

James Browning

From: Metzner, Jeffrey <JEFFREY.METZNER@CUANSCHUTZ.EDU>
Sent: Tuesday, December 26, 2023 10:04 AM
To: NMDml_Judge Browning's Chambers nmd.uscourts.gov
Cc: Taylor Rahn (taylor@roblesrael.com); Nancy Simmons (nlsimmons@swcp.com); Kelly Waterfall (kelly@rjvlawfirm.com); M Kumar (emailofkumar@gmail.com)
Attachments: MDC final December 2023 report clean copy.docx

CAUTION - EXTERNAL:


Dear Judge Browning


Attached is my most recent monitoring report based on my December 2023 site assessment.


Sincerely,

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December 26, 2023

United States District Court
District of New Mexico
Attn: The Honorable Judge James Browning
United States District Court
Pete V. Domenici United States Courthouse
333 Lomas Blvd NW, Suite 660
Albuquerque, New Mexico 87102

Re: McClendon, et. al. v. The City of Albuquerque, et. al.
USDC No. CIV 95-0024 MV/ACT

Dear Judge Browning:

I have completed my assessment relevant to the mental health services provided at the Metropolitan Detention Center (MDC) in the context of Judge Parker's September 23, 2014, June 27, 2016, and September 29, 2021 Orders. This report is based on my site visit from December 7, 8, 2023, which involved participation by University of New Mexico Hospital (UNMH) staff, key correctional leadership staff and attorneys for plaintiff-intervenors, UNMH and MDC.

Sources of information in compiling this report included review of the following documents:

1. the PSU Matrix 2023 (January - October 2023),
2. the following policies and procedures:
 - a. APO 16.00 (Admission Health Screening Law Enforcement Area),
 - b. MDC HCA 12.48.1 PSU Therapeutic Services,
 - c. HCA 12.49 Suicide Prevention Program,
 - d. MDC HCA 12.45.1 Chronic Psychiatric Disorder Services,
 - e. MDC HCA 12.48 Basic Mental Health Services,
 - f. MDC HCA 12.25 Pharmaceutical Operations,
 - g. MDC HCA 12.60 Restraint and Seclusion,
 - h. MDC HCA 12.06 Continuous Quality Improvement Program,
 - i. MDC HCA 12.10 Procedure in the Event of an Inmate Death,
 - j. MDC HCA 12.47 Infirmary-Level Care,
 - k. SEC 8.36 (Use of Force),

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1. SEC 8.36-1 (Restraint Devices),
- m. HCA 12.20 (Health Training for Correctional Officers),
3. Suicide Prevention committee meeting minutes from September 2023,
4. the UNMH-MDC org chart,
5. a November 22, 2023, letter from Kelly Waterfall, Esq. re: concerning the County's compliance with Stipulated Settlement Agreement to Avoid Litigation Regarding Noncompliance with Check-Out-Audit Number 2, Doc. 1590, ("Stipulated Settlement"),
6. audits relevant to 15-minute checks,
7. Quality Improvement studies re: the following areas:
 - a. clinical seclusion,
 - b. quality of final discharge planning of patients in PAC and HSU,
 - c. medication renewal,
 - d. medication bridge orders,
 - e. timeliness of nursing intakes,
 - f. quality of behavioral health assessments of non-SMI patients in GP,
 - g. RDT referral management (PSU response time),
 - h. referrals open to PSU from GP (negative MH screens from intake),
 - i. timeliness of nursing, PSU RDT, and psychiatric evaluations of P1, P2, & P3 referrals,
 - j. inmates cleared by PSU and medical to RHU 5,
 - k. inmates placed on suicide watch,
 1. suicide watch follow-up rounding,
 - m. safety monitor suicide/observation logs CQI
2. RHU audits re: out of cell time,
3. MAC and CQI presentation – September and October 2023,
4. quality improvement- Suicide Risk Reduction Sub-Committee meeting minutes (September 2023) and report,
5. UNMH MDC MAC CQI minutes for September and October 2023,
6. The 2023 morbidity and mortality (M&M) log,
7. the November 10, 2023 final mortality review re: Robert Torivio,
8. the MDC medical action plan,
9. audits re: PSU SMI disciplinary analysis,
10. the PSU roster,
11. a document entitled "psychiatry work flow-meds";
12. documents relevant to the development of policies and procedures,

During the site visit I also met with line staff in a group setting and interviewed detainees in PAC 1, PAC 4, RHU 3 and RHU 6. I also met briefly with the available line mental health staff.

Population Statistics

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		Jun	Jul	Aug	Sep	Oct
	POPULATION INFORMATION					
1	Total MDC average daily population (ADP) CAP 1950	1620	1632	1588	1541	1551
2	MDC ALL POPULATION - ALOS (as of last working day of the month)	15	16	15		
3	PSU POPULATION ALOS (as of last working day of the month)	*	*	*		
4	Absolute # on PSU caseload (on last working day of the month)	838	775	730		734
5	% of total Population on PSU Caselaod	52%	47%	46%	0%	47%
6	Absolute # of SMIs in total population (last working day of the month)	226	216	219		194
7	% of total Population who are SMI	14%	13%	14%	0%	13%
8	% of PSU caseload who are SMI	27%	28%	30%	#DIV/0!	26%

Staffing Statistics**UNMH Staffing Response as of 11/20/23**

UNMH has had significant focus on staffing key positions since assuming the care of MDC patients on July 26, 2023. There are 3.75 FTE Psychiatrist regular positions filled, 2.0 Vacant positions being actively recruited through the UNM Department of Psychiatry and UNM Medical Group, and 1.0 PRN FTE. There are new UNM Psychiatry positions that will be starting over the next few months with FTE commitment at MDC to help fill the current gap. We have recently filled the Psychiatric Nurse Practitioner position which will be reflected in the November 2023 position control.

There are also 6.9 Agency Counselor Social Workers at MDC in addition to the 7.8 Regular Counselor/Social Worker positions filled, and 3.0 PRN Positions for counselor social workers. Or a total of 17.7 FTE. In addition, UNMH has added a new position 2.0 Community Support workers to assist the licensed behavioral health staff.

UNMH has hired a full-time clinical psychologist Dr. Tonya Oliver to oversee the PSU staff. Over the next couple of months, Dr. Oliver will be transitioning her other duties at UNMH for her sole focus at MDC. UNMH Executive Director of Behavioral Health Clinical Services, Dr. Larissa Lindsey, continues to provide support to PSU staff to ensure continuous oversight.

Currently there are 2.0 LPN Positions filled, .9 regular staff RN positions filled, 1.0 PRN RN

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positions filled, .9 FTE Behavioral Health RN Supervisor filled, and 5.4 Behavioral Health RN agency positions filled. There are 7.5 Behavioral Health RNs being recruited and 3.2 Behavioral Health RN Supervisors being recruited.

Please refer to Position Control as of October 30, 2023.

December 2023 Findings: As per status update section. The current custody staff vacancy rate was 40%. The current mental health staff functional fill rate (with use of “travelers”) was 80%.

The following section will summarize my findings. Findings from prior site visits may be included when they provide a context to the current findings.

A. Screening and Assessment

- 1) Whether MDC has developed and implemented policies and procedures for appropriate screening and assessments of inmates with serious mental health needs.

UNMH Status Update 11-21-23:

December 2023 Findings: APO policy 16.00 (Admission Health Screening Law Enforcement Area) was reviewed, which was relevant to this provision but not a health care policy. Draft policies relevant to the receiving screening and intake process were sent but they were clearly drafts.

Partial compliance is assessed for this provision related to lack of final relevant healthcare policies in addition to implementation issues of the current practices as will be referenced in other provisions of the Settlement Agreement (SA). Non-compliance will be assessed if these policies are not finalized by the next site assessment.

The receiving screening and the initial intake screening assessment forms were reviewed. This screening process is done by either an R.N. or paramedic. These forms will be revised in the near future because elements of these forms are beyond the scope of a screening instrument.

December 2023 Recommendations: Revise the forms as referenced above and finalize the policies and procedures.

- 2) Whether MDC has developed and implemented an appropriate screening instrument that identifies mental health needs and ensures timely access to a mental health professional when inmates present symptoms requiring such care.

UNMH Status Update 11-21-23:

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Same as outlined above.

December 2023 Findings: See A(1) findings. Results of relevant audits (22D, 23D, 24B) specific to the timeliness of nursing, PSU RDT and psychiatric evaluations were consistent with partial compliance.

December 2023 Recommendations: Correct the above and continue to QI.

- 3) Whether MDC screens all inmates with Qualified Medical Staff upon booking at MDC, but no later than four (4) hours after booking, to identify the inmate's risk for suicide or self-injurious behavior.

June 2023 Findings: As per YesCare response. Compliance is now present.

UNMH Status Update 11-21-23:

UNMH has implemented suicide assessment screening at intake using the Columbia screening tool. An order should be entered for the patient to be seen by Behavioral Health. UNMH also asks about Suicidal Ideation or thoughts of hurting oneself on the pre booking screening questionnaire. A positive response will trigger the patient being placed on suicide precautions.

December 2023 Findings: Results of relevant audits (22D, 23D, 24B) demonstrated compliance with the four-hour timeframe. However, the sample in these audits only included inmates on the PSU caseload in contrast to using a sample from all inmates, which should include inmates not on the PSU caseload. In addition, the QI studies should also address whether the Columbia screening tool is being administered appropriately by the screening clinicians. Partial compliance is present.

December 2023 Recommendations: As above.

- 4) Whether MDC's Qualified Medical Staff conducting intake screening receive adequate training on identifying and assessing suicide risk, are assigned appropriate tasks and guidance, and properly conduct intake screening.

UNMH Status Update 11-21-23:

UNMH utilized Registered Nurses to do initial intake screening at MDC along with paramedics. Both groups of employees have been trained to do intake assessment screening including screening for behavioral health issues and patients for suicide risk.

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December 2023 Findings: As per status update. Compliance is now present.

December 2023 Recommendations: Continue to monitor. Please provide documentation and/or proof of practice re: the required training as part of the next pre-site data package.

- 5) Whether MDC Qualified Medical Staff, based on the screening, develop and implement an acuity system or triage scheme (P1, P2, or P3) to ensure that inmates with immediate mental health needs are prioritized for services.

UNMH Status Update 11-21-23:

Since assuming responsibility for patient care at MDC on 7/26/23 UNMH has utilized the P1, P2 and P3 for establishing priority for behavioral health patients needing services. Patients are seen based on established time requirements. UNMH has added additional counseling staff to assure adequate coverage for the behavioral needs of MDC patients. MDC has also hired Dr. Tonya Oliver, a clinical psychologist, to replace Dr. Hurt's leadership role on the PSU team. UNMH has also added Dr. Katelyn Bonny, an addiction specialist who will be .20 FTE at the MDC and is hiring a full-time APP with an addiction specialty. UNMH is actively recruiting an additional 2.0 FTE psychiatrist. The Department of Psychiatry has interest from some providers to help start filling these positions. UNMH will also put in place auditing around patient acuity determination and to assure required timelines to be seen by a provider are met.

December 2023 Findings: MDC HCA policy 12.48.1 (PSU Therapeutic Services) was reviewed, which referenced P1 and P2 levels of priority but did not reference P3. I did not find any final policies referencing all three levels of priority.

The previously referenced audits in A(3) demonstrated partial compliance from an implementation perspective re: the current practices in the context of inmates being seen on a timely basis based on their acuity level. Partial compliance is present specific to this provision.

December 2023 Recommendations: Correct the above and re-audit. Revise the policy to include the P3 level of priority.

- 6) Whether MDC provides "sufficient psychiatric services to assure that a psychiatrist will evaluate no later than the business day after a resident's admission, any resident who: 1) reports being on any psychoactive medication when taken into custody, 2) requests any psychoactive medication or other psychiatric service, or 3) has been identified by any mental health or health professional at the jail as appropriate for a psychiatric assessment." [Doc. No. 256, III(1-3)].
 - a. Whether MDC provides adequate and timely psychiatric services to assess any inmate who:
 - (1) reports being on any psychiatric medication when taken into custody,

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- (2) requests any psychiatric medication or other psychiatric service, or
- (3) has been identified by any mental health or health professional at the jail as appropriate for a psychiatric assessment.

UNMH Status Update 11-21-23:

UNMH is actively recruiting an additional 2.0 FTE psychiatrist. The Department of Psychiatry has interest from some providers to help start filling these positions. UNMH will also put in place auditing around patient acuity determination and to assure required timelines to be seen by a provider are met.

December 2023 Findings: See UNMH status update section and relevant audits in provision A(3). Partial compliance continues.

December 2023 Recommendations: As per the UNMH status update section.

- 7) Whether MDC implements policies and procedures, commensurate with the level of risk of suicide or self-harm, that ensure that inmates are protected from identifiable risks for suicide or self-injurious behavior.

UNMH Status Update 11-21-23:

As indicated above UNMH has implemented active screening for patients at risk of suicide at the point of intake. Based on this assessment patients screening positive will be immediately placed on precautions. UNMH has also increased the number of positions related to patient sitters (watchers) for patients determined to need monitoring for risk of suicide or self-harm. In addition, MDC security officers have had to assist with monitoring activities based on the increase in patients being identified at risk. Since September there have been significant increases in the number of inmates being brought for intake into the MDC based on law enforcement warrant sweeps and the Governors public health order related to gun violence. This has led to the need to reevaluate patient sitter resources. Ideally this function would be carried out totally using the need for UNMH staff without the need for additional security resources.

December 2023 Findings: Policy HCA 12.49 (Suicide Prevention Program) was reviewed, which does attempt to ensure that inmates are protected from identifiable risks for suicide or self-injurious behavior if this policy is fully implemented. Audits during the monitoring period have demonstrated significant improvement from the perspective of 15-minute checks occurring, which is very encouraging. However, these audits did not include a video review and compliance for this provision requires a 100% compliance rate for six consecutive months. Partial compliance is present.

December 2023 Recommendations: Continue to QI and include video reviews.

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8) Whether MDC's policies and procedures require that a Qualified Mental Health Professional performs a mental health assessment within the prescribed period of time, based on the inmate's risk.

UNMH Status Update 11-21-23:

As noted above UNMH has added additional resources to the PSU team to meet the needs of patients and bring timelines for seeing patients into the required timeframes. UNMH has identified a system issue where we were not receiving all requests for PSU services. This issue has been flagged and we are currently working to ensure that the backlog of PSU service requests is caught up.

December 2023 Findings: As previously noted, I did not find a policy that included all three levels of priority. Partial compliance due to the lack of a finalized relevant policy and implementation issues specific to the current practice as per the UNMH status update.

December 2023 Recommendations: Remedy the above.

9) Whether MDC security staff monitors inmates who are presumed to be of moderate or high risk of suicide or self-harm with constant supervision until the inmate is seen by a Qualified Mental Health Professional for assessment, and thereafter on the schedule chosen by the Mental Health Professional.

UNMH Status Update 11-21-23:

As indicated above UNMH has implemented active screening for patients at risk of suicide at the point of intake. Based on this assessment patients screening positive will be immediately placed on precautions. UNMH has also increased the number of positions related to patient sitters (watchers) for patients determined to need monitoring for risk of suicide or self-harm. In addition, MDC security officers have had to assist with monitoring activities based on the increase in patients being identified at risk. Since September there have been significant increases in the number of inmates being brought for intake into the MDC based on law enforcement warrant sweeps and the Governors public health order related to gun violence. This has led to the need to reevaluate patient sitter resources. Ideally this function would be carried out totally using the need for UNMH staff without the need for additional security resources.

December 2023 Findings: Partial compliance based on lack of data demonstrating proof of practice.

December 2023 Recommendations: Information should be obtained from line staff regarding this provision and a mechanism put in place which monitors the frequency that this provision is

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being followed.

10) Whether MDC conducts appropriate mental health assessments within the following periods from the initial screen:

- a. 14 days, or sooner, if medically necessary, for inmates classified as low risk (P3);
- b. 8 hours, or sooner, if medically necessary, for inmates classified as moderate risk (P2); and
- c. Immediately, but no later than four hours, for inmates classified as high risk (P1).

UNMH Status Update 11-21-23:

UNMH will put in place auditing to monitor compliance with required timeframes for patients identified as P1, P2 and P3.

December 2023 Findings: Partial compliance based on the UNMH status update and the audit findings referenced in provision A (3).

December 2023 Recommendations: As per UNMH status update.

11) Whether MDC ensures that mental health assessments include the assessment factors described below:

- a. Intake screening shall inquire as to the following:
 - (1) Current mental health conditions;
 - (2) Current psychiatric medications;
 - (3) Current suicidal ideation, threat, or plan;
 - (4) Past suicidal ideation and/or attempts;
 - (5) Prior mental health treatment or hospitalization;
 - (6) Recent significant loss – such as the death of a family member or close friend;
 - (7) History of suicidal behavior by family members and close friends;
 - (8) Any reported observations of the transporting officer, court, transferring agency, or similar individuals regarding the inmate's potential suicidal risk.

June 2023 Findings: As per YesCare response. Compliance is now present.

UNMH Status Update 11-21-23:

Sshots from the MDC Receiving Intake Form for the mental health assessment. [were provided in the per-site data package].

December 2023 Findings: The template for the mental health assessments include all the above elements. Compliance is maintained

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December 2023 Recommendations: Include “Any reported observations of the transporting officer, court, transferring agency, or similar individuals regarding the inmate’s potential suicidal risk” in the receiving screening template.

12) Whether MDC Qualified Mental Health Professionals complete all assessments, pursuant to generally accepted correctional standards of care.

UNMH Status Update 11-21-23:

UNMH has built our assessment and screening tools and behavioral health documentation to be consistent with NCCHC standards as well as the requirements of TJC and the Conditions of Participation from CMS. PSU will audit assessments and clinical notes to ensure adherence to accreditation standards and to validate we are meeting the needs of patients.

December 2023 Findings: As per UNMH status update. Partial compliance is present due to lack of proof of practice.

December 2023 Recommendations: As per UNMH status update.

13) Whether MDC Qualified Mental Health Professionals perform in-person mental health assessments no later than one working day following notification of any adverse triggering event (*i.e.*, any suicide attempt, any suicide ideation, and any aggression to self-resulting in injury).

January 2023 Findings: As per YesCare response. The methodology of the referenced audit was problematic because the sample only included patients who were seen by a QMHP following an adverse event in contrast to determining whether all patients with an adverse event were seen. The patients seen by a QMHP were seen in a timely manner, but it was unclear whether all patients with an adverse event were seen by a QMHP. Partial compliance is present.

UNMH Status Update 11-21-23:

UNMH is working on assuring that orders are generated to initiate follow-up from a mental health professional when screening indicates the patient is in need of behavioral health services. UNMH will begin to audit compliance to assure timely follow up for patients in need of mental health services based on their acuity level.

December 2023 Findings: As per UNMH status update. Partial compliance is present due to lack of proof of practice.

December 2023 Recommendations: As per UNMH status update.

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14) Whether MDC Mental Health Staff conduct in-person assessments of inmates before placing them on suicide watch, clinical seclusion, or segregation and on regular intervals thereafter, as clinically appropriate and defined by MDC policy.

UNMH Status Update 11-21-23:

UNMH staff conduct an in-person assessment prior to placing a patient on suicide watch, clinical seclusion, or segregation and on regular intervals thereafter, as clinically appropriate and defined by MDC policy. UNMH will begin conducting audits to assure the correct policies and process are being followed.

December 2023 Findings: As per UNMH status update. Partial compliance is present due to lack of proof of practice.

December 2023 Recommendations: As per UNMH status update. Due to results of recent studies (see audit 26C and 27B), the audits should include whether nursing staff is following the relevant policy and procedure as well.

- 12) Deleted from check-out audit.
- 13) Deleted from check-out audit.
- 14) Deleted from check-out audit.

B. Treatment Plan

1) Whether Defendants provide treatment plans consistent with prevailing professional standards for those inmates requiring a treatment plan.

- a. Whether treatment plans for inmates in specialized mental health units are designed by an appropriate treatment team; and
- b. Whether the plans are reviewed periodically, ordinarily at least every 90 days, and at the request of the resident.

UNMH Status Update 11-21-23:

The Clinical Treatment Director has worked with the PSU team around development and implementation of appropriate treatment planning process based on accreditation requirements, NCCHC, and UNMH policies and procedures. Treatment plans are required to be reviewed every 90 days. A sample of Treatment Plans are reviewed as a part of clinical supervision with the clinical psychologist.

December 2023 Findings: Related to vacancy issues and Covid issues, treatment team meeting

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and treatment plans have been delayed in the various PAC and RHU units. However, significant improvement has occurred within the last 6 weeks as the vacancy rate has decreased. Partial compliance is present.

December 2023 Recommendations: QI studies should address whether treatment plans are designed by an appropriate treatment team, the timeliness of the treatment plans and the quality of the treatment plans.

- 2) Whether MDC's policies and procedures ensure that adequate and timely treatment for inmates are continued and further developed for inmates whose assessments reveal serious mental health needs and/or suicidal ideation, including timely and appropriate referrals for specialty care and visits with Qualified Mental Health Professionals, as clinically appropriate. [*Doc. No. 256, III(I)*].

UNMH Status Update 11-21-23:

Since assuming responsibility for patient care at MDC on 7/26/23 UNMH has utilized the P1, P2 and P3 for establishing priority for behavioral health patients needing services. Patients are seen based on established time requirements. UNMH has added additional counseling staff to assure adequate coverage for the behavioral needs of MDC patients. MDC has also hired Dr. Tonya Oliver, a clinical psychologist, to replace Dr. Hurt's leadership role on the PSU team. Patients determined to have significant mental health needs through ongoing screening will have their Treatment Plan updated to reflect this and will be referred for additional specialized care as determined clinically appropriate.

December 2023 Findings: See prior comments re: policies not including the P3 level of priority. Implementation problems specific to current practices remain related to custody and mental health staffing vacancies. Partial compliance remains.

December 2023 Recommendations: Provide QI studies relevant to this provision.

- 3) Whether MDC's treatment plans adequately address inmates' serious mental health needs and whether the plans contain interventions specifically tailored to the inmates' diagnoses and problems. [*Doc. No. 256, III(I)*].

November 2018 findings: This provision is being assessed in the context of the quality of the treatment plans for mental health caseload inmates in the general population in contrast to treatment plans for mental health caseload inmates in the PAC units, which were addressed in a separate provision.

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Yes, treatment plans are specific to patients' diagnosis and medications. UNMH started on RHU 3 and PAC 4 with new coordinators. There was a delay in treatment planning due to COVID quarantines.

December 2023 Findings: See November 2018 findings. Partial compliance due to lack of proof of practice.

December 2023 Recommendations: Perform the relevant QI study that is specific to caseload inmates in general population housing units.

- 4) Whether MDC makes available appropriate therapy services by a licensed mental health provider where medically necessary for inmates with serious mental health needs as ordered by their attending psychiatrist.

YesCare Response 12-14-22:

The original concept of the Chronic Care program was to provide individual counseling to inmates requesting counseling. We were able to do that when we were fully staffed and a counselor was available to see an inmate on a regular basis. Currently, we do not have the staff to fulfill that original conception. However, it should be noted that it is relatively common for a counselor to provide supportive therapy as part of responding to a Sick Call request for counseling or other issues raised in the Sick Call. In essence, the counseling is provided but not on the regular, consistent basis that was originally envisioned.

UNMH Status Update 11-21-23:

UNMH recently restarted the Chronic Care counseling list now that we are better staffed. UNMH Director of Psychology Providers will work with her team to set up parameters for the referral system in Cerner.

December 2023 Findings: As per UNMH status update. MDC HCA 12.45.1 (Chronic Psychiatric Disorder Services) was reviewed as was MDC HCA 12.48.1 (PSU Therapeutic Services) which are relevant to this provision.

It is encouraging that the chronic care clinic has recently restarted. Partial compliance is present.

December 2023 Recommendations: Fully implement the chronic care clinic.

- 5) Whether MDC completes mental health evaluations as part of the disciplinary process and can demonstrate that the hearing officer incorporates those recommendations into the disciplinary process for determining whether an inmate's actions should be excused and, if not, for

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mitigation of sanctions if the inmate's behaviors were a result of a mental or developmental disability. *[Doc. No. 256, IV(A)(1)]*.

June 2023 Findings: As per YesCare response. MDC's disciplinary audits from January through April 2023 were reviewed, which demonstrated greater than 90% compliance each month except for April (85%) in the context of all PSU inmates issued disciplinary reports receiving a mental health assessment for mitigation purposes. These mental health assessments were performed by chart review only.

I discussed with leadership staff issues related to this specific provision in the context of the significant mental health staffing vacancies. It is my recommendation that the parties renegotiate this provision as follows:

1. The current policy be revised to require mental health assessments only for PSU inmates receiving a major infraction who have a serious mental illness and/or PSU inmates, without a SMI, who are exhibiting bizarre behavior at the time of the alleged disciplinary infraction.
2. The assessment should be performed by a clinician who is not the inmate's treating clinician and should include any interview with the inmate as well as a healthcare record review and review of the incident report
3. A QI should address whether mitigating factors identified in the mental health assessment result in mitigation by the hearing officer.

Partial compliance is present.

June 2023 Recommendations: As above.

UNMH Status Update 11-21-23:

Mental Health input into the disciplinary process has not changed. UNMH is using the same process and forms in place at transition.

December 2023 Findings: A June 2023 audit addressed, in part, elements of this provision but did not assess whether the hearing officer incorporates the recommendations resulting from the mental health evaluation into the disciplinary process. Partial compliance.

December 2023 Recommendations: See my June 2023 recommendations.

- 6) Whether MDC implemented an adequate scheduling system to ensure that mental health professionals assess inmates with mental illness as clinically appropriate, regardless of whether the inmate is prescribed medications. *[Doc. No. 256, III(I)]*.

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UNMH Status Update 11-21-23:

UNMH recently restarted the Chronic Care counseling list now that we are better staffed. UNMH Director of Psychology Providers will work with her team to set up parameters for the referral system in Cerner to include an adequate scheduling system.

December 2023 Findings: As per UNMH status update. Partial compliance.

December 2023 Recommendations: As per UNMH status update.

- 7) Whether MDC inmates have the opportunity to participate meaningfully in the development of a treatment plan. *[Doc. No. 256, III(I)].*

UNMH Status Update 11-21-23:

UNMH resumed treatment planning in PAC 1, PAC 4 and RHU 3 in the past month. As staffing increases, additional pods will receive treatment planning. CQI data is unavailable due to insufficient staffing.

December 2023 Findings: As per UNMH status update. Partial compliance.

December 2023 Recommendations: QI as staff becomes available.

- 8) Whether MDC inmates receive appropriate psychotropic medications in a timely manner.

UNMH Status Update 11-21-23:

UNMH is trying to ensure practice would be meeting timeliness around psychotropic medications; however, we are still in the process of developing CQI audits to validate the status of this metric. UNMH is in the process of hiring CQI quality assurance specialists for medical and mental health.

December 2023 Findings: As per UNMH status update. Audit 7C results demonstrated significant compliance problems with timeliness of medication administration. Partial compliance.

December 2023 Recommendations: Continue to QI.

- 9) Whether MDC's use of psychotropic medications is reviewed by a Qualified Mental Health Professional on a regular, timely basis.

June 2023 Findings: As per YesCare response. See above backlog statistics. Partial compliance is present.

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UNMH Status Update 11-21-23:

Refer to Backlog data in PSU Monthly Matrix.

	Q1	Q2	Q3	Q4
BACKLOG DATA				
# of 30 day MD SMI follow ups <u>NOT seen</u> (absolute number on the 30th day of the month) - BACKLOG	99	122	78	111
% SMI who haven't been seen within 30 days.(30th day of the month) total caseload	38%	56%	36%	57%
# for 30 day MD NON SMI follow ups <u>NOT seen</u> (absolute number on the last working day of the month) - BACKLOG	182.75	205	115	118
% NON SMI who haven't been seen within 30 days. (last day of the month)	25%	26%	15%	16%

December 2023 Findings: See above backlog data. Noncompliance related to the significant compliance issues specific to inmates within SMI.

December 2023 Recommendations: Remedy the above.

10) Whether MDC properly monitors and timely adjusts medications.

UNMH Status Update 11-21-23:

December 2023 Findings: No data was provided. See provision B (9). Noncompliance.

December 2023 Recommendations: Provide relevant data.

11) Whether MDC has established standards for the frequency of review and associated charting of psychotropic medication.

June 2023 Findings: As per YesCare response. Standards are established –see B(9) and B(12). Compliance is present with establishing the standards but they have not been fully implemented due to the psychiatrists' vacancies. Partial compliance is present.

UNMH Status Update 11-21-23:

The standards have not changed for psychiatric follow-up appointments. UNMH is working to fill two psychiatrist positions to prevent a backlog.

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December 2023 Findings: Policy MDC HCA 12.25 (Pharmaceutical Operations) was reviewed. However, this policy did not establish standards for the frequency of review and associated charting of psychotropic medication. I did not find a policy that did so. Partial compliance is present with establishing the standards.

December 2023 Recommendations: Establish such standards in written form and perform the relevant QI studies.

- 12) Whether a psychiatrist personally assesses every MDC inmate on psychiatric medication at least once every thirty (days. *[Doc. No. 256, III(C)]*).
- a. With what frequency should a psychiatrist personally assess every MDC inmate on psychiatric medication who is not seriously mentally ill.
 - b. With what frequency should a psychiatrist personally assess every seriously mentally ill inmate.

October 2014 findings: Based on the MDC PSU Quality Management Data Matrix 2014 process, information obtained from inmates and mental health staff, and review of records, it is my opinion that compliance has been achieved for the provisions relevant to psychotropic medication management except for the following provision:

- B. 12. Whether a psychiatrist personally assesses every MDC inmate on psychiatric medication at least once every 30 days.

Regarding the above and my recommendations concerning the frequency of assessments by a psychiatrist for inmates receiving psychotropic medications and/or are seriously mentally ill, I am in agreement with the recommendations contained in Policy 12.45.1 (Chronic Psychiatric Disorder Services) includes the following provision:

- G. The frequency of chronic care visits is based on the clinical judgment of the treating clinician and not to exceed the following recommendations:
- a. Any inmate on suicide watch – a minimum of daily assessments
 - b. Any inmate in clinical seclusion – a minimum of daily assessments
 - c. Any inmate diagnosed with an SMI – a minimum of visits every 30 days
 - d. Any inmate on an acute HSU (I & IV) – a minimum of weekly visits
 - e. Any inmate assigned to HSU III- a minimum of every 30 days.
 - f. Any inmate in a segregation unit with access to out of cell time less than 4 hours per day – a minimum of every 30 days
 - g. Any inmate in General Population with a non-SMI designation – a minimum of every 90 days.

June 2015 MDC Update: The definition of SMI and the application of the definition has changed due to the suggestions of the federal and county monitor. Currently any patient with a diagnosis

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of Bipolar Disorder, Schizophrenia, Schizoaffective Disorder, and Major Depressive Disorder, recurrent type are automatically designated SMI. We also designate patients SMI if the patient's level of functioning requires PAC placement or a higher level of care, permanently or temporarily. Our current percent of SMI at MDC is sixteen percent, which is the reported national average.

UNMH Status Update 11-12-23:

Please refer to the PSU Monthly Matrix Report.

December 2023 Findings: See findings for provisions B(9) and B(10). Noncompliance is present.

December 2023 Recommendations: See recommendations for provisions B(9) and B(10).

13) Whether MDC's treatment of suicidal inmates involves more than segregation and close supervision (*i.e.*, providing psychiatric therapy, regular counseling sessions, and follow-up care).C

June 2023 Findings: As per YesCare response. Compliance continues.

UNMH Status Update 11-21-23:

Please reference CQI Study Inmates Placed on Suicide Watch.

December 2023 Findings: QI studies 26(C) and 14(D) confirm that MDC's treatment of suicidal inmates involves more than segregation and close supervision although compliance issues with follow-up were noted. Compliance is maintained.

December 2023 Recommendations: Address the compliance issues with follow-up appointments.

14) Deleted from check-out audit.

15) Deleted from check-out audit.

16) Deleted from check-out audit.

17) Whether Defendants have developed and implemented adequate formal procedures for seeking psychiatric hospitalization or other appropriate residential mental health care for inmates who need and would benefit from such care, and who are eligible for such placement, consistent with the court imposed conditions of their confinement. [*Doc. No. 256, III(M)*].

a. Whether MDC has sent an inmate to a psychiatric hospital or other appropriate residential

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mental health care for inmates who need and would benefit from such care, and who are eligible for such placement, consistent with the court imposed conditions of their confinement.

- b. Whether MDC has the realistic option of sending an inmate to a psychiatric hospital or other appropriate residential mental health care for inmates who need and would benefit from such care, and who are eligible for such placement, consistent with the court imposed conditions of their confinement.

YesCare Response 12-14-22:

Dr. Hamilton continues to meet with patient’s lawyers and competency evaluators on a weekly basis. Dr. Hamilton advocates and facilitates the patient’s legal situation for the courts for a prompter resolution. If the Psychiatric Director believes a patient requires a higher level of care, regular meetings are held with the relevant agencies and stakeholders to get the patient released so they may be transferred to an inpatient facility.

January 2023 Findings: As per YesCare response. During the monitoring period, 21 detainees had been issued a certificate of evaluation for patients in need of a psychiatric evaluation at the time of their release, which was expedited in order to issue a certification for evaluation. Compliance is now present.

June 2023 Findings: As per YesCare response. Compliance continues.

UNMH Status Update 11-21-23:

UNMH understands the issue and the request and will explore possible improvements to the care of this patient population.

		June	July	August
69	INMATES MEETING CRITERIA FOR INPT ADMISSION			
70	Total # of all certificates of evaluation issued	3	0	0
71	# inmates for whom competency to proceed orders to the NMBI were obtained.	0	0	0

December 2023 Findings: The process for seeking hospitalization has not changed but is not well described in writing. Policy HCA 12.49 (Suicide Prevention Program) has some minimal discussion re: referral to a psychiatric hospital but it is vague in content.

Dr. Hamilton thought that the above chart did not reflect all the hospitalizations that occurred during the monitoring period. Compliance continues.

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December 2023 Recommendations: Formalize in writing the processes required by this provision.

Make sure the data provided during the next site visit is accurate.

C. Suicide Precautions

1) Whether MDC's suicide prevention policies, procedures, and practices include provisions for constant direct supervision of actively suicidal inmates, close supervision of special needs inmates with lower levels of risk (e.g., 15-minute checks), and follow-up assessments after the suicide watch is discontinued.

UNMH Status Update 11-21-23:

UNMH is in the process of reviewing and approving the Suicide Prevention policy. It includes procedures, and practices include provisions for constant direct supervision of actively suicidal inmates, close supervision of special needs inmates with lower levels of risk (e.g., 15-minute checks), and follow-up assessments after the suicide watch is discontinued.

MDC Status Update 11/21/23:

MDC acknowledges audits since Dr. Metzner's last visit have not remained at 90%. However, they have remained the levels at which Dr. Metzner determined this provision to be non-compliant.

December 2023 Findings: As per status update sections. Compliance is present re: the required provisions of policy HCA 12.49 (Suicide Prevention Program), but partial compliance is present re: implementation of this policy. Under ordinary circumstances, my rating would be non-compliance due to the significant risks associated with lack of full compliance. However, my rating of partial compliance is intended to recognize the progress made during the past few months. If during the next site assessment, significant progress is not made as compared to this site visit, a rating of non-compliance will occur.

December 2023 Recommendations: Remedy the above.

2) Whether MDC inmates on suicide watch are monitored by security with constant direct supervision until a Qualified Mental Health Professional conducts a suicide risk assessment, determines the degree of risk, and specifies the appropriate degree of supervision.

January 2023 Findings: As per YesCare response. Compliance has now been achieved.

YesCare Response: 5-22-23

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The audit 02 - Constant Monitoring of Inmates at Risk (Post Crisis Call). The previous audit yielded a 92% in October 2022. The demonstrated that 27 of 30 (90%) of the crisis calls involving inmates who were presumed to be at risk of suicide or self-harm or designated P1 included documentation that the inmate was being monitored by security prior to the arrival of the MHP.

June 2023 Findings: As per YesCare response. Compliance continues.

UNMH Status Update 11-21-23:

December 2023 Findings: See finding re: provision A(9). Partial compliance is present.

December 2023 Recommendations: See provision A((9)

3) Whether MDC security staff provide the amount of supervision specified by a Qualified Mental Health Professional and accurately document their well-being checks on forms that do not have pre-printed times.

UNMH Status Update 11-21-23:

Please reference Suicide Watch Safety Monitor Observation CQI.

December 2023 Findings: See finding re: provisions C(1), A(9) and the Suicide Watch Safety Monitor Observation CQI. Partial compliance is present.

December 2023 Recommendations: See provision A(9) and C(1).

4) Whether MDC follows its policy of having a psychiatrist or psychologist evaluate all inmates placed on suicide precautions before they are removed from suicide watch, and whether MDC assures that its policies are followed.

YesCare Response: 5-22-23

Please refer to policy J-B-05.00 Suicide Prevention and Intervention. The policy specifies that a psychiatrist or psychologist evaluates all inmates placed on suicide precaution and before being removed from suicide watch. Please refer to the daily suicide watch and clinical seclusion log with accompanying orders located in the PSU area. [See audit 26a].

June 2023 Findings: As per YesCare response. Compliance is now present.

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The updated policy specifies that a psychiatrist or psychologist evaluates all inmates placed on suicide precaution and before being removed from suicide watch. Reference CQI Inmates Placed on Suicide Watch.

December 2023 Findings: The relevant policy was reviewed and is appropriate. The results of QI study 26C confirms compliance with this provision.

5) Whether MDC conducts all follow-up assessments on all inmates discharged from suicide watch.

UNMH Status Update 11-21-23:

UNMH is in the process of hiring a new CQI quality assurance specialist. In the interim, leadership is reviewing a daily report to ensure compliance with follow-up assessments.

December 2023 Findings: As per UNMH status update and QI study 14 D. Partial compliance consistent with this provision remains.

December 2023 Recommendations: As per UNMH status update.

6) Deleted from check-out audit.

7) Deleted from check-out audit.

8) Whether MDC has developed and implemented appropriate policies for the housing of suicidal inmates.

January 2023 Findings: As per YesCare response. Suicide watch does not occur in restricted housing units. Compliance is now present.

UNMH Status Update 11-21-23:

Patients on suicide watch are only housed on PAC or SHU in an approved cell. There have been no changes to the previously approved process.

December 2023 Findings: The suicide prevention policy was reviewed and is consistent with this provision. Compliance continues.

9) Whether MDC assures that its policies and procedures in paragraphs 1-8 are followed.

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UNMH will continue to monitor policies through CQI studies.

December 2023 Findings: See findings for paragraphs 1-8. Partial compliance remains.

December 2023 Recommendations: See recommendations for paragraphs 1-8.

D. Suicide Prevention Training Program

1) Deleted from check-out audit.

2) Whether all medical and mental health staffs are trained on the suicide screening portion of the mental health intake form and medical intake tool.

UNMH Status Update 11-21-23:

UNMH Unit Based Educator provides training on all portions for intake screening tool.

December 2023 Findings: As per UNMH status update. Compliance continues.

3) Whether all MDC staff who work directly with inmates have demonstrated competence in identifying and managing suicidal inmates and have shown comprehension of the training objectives via a performance measure tool such as a pre-and post-test.

UNMH Status Update 11-21-23:

UNMH PSU staff completes the training for new cadets and officers working in HSU.

December 2023 Findings: No changes since previous visit re: custody staff. Pre-testing and post-competency testing occur as part of the training. Compliance continues.

4) Deleted from check-out audit.

5) Deleted from check-out audit.

6) Whether an emergency rescue tool is in close proximity to all housing units.

December 2023 findings: No changes since the previous visit. All correctional officers carry a rescue tool. Compliance continues.

7) Whether all staff coming into regular contact with inmates knows the location of the emergency rescue tool and are trained in its use.

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December 2023 findings: See provision D.6. Compliance continues.

E. Use of Clinical Restraints

1) Deleted from check-out audit.

2) Whether the MDC policy requires restrained inmates with mental health needs are monitored at least every 15 minutes by security staff to assess their physical condition. [*Doc. No. 256, III (N)&(I)*].

UNMH Status Update 11-21-23:

There have been no changes to the restraint policy or restraint process.

December 2023 Findings: Policy MDC HCA 12.60 (Restraint and Seclusion) was reviewed and was consistent with this provision. Compliance continues.

3) Deleted from check-out audit.

4) Whether MDC follows its clinical restraint policies. [*Doc. No. 256, III (N)&(I)*].

UNMH Status Update 11-21-23:

There has been no use of restraints for mental health purposes during the current monitoring period.

December 2023 Findings: As per UNMH status update. Compliance continues.

F. Use of Security Four Point Restraints

1) Whether MDC ensures that, in the event an emergency results in a four-point restraint of an individual identified as having a psychiatric, neuropsychological or developmental disorder, a Qualified Mental Health professional is notified immediately and personally assesses the appropriateness of the restraint and designs a plan to safely end the restraint as soon as possible.

UNMH Status Update 11-21-23:

There has been no use of restraints for mental health purposes during the current monitoring period.

December 2023 Findings: As per UNMH status update. Compliance continues.

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G. Basic Mental Health Training

- 1) Deleted from check-out audit.
- 2) Whether MDC provides adequate specialized training for all security staff working on specialized mental health units.

November 2020 Centurion Response: MDC has decided to provide the 8-hour refresher training typically provided to staff who are assigned to specialty housing units to *all* staff. This refresher course was made available to all staff through PowerDMS with a deadline of November 19, 2020 for completion.

At the time of the virtual assessment, >80% of the onsite correctional staff have completed the training. Staff not trained include those on FMLA and long-term leave. 276 staff, which is 70% of all staff, have completed the training.

June 2023 Findings: As per YesCare response. Compliance continues.

UNMH Status Update 11-21-23:

UNMH will continue to train new cadets and officers assigned to work HSU.

December 2023 Findings: An 8- hour refresher course was recently provided to officers assigned to work in the HSU. Compliance continues.

H. Mental Health Staffing

- 1) Whether the caseload for psychiatrists treating MDC inmates exceeds 100 residents per FTE. [*Doc. No. 256, III(C)*].
 - a. What caseload allows psychiatrists treating MDC inmates to provide for adequate access to psychiatric care for inmates in need of such treatment.
 - b. Whether the current caseload for psychiatrists treating inmates provides for adequate access to psychiatric care for inmates in need of such treatment.

December 2017 Findings: The psychiatrists' allocations (6.0 FTE positions and 0.5 FTE p.r.n. position), if without vacancies are adequate to meet an average caseload of 100 mental health caseload inmates per 1.0 FTE psychiatrist. However, the patient: psychiatrist ratios will significantly vary depending on the level of the health care being provided. As a result, psychiatrists just treating GP outpatient inmates receiving an outpatient level of mental health care will have more than 100 inmates on their caseloads. Psychiatrists providing an acute mental health

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level care will have a much smaller ratio.

YesCare Response 12-14-22:

Please refer to the PSU Matrix and PSU Case List and current Position Control Report.

UNMH Status Update 11-21-23:

Please refer to the PSU matrix for the caseload and backlog.

December 2023 Findings: During the monitoring period, the PSU caseload numbers range from 730-838 inmates. 3.75 of the 6.0 FTE staff psychiatrist positions were filled, the chief psychiatrist provides 0.8 FTE direct services care and the 1.0 FTE psychiatric nurse practitioner's position was filled. Partial compliance remains.

December 2023 Recommendations: Continue recruitment efforts.

- 2) Whether MDC's mental health staffing is sufficient to provide all safety precautions (referencing suicide prevention and planned use of force), treatment, and services required by the Court's orders.

UNMH Status Update 11-21-23:

Please refer to the matrix for current staffing. UNMH continues to recruit two full-time psychiatrists.

December 2023 Findings: As evidenced by the partial compliance ratings in various provisions of the Settlement Agreement, not all treatment services required by the court's orders are being met due predominantly to staffing vacancies. Partial compliance continues.

- 3) Whether MDC provides adequate care for inmates' serious mental health needs.

UNMH Status Update 11-21-23:

Please refer to the matrix for current staffing. UNMH continues to recruit two full-time psychiatrists and mental health counselors.

December 2023 Findings: See section entitled "Staffing" and findings re: relevant provisions specific to treatment of inmates with serious mental health needs. Partial compliance remains due, in part, to the staff vacancies.

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December 2023 Recommendations: Remedy the staff vacancies.

4) Whether MDC's mental health staffing is sufficient to provide adequate care for inmates' serious mental health needs, consistent with generally accepted correctional mental health standards of care.

UNMH Status Update 11-21-23:

Please refer to the matrix for current staffing. UNMH continues to recruit two full-time psychiatrists and mental health counselors.

December 2023 Findings: See prior provisions relevant to staffing vacancies and H(3). Partial compliance continues.

December 2023 Recommendations: Remedy the staff vacancies.

5) Whether MDC annually reviews staffing patterns based on data of time frames in which staff have completed necessary functions such as response to sick call requests, initial assessments, follow up contacts, and other essential clinical processes during the past year.

UNMH Status Update 11-21-23:

UNMH is currently evaluating the staffing plan.

December 2023 Findings: As per UNMH status update. The compliance rating is deferred since it is too soon for completion of an annual update.

6) Whether there is evidence that MDC addressed staffing needs whenever new programming was initiated.

UNMH Status Update 11-21-23:

UNMH has not initiated new programming.

December 2023 Findings: A compliance rating is currently not applicable because no new programming has not been initiated. I recognize that the SA does not require new programming to be initiated.

I. Quality Assurance/Improvement [Doc. No. 256, III(K)].

1) Whether MDC developed and implemented policies and procedures that create an adequate

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quality management system to review suicide and self-injurious behaviors, morbidity and mortality and implementation of its mental health policies and procedures and implemented appropriate corrective action to prevent or minimize future harm to inmates.

UNMH Status Update 11-21-23:

UNMH is actively recruiting for both medical and mental health CQI positions. The M&M Committee meets biweekly and develops corrective action plans to address policies, processes and training concerns.

December 2023 Findings: As per UNMH status update. Policy MDC HCA 12.06 (Continuous Quality Improvement Program) was reviewed, This policy is a rather generic policy from the perspective of mental health services and this provision in particular. For example, it lists 22 areas of potential CQI studies, which includes mortality reviews and “mental health services” but is silent re: self-injurious behaviors, suicide prevention and a mental health subcommittee.

This policy also includes the following:

B. MDC has a Comprehensive CQI Program that does the following:

3. Performs at least one Process Quality Improvement Studies and/or 1 (2) Outcome Quality Improvement Studies per year, where:
 - a) A Facility problem is identified;
 - b) A study is completed;
 - c) A plan is developed and implemented;
 - d) Results are monitored and tracked; and
 - e) Improvement is demonstrated or the problem is restudied

The above minimum requirement are not adequate for an effective CQI program at MDC. I am aware that the MDC CQI process does involve much more than this minimum requirement.

Dr. Kumar and I have reviewed policy MDC HCA 12.10 (Procedure in the Event of an Inmate Death) and have provided input.

A suicide prevention committee began monthly meetings during September 2023. I discussed with leadership staff functions of the suicide prevention committee as well as the need for the minutes to document the work of the suicide prevention committee.

Partial compliance is present.

December 2023 Recommendations: Consider revisions of the CQI policy to address the above

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concerns.

2) Whether MDC developed and implemented a Suicide Prevention Committee that reviews individual and system data about triggers and thresholds and determines whether these data indicate trends either for individuals or the adequacy of treatment and suicide prevention overall.

UNMH Status Update 11-21-23:

Suicide prevention continues to be a subcommittee of CQI which meets monthly.

December 2023 Findings: See provision I(1). Partial compliance is present.

3) Whether MDC's Quality Improvement Committee:

- a. Includes the Medical Director, the Psychiatric and Behavioral Health Directors, related clinical disciplines, Jail Director or the Assistant Chief of Operations, and the Health Services Administrator;
- b. Conducts analyses of the mental health processes and makes recommendations on changes and corrective actions;
- c. Provides oversight of the implementation of mental health policies, procedures, guidelines and support plans;
- d. Reviews policies, training, and staffing levels;
- e. Monitors implementation of recommendations and corrective actions;
- f. Reports its findings and recommendations to appropriate County officials periodically; and
- g. Refers appropriate incidents to the Morbidity/Mortality Committee for review, as necessary.

UNMH Status Update 11-21-23:

The monthly CQI meeting is ongoing. UNMH is in the process of recruiting for a CQI position.

December 2023 Findings: The CQI committee began meeting monthly during September 2023. I discussed with leadership staff the structure of the CQI committee, which should include a mental health subcommittee. The importance of minutes documenting the above functions was also emphasized. Partial compliance is present.

4) Whether MDC's Morbidity/Mortality Committee reviews suicides, serious suicide attempts, all other deaths of people committed to the custody of the MDC, and other sentinel events occurring at MDC in order to improve care on a jail-wide basis.

- a. Whether MDC's Morbidity and Mortality Review Committee conducts an interdisciplinary review, consisting of members of the correctional, medical, and mental health staffs, of all deaths of people housed at MDC, serious suicide

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- attempts and other sentinel events;
- b. Whether MDC's Morbidity and Mortality Review Committee's inquiry includes:
 - i. circumstances surrounding the incident;
 - ii. facility procedures relevant to the incident;
- c. All relevant training received by involved staff;
- d. Pertinent medical and mental health services/reports involving the victim;
- e. Possible precipitating factors leading to the event;
- f. Recommendations, if any, for changes to policy, training, physical plant, medical or mental health services, and operational procedures; and
- g. Tracking of whether MDC implements recommendations and, if so, when.

UNMH Status Update 11-21-23:

Please refer to the M&M Log and the M&M Action Plan.

December 2023 Findings: I discussed with leadership staff the intersecting roles of the suicide prevention committee and the M&M subcommittee of the CQI committee. The importance of the CQI committee tracking corrective action plans was emphasized. Partial compliance was present.

5) Whether the review team, when appropriate, develops a written plan (and timetable) to address areas that require corrective action.

June 2023 Findings: See I(4). Compliance is present. Continued compliance will require completion of the suggested spreadsheet revisions during the site visit and documentation re: implementation of the tracking process.

June 2023 Recommendations: See I(4). See above.

UNMH Status Update 11-21-23:

Please refer to the M&M Action Plan.

December 2023 Findings: A suicide death review has not yet occurred since UNMH started during July 2023. However, a process is in place for tracking corrective action plans via the M&M action plan. Compliance continues.

6) Whether MDC's Mortality Committee or Suicide Prevention Committee (for review of morbidity only) conducts a preliminary mortality or morbidity review within 30 days of each suicide or serious suicide attempt (e.g., those incidents requiring hospitalization for medical treatment).

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YesCare Response: 5-22-23

We implemented the recommendations from Dr. Metzner in our Suicide Prevention Committee Meetings.

June 2023 Findings: Partial compliance related to the 30-day timeframe requirement due to the missed monthly suicide prevention committee meetings.

UNMH Status Update 11-21-23:

Please refer to the M&M Log and M&M Action Plan.

December 2023 Findings: No suicides have occurred during this monitoring period. The Suicide Risk Reduction Sub-Committee has not been meeting regularly during the monitoring period. Only minutes from the October 2023 meeting were available for my review. Partial compliance is present.

7) Whether Mortality Committee or Suicide Prevention Committee's preliminary report of any mortality review is completed within 30 days of each suicide or serious suicide attempt.

UNMH Status Update 11-21-23:

Please refer to the M&M Log. The M&M Committee meets biweekly.

December 2023 Findings: The M&M committee has been meeting since September 2023. Partial compliance.

December 2023 Recommendations: As part of the pre-site data package for the next site assessment, please provide documentation specific to this provision.

8) Whether MDC completes a final mortality review report within 30 days after the pathological examinations are complete.

June 2023 Findings: Compliance is now present.

UNMH Status Update 11-21-23:

At this time, only one patient meets the criteria and the case was completed within 30 days of receiving the OMI report. Please refer to M&M Log (Robert Torivio case).

December 2023 Findings: As per UNMH status update. Compliance continues.

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J. Other Matters

1) Whether any individual who has been identified as having a psychiatric, neuropsychological or developmental disorder who was subjected to a Taser, pepper gas, mace or other chemical agent is assessed by a mental health professional and the circumstances of the event is included in the resident's mental health file.

YesCare Response: 5-22-23

Please refer to our audit 18A- UOF Cleared by Medical and PSU which yielded 93% cleared by PSU, 80% cleared by Medical, and 97% cleared by either Medical or PSU.

June 2023 Findings: As per YesCare response. Compliance is present.

UNMH Status Update 11-21-23:

Clearance for use of force is on the audit schedule.

December 2023 Findings: As per UNMH status update. Partial compliance is present.

December 2023 Recommendations: Provide proof of practice.

2) Whether Defendants have developed an adequate plan to implement an effective jail diversion program for persons with psychiatric or developmental disabilities. *[Doc. No. 319 at 6 ¶ 4]*

January 2023 Findings: As per YesCare response. The update via a PowerPoint presentation was excellent. Compliance continues.

MDC Response:

Bernalillo County continues to employ the same diversion methods outlined in its December 2022 powerpoint. Although Mr. Nims has left his position since your last visit, this position is currently filled.

December 2023 Findings: Compliance continues.

It is my understanding that the diversion programs focus more on persons with substance use disorders in contrast to persons with a serious mental illness. More diversion programs for persons with a SMI would be very helpful in reducing the number of incarcerated persons with a SMI as would a population reduction program in the jail that focused on persons with a SMI.

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December 2023 Recommendations: As above.

- 3) Whether Defendants developed, in consultation with the Court's Mental Health Expert, a plan for the provision of specialized mental health treatment for both female and male residents who are segregated. May 22, 2013 "Order Resolving Order to Show Cause," [Doc. No. 1004].

UNMH Status Update 11-21-23:

RHU 3 has continued to have groups and treatment team meetings. In order to support RHU 6, we are using existing staff to complete groups. UNMH will assign the next hired coordinator to RHU 6.

December 2023 Findings: During the morning of December 7, 2023, nine women in RHU 6 in a group setting, who were all mental health caseload inmates. 3.5 to 4.0 hours per day of out of cell time unstructured time in addition to two hours of group therapy per day. The group treatment was described as manager as being helpful. This reported out of cell time has been occurring for about the past eight weeks and appears to be a result of increased communication and cooperation between custody and mental health staff. Very good access to individual counseling into the psychiatrist reported. These women reported participating in development of treatment plans. Medication continuity issues were not present.

The out of cell time and programming available on this unit is the most impressive I have observed since starting my monitoring of MDC. Compliance specific to RHU 6 will be achieved when this level of out of cell time and programming is maintained for six consecutive months. Partial compliance is currently present.

During the morning of December 7, 2023 I interviewed 11 caseload inmates in RHU 6 in a group setting. These men reported receiving out of cell time generally 8 to 10 hours per day with less data cell time during weekends. For the past three months they have been offered three special group therapeutic activities a week. Due to staffing vacancies as described limited access to a psychiatrist and, until recently, a counselor. Medication continuity issues were not present. These men had treatment plans developed due to a psychiatrist vacancy, which should very shortly remedy the hiring of a part-time psychiatrist.

December 2023 Recommendations: As above.

K. Constitutionally adequate mental health care

- 1) Whether the mental health care provided by MDC to its inmates evidences repeated examples of negligent acts.

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UNMH Status Update 11-21-23:

UNMH is not aware of any negligent acts.

December 2023 Findings: I did not find evidence that the mental health care provided by MDC to its inmates evidences repeated examples of negligent acts.

2) Whether the conduct of MDC mental health staff effectively denies inmates access to adequate mental health care;

December 2023 Findings: The conduct of MDC mental health staff does not deny inmates access to adequate mental health care although the provision of adequate mental health care is problematic related to staffing vacancies.

3) Whether there are systematic deficiencies in staffing, facilities, equipment, or procedures.

December 2023 Findings: There are clear deficiencies in staffing [not staffing allocations] due to the significant staffing vacancies. Systematic deficiencies in facilities, equipment, or procedures were not present.

4) Whether the inmate population is effectively denied access to adequate mental health care.

December 2023 Findings: Some of the inmate population is effectively denied timely access to adequate mental health care related to staffing vacancies as previously summarized

L. Americans with Disabilities Act

1) Whether the Defendants have made the modifications to their policies, procedures and practices that are necessary to provide to sub class members mental health care which is adequate

December 2023 Findings: Regarding ADA in the context of mental health disabilities, the policies and procedures reviewed are adequate. The practices are problematic for reasons previously summarized in the context of staffing vacancies. Partial compliance is present.

2) Whether sufficient communication occurs between MDC administration and treating mental health care professionals regarding an inmate's significant mental health needs that must be considered in classification and housing decisions in order to preserve the health and safety of that inmate, other inmates, or staff.

December 2023 Findings: Mental health staff reported good communication and working relationships with custody staff. Compliance continues.

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- 3) Whether MDC security staff is adequately advised of inmates' special mental health needs that may affect housing, work, program assignments, disciplinary measures, and admissions to and transfers from institutions.

June 2019 findings: I will no longer monitor the training requirements specific to the disciplinary policy since it is being monitored by Ms. Frasier.

- 4) Whether mental health care and security staff communicate sufficiently about inmates with special needs conditions.

December 2023 Findings: Compliance continues.

- 5) Whether MDC follows a proactive program which provides care for special needs patients who require close mental health supervision or multidisciplinary care.

December 2023 Findings: During the morning of December 7, 2023, I interviewed most of the inmates on PAC 1 in a community meeting - like setting. This housing provides acute care to inmates who have very significant psychiatric symptomatology. These inmates reported being offered out of cell unstructured time on a daily basis for about eight hours. They also reported being offered one therapy per weekday, which was reported to be very helpful. Good access to the psychiatrist mental health counselor was reported. Discharge planning was also offered to these inmates. Good access to the psychiatrist into the health clinician was described. Medication continuity issues were absent. Many of these inmates had not had timely treatment plan reviews due to psychiatrists' vacancies and Covid issues.

I also met with most inmates in PAC 4, which is a step-down special needs housing unit. The inmates reported being offered out of cell unstructured time for about 10 hours every day. For the past four weeks, they were offered three groups per week, which lasted about 1.5 hours per group. Most of these inmates did not have timely treatment plans due to psychiatrists' vacancies. They described limited access to a mental health counselor or psychiatrist. However, this was not consistent with information obtained from Dr. Hamilton, although access to the psychiatrist was not to the same psychiatrist related to the vacancy issues. These inmates reported a clear preference for housing in this unit as compared to general population housing is unit.

As summarized throughout this report, there were significant issues related to access to treatment and treatment due to both custody and mental health staffing vacancies. Partial compliance is present.

- 6) Whether individual mental health treatment plans are developed by a psychiatrist or other qualified clinician at the time the condition is identified and updated when warranted

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UNMH Status Update 11-21-23:

UNMH restarted treatment planning on RHU 3 and PAC 4 with new coordinators. There was a delay in treatment planning due to new COVID quarantines. A new CQI audit of treatment plans will be implemented.

December 2023 Findings: See prior provisions relevant to the treatment planning process. Partial compliance is present.

7) Whether the mental health treatment plan includes, at a minimum:

- a. The frequency of follow-up for mental health evaluation and adjustment of treatment modality;
- b. The type and frequency of diagnostic testing and therapeutic regimens; and
- c. When appropriate, instructions about diet, exercise,

UNMH Status Update 11-21-23:

The new CQI audit of treatment planning will include frequency of follow-up for mental health evaluation and adjustment of treatment modality; the type and frequency of diagnostic testing and therapeutic regimens and instructions about diet and exercise.

December 2023 Findings: See prior provisions relevant to the treatment planning process. Implementation of treatment plans were also very problematic related to the staffing vacancies. Partial compliance is present.

Summary

The pre-site information received generally did not reference and/or incorporate relevant QI studies/results in the status update sections of the various provisions. This was likely due to the UNMH transition process at MDC, which meant this was the first monitoring site visit since UNMH began providing the healthcare services at MDC. Please provide such information in the status update sections in future pre-site data packages.

Both mental health and custody staff were very helpful throughout the site visit.

As compared to my June 2023 assessment, there were less custody and mental health staffing vacancies, as well as Covid-19 issues, in recent months although such issues remained significant and impacted the delivery of mental health services at MDC.

Identified problem areas identified during my January 2023 site assessment remained, which included the following:

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1. correctional, mental health and medical staffing vacancies and their negative impact on the mental health services delivery system.
2. timeliness and quality of treatment plans, and
3. timely access to appropriate therapy services by a licensed mental health provider when medically necessary for inmates with serious mental health need.

Because such problems are not just short-term issues, an emphasis on providing mitigating interventions continues to be needed. Improving access to tablets, which are currently short in supply at MDC, would be very helpful.

I am in agreement with the manner in which leadership staff have prioritized mental health services being offered.

The following provisions were found to be newly in compliance, with the *italicized* provisions maintaining compliance:

A. Screening and Assessment

4) Whether MDC's Qualified Medical Staff conducting intake screening receive adequate training on identifying and assessing suicide risk, are assigned appropriate tasks and guidance, and properly conduct intake screening.

11) Whether MDC ensures that mental health assessments include the assessment factors described below:

a. Intake screening shall inquire as to the following:

- (1) Current mental health conditions;*
- (2) Current psychiatric medications;*
- (3) Current suicidal ideation, threat, or plan;*
- (4) Past suicidal ideation and/or attempts;*
- (5) Prior mental health treatment or hospitalization;*
- (6) Recent significant loss – such as the death of a family member or close friend;*
- (7) History of suicidal behavior by family members and close friends;*

- (8) Any reported observations of the transporting officer, court, transferring agency, or similar individuals regarding the inmate's potential suicidal risk.*

B. Treatment Plan

13) Whether MDC's treatment of suicidal inmates involves more than segregation and close supervision (i.e., providing psychiatric therapy, regular counseling sessions, and follow-up care).

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17) *Whether Defendants have developed and implemented adequate formal procedures for seeking psychiatric hospitalization or other appropriate residential mental health care for inmates who need and would benefit from such care, and who are eligible for such placement, consistent with the court imposed conditions of their confinement. [Doc. No. 256, III(M)].*

a. Whether MDC has sent an inmate to a psychiatric hospital or other appropriate residential mental health care for inmates who need and would benefit from such care, and who are eligible for such placement, consistent with the court imposed conditions of their confinement.

b. Whether MDC has the realistic option of sending an inmate to a psychiatric hospital or other appropriate residential mental health care for inmates who need and would benefit from such care, and who are eligible for such placement, consistent with the court imposed conditions of their confinement.

C. Suicide Precautions

4) *Whether MDC follows its policy of having a psychiatrist or psychologist evaluate all inmates placed on suicide precautions before they are removed from suicide watch, and whether MDC assures that its policies are followed.*

8) *Whether MDC has developed and implemented appropriate policies for the housing of suicidal inmates.*

D. Suicide Prevention Training Program

2) *Whether all medical and mental health staffs are trained on the suicide screening portion of the mental health intake form and medical intake tool.*

3) *Whether all MDC staff who work directly with inmates have demonstrated competence in identifying and managing suicidal inmates and have shown comprehension of the training objectives via a performance measure tool such as a pre-and post-test.*

6) *Whether an emergency rescue tool is in close proximity to all housing units.*

7) *Whether all staff coming into regular contact with inmates knows the location of the emergency rescue tool and are trained in its use.*

E. Use of Clinical Restraints

2) *Whether the MDC policy requires restrained inmates with mental health needs are monitored at least every 15 minutes by security staff to assess their physical condition. [Doc. No. 256, III*

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(N)&(I)].

4) *Whether MDC follows its clinical restraint policies. [Doc. No. 256, III (N)&(I)].*

F. Use of Security Four Point Restraints

1) *Whether MDC ensures that, in the event an emergency results in a four-point restraint of an individual identified as having a psychiatric, neuropsychological or developmental disorder, a Qualified Mental Health professional is notified immediately and personally assesses the appropriateness of the restraint and designs a plan to safely end the restraint as soon as possible.*

G. Basic Mental Health Training

2) *Whether MDC provides adequate specialized training for all security staff working on specialized mental health units.*

I. Quality Assurance/Improvement [Doc. No. 256, III(K)].

5) *Whether the review team, when appropriate, develops a written plan (and timetable) to address areas that require corrective action.*

8) *Whether MDC completes a final mortality review report within 30 days after the pathological examinations are complete.*

J. Other Matters

4) *Whether Defendants have developed an adequate plan to implement an effective jail diversion program for persons with psychiatric or developmental disabilities. [Doc. No. 319 at 6 ¶ 4]*

L. Americans with Disabilities Act

2) *Whether sufficient communication occurs between MDC administration and treating mental health care professionals regarding an inmate's significant mental health needs that must be considered in classification and housing decisions in order to preserve the health and safety of that inmate, other inmates, or staff.*

4) *Whether mental health care and security staff communicate sufficiently about inmates with special needs conditions.*

Partial compliance (***) indicates the provision was in compliance during the prior site assessment)

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A. Screening and Assessment

- 7) Whether MDC has developed and implemented policies and procedures for appropriate screening and assessments of inmates with serious mental health needs.
- 8) Whether MDC has developed and implemented an appropriate screening instrument that identifies mental health needs and ensures timely access to a mental health professional when inmates present symptoms requiring such care.
- 3) ***Whether MDC screens all inmates with Qualified Medical Staff upon booking at MDC, but no later than four (4) hours after booking, to identify the inmate's risk for suicide or self-injurious behavior.
- 5) Whether MDC Qualified Medical Staff, based on the screening, develop and implement an acuity system or triage scheme (P1, P2, or P3) to ensure that inmates with immediate mental health needs are prioritized for services.
- 6) Whether MDC provides "sufficient psychiatric services to assure that a psychiatrist will evaluate no later than the business day after a resident's admission, any resident who: 1) reports being on any psychoactive medication when taken into custody, 2) requests any psychoactive medication or other psychiatric service, or 3) has been identified by any mental health or health professional at the jail as appropriate for a psychiatric assessment." [*Doc. No. 256, III(1-3)*].
 - a. Whether MDC provides adequate and timely psychiatric services to assess any inmate who:
 - (1) reports being on any psychiatric medication when taken into custody,
 - (2) requests any psychiatric medication or other psychiatric service, or
 - (3) has been identified by any mental health or health professional at the jail as appropriate for a psychiatric assessment.
- 7) Whether MDC implements policies and procedures, commensurate with the level of risk of suicide or self-harm, that ensure that inmates are protected from identifiable risks for suicide or self-injurious behavior.
- 8) Whether MDC's policies and procedures require that a Qualified Mental Health Professional performs a mental health assessment within the prescribed period of time, based on the inmate's risk.
- 9) Whether MDC security staff monitors inmates who are presumed to be of moderate or high risk of suicide or self-harm with constant supervision until the inmate is seen by a Qualified Mental Health Professional for assessment, and thereafter on the schedule chosen by the Mental Health Professional.

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- 10) Whether MDC conducts appropriate mental health assessments within the following periods from the initial screen:
 - a. 14 days, or sooner, if medically necessary, for inmates classified as low risk (P3);
 - b. 8 hours, or sooner, if medically necessary, for inmates classified as moderate risk (P2); and
 - c. Immediately, but no later than four hours, for inmates classified as high risk (P1).
- 12) Whether MDC Qualified Mental Health Professionals complete all assessments, pursuant to generally accepted correctional standards of care.
- 13) Whether MDC Qualified Mental Health Professionals perform in-person mental health assessments no later than one working day following notification of any adverse triggering event (*i.e.*, any suicide attempt, any suicide ideation, and any aggression to self-resulting in injury).
- 14) Whether MDC Mental Health Staff conduct in-person assessments of inmates before placing them on suicide watch, clinical seclusion, or segregation and on regular intervals thereafter, as clinically appropriate and defined by MDC policy.

B. Treatment Plan

- 1) Whether Defendants provide treatment plans consistent with prevailing professional standards for those inmates requiring a treatment plan.
 - c. Whether treatment plans for inmates in specialized mental health units are designed by an appropriate treatment team; and
 - d. Whether the plans are reviewed periodically, ordinarily at least every 90 days, and at the request of the resident.
- 18) Whether MDC's policies and procedures ensure that adequate and timely treatment for inmates are continued and further developed for inmates whose assessments reveal serious mental health needs and/or suicidal ideation, including timely and appropriate referrals for specialty care and visits with Qualified Mental Health Professionals, as clinically appropriate. [*Doc. No. 256, III(I)*].
- 19) Whether MDC's treatment plans adequately address inmates' serious mental health needs and whether the plans contain interventions specifically tailored to the inmates' diagnoses and problems. [*Doc. No. 256, III(I)*].
- 20) Whether MDC completes mental health evaluations as part of the disciplinary process and can demonstrate that the hearing officer incorporates those recommendations into the disciplinary process for determining whether an inmate's actions should be excused and, if not, for mitigation of sanctions if the inmate's behaviors were a result of a mental or developmental

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disability. *[Doc. No. 256, IV(A)(1)]*.

- 21) Whether MDC completes mental health evaluations as part of the disciplinary process and can demonstrate that the hearing officer incorporates those recommendations into the disciplinary process for determining whether an inmate's actions should be excused and, if not, for mitigation of sanctions if the inmate's behaviors were a result of a mental or developmental disability. *[Doc. No. 256, IV(A)(1)]*.
- 22) Whether MDC implemented an adequate scheduling system to ensure that mental health professionals assess inmates with mental illness as clinically appropriate, regardless of whether the inmate is prescribed medications. *[Doc. No. 256, III(I)]*.
- 23) Whether MDC inmates have the opportunity to participate meaningfully in the development of a treatment plan. *[Doc. No. 256, III(I)]*.
- 24) Whether MDC inmates receive appropriate psychotropic medications in a timely manner.
- 11) Whether MDC has established standards for the frequency of review and associated charting of psychotropic medication.

C. Suicide Precautions

- 1) Whether MDC's suicide prevention policies, procedures, and practices include provisions for constant direct supervision of actively suicidal inmates, close supervision of special needs inmates with lower levels of risk (e.g., 15-minute checks), and follow-up assessments after the suicide watch is discontinued.
- 2) ***Whether MDC inmates on suicide watch are monitored by security with constant direct supervision until a Qualified Mental Health Professional conducts a suicide risk assessment, determines the degree of risk, and specifies the appropriate degree of supervision.
- 3) Whether MDC security staff provide the amount of supervision specified by a Qualified Mental Health Professional and accurately document their well-being checks on forms that do not have pre-printed times.
- 5) Whether MDC conducts all follow-up assessments on all inmates discharged from suicide watch.
- 9) Whether MDC assures that its policies and procedures in paragraphs 1-8 are followed.

H. Mental Health Staffing

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- 1) Whether the caseload for psychiatrists treating MDC inmates exceeds 100 residents per FTE. *[Doc. No. 256, III(C)].*
 - c. What caseload allows psychiatrists treating MDC inmates to provide for adequate access to psychiatric care for inmates in need of such treatment.
 - d. Whether the current caseload for psychiatrists treating inmates provides for adequate access to psychiatric care for inmates in need of such treatment.
- 2) Whether MDC's mental health staffing is sufficient to provide all safety precautions (referencing suicide prevention and planned use of force), treatment, and services required by the Court's orders.
- 3) Whether MDC provides adequate care for inmates' serious mental health needs.
- 4) Whether MDC's mental health staffing is sufficient to provide adequate care for inmates' serious mental health needs, consistent with generally accepted correctional mental health standards of care.

I. Quality Assurance/Improvement *[Doc. No. 256, III(K)].*

- 1) Whether MDC developed and implemented policies and procedures that create an adequate quality management system to review suicide and self-injurious behaviors, morbidity and mortality and implementation of its mental health policies and procedures and implemented appropriate corrective action to prevent or minimize future harm to inmates.
- 2) Whether MDC developed and implemented a Suicide Prevention Committee that reviews individual and system data about triggers and thresholds and determines whether these data indicate trends either for individuals or the adequacy of treatment and suicide prevention overall.
- 3) Whether MDC's Quality Improvement Committee:
 - h. Includes the Medical Director, the Psychiatric and Behavioral Health Directors, related clinical disciplines, Jail Director or the Assistant Chief of Operations, and the Health Services Administrator;
 - i. Conducts analyses of the mental health processes and makes recommendations on changes and corrective actions;
 - j. Provides oversight of the implementation of mental health policies, procedures, guidelines and support plans;
 - k. Reviews policies, training, and staffing levels;
 - l. Monitors implementation of recommendations and corrective actions;
 - m. Reports its findings and recommendations to appropriate County officials periodically; and
 - n. Refers appropriate incidents to the Morbidity/Mortality Committee for review, as

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necessary.

- 4) Whether MDC's Morbidity/Mortality Committee reviews suicides, serious suicide attempts, all other deaths of people committed to the custody of the MDC, and other sentinel events occurring at MDC in order to improve care on a jail-wide basis.
 - h. Whether MDC's Morbidity and Mortality Review Committee conducts an interdisciplinary review, consisting of members of the correctional, medical, and mental health staffs, of all deaths of people housed at MDC, serious suicide attempts and other sentinel events;
 - i. Whether MDC's Morbidity and Mortality Review Committee's inquiry includes:
 - i. circumstances surrounding the incident;
 - ii. facility procedures relevant to the incident;
 - j. All relevant training received by involved staff;
 - k. Pertinent medical and mental health services/reports involving the victim;
 - l. Possible precipitating factors leading to the event;
 - m. Recommendations, if any, for changes to policy, training, physical plant, medical or mental health services, and operational procedures; and
 - n. Tracking of whether MDC implements recommendations and, if so, when.

- 6) Whether MDC's Mortality Committee or Suicide Prevention Committee (for review of morbidity only) conducts a preliminary mortality or morbidity review within 30 days of each suicide or serious suicide attempt (e.g., those incidents requiring hospitalization for medical treatment).

J. Other Matters

- 1) Whether any individual who has been identified as having a psychiatric, neuropsychological or developmental disorder who was subjected to a Taser, pepper gas, mace or other chemical agent is assessed by a mental health professional and the circumstances of the event is included in the resident's mental health file.

- 3) Whether Defendants developed, in consultation with the Court's Mental Health Expert, a plan for the provision of specialized mental health treatment for both female and male residents who are segregated. May 22, 2013 "Order Resolving Order to Show Cause," [Doc. No. 1004].

L. Americans with Disabilities Act

- 1) Whether the Defendants have made the modifications to their policies, procedures and practices that are necessary to provide to sub class members mental health care which is adequate

- 5) Whether MDC follows a proactive program which provides care for special needs patients who

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require close mental health supervision or multidisciplinary care.

6) Whether individual mental health treatment plans are developed by a psychiatrist or other qualified clinician at the time the condition is identified and updated when warranted.

7) Whether the mental health treatment plan includes, at a minimum:

- d. The frequency of follow-up for mental health evaluation and adjustment of treatment modality;
- e. The type and frequency of diagnostic testing and therapeutic regimens; and
- f. When appropriate, instructions about diet, exercise,

Noncompliance (### indicates the provision was in partial compliance during the prior site assessment)

B. Treatment Plan

9) ### Whether MDC's use of psychotropic medications is reviewed by a Qualified Mental Health Professional on a regular, timely basis.

10) ### Whether MDC properly monitors and timely adjusts medications.

12) ### Whether a psychiatrist personally assesses every MDC inmate on psychiatric medication at least once every thirty (days. *[Doc. No. 256, III(C)]*).

- a. With what frequency should a psychiatrist personally assess every MDC inmate on psychiatric medication who is not seriously mentally ill.
- b. With what frequency should a psychiatrist personally assess every seriously mentally ill inmate.

Compliance rating is deferred

H. Mental Health Staffing

5) Whether MDC annually reviews staffing patterns based on data of time frames in which staff have completed necessary functions such as response to sick call requests, initial assessments, follow up contacts, and other essential clinical processes during the past year.

6) Whether there is evidence that MDC addressed staffing needs whenever new programming was initiated.

I. Quality Assurance/Improvement *[Doc. No. 256, III(K)]*.

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7) Whether Mortality Committee or Suicide Prevention Committee's preliminary report of any mortality review is completed within 30 days of each suicide or serious suicide attempt.

I am very encouraged by the commitment made by UNMH to provide medical and mental health services incarcerated persons at MDC.

My next site assessment will occur from July 17-18, 2024.

Sincerely,

A handwritten signature in black ink that reads "Jeffrey L. Metzner MD". The signature is written in a cursive style with a large initial "JL" and "MD" at the end.

Jeffrey L. Metzner, M.D.
Clinical Professor Emeritus of Psychiatry
University of Colorado School of Medicine