.	2017-18 Suicide Training for Security
34.	2018 Suicide Prevention HealthStream Summary
35.	Narrative Memo HSP (Suicide Prevention Housing)
36.	New Horizons Treatment Team Meeting minutes
37.	Non SMI MH Disciplinary List

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General statistics for the mental health service in jail are summarized below as an excerpt from the data matrix.

<b>2018</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>June</b>
Total MCJ average daily population (ADP)	1101	1078	1017	1056	1030	1072
Inmates Received at MCJ	1048	953	1096	976	982	1078
Males Received	775	680	821	712	715	764
Females Received	273	273	275	264	267	314
Inmates Discharged from MCJ	1030	1018	1121	926	1000	1015
Males Discharged	772	719	828	690	719	740
Females Discharged	258	299	293	236	281	275
Average Length of Stay (ALOS)	32	28	27	34	38	24
# Transferred to GDOC	71	83	67	85	89	
Monthly average on 4E,4F,419, ISO4	62	64	67	60	65	66
MCJ Monthly average # on psychotropics (per Diamond Pharmacy Report)	425/34. 67%	369/29. 96%	381/27. 74%	381/31. 82%	369/32. 33%	
#SMI/% SMI	64/5.8 %	68/6.3 %	70/6.9 %	66/7% %	70/6.9 %	73/6.8 %

Average daily population remains relatively the same as 2017. There has been a steady rise in the number of both male and female inmates since 2017. As a comparison, in January 2017, 560 males and 208 females were received. This has been balanced by an increased number of discharges for both genders. The 2017 mental health matrix did not track the average length of stay but from the current numbers, it appears that that has shortened with the greater turnover of the jail population. The total number and percentage of those inmates designated as having a serious mental illness has remained relatively constant.

The average use of force for the facility has decreased compared to the average over 9 months in 2017. The average monthly use of force in 2017 was 8.5 where as in 2018 it has been 5.2. Positively, the average monthly use of force for inmates with serious mental illness has decreased from 3.6 to 1.2.

Despite having a comprehensive jail management system, the commander reports that they are still having to generate data reports by hand to monitor daily operations. The jail is hopeful that they will begin data transfer to a new mainframe in 2019 which will ease the burden they have been working under with the old system.

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A significant change in practice has been utilizing clinical seclusion rather than loss of privileges for inmates with serious mental illness and have modified their policy regarding disciplinary practices for seriously mentally ill inmates in the jail.

Commander Mitchell reports there are no additional policy changes since the last inspection. Other significant staff changes include Commander Mitchell’s promotion as well as Corporal Hattaway’s promotion to Sergeant. Sergeant Hattaway will be replaced by Corporal Charles, who is currently in training in jail data collection. CCS, the medical provider, has added a site Director of Nursing position, and Damien Irish began as the new Director of Nursing on April 30, 2018. The jail is currently in the process of issuing a request for proposal for medical services with the selection pending around August 2018. Mr. Cicero Latimore, who was the licensed mental health professional, retired July 1 and was replaced by Daniel Fry, who began in that position September 1, 2018. There have been no in custody deaths or suicides since the last rating. (Appendix I)

There have been ongoing deficiencies in completion of 14 day health assessments (discussed in the final section of this report) by CCS at least since January 2017 as documented in the status report (Appendix II). Average compliance for the 1<sup>st</sup> 6 months of 2018 is 25.7% completion within the expected time frame. As of July 16, 2018 the figures for overdue 14 day Health Assessments are:

Over 90 Days	61 - 90 Days	31 - 60 Days	15 – 30 Days	Total
<b>26</b>	<b>17</b>	<b>23</b>	<b>32</b>	<b>98</b>

**October 2017**

*The average daily census has risen from 985 in April 2017 to the current number of 1076 for September 2017. The number of monthly intakes is essentially the same, probably indicating an increase in the length of stay. Currently there are 649 male and 210 female inmates at the facility. The monthly average for inmates on psychotropic medication hovers around 400. The current number of individuals designated as having a serious mental illness is 76 representing approximately 7% of the total population of the jail. This is consistent with the percentage observed in April 2017.*

*The electronic health record, kiosk and sick call request systems remain in place. Sick call requests and responses continue to be tracked by the data matrix and the kiosk system enables accurate review of the process. The gang presence continues to rise in the jail. In an effort to control predatory practices by these inmates, the jail gang leaders are being separated and housed in the Annex in multi-man cells. It was also reported that recent gang related deaths in the community has increased the number of inmates seeking protection by requesting placement in the observation cells in HD.*

### **Compliance Assessment Methodology**

Per Section VI.2 of the MOA, the following terms will be used when rating compliance:

- a. **"Substantial Compliance"** indicates that Columbus has complied with all or most components of the relevant provision of the MOA and that no significant work remains to accomplish the goal of that provision.
- b. **"Partial Compliance"** indicates that Columbus has complied with some components of the relevant provision of the MOA and that significant work remains to reach substantial compliance.
- c. **"Noncompliance"** indicates that Columbus has not complied with most or all of the components of the relevant provision of the MOA and that significant work remains to reach partial compliance.
- d. **"Unratable"** shall be used to assess compliance of a provision for which the factual circumstances triggering the provision's requirements have not yet arisen to allow for meaningful review. Provisions assessed as "unratable" shall not be held against Columbus in determining overall substantial compliance with this MOA in accordance with the termination procedures outlined below.

Furthermore, as defined in the MOA, the term **"Sustained Substantial Compliance"** means to achieve and maintain a prolonged and continuous practice consistent with a level of "substantial compliance," as that term is defined above.

#### Instructions to the Reader:

- Please refer to Appendix IV for summary of compliance ratings through December 2017.
- All text from the MOA provisions and the headings of Compliance Ratings, Findings, Recommendations, and Suggestions by this reviewer appear in **bolded** font.
- Many of the provisions, especially those referring to policies, have multiple subsections. In general, an overall compliance rating for each provision will be given at the beginning of each main section heading. Findings, recommendations, and suggestions will be listed under the main section heading. When there are detailed findings, recommendations, or suggestions specific to certain subsections, they will be broken out and recorded under each subsection with the relevant heading.
- Findings from the previous reporting period are provided where necessary for a complete understanding of current findings and/or recommendations and are in *italic* font.
- Recommendations from the previous reporting period are provided for each provision

and are in *italic* font.

- “Recommendations” refer to such corrective action that this reviewer will expect MCJ to complete to move towards substantial compliance.
- “Suggestions” refer to additional action that MCJ may, but is not required to, take to further implement a provision in accordance with best practices. These suggestions are offered to assist MCJ in their ongoing efforts to improve facility conditions.

**MOA Compliance Review of Substantive Provisions**

**I. SUBSTANTIVE PROVISIONS**

**A. Mental Health Care and Suicide Prevention**

**Columbus shall provide adequate mental health services to inmates at the Jail, in accordance with constitutional standards. To that end, Columbus agrees to the following:**

**1. *Policies, procedures, and training.* Jail Staff shall develop and implement adequate mental health policies, procedures, forms, and training regarding the following areas:**

**a. mission and goal of the Jail’s mental health program;**

**b. administrative structure of the Jail’s mental health program;**

**c. staffing, including staff-to-inmate ratios, job descriptions, credentials, and privileging;**

**d. training of mental health staff regarding correctional or security procedures that are necessary for the delivery and accessibility of mental health care;**

**e. Crisis Intervention Team (CIT) training of correctional staff that includes training on (1) understanding and recognizing psychiatric signs and symptoms to identify inmates who have or may have SMI, (2) using de-escalation techniques to calm and reassure inmates who have or may have SMI before resorting to use of force, discipline, or isolation, and (3) making appropriate referrals of such inmates to mental health staff;**

<b>f. strategies for effective communication with inmates with SMI in a respectful and supportive manner to promote pro-social behavior;</b>
<b>g. collaboration between mental health staff and correctional staff in the classification, housing, use of force, and discipline of inmates with SMI;</b>
<b>h. reliable and valid methods for identifying inmates with SMI, including mental health screening, assessments, evaluations, and appropriate timeframes for completion;</b>
<b>i. housing of inmates with SMI, including limits on the use of segregation;</b>
<b>j. daily management of inmates with SMI and related safety and security procedures, including protection from inmate-on-inmate violence, constant direct supervision of actively suicidal inmates, and close supervision of special needs inmates with lower levels of risk;</b>
<b>k. treatment planning;</b>
<b>l. sick call, including</b> <ul style="list-style-type: none"> <li><b>i. availability of written or electronic sick call request slips without advance charges;</b></li> <li><b>ii. a collections method where the requests are directly sent to a qualified health or mental health professional;</b></li> <li><b>iii. daily review of inmate requests by a qualified health or mental health professional to determine level of urgency;</b></li> <li><b>iv. appropriate timeframes for responding to sick call requests depending on level of urgency;</b></li> <li><b>v. logging procedures to record the date, time, and nature of each sick;</b></li> <li><b>vi. documentation of the nature and response to each sick call request in an inmate’s medical or mental health record;</b></li> </ul>
<b>m. suicide prevention and treatment;</b>
<b>n. use of psychotropic medications, including verification, continuity, and medication non-compliance;</b>
<b>o. involuntary treatment, including the use of seclusion, restraints, forced medications, and involuntary hospitalization;</b>
<b>p. medicolegal issues, including confidentiality, informed consent, and the right to refuse treatment;</b>

<b>q. collaboration with community services and discharge planning;</b>
<b>r. maintenance of medical and mental health records; and</b>
<b>s. quality assurance measures to regularly assess and ensure compliance with the terms of this MOA.</b>

**COMPLIANCE RATING: Substantial Compliance – for all subsections under Substantive Provisions I. (Only a few pertinent comments will be added to this section under the separate provisions.)**

**FINDINGS (September 2018):**

Changes in the policies for clinical seclusion and penalty for violations have been submitted. The jail currently has policies meeting all of the requirements of this provision in place. The jail has incorporated my suggestions regarding the use of clinical seclusion as opposed to the disciplinary policy for managing behavioral concerns for the seriously mentally ill inmates particularly when housed in special mental health units. Commander Mitchell has informed us that CCS is currently engaged in the annual review of mental health and health policies and that pending the current request for proposals there may be some modifications in policies going forward should there be a change in vendor.

**MCJ Reported July 2018:**

The Muscogee County Sheriff's Office is currently in the process of a contract renewal which all policies from Correct Care Solutions are being reviewed.

***(October 2017 Tour):***

*There have been no policies revisions since the last tour. Currently the jail has not implemented an annual review of their health policies.*

**SUGGESTION (September 2018):** A continued awareness and practice of policy review at least annually will ensure that procedures are in sync with the requirements of the facility's policies.

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**SPECIFIC PROVISIONS OTHER THAN REQUIRED POLICIES:**

**2. *Mental Health Services (generally):* The Jail Staff shall ensure that qualified mental health professionals provide adequate 24-hour on-call consultation as well as adequate in-person intervention and evaluation. The Jail Staff shall provide adequate evaluation, therapy, counseling, and array of other programs; adequate staff levels; and adequate space for programming consistent with other requirements of this MOA.**

**COMPLIANCE RATING: Substantial Compliance**

**FINDINGS (September 2018):**

A repeat staffing analysis was completed on June 5, 2018, by Mr. Redmond, the City's Internal Auditor. The study included all the essential data to perform a reasonable staffing analysis and concluded that staffing was adequate and even had some surplus. The plan is to repeat this analysis in the coming months.

***(October 2017):***

*No change since April 2017. Sheriff Thompkins did not receive a copy of Mr. Redmond's staffing analysis report presented during the last tour. Ms. Sheftall's office will provide that document to the Sheriff for review and action as she sees fit. An ongoing increase in gang-related inmates continues to put pressure on the mental health staff due to a steady increase in the number of individuals requesting placement in the high-security area (suicide watch) primarily for protective custody reasons, although they initially claim they are suicidal. This will be discussed further under section 2.12.*

*The jail needs to review Mr. Redmond's staffing analysis and formally respond to his recommendations. There is some evidence in my review of medical records that inmate follow-up appointments with prescribers is further out than expected, and this may correlate with Mr. Redmond's report to me last visit that the facility does need another 0.5 FTE in prescriber time. I did not find evidence of harm that would justify a change in compliance level at this time. I would not recommend eliminating any mental health professional positions to accommodate an increase in prescribers since that would adversely affect the programming and other counseling functions within the jail.*

*Twenty-four hour coverage continues to be provided by two psychologists, a psychiatrist, and a nurse practitioner. Programming efforts remain consistent and unchanged.*

**RECOMMENDATIONS (September 2018): None**

**3. *Psychology and Psychiatry Hours:* The Jail Staff shall ensure that at least one psychiatrist or nurse practitioner with prescriptive authority will provide at least thirty hours of services every week, and that a psychologist shall provide at least twenty hours of services at the Jail every week. These hours shall be clearly documented and logged. The psychologist hours may be averaged over a four week period to determine compliance. The Jail Staff shall include an adequate number of qualified mental health professionals and mental health staff—as determined by an annual staffing analysis—to enable it to address the serious mental health needs of all inmates with timely and adequate mental health care.**

**COMPLIANCE RATING: Substantial Compliance**

**FINDINGS (September 2018):**

New Horizons continues to provide the required hours for psychiatry and psychology per the Memorandum of Agreement. In actuality, they are currently exceeding the minimum requirements stated in the agreement for both psychology and prescriptive authority requirements. Currently, there is one licensed clinician position that is open due to the retirement of the previous licensed mental health professional. This position is expected to be filled as of September 1, 2018, by a master’s level provider who is expected to receive a PhD in 2018.

Dr. Sai Nandamuru	Psychiatrist	20 hours per week
Michael Dehner, NP	Nurse practitioner	24 hours per week
Cynthia Pattillo, PhD	Licensed psychologist	25 hours per week
VACANT*(Daniel Fry, MA 9/1/18)	Licensed clinician	40 hours per week
Diana Ezell, MS	Master’s level counselor	40 hours per week
Kinyatal Harvey, MPA	Master’s level counselor	40 hours per week
Cynthia Riley	Paraprofessional	40 hours per week
Brooke Nowack, MA	Doctoral student, contract	8-12 hours per week
LeVarius Harris	Doctoral student, practicum	14 hours per week
Jade Kinney, MA (weekends)	Doctoral student, contract	Up to 20 hours per month
Giovanna Guerra, PhD	Licensed psychologist	Up to 16 hours per month

**(October 2017 Tour):**

*New Horizons provided detailed timesheets for all of the doctorate level providers. The requirements of this provision are consistently met with no change from the prior visit in April 2017.*

**RECOMMENDATIONS (September 2018): None**

**4. Psychiatry-Psychology Collaboration:** The psychiatrists and nurse practitioners shall collaborate with the psychology staff in mental health services management and clinical treatment, and both psychologists and psychiatrists shall communicate problems and resource needs to the Commander and Director of Mental Health Services.

**COMPLIANCE RATING: Substantial Compliance**

**FINDINGS (September 2018):**

There have been no reported changes from previous practice. We have repeatedly observed excellent collaborative relationships during any site visit.

**(October 2017 Tour):**

*Collaboration between Mental Health, Medical, and Security staff continues to demonstrate excellent cooperation between all entities. Special management treatment team meetings continue to occur regularly each week to jointly review all inmates on suicide precautions, SMI in disciplinary settings, restraint chair use, predatory inmates, etc. There continues to be a close relationship between the prescribing psychiatric staff, mental health staff and security.*

**RECOMMENDATIONS (September 2018): None**

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**5. Screening: The Jail Staff shall utilize qualified mental health staff or a qualified health professional with documented mental health screening training to administer a mental health/suicide screen for all inmates upon arrival at the Jail. The screening form shall provide for the identification and assessment of the following factors:**

- a. past suicidal ideation or attempt;
- b. current suicidal ideation, threat, or plan;
- c. prior mental health treatment or hospitalization;
- d. recent significant loss such as the death of a family member or close friend;
- e. history of suicidal behavior by family members or close friends;
- f. suicide risk during any prior confinement;
- g. any observations by the transporting officer, court, transferring agency, or similar individuals regarding the inmate's potential suicidal risk or mental health;
- h. substance(s) or medication(s) used, including the amount, time of last use, and history of use;
- i. any physical observations, such as shaking, seizing, or hallucinating; and
- j. history of drug withdrawal symptoms, such as agitation, tremors, seizures, hallucinations, or delirium tremens;
- k. history or serious risk of delirium, depression, mania, or psychosis.

**COMPLIANCE RATING: Substantial Compliance**

**FINDINGS (September 2018):** No change from the previous tour.

***(October 2017 Tour):***

*All required elements are now contained in the electronic health care template. Intake screening is currently being performed by a registered nurse. The Health Services Administrator is planning on moving the registered nurses (RNs) back to the clinic after intake training and placing licensed practical nurses (LPNs) in intake. His current nursing*

*staffing includes 5 RNs, 13 LPNs and 4 medical assistants.*

*At the time of the exit review, I discussed the nursing staffing ratios. In general, it is recommended that RNs to do sick call triage, sick call evaluations, and intakes because of their higher level of training and ability to assign nursing diagnoses and implement clinical pathways. Sheriff Thompkins was interested in looking at these needs with CCS to determine the best staff ration for the service.*

**RECOMMENDATIONS (July 2018): None**

- 6. *Assessments:* Upon admission to the Jail, based on the results of the initial screening set forth in paragraph 5 above, the Jail Staff shall provide mental health assessments to inmates and refer inmates to qualified mental health professionals for treatment in accordance with the following:**
- a. Emergent/Urgent Referrals: These referrals will be held in the clinic or HD area and a mental health assessment shall be provided by a qualified mental health professional for each inmate within 4 hours if during normal business hours, but no later than within 24 hours if outside of normal business hours, after the following triggering events:**
- i. signs and symptoms of acute mental illness;**
  - ii. disorientation/confusion;**
  - iii. jail history of placement on mental health units;**
  - iv. inability to respond to basic requests or give basic information;**
  - v. recent suicide attempt; and**
  - vi. inmates who report any suicidal ideation or intent, or who attempt to harm themselves, or the arresting officer indicates threats or attempts to harm themselves, or who are so psychotic they are at imminent risk of harming themselves.**

**COMPLIANCE RATING: Substantial Compliance**

**FINDINGS (September 2018):**

Per MCJ, all referrals from initial intake screening are managed via the electronic health

record.

A recent CQI study focused on the accuracy of entries by correctional and other staff used to initiate urgent and emergent referrals to mental health primarily from the intake area. Comments regarding those findings will be in the final section of this report under Quality Improvement. The data matrix does track these processes on a monthly basis, and the rate of mental health professional assessment following receipt of an urgent or emergent referral indicates completion rates of 92% to 100% within 24 hours of referral. The compliance threshold is set at 100% because this is considered a high risk indicator for suicide risk/other psychiatric morbidities if unaddressed, and four out of 6 months reported indicates rates below the required threshold. There has been steady improvement in meeting the 100% compliance threshold since 2017 where rates of compliance fell as low as 78%. Completion of routine referrals within 5 days consistently runs at 100%.

Referrals received by mental health through the kiosk system have much higher rates of completion with 100% completion for any emergent request.

***(October 2017 Tour)***

*The mental health department continues to follow policy recommendations for this provision. Data provided on the tracking matrix (Appendix 1). Chart review (see Appendix 2) corroborated the presented data regarding timeliness and psychiatric and mental health professional valuations for emergent and urgent referrals from the screening registered nurse. The facility reported a 90% rate of compliance for urgent and emergent nursing referrals and 100% compliance for routine referrals. Their established threshold is 100% and the matrix has shown steady improvement in reaching this goal since January 2017.*

**RECOMMENDATIONS (September 2018):**

1. Continue CQI tracking to demonstrate success in meeting established thresholds. Should rates of compliance remain below the established threshold of 100% additional modifications in the process and follow up data collection should be performed for sufficient time to ensure that the corrections result in sustained compliance.

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- b. Routine Referrals: Mental health assessments shall be provided by a qualified mental health professional within 5 business days for each inmate whose mental health/suicide screening triggers the following assessment factors:**
- i. any past suicide attempt;**
  - ii. any suicidal ideation, with intent or plan within the past 30 days;**
  - iii. any combination of the following:**
    - 1. suicidal ideations within the past year, with or without intent or plan;**
    - 2. suicidal gestures, current or within the last year;**
    - 3. a diagnosis of one or more of the following: bipolar disorder, depressed, major depression with or without psychotic features, schizophrenia, schizoaffective disorder, any diagnosis within the pervasive developmental disorder spectrum, and any other factor(s) contributing to suicide risk (e.g., recent loss, family history, etc.)**

**COMPLIANCE RATING: Substantial Compliance**

**Findings (September 2018):**

Routine kiosk requests consistently run at 100% except for the month of June which was 95%. Referrals for suicide concerns by officers were seen 100% within 24 hours except for the month of June with the rate was 90%. Completion of routine intake referrals within 5 days consistently runs at 100%.

***(October 2017 tour):***

*Timeliness and completing routine kiosk requests were 100% as were routine referrals from intake. The electronic medical record template provides prompts for documentation of current and prior suicidal ideation and attempts, and current and past history of mental health symptoms and treatment. Charts reviewed during the current tour substantiated the data reported on the quality assurance matrix as did Cpl. Hattaway's additional spreadsheet tracking the timeliness in psychological assessment of those inmates placed in the high-security area by intake. His data supports the finding that 100% of these inmates are seen by the appropriate mental health professional within 24 hours of placement.*

**RECOMMENDATIONS (September 2018): None**

**c. All other inmates shall receive an initial mental health assessment within 14 days of admission conducted by a qualified mental health professional or qualified health professional with mental health training.**

**COMPLIANCE RATING: Partial Compliance**

**Findings (September 2018):**

There has been ongoing significant deficiencies in completion of 14 day health assessments by CCS since January 2017, as documented in the status report (Appendix II). During the October 2017 tour, we had not asked for these reports because we were unaware that they existed. No prior problems with the 14 day assessment process had emerged in earlier tours. It should be noted that the CCS HSA had recently resigned, and there was no replacement at the opening review in October 2017.

Average compliance for the first 6 months of 2018 is 25.7% completion within the expected time frame. In the 2018 healthcare statistics report, zero 14-day health assessments were completed in the month of March, and only 32 were completed in the month of April. Other months range from 110 to 286 assessments completed. In addition, it is noted that CCS routinely runs an extremely high refusal rate for 14 day assessments of 50% and above.

<b>14 Day Health Assessment July 2017-December 2017 per the Initial Health Assessment Statistics Report by CCS</b>		
	# Refusals	# Completed within 14 days (# eligible)
July 2017	0	0 (278)
August 2017	0	0 (326)
September 2017	9	77 (268)
October 2017	0	1 (281)
November 2017	2	55 (259)
December 2017	0	76 (270)

<b>14 Day Health Assessment January 2018– June 2018</b>		
	Refusal Rate(%)	Over 14 days overdue per the statistical matrix
January 2018	Not obtained	275/25%
February 2018	Not obtained	251/23%
March 2018	Not obtained	260/25.5%
April 2018	Not obtained	281/26.5%
May 2018	Not obtained	269/26.1%



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June 2018	Not obtained	302/28.2%
July 2018	n=171	370/68.4%

As of July 16, 2018 the figures for overdue 14 day Health Assessments are:

Over 90	61 - 90	31 - 60	15 - 30	T
<b>26</b>	<b>17</b>	<b>23</b>	<b>32</b>	<b>98</b>

MCJ reports that CCS has hired an additional nurse and is in the process of hiring a second nurse to focus on health assessments. The Sheriff’s Office plans to monitor this on a weekly basis until the situation is resolved and can continue to monitor on a monthly basis to ensure goals are met. As of June 30, 2018, there were 302 inmates who were overdue for an assessment and this has been reduced to 98 as of July 16, 2018. Additional information requested and provided demonstrates that this is currently zero however, the enormous number of refusals remains very problematic (n=219).

***(October 2017 tour):***

*There has been no change since April 2017. Current chart reviews substantiates data reported on the statistical matrix.*

***FINDINGS (April 2017 Tour):***

*Completion of 14 day assessments is now being tracked on the statistical matrix and has had almost perfect compliance in 2016 and 100% compliance in 2017. Screenings are completed by three registered nurses, two of whom have had additional training from Dr. Pattillo.*

**RECOMMENDATIONS (September 2018):**

1. There is a plan to hire 2 nurses (one is already employed) to focus on health assessments. Further tracking information over time will be necessary to demonstrate compliance with this provision.
2. CCS needs to work on a Quality Improvement Plan to establish a reasonable quality threshold for completed 14 day assessments and decrease the rates of refusal for those health assessments.

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**d. Mental health assessments shall include a structured, face-to-face interview with inquiries into the following:**

**i. a history of**

- 1. psychiatric hospitalization, psychotropic medication, and outpatient treatment,**
- 2. suicidal behavior,**
- 3. violent behavior,**
- 4. victimization,**
- 5. special education treatment,**
- 6. cerebral trauma or seizures, and sex offenses;**

**ii. the current status of**

- 1. mental health symptoms and psychotropic medications,**
- 2. suicidal ideation,**
- 3. Drug or alcohol abuse, and**
- 4. orientation to person, place, and time;**

**iii. emotional response to incarceration; and**

**iv. screening for intellectual functioning (e.g., mental retardation, developmental disability, learning disability).**

**COMPLIANCE RATING: Substantial Compliance**

**Findings (September 2018):**

MCJ reported that these files are maintained by New Horizon staff.

*(October 2017 tour): All elements of this provision have been implemented and remain incorporated in the electronic medical record template.*

**RECOMMENDATIONS (September 2018): None**

**7. Referrals:** Any jail staff member may refer an inmate to Mental Health based on observed changes in behavior, increase or appearance of psychotic symptoms, or other concern and these referrals shall be seen as follows:

**a. An inmate designated "Emergent/Urgent Referral" will be held in the clinic or HD area where they can be directly observed and supervised and be seen for assessment or treatment by a qualified mental health professional within 4 hours if during normal business hours, and within 24 hours if outside of normal business hours. The on-call qualified mental health professional must be notified within one hour of an Emergent Referral and advise with regard to course of treatment, housing, observation, medication, property restriction, and other appropriate care. Emergent Referrals will remain in the clinic/HD until seen and cleared by a qualified mental health professional. Triggering events for emergent/urgent referrals shall include the following:**

- i. increase or emergence of psychotic symptoms;**
- ii. inability to care for self appropriately;**
- iii. signs and symptoms of acute mental illness;**
- iv. disorientation/confusion; and**
- v. inability to respond to basic requests or give basic information.**

**b. An inmate designated as a "Routine Referral" will be seen for assessment or treatment by a qualified mental health professional within 5 business days, and a psychiatrist, when clinically indicated (e.g., for medication and/or diagnosis assessment). Routine referrals may include individuals who previously refused mental health treatment or medication or exhibit concerning but not emergent increases in symptoms, or raise concerns about medication compliance. The written policies and procedures governing referrals will include criteria for determining if a referral is not subject to this timeline requirement (e.g., a face-to-face contact is not clinically indicated).**

**COMPLIANCE RATING: Substantial Compliance**

**Findings (September 2018):**

Detailed tracking forms were submitted for review regarding urgent referrals. In studying these documents dating back to December 2017, one can see that there is a very small or absent number of people not seen within 24 hours of the total number referred. None of the delays affected any inmate designated as having a serious mental illness. The two cases with delays in December 2017 and January 2018, respectively, indicate "suicidal gesture". The tracking form does not indicate whether these referrals were for active suicidal ideation or past behavior/ideation.

<b>Urgent/Emergent Referral Tracking</b>							
	12/17	1/18	2/18	3/18	4/18	5/18	6/18
Total # / # / % not seen in 24 hr.	27/1/4%	49/1/2%	35/0	35/0	39/0	32/0	39/1/5%
# / % SMI not seen within 24 hrs.	6/0%	11/0%	NA	NA	NA	NA	0%
# / % suicide gesture/attempt not seen within 24 hrs.	23/4%	36/3%	NA	NA	NA	NA	1/100%

If the 2 cases in line 3 (4%) were inmates who were actively suicidal and not seen by mental health staff within 24 hours; then, these two deficiencies would be significant and such an analysis as the graph prepared for this report would be useful to have in a CQI report when interpreting the data gathered by the CQI committee.

**MCJ Reported July 2018:** This information is tracked on the Data Matrix. Urgent/Emergent forms submitted by security staff are tracked via a spread sheet. A quality control review was conducted for completion of the forms from the past 6 months. A pattern of errors were identified and were addressed with the Command Staff and jail supervisors. Corrective action was taken by having the shift supervisors train the squads on how to properly complete the forms. The classification supervisor will review forms on a daily basis and make on the spot corrections from here out. (See attached Data Tracker and notice of corrective actions)

**(October 2017 tour):** *No change in practice. Compliance with current policies and statistical data matrix were verified by chart review (see appendix 2).*

**RECOMMENDATIONS (September 2018):** Continue to monitor via the CQI process, with emphasis on cases of active suicidal ideation or past behavior/ideation.

- 8. Mental Health Sick Call: The Jail Staff shall ensure inmates' access to adequate care in accordance with the following:**
- a. Inmates submitting sick call requests shall be seen for assessment or treatment by a qualified health or mental health professional in a timely and adequate manner, as clinically appropriate.**
  - b. Inmates with emergent/urgent mental health needs shall be seen for assessment or treatment by a qualified mental health professional or a qualified health professional with documented mental health screening training within 24 hours, and shall be placed in a setting with adequate monitoring pending the evaluation. Inmates with routine mental health needs shall be seen for assessment or treatment within 5 business days.**
  - c. Jail Staff shall permit inmates who are illiterate, non-English speaking, or otherwise unable to submit written or electronic sick call requests to verbally request care. Such verbal requests shall immediately be documented by the staff member who receives the request on an appropriate form and transmitted to a qualified medical or mental health professional for response in the same priority as those sick call requests received in writing or electronically.**
  - d. The Jail Staff shall develop and implement an effective system for documenting, tracking, and responding to all sick call requests.**

**COMPLIANCE RATING: Substantial Compliance**

**Findings (September 2018):**

MCJ continues to track data regarding self-referrals to mental health. Emergent referrals are seen within 24 hours 100% of the time and in general 100% percent of all routine requests are seen within 5 days. Established inmates who were referred by officers for psych evaluation were seen 100% of the time within 24 hours, and officer referrals for suicidal ideation were seen within 100% of the time, except for June when 90% of 31 referrals were seen within that timeframe.

*(October 2017 Tour):*

*Current practice was reviewed by randomly selecting cases from the kiosk system for review and remains compliant with the requirements of the memorandum of agreement and facility policies.*

**RECOMMENDATIONS (September 2018): None**

**9. Treatment Plans:** The Jail Staff shall ensure that each inmate on the mental health caseload receives a comprehensive, individualized treatment plan developed by a clinician with participation from the inmate and from others, as appropriate (e.g., mental health, medical, or correctional staff) within 10 days of his/her initial intake evaluation. Generally all treatment plans will meet the following requirements.

**a. Each individual treatment plan shall direct the mental health services needed for every patient on the mental health caseload and includes the treatment goals and objectives.**

**b. The Director of Mental Health provides guidelines for individual treatment plan review, which shall occur per the following frequency:**

- i. For inmates on a designated mental health unit, every 30 days;**
- ii. For all other inmates, every 6 months, or whenever there is a substantial change in mental health status or treatment.**

**c. Individual treatment planning is initiated on referral at the first visit with a qualified mental health professional.**

**d. Mental health treatment plans include, at a minimum:**

- i. Frequency of follow-up for evaluation and adjustment of treatment modalities;**
- ii. Adjustment of psychotropic medications, if indicated;**
- iii. Referrals for psychological testing, medical testing and evaluation, including blood levels for medication monitoring as required;**
- iv. When appropriate, instructions about diet, exercise, personal hygiene issues, and adaption to the correctional environment; and**
- v. Documentation of treatment goals and notation of clinical status progress (stable, improving, or deteriorating).**

**e. All aspects of the standard shall be addressed by written policy and defined procedures.**

**COMPLIANCE RATING: Substantial Compliance**

**FINDINGS (September 2018):**

Copies of 10 individual treatment plans were provided and reviewed. Plans are being reviewed regularly and are more descriptive than during previous reviews. Updates occur monthly, by peer review, and compliance ratings have been at least 90% of the time over the last 6 months.

*(October 2017 tour):*

*Since the time of our last visit, Dr. Pattillo reports having completed in-service training for her staff on the recommendations made at the time of our last visit. Individual treatment plans were reviewed with Dr. Pattillo while on site. The electronic health record template was completed in its entirety by mental health professionals for SMI (seriously mentally ill) inmates in each of the mental health dormitories. The available objectives were reasonable, but the electronic record only allows selection of canned choices. One mental health professional has added greater specificity with descriptions of the inmate's behavior and anticipated goals in a final comment box on the form. The treatment plans were routinely generated on inmates housed in the three mental health units and timely updates were documented on the plans that were reviewed.*

**RECOMMENDATIONS (July 2018): None**

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**10. Medication Administration:** The Jail Staff will develop and implement policies and procedures to ensure that all medications are appropriately prescribed, stored, controlled, dispensed, and administered in accordance with all applicable laws and through the following:

- a. ensuring that initial doses of prescribed medications are delivered to inmates within 48 hours of the prescription, unless it is clinically required to deliver the medication sooner;
- b. ensuring that inmates entering the Jail continue to receive previously prescribed medications or acceptable alternate medications, within 48 hours of entry, unless the facility physician makes an alternative clinical judgment;
- c. ensuring that medical staff who administer medications to inmates document in the inmate's Medical Administration Record (1) name and dosage of each dispensed medication, (2) each date and time medication is administered, and (3) the date and time for any refusal of medication; and
- d. ensuring that the inmate's unified health record is updated within one week of the end of each month to include a copy of the inmate's Medical Administration Record for that month.

**COMPLIANCE RATING: Substantial Compliance**

**Findings (September 2018):**

CCS submitted a quality assurance review from June 2018 looking at 18 inmates received at the jail. Their evaluation results indicate 100% compliance with their quality indicator regarding medication verification. The results indicate that 100% of the cases were referred for verification and 100% of the medications were ordered. Only one inmate did not receive the 1<sup>st</sup> dose within the required 48 hours of booking. New Horizons has also resubmitted a quality improvement project looking at initiation of psychiatric medications within 48 hours of admission for one week in January in 2016 and a follow-up review for 2 weeks in January 2017. This study was previously discussed during an earlier site visit.

**MCJ Reported July 2018:** Nothing in policy has changed. Supervisors continue to monitor medication distribution in the jail. Corrective action is implemented if officers or medical staff are distributing medication outside of policy guidelines.



*(October 2017 tour):*

*During the performed chart reviews there was documentation of attempts to verify and bridge medication in a timely manner.*

**RECOMMENDATIONS (September 2018): None**

**11. *Psychiatric Hospitalization/Crisis Services:* Jail Staff shall ensure that inmates requiring emergency psychiatric hospitalization or who are acutely mentally ill receive timely and adequate treatment either on site or by agreement with a hospital offering the needed services.**

**COMPLIANCE RATING: Substantial Compliance**

**Findings (September 2018):**

Between November 2017 and mid July 2018 a total of 11 inmates have been referred to the Bradley Center. Six other inmates have been referred out to West Central.

***(October 2017 Tour):***

*No change in the current practice or availability within the community psychiatric beds for this population. Access for inmates committing felonies still remains difficult unless a judge orders them to a state facility. For those with the city ordinances or misdemeanors, the staff continues to work with the local court for orders to the Bradley Center on an involuntary basis for up to 72 hours. Upon release from the crisis stabilization unit, charges would be dropped. The Bradley Center has the capacity to request an extension in detention as clinically indicated. When the Bradley Center is full, the patient can be deferred to another crisis stabilization unit within the state of Georgia. Once someone is hospitalized, the New Horizons liaison is notified and begins working with the hospital to relay treatment recommendations from the New Horizons staff at the jail. This person also works with the Bradley Center to relay information back to the treating staff at the jail with discharge plans once the person is released. Referrals to the ACT team require 2 hospitalizations as a criteria for acceptance. However, incarceration counts as a hospitalization making it somewhat easier for inmates to be referred to the ACT team.*

**RECOMMENDATIONS (July 2018): None**

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- 12. Housing: Inmates shall be housed in an appropriate environment that ensures adequate staff supervision, mental health care and treatment, and personal safety in accordance with the following:**
- a. Housing options for inmates with SMI shall include general population, a secure mental health unit, and a step-down unit for inmates with serious mental illness that is similar to a general population unit in which inmates are out of their cells during the day by default. Jail staff shall develop and implement these housing options with the technical assistance of the United States and its expert consultant(s).**
  - b. Jail Staff shall ensure that segregation is not used as an alternative to adequate mental health care and treatment.**
  - c. All locked housing decisions for inmates with SMI shall include the input of a qualified mental health professional who has conducted a face-to-face evaluation of the inmate in a confidential setting, is familiar with the details of the available clinical history, and has considered the inmate's mental health needs and history.**
  - d. Segregation shall be presumed contraindicated for inmates with SMI.**
  - e. Within 24 hours of placement in any form of segregation, all inmates on the mental health caseload shall be screened by a qualified mental health professional to determine whether the inmate has a SMI, and whether there are any other acute mental health contraindications to segregation.**
  - f. If a qualified mental health professional finds that an inmate has a SMI or other acute mental health contraindications to segregation, that inmate shall not remain in segregation absent extraordinary and exceptional circumstances.**
  - g. Inmates who are placed in a secure mental health unit or a step-down unit shall be offered a minimum of:**
    - i. at least 10 hours of out-of-cell structured time each week, with every effort made to provide two scheduled out-of-cell sessions of structured individual or group therapeutic treatment and programming Monday through Friday and one session on Saturdays, with each session lasting approximately one hour, with appropriate duration to be determined by a qualified mental health professional and detailed in that inmate's individualized treatment plan, and**
    - ii. at least 14 hours of out-of-cell unstructured time each week.**

- h. All out-of-cell time in the secured mental health or step-down units shall be documented, indicating the type and duration of activity.**
- i. Policies and procedures shall detail the criteria for admission into the secure mental health housing or step-down units and levels of care provided to inmates in those units.**
- j. Any determination not to divert or remove an inmate with SMI from segregation shall be documented in writing and include the reasons for the determination.**
- k. Inmates with SMI who are not diverted or removed from segregation shall be offered a heightened level of care that includes the following:**
  - i. If on medication, shall receive at least one daily visit from a qualified health care professional.**
  - ii. Shall be offered a face-to-face, therapeutic, out-of-cell session with a qualified mental health professional at least once per week.**
  - iii. Qualified mental health professionals shall conduct rounds at least once a week to assess the mental health status of all inmates in segregation and the effect of segregation on each inmate's mental health to determine whether continued placement in segregation is appropriate.**
  - iv. Rounds shall not be a substitute for treatment and shall be documented.**
- l. Inmates with SMI who are placed in segregation for more than 24 hours shall have their cases reviewed by the Commander or the presiding Captain and the Director of Mental Health Services on a weekly basis at the critical management meeting.**
- m. Inmates with SMI shall not be placed into long-term segregation absent extraordinary and exceptional circumstances, and inmates with SMI currently subject to long-term segregation shall immediately be referred for appropriate assessment and treatment from a qualified mental health care professional who will recommend appropriate housing.**
- n. If an inmate on segregation develops signs or symptoms of SMI where such signs or symptoms had not previously been identified, or decompensates, the inmate shall immediately be referred for appropriate assessment and treatment from a qualified mental health care professional who will recommend appropriate housing.**

- h. If an inmate with SMI on segregation suffers a deterioration in his or her mental health, engages in self-harm, or develops a heightened risk of suicide, that inmate shall immediately be referred for appropriate assessment and treatment from a qualified mental health care professional who will recommend appropriate housing.**
- i. Muscogee County shall document the placement and removal of all inmates to and from searegation.**

## **COMPLIANCE RATING: Substantial Compliance**

### **FINDINGS (September 2018):**

The specialized mental health housing units continue to function and census and activities are tracked on the data matrix. Professional mental health staff remain in control of who is admitted and released from these units. The monthly average of inmates housed on the 3 mental health units and ISO4 remains relatively constant in the mid-60s. The service also tracks the number of inmates who are in a time out status within the mental health unit on a monthly basis. These numbers are quite small running 0-23 inmates per month with higher rates as expected on the more acute male unit. Group offerings on the specialized units continue to average 10 hours a week or slightly more. The jail has implemented the use of clinical seclusion rather than diversion of inmates to segregated status for behavioral instability due to a serious mental illness. In the past 6 months there have been 10 at episodes of seclusion the average length of time being 2.5 days per episode. Rates in length of clinical seclusion are low, indicating that these placements are not overused.

**MCJ Reported July 2018:** Inmates identified as mental health are reviewed by New Horizons staff prior to being placed in segregation. These statistics are tracked on the Data Matrix. Cells 4G, 148, 149, and 150 were added to the checks.

Use of the restraint chair remains infrequent with excellent compliance in monitoring by security and medical per policy.

*(October 2017):*

*Placement in the administrative segregation unit remains unchanged. Mental health routinely has been conducting rounds in this area and has been doing brief evaluations on inmates identified as having a serious mental illness prior to their placement in segregation.*

*Due to the increased number of gang-related inmates in the jail, the jail has begun using several cells in the Annex to isolate gang leaders from the general population. While on site we toured this area. Men are housed 3-4 per cell. They reported limited access to out of cell time and recreation. Mental health staff do not conduct segregation rounds in this area because they were under the impression that segregation refers only to disciplinary and administrative segregation in the upper floors of the jail. Inmates in these Annex units reported they only come out of their cell for showers and occasional recreation.*

*Mental health professionals have been conducting fitness for placement in segregation for those inmates designated as SMI, but not for other inmates followed by mental health.*

**RECOMMENDATIONS (September 2018): None**

**13. Collaboration between Mental Health and Security Staff:** Within six months of the effective date of this Agreement, the Jail Staff shall develop adequate training curricula, and within twelve months of the effective date of this Agreement, all relevant staff shall receive documented adequate training, regarding security and supervision issues specific to inmates with mental illness, including but not limited to

- a. use of force on inmates with mental illness;
- b. pill call procedures to prevent inmates with serious mental illness, inmates on the mental health units, and inmates with mental illness in segregation units from hoarding or hiding pills;
- c. safe shaving procedures to prevent inmates with serious mental illness, inmates on the mental health units, and inmates with mental illness in segregation units from hiding or misusing razor blades; and
- d. proper procedures in instances in which one inmates threatens to harm another with whom he/she is being placed in a suicide watch cell or a cell in a mental health unit, i.e., the need for officers to immediately consult with the classification unit for a determination, based on a review of the inmates' history and interviews, as to whether such placement should occur.

**COMPLIANCE RATING: Substantial Compliance**

**Findings (September 2018):**

CCS continues to provide staff training for suicide prevention, mental health screening and referral, use of force, motivational interviewing, substance withdrawal training, and general behavioral health issues.

**MCJ Reported July 2018:** Officers are trained initially through a Field Training Officer and are required to complete annual training through the Relias Learning Portal.

*(October 2017 Tour):*

*There has been no change in practice. All requirements of this provision continue to be met. The relationship between jail staff and mental health staff remain collaborative and supportive.*

**14. Disciplinary Action:** The Jail Staff shall ensure that disciplinary charges against inmates with a SMI are reviewed by a qualified mental health professional to determine the extent to which the charge was related to mental illness or a developmental disability and to ensure that an inmate's mental illness or developmental disability is used as a mitigating factor, as appropriate, when punishment is imposed and to determine whether placement into segregation is appropriate. The amount of time since a previous placement in segregation and any history of decompensation in segregation also shall be considered in determining whether placement is appropriate or would have a deleterious effect on the inmate's mental health. Prior history of decompensation in segregation shall be a contraindication to placement in such confinement.

- a. Jail Staff shall consider suggestions by mental health staff for minimizing the deleterious effect of disciplinary measures on the mental health status of the inmate. Any punishment must work within the inmate's mental health treatment plan.
- b. The hearing officer shall document the participation of mental health staff and the hearing officer's consideration of the mental health staff's recommendations, including treatment alternatives considered in the disciplinary process.
- c. Disciplinary measures taken against specially housed inmates with SMI shall be reviewed on a quarterly basis.
- d. Inmates shall not be subject to discipline for refusing treatment or medications or for engaging in self-injurious behavior or threats of self-injurious behavior.

**COMPLIANCE RATING: Substantial Compliance**

**Findings (September 2018):**

Since the time of the last site visit, MCJ has implemented a clinical seclusion process whereby those seriously mentally ill inmates housed on mental health units can be separated from the general mental health unit population with enhanced observation by clinical staff if their behavior and symptomatology warrants this.

MCJ continues to track those people referred for disciplinary proceedings who are designated SMI with mental health input into the disciplinary process and modification of sanctions as noted during previous tours. In 2017, 54 inmates were tracked via this process and in 18.5% of the cases sanctions were mitigated. In the first 6 months of 2018, 24 inmates were involved in the disciplinary process, and 0% had their sanctions mitigated but 11 of those inmates were allowed to continue to attend group therapy.

**MCJ Reported July 2018:** These numbers are included into the Data Matrix. Inmate's that may be missed in this process are discussed in the weekly special management meetings.

*(October 2017 tour):*

*All documented records of mental health input into the disciplinary process were reviewed from April 2017 to the present time. Clearly evidenced in this review was that in several circumstances the mental health professional providing the input did not request mitigation despite documenting the presence of such factors. In discussing this with Dr. Patillo, what was apparent was the fact that the jail has been relying on disciplinary sanctions to restrict people on the mental health units to their cells to meet immediate safety concerns because their behavior was unstable secondary to their mental illness. Yet, by relying on the disciplinary process, the established number of days per infraction becomes the sanction, rather than the clinical staff utilizing a clinical model whereby mental health professionals—as opposed to security staff—regulate the amount of time in cell to stabilize behavior from a treatment perspective. Under a clinical seclusion model, inmates with mental illness who are separated from the general population to stabilize behavior would retain privileges, such as canteen, whereas currently, under the disciplinary process they do not.*

### **RECOMMENDATIONS (September 2018):<sup>1</sup>**

I preliminarily recommended by email that the jail modify its disciplinary policy, which limited mitigation only to those inmates determined to be psychotic. The definition needed to be broadened to include nonpsychotic psychiatric conditions and neurological conditions, which result in behavioral dyscontrol eligible for consideration of mitigation of disciplinary sanctions. These recommendations have been adopted by the jail with the change from psychosis to serious mental illness.

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<sup>1</sup> MCJ reported that it actually completed these recommendations on August 2, 2018, shortly after its July document production.

**15. *Suicide Prevention:* Jail Staff shall ensure that suicide prevention measures are in place at the Jail and shall also develop and implement adequate written policies, procedures, and training on suicide prevention and the treatment of special needs inmates.**

- a. These procedures shall include provisions for constant direct supervision of actively suicidal inmates when necessary and close supervision of special needs inmates with lower levels of risk (e.g., 15 minute checks). Officers shall document their checks.**
- b. Suicide prevention policies shall include procedures to ensure the safe housing and supervision of inmates based on the acuity of their mental health needs.**
- c. Jail Staff shall develop and implement an adequate suicide screening instrument that includes adequate screening for suicide risk factors and assessment triggers.**
- d. A risk management system shall identify levels of risk for suicide and self-injurious behavior that requires intervention in an adequate and timely manner to prevent or minimize harm to inmates. The system shall include but not be limited to the following processes:**
  - i. Incident reporting, data collection, and data aggregation to capture sufficient information to formulate reliable risk assessment at the individual and system levels regarding inmates with mental illness and developmental disabilities.**
    - 1. Incidents involving pill hoarding or razor blades and injuries involving pills or razor blades shall be tracked and analyzed by the Jail Staff on a quarterly basis.**
    - 2. Incidents involving weapons, self-harm, use of force, suicide, suicide attempts, or inmate-on-inmate assaults shall be tracked and analyzed by the Jail Staff on a quarterly basis.**
    - 3. All such incidents shall be reviewed, including a psychological reconstruction for suicides, as part of a regularly scheduled suicide prevention committee composed of security, nursing, medical staff, and qualified mental health staff. Jail Staff shall develop a corrective action plan where appropriate, and the Staff's response shall be clearly documented.**



- ii. Identification of at-risk inmates in need of clinical or multidisciplinary review or treatment.**
  - iii. Identification of situations involving at-risk inmates that require review by a multidisciplinary team and/or systemic review.**
  - iv. A hierarchy of interventions that corresponds to levels of risk.**
  - v. Mechanisms to notify multidisciplinary teams and the risk management system of the efficacy of interventions.**
  - vi. Development and implementation of interventions that adequately respond appropriately to trends.**
- e. Jail Staff shall ensure that placement on suicide precautions is made only pursuant to adequate, timely (within four (4) hours of identification, or sooner if clinically indicated), and confidential assessment and is documented, including level of observation, housing location, and conditions of the precautions.**
  - f. Inmates requiring crisis level of care will be seen by qualified mental health care professional within 4 hours of being placed on suicide precautions or crisis level care if during normal business hours, or within 24 hours if outside of normal business hours. The on-call qualified mental health professional must be notified within one hour of being placed on suicide precautions or crisis level care and advise with regard to course of treatment, housing, observation, medication, property restriction, and other appropriate care. Inmates on suicide precautions shall be provided out-of-cell time for clinically appropriate structured activities and showers.**
  - g. Jail Staff shall develop and implement an adequate system whereby inmates, upon evaluation and determination by a qualified mental health professional, may, where clinically appropriate, be released gradually from more restrictive levels of supervision to less restrictive levels for an appropriate period of time prior to their discharge from suicide precautions. Step-down placements should continue to be suicide-resistant and located in such a way as to provide full visibility to staff. Jail Staff shall ensure that inmates are placed on a level of observation that is not unduly restrictive.**
  - h. Inmates on suicide precautions shall be provided out-of-cell time for clinically appropriate structured activities and showers.**
  - i. Qualified mental health staff shall assess and interact with (not just observe) inmates on suicide precautions on a daily basis and shall provide adequate treatment to such inmates.**

**j. Jail Staff shall ensure that inmates are discharged from suicide precautions or crisis level care as early as possible. Jail Staff shall ensure that all inmates discharged from suicide precautions or crisis level of care continue to receive timely and adequate follow-up assessment and care, specifically at a minimum of within 24 hours and 7 days following discharge. A qualified mental health professional may schedule additional follow-ups within the first 7 days of discharge if clinically indicated. A qualified mental health professional will develop a treatment plan within 7 days following discharge.**

**COMPLIANCE RATING: Substantial Compliance**

**FINDINGS (September 2018)**

The following chart is a compilation of data from 2017 and 2018 is provided on the mental health data matrix. At the time of the October 2017 tour jail staff relayed to us that there was an increasing utilization of suicide precautions as the gang population increased in the jail. Staff speculated that far more inmates were stating they were suicidal in an effort to seek safety on the HSP unit. Based on the current tracking information there has been a drastic decrease in utilization of HSP and increase in the actual numbers of self injury. It is unclear whether the latter is related to the former.

		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>2017</b>	# episodes of self-harm	1	5	1	1	0	0	1	2	3			
<b>2018</b>	# episodes of self-harm	4	4	2	3	1	5						

Security staff have a 90.43% completion of all courses assigned in 2018. These figures include several officers with a 0% completion rate but almost everyone else has a 100% rate of completion. I did receive a list of all jail staff completing suicide prevention classes but this was not meshed with the jail training report so it is difficult to cross reference between the two documents. A third document is an Excel spreadsheet by CCS that indicated that only 2/35 staff were recently past due for review training.

Dr. Patillo kindly provided an update regarding the increase in self injury and reported that the New Horizon staff have been sending inmates back to the dorms when they have sought placement on HSP for non-mental health reasons with contact with security to address those inmate concerns. When an inmate harms themselves (and none of the recent incidents resulted in serious harm) the inmate is returned to HSP for suicide prevention observation and intervention.

**MCJ Reported July 2018:** All staff (security, medical, and mental health) conducted

mandatory annual training in suicide prevention. Quarterly Suicide Prevention meetings are conducted in accordance with MCSO policy.

*(October 2017 Tour):*

*All mental health staff continue to participate in the Question Persuade Respond Program for the State of Georgia. New Horizons also uses Relias online training and Dr. Pattillo does and in-service training that is corrections oriented. Mental health staff are currently reading an article by Lindsay Hayes regarding suicide in jails which will be followed by a team discussion. Correctional Care Solutions staff are 100% trained online in suicide prevention, and the health services administrator also conducted a discussion during staff meetings. Since April 2017, comprehensive training records provided by the jail indicate that all deputies have completed suicide prevention training through their online program. All medical staff have done suicide prevention training except for a contract obstetrician who works a few weekend hours.*

*Mental health staff routinely complete a suicide risk assessment at the time of release from suicide watch. All inmates on watch continue to receive suicide resistant garments and are observed by a medical staff member at least on a staggered 15 minute watch. All inmates at this level of care are seen daily by either a psychologist, psychiatrist or nurse practitioner. The statistical matrix tracks 24 hour and 7 day follow up, currently at 97% for both. There is a very low rate of self harm, also tracked on the matrix, averaging 1.5 incidents per month for the past 9 months.*

#### **RECOMMENDATIONS (September 2018): None**

**16. Morbidity/Mortality Reviews:** Jail Staff shall conduct a written interdisciplinary review (critical incident report) of any suicide, serious suicide attempt or other sentinel event within thirty (30) days of the incident. The Morbidity/Mortality Review shall include a corrective action plan with timetables for completion.

#### **COMPLIANCE RATING: Substantial Compliance**

#### **FINDINGS (September 2018):**

Three inmates died in 2017 and the updated mortality review materials were provided and reviewed for this report. Critical Incident Reviews were timely and a follow up review for all three cases occurred on January 9, 2018, 2 months following the October 2017 tour. The Medical Examiner's findings from the Georgia Bureau of Investigation were obtained for the follow up review. Two of the deaths were ruled as medical mortalities with negative toxicology. The autopsy information did not alter the committee's conclusions that these deaths were unavoidable and no new suggestions were made. The 3<sup>rd</sup> mortality was ruled as

self-inflicted strangulation with no new recommendations by the committee. There is a notation that the previous recommendations were implemented and were in effect at the time of the final review.

I am pleased to see that the jail complied with previous recommendations to obtain the autopsy and toxicology reports for all in-service deaths for review by the facility's Mortality Committee in drafting the final corrective action plan.

***(October 2017 tour):***

*While on site we discussed the three deaths at the facility in 2017. Of these, only one appears to be a suicide. The psychological review was timely, self-critical and comprehensive. A critical incident committee meeting did occur for all three deaths in a timely manner with participation by the appropriate clinicians and security representatives. A mental health review was completed by Dr. Pattillo for the three deaths. Staff reported that the Georgia Bureau of Investigation does not routinely release the autopsy reports to the treating clinicians at the jail. However, that was not correct in that following our tour and per Georgia State law these reports can and have been received by the jail. Not routinely reviewing these reports hampers the jail's internal process of developing a corrective action plan because the final findings of the official inquiry may not be incorporated into the jail's review process.*

**SUGGESTIONS (September 2018): None**

**17. Discharge Planning:** Inmates on the mental health caseload shall be provided adequate discharge planning, including a sufficient amount of prescribed medications and appropriate referrals to community mental health services. The Jail shall develop relationships with and solicit input from community mental health organizations and providers regarding inmates' mental health needs in the Jail and upon discharge from the Jail.

**COMPLIANCE RATING: Substantial Compliance**

**FINDINGS (September 2018):**

Indicators for productivity of discharge planning on the quality management data matrix indicated 100% completion of plans in January, March, and May 2018 (based on peer review of 10 charts per month). For the months of April and June the effort fell to 62% and 60% respectively. For February 85% of plans were completed. No specific narrative was provided to explain the deficiencies in April and June.

*(October 2017 tour): No change*

**RECOMMENDATIONS (September 2018 Review): None**

**SUGGESTIONS (September 2018):**

This area appears to lend itself well to a quality review for the coming quarter if no other reviews are currently scheduled.

**18. Confidentiality:** Jail Staff shall ensure that discussion of patient information and clinical encounters are conducted with adequate sound privacy in an office-like setting and carried out in a manner designed to encourage subsequent use of health services. All assessments shall be confidential. Because it may be necessary that Custody staff be present during clinical encounters, the Jail Staff shall ensure that Custody staff receives adequate and documented training on how to maintain patient confidentiality.

**COMPLIANCE RATING: Substantial Compliance**

**FINDINGS (September 2018):** No change

**MCJ Reported July 2018:** Jail staff continues to maintain security of inmates with minimal access to confidential Doctor/Patient discussions.

*(October 2017 tour): No change. Adequate clinical space is provided for confidential encounters between staff and inmates.*

**RECOMMENDATIONS (September 2018): None**

**19. Health Records:** The Jail Staff shall maintain complete, legible, confidential, and well-organized mental health records as part of the medical records at the Jail, separate from the inmate record.

- a. Access to individual inmate mental health records shall be restricted to medical and mental health personnel, and mental health information shall be shared with jail officers only when the medical or mental health staff believes this is necessary or in the event of investigation of a critical incident.
- b. Jail Staff shall be instructed not to divulge inmate mental health information to other inmates.

**COMPLIANCE RATING: Substantial Compliance**

**FINDINGS (September 2018):** No change, all entries continue to be filed in the medical electronic record.

**MCJ Reported July 2018:** New Horizons staff have their own file storage in a separate part of the jail that stores the inmates' criminal records.

*(October 2017 tour): No change, an electronic record remains in place.*

**RECOMMENDATIONS (September 2018): None**

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**20. Quality Assurance:** Muscogee County shall develop and implement, with the technical assistance of the United States and its expert consultant(s), a quality assurance plan to regularly assess and take all necessary measures to ensure compliance with the terms of this MOA. The quality assurance plan shall include, but is not limited to, the following:

- a. creation of a multi-disciplinary review committee;
- b. periodic review of screening, assessments, use of psychotropic medications, emergency room visits and hospitalizations for inmates with SMI,
- c. periodic review of housing of inmates with SMI;
- d. periodic review of the use of segregation;
- e. tracking and trending of data on a quarterly basis;
- f. morbidity and mortality reviews with critical analyses of causes or contributing factors, recommendations, and corrective action plans with timelines for completion; and
- g. corrective action plans with timelines for completion to address problems that arise during the implementation of this MOA and prevent those problems from reoccurring.

**COMPLIANCE RATING: Partial Compliance**

**FINDINGS (September 2018):**

Several Quality Improvement efforts were provided for review.

1. 14 Day Health Assessments:

There has been ongoing significant deficiencies in completion of 14 day health assessments by CCS since January 2017, as documented in the status report and on a CCS statistical report. Average compliance for the first 6 months of 2018 is 25.7% completion within the expected time frame. As of July 16, 2018, the figures for overdue 14 day Health Assessments are:

Over 90	61 - 90	31 - 60	15 - 30	T
<b>26</b>	<b>17</b>	<b>23</b>	<b>32</b>	<b>98</b>

*Memorandum of Agreement between the U.S. Department of Justice and Columbus, Georgia*  
*Regarding the Muscogee County Jail*  
Mental Health Monitoring Report September 2018 Remote Review  
Roberta Stellman, MD

As per my comments under Provision 6.c (Mental Health Assessments), there have been serious deficiencies in this entire process including some months when no health assessments were performed and many months with excessively high refusal rates reported including the current time. Both of these are more significant, in my opinion than the presence of delayed assessments since they indicate a complete failure to perform this essential clinical function.

MCJ reports that CCS has hired an additional nurse and is in the process of hiring a second nurse to focus on health assessments. The Sheriff's Office plans to monitor the weekly basis until the situation is resolved and can continue to monitor on a monthly basis to ensure goals are met. As of June 30, 2018, there were 302 inmates who were overdue for an assessment and this has been reduced to 98 as of July 16, 2018. Additional information received indicates the following:

Breakdown of Health Assessments for July 2018

1. Number of Initial Health Assessments Completed Within 14 Days for July 2018: **121**

2. Number of Assessments Completed With a Wait Time More than 14 Days for July 2018: **526** (Broken down by Month) Currently, there are 0 for August 2018

0118= 10  
0218= 27  
0318= 51  
0418= 72  
0518= 136  
0618= 208  
0718= 22  
0818= 0  
Total= **526**

3. Number of Health Assessments Refused for July 2018: **219**

4. The total number of encounters for July 2018: **866**

5. Number of patients discharged from facility before receiving a health assessment in July 2018: **9**

6. 3 RNs and 1 Nurse Practitioner completed the Health Assessments and cleared the backlog.

7. Number of Patient Currently on Initial Health Assessment List. **141** (Currently on Day 10. See report)

In looking at the latest figures, 22 health assessments were completed in July 2018 with and 1000% increase (n=219) in refusals for the same service.

CCS has reportedly fixed their reporting procedures in the electronic health record to



provide proper oversight in this area.

The jail is planning to complete a formal CQI project on this topic.

2. A 2<sup>nd</sup> study submitted concerned urgent emergent document reviews for the first 5 months of 2018. The sample size was reasonable with a monthly breakdown of the number of errors detected in the process and also the top 5 areas of error. Error rates vary between 11% and 38%. The study does not identify a compliance threshold in order to determine whether the data indicates a deficiency as established by the quality improvement committee. A plan was identified and a memo was issued to command personnel outlining the findings of the study and recommendations to Sheriff staff and other employees regarding completion of the forms.
3. Medical and mental health also completed a study on monitoring lab values for individuals on Depakote and lithium. Medical peer review completed by New Horizons noted an 80-100% compliance in obtaining these blood levels in 2017. Sample size was quite good and the design of the study was comprehensive. Compliance with ordering in obtaining labs appeared to be strong, above 95%. The study was well-designed and documented.

**MCJ Reported July 2018:** Quality Assurance meetings are completed in accordance with MCSO policy. The Medical, Mental Health, and security staff at the jail conduct quality control studies to identify deficiencies on a regular basis. Corrected action is implemented upon identification.

*(October 2017 tour):*

*Since the time of our last visit another collaborative CQI study was performed between the mental health and medical departments. Staff looked at nursing referrals to the mental health service to determine if appropriate referrals were made and if the level of urgency was clinically appropriate. The methodology was well selected and clearly documented in the quality improvement report. Recommendations from the study were appropriate.*

*Staff are using the data matrices on a monthly basis to track performance and have demonstrated proficiency in selecting appropriate processes for study by multidisciplinary quality improvement teams and the capacity to perform a review and interpret data from the studies.*

*Mr. Benoit has implemented a Medical Quality Improvement Committee and has included mental health and custody staff in the membership. The plan is to meet monthly and maybe change to quarterly once the committee has matured. This committee will look at issues such as clinical processes, infection control, medication administration, etc. Problems identified by this committee will be filtered into the facility QI Committee quarterly. The jail committee focuses on multidisciplinary processes and Cpl. Hattaway's studies.*

**RECOMMENDATIONS (September 2018):**

REGARDING INITIAL HEALTH ASSESSMENTS:

I am concerned that the timeliness for completion of initial 14 day health assessments has been so remarkably below any commonly expected threshold for at least the last 6 ½ months. Currently the facility reports 0 inmates in arrears but this is skewed by the fact that only 22 versus 219 inmates consented to an assessment. There is no explanation for why there is such an disproportionate number of refusals suggesting a need for a review of, and modification in the process of offering examinations.

Any system with a robust quality improvement program would have developed a faster response time to correct this essential health requirement. In my opinion, the 14 day health assessment is an essential component to an adequate mental health program since inmates often provide little or no information on their booking health screening (which frequently occurs late at night or during states of intoxication resulting in an unreliable health history). The 14 day health assessment allows an opportunity for a second review during which time inmates frequently report mental health issues that were not reported at the time of booking.

Since I consider this a critical element in demonstrating an adequate health/mental health system I have reduced the compliance rating to partial and recognize this component is provided by the health services contractor and not New Horizons.

It is further recommended that any document labeled the corrective action plan or quality improvement study should be a standalone document that identifies the problem(s), provides data when available, and identifies plans for improvement, who is responsible to report updates and the time frame for completion of the intermediate and final elements of the plan. The document provided for review should follow such a format. (Dr. Patillo has been using such a format for her reports.)

I would like to include a special thanks to Sgt. Hattaway for providing well organized supportive materials for review in a One Drive file.

Respectfully submitted this day 12th day of September, 2018.



Roberta E. Stellman, MD