

James Browning

From: Metzner, Jeffrey <JEFFREY.METZNER@CUANSCHUTZ.EDU>
Sent: Thursday, August 15, 2024 7:48 PM
To: NMDml_Judge Browning's Chambers nmd.uscourts.gov
Cc: M Kumar (emailofkumar@gmail.com); Taylor Rahn (taylor@roblesrael.com); Kelly Waterfall (kelly@rjvlawfirm.com); Nancy Simmons (nlsimmons@swcp.com)
Attachments: August 2024 MDC final report..docx

CAUTION - EXTERNAL:

Dear Judge Browning:

My report regarding my July 2024 site visit at MDC is attached.

Jeffrey L. Metzner, M.D., P.C.
1777 South Harrison Street, Suite 1500
Denver, Colorado 80210
(303) 355-6842

CAUTION - EXTERNAL EMAIL: This email originated outside the Judiciary. Exercise caution when opening attachments or clicking on links.

*Give me a worky
copy. JB
8/28/24*

*File on CM/SCF
AD
8/28/24*

*AD
8/28/24*

JEFFREY L. METZNER, M.D., P.C.
1777 SOUTH HARRISON STREET
SUITE 1500
DENVER, COLORADO 80206

TELEPHONE (303) 355-6842
FACSIMILE (303) 322-2155
TAX ID #84-0848664

August 15, 2024

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 México 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 during July 17, 18 2024, 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 2024 (January – May 2024),
2. MDC HCA 12.01 Access to Care,
3. MDC HCA 12.06 Continuous Quality Improvement Programs Policy,
4. HCA 12.10 Procedure in the Event of an Inmate,
5. MDC HCA 12.23 Staffing,
6. MDC HCA 12.26 Medication Services,
7. MDC HCA 12.31 Receiving Screening,
8. MDC HCA 12.34 Mental Health Screening and Evaluation was effective 04-15-2024,
9. MDC HCA 12.41 Continuity, Coordination and Quality of Care during Incarceration effective 4/12/2024,

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 2 of 71

10. MDC HCA 12.48.1 Therapeutic Services,
11. MDC HCA 12.42 Discharge Planning,
12. MDC HCA 12.48 Basic Mental Health Services policy was effective 04-12-2024,
13. MDC HCA 12.48.1 PSU Therapeutic Service policy was effective 04-12-2024,
14. MDC HCA 12.49 Suicide Prevention Program effective 1-15-2024,
15. HCA 12.60 Restraint and Seclusion,
16. 21 Safety Monitor Suicide Observation Logs - April Audit,
17. Suicide Prevention committee meeting minutes from December 2023, February, March, April 2024,
18. MDC Position Control- 12/29/23 & 5/31/24,
19. a July 11, 2024 letter from Kelly Waterfall, Esq. re: Re: McClendon, et al. v. City of Albuquerque, et al. – July 2024 Site Visit,
20. the following Quality Improvement studies:
 - a. 01 Clinical Seclusion (MH Observation) Audit 2024 March. April,
 - b. 09 Quality of BH Assessments of SMI Patients in GP Audit 2024,
 - c. 10 RDT Management (Follow-up to PSU referrals) April medication bridge orders,
 - d. 14 Suicide Watch Follow-up Rounding Audit February 2024,
 - e. 18 UOF Cleared By Medical and PSU- Audit 5.2024,
 - f. 21 Safety Monitor Suicide Observation Logs. April Audit,
 - g. 22 Timeliness of Nursing, PSU RDT, and Psychiatric Evaluations of P1 Referrals Audit 2024 Q1 quality of behavioral health assessments of non-SMI patients in GP,
 - h. 23 Timeliness of Nursing, PSU RDT, and Psychiatric Evaluations of P2 Referrals Audit 2024 Q1,
 - i. 24 Timeliness of Nursing, PSU RDT, and Psychiatric Evaluations of P3 Referrals Audit 2024.Q1,
 - j. 26 Inmates Placed on Suicide Watch- Audits 2024.1,
 - k. 27 Inmates Placed on Clinical Seclusion- Audit 2024.1 Spot Audit,
 - l. 28 Timeliness of Nursing MH- Audit 2024 Q1,
21. morbidly reviews regarding the following detainees:
 - a. Mr. JAA,
 - b. Mr. YL,
 - c. Mr. MG,
 - d. Ms. SS,
22. a document entitled “Report #050224-1659 M Montelongo”,
23. the psychological autopsy report and M&M report regarding Ms. MM,
24. the psychological autopsy template,
25. RHU audits re: out of cell time,

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 3 of 71

- 26. the following documents entitled:
 - a. RDT Intake Process,
 - b. Task 7_Morbidity Review Criteria and Process,
 - c. MDC Orientation Manual for UNMH Staff at MDC,
 - d. MDC Detox Workflow,
 - e. Training Detox notes, Training Med 3 notes,
 - f. Nursing Training list,
 - g. Chronic care schematic,
 - h. 4.22.24 Chronic care Treatment list,
 - i. Intake screening changes_1.22.24,
 - j. MDC Prebooking screening changes_1.30.24,
 - k. Mental Health Audit Sheet 5.13.24,
 - l. Mortality Log,
 - m. P level training,
 - n. P6.A.2_RDT intake process,
 - o. PSU Staffing Schedule,
 - p. MDC HCA UNMH Amendment #2,
- 27. UNMH MDC MAC.CQI minutes, presentations and associated QI studies (December 2023, January, March, April 2024),
- 28. Medical/Mental Health MEAC January, May, June 2024 minutes,
- 29. the following PowerPoint presentations entitled:
 - a. Social determinants of health and diathesis stress model_4.24.24,
 - b. Psychiatry Referral Process and Crisis Intervention 4.24.24
 - c. MDC_TIC presentation and person centered language_4.24.24,
 - d. P level training,
 - e. SUD 4 hours – updated,
 - f. Withdrawal Management MDC Training, and
- 30. audits re: PSU SMI disciplinary analysis.

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

		Jan	Feb	Mar	Apr	May
	POPULATION INFORMATION					
1	Total MDC average daily population (ADP) CAP 1950	1438	1485	1484	Data not available	Data not available

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 4 of 71

2	MDC ALL POPULATION - ALOS (as of last working day of the month)	1683	1639	1703	1618	1644
3	PSU POPULATION ALOS (as of last working day of the month)	732	691	690	757	739
4	Absolute # on PSU caseload (on last working day of the month)	730	687	674	734	722
5	% of total Population on PSU Caselaod	51%	46%	45%	#DIV/0!	#DIV/0!
6	Absolute # of SMIs in total population (last working day of the month)	214	175	194	191	167
7	% of total Population who are SMI	15%	12%	13%	#DIV/0!	#DIV/0!
8	% of PSU caseload who are SMI	29%	25%	29%	26%	23%

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

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.

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

UNMH Status Update as of 6/14/2024

Staffing Allocations	Staffing	% Filled	Future Plans
UNM Department of Psychiatry 6.0 FTE Psychiatrists 1.0 FTE Director	4.0 FTE UNMMG 0.9 FTE Director 0.2 PRN 0.2 weekly (ending in June)	70%	UNMH is currently credentialing two psychiatrists with a start date in Aug. UNMH is adding tele psych hours for general population, in process. We lost our 0.2 weekly in June and will lose a full-time psychiatrist in Aug

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 5 of 71

Psychiatric Nurse Practitioner 1.0 FTE	1.0 plus 1.0 train	100%	
Agency Counselor Social Workers at MDC 18 MDC	6.6	36.7%	12.4 preferably to be filled with core staff.
Regular Counselor/Social Worker position filled 7.8	7.6	100%	6.0 posted positions 0.90 Medication Treatment
Counselor/Social Workers PRN Positions 3.0	3.0	100%	
Community Support workers to assist the licensed behavioral health staff. 2.0	5.0	40.0%	Assigned to Discharge
Clinical Psychologist Dr. Oliver LPN 2.0	1.0	100%	Filled
RN .9 FTE RN 1.0 PRN	4.0 5.0	100%	0.90 RN Psych posted position - 1 RN PRN posted
Behavioral Health RN Supervisor .9 FTE	1.0	100%	
Behavioral Health RN agency positions filled. 5.4	7.0	100%	
Behavioral Health RNs being recruited 7.5 FTE	2.0	28.6%	3.0
Behavioral Health RN Supervisors recruited. 3.2 FTE	1.0	31.3%	2.2
Aide Patient Sitter	17	82.4	0.90 posted, 24 sitters Q4

July 2024 Findings: As per UNMH response. On July 17, 2024, all 18.0 FTE mental health counselor positions were function filled as were the 11.6 FTE mental health nursing positions. There was a 30% psychiatrists' vacancy rate as per the status update section. The functional vacancy rate during the past six months for all mental health staff positions, excluding the psychiatrists' positions, has ranged from 6%-19% with a month average of 9.8%.

As will be apparent in the findings section of provision J3 (see pages 52-55), the current mental health counselor allocation positions are not adequate.

The current custody line staff vacancy rate was 37%. This vacancy rate has decreased slightly since the prior site assessment.

The negative impact of custody and mental health staff vacancies and mental health counselor

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 6 of 71

allocations are apparent as will be referenced in the findings section of provision J3 (see pages 52-55).

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 as of 6/14/2024:

The following policies were reviewed or developed, finalized and implemented.

- MDC HCA 12.34 Mental Health Screening and Evaluation was effective 04-15-2024
- MDC HCA 12.48 Basic Mental Health Services policy was effective 04-12-2024
- MDC HCA 12.48.1 PSU Therapeutic Service policy was effective 04-12-2024
- MDC HCA 12.49 Suicide Prevention Program effective 1-15-2024
- MDC HCA 12.41 Continuity, Coordination and Quality of Care during Incarceration effective 4/12/2024
- MDC HCA 12.42 Discharge Planning effective 4/12/2024

The receiving screening and the initial intake screening assessment forms were revised in December 2023 and again in February 2024. The intake screening and assessment process is undergoing additional modifications to ensure timely and quality intake process.

July 2024 Findings: As per status update. These policies had previously been reviewed by me when they were in draft form. Significant improvement is noted as compared to the prior site assessment. Partial compliance is present due to implementation issues specific to these policies as summarized elsewhere in this report.

- 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 as of 6/14/2024:

An RDT Intake process has been developed and implemented. Please see attached RDT Intake Process and checklist for SW and CW.

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 7 of 71

- Policies:
 - MDC-HCA 12.31 Receiving Screenings was approved on 01-15-2024 and
 - MDC-HCA 12.49 Suicide Prevention Program.

Continuous Quality Improvement audits (22, 23, 24) were completed for 2024-Q1. Audit 10 was completed through April 2024; the results for each are listed below and CQI's will be conducted until compliance is reached.

- 22 Timeliness of Nursing PSU RDT, and Psychiatric Evaluation of P1 Referrals= 72%
- 23 Timeliness of Nursing, PSU RDT, and Psychiatric Evaluation of P2 Referrals= 82%
- 24 Timeliness of Nursing PSU RDT, and Psychiatric Evaluation P3 Referrals = 92%
- 09 Quality of BH Assessments of SMI Patients in GP 2024 Q1 = 57%
- 10 RDT Management (Follow-up to PSU referrals) = 97%

Pending Audit:

- 08 Quality of BH Assessment of Non-SMI Patients in GP = N/A

Audits 22, 23, 24 and 10 assessed whether inmates designated as a level of risk ((P1), (P2), (P3)) were evaluated by the Med 3 Nurse within 4 hours of arrival at MDC, whether they were evaluated by PSU Mental Health based on their risk level, and whether psychiatric providers conducted the initial Psychiatric Evaluation within one business day of screening and referral by PSU Mental Health.

Audit 09 assessed the quality and adequacy of Mental Health Professionals' BH Assessments for SMI Patients in GP. Based on the results, an MDC Mental Health Intake Form was developed which identifies the source used in Cerner to determine the results. Staff were informed of the Audit results and the MDC Mental Health Intake Form was implemented as a screening instrument.

Audit 08, assesses the quality and adequacy of Mental Health Professionals

- Audit of 8 BH Assessments for Non-SMI patients in GP is currently pending completion. UNMH's Quality Consultant began in March 2024 and is familiarizing themselves with UNMH's policies, procedures, and audit requirements. With increasing familiarity, they will be able to complete audits more promptly.

July 2024 Findings: As per status update. The quality of the referenced QI studies was impressive. Partial compliance remains.

July 2024 Recommendations: As per the QIPs.

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 8 of 71

- 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.

UNMH Status Update as of 6/14/2024:

MDC has been conducting training sessions on the RDT Intake process which goes over the screening process and designated timeframe, upon booking but no later than four (4) hours after booking, to identify the inmate's risk for suicide or self-injurious behavior.

Audits 22, 23, and 24 for Q1 focused on the initial 4-hour period from arrival to intake. This includes the proper utilization of the Columbia screening tool by our screening clinicians.

Audit 28 assessed the timeliness of nursing intakes for all inmates, ensuring evaluation by the MED 3 Nurse within 4 hours of arrival at MDC. It was found that the Columbia screening tool continues to be effectively utilized by our screening clinicians.

Audit results are as follows:

- Audit 28 (Timeliness of Nursing Intakes) = 100%
- Audit 22 (Timeliness of Nursing PSU RDT & Psychiatric Evals of P1 Referrals Q1) = 90%
- Audit 23 (Timeliness of Nursing, PSU RDT, & Psychiatric Evals of P2 Referrals Q1) = 100%
- Audit 24 (Timeliness of Nursing PSU RDT & Psychiatric Evaluation P3 Referrals Q1) = 90%

As noted below: it is possible that the results may underestimate our current performance.

July 2024 Findings: As per status update. Compliance is present for the timeliness component of this provision. Compliance rating is deferred until the recommended QI study re: the Columbia screening tool has been completed as reviewed.

July 2024 Recommendations: As per my December 2023 recommendation, the QI studies should also address whether the Columbia screening tool is being administered appropriately by the screening clinicians.

- 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.

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 9 of 71

UNMH Status Update as of 6/14/2024:

Training sessions are provided to MDC's Qualified Medical Staff responsible for intake screenings, focusing on identifying and assessing suicide risk, and conducting thorough intake screenings.

At MDC, initial intake screenings are conducted by Registered Nurses and paramedics employed by UNMH. Both groups participated in the training sessions. Additionally, new hires undergo orientation sessions covering behavioral health issues and protocols for managing patients identified as suicide risks.

Ongoing training for intake screenings will be integrated into the onboarding process. Please refer to the attached documents: RDT Intake Process, MDC Orientation Manual for UNMH Staff at MDC, MDC Detox Workflow, Training Detox notes, Training Med 3 notes, and Nursing Training list.

The Director of Nursing oversees the implementation of updated policies, workflows, and intake procedures for nursing staff involved in intake screenings.

July 2024 Findings: As per status update. Compliance continues.

- 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 as of 6/14/2024:

UNMH has implemented an acuity system or triage scheme (P1, P2, or P3) to ensure that inmates with immediate mental health needs are prioritized for services.

UNMH Qualified Medical staff members have received and reviewed the following policy:

- MDC HCA 12.34, Mental Health Screening & Evaluation (pg. 2 &3), effective April 15, 2024. This policy encompasses all three priority levels, focusing on:
 - P1, P2, and P3 RDT screening criteria.

A P-level training document has been developed and is scheduled for implementation. This document outlines the process flow from MED 3 and referrals from the General Population to PSU.

As evidenced by audits 28, 22, 23, and 24, the MED 3 department achieved a score of 90% to

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 10 of 71

100% across all intake audits. These audits assess the timely check-in of inmates to MDC within four hours of their arrival/booking.

July 2024 Findings: As per status update. The referenced audits document partial compliance with the relevant policies in the context of timely assessments by a psychiatrist or PSU clinician.

- 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, IIII (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.

UNMH Status Update as of 6/14/2024:

UNMMG has started credentialing two new psychiatrists with a projected start date at the end of August 2024. UNMH will be adding additional tele-psych coverage for the general population's follow-up appointments. Currently, we have a 35% backlog due to the 30% vacancies in psychiatric providers.

The PSU Quality Consultant started on March 1, 2024, and has been working on the PSU audits. Audits 22, 23, 24 –Q3, assesses whether psychiatric providers conducted the initial Psychiatric Evaluation within one business day of screening and referral by PSU Mental Health.

Audit results are as follows:

- 22 Timeliness of Nursing PSU RDT, and Psychiatric Evals of P1 Referrals Q3= 59%
- 23 Timeliness of Nursing, PSU RDT, and Psychiatric Evals of P2 Referrals Q3= 50%
- 24 Timeliness of Nursing PSU RDT, and Psychiatric Evaluation P3 Referrals Q3 = 83%

UNMH Quality Consultants were onboarded in March 2024. The QCs are learning both the UNMH and security policies and processes and becoming familiar with workflows in the EMR. As the QC becomes more acquainted with the EMR and the MH Intake workflows, UNMH expects the results to better reflect the comprehensive work being carried out in PSU.

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 11 of 71

As noted above: it is possible that the results may underestimate our current performance.

P-level Referrals to PSU per Month						
Level	January	February	March	April	May	June 1- 14th
P1	47	34	34	41	44	50
P2	60	29	60	98	74	60
P3	230	169	257	420	456	218

P-level Referrals to Psychiatrist from RDT MH Intake						
Level	January	February	March	April	May	June 1- 14th
P1	31	26	25	38	45	24
P2	40	36	59	57	75	33
P3	154	137	183	276	312	162

Average Number of IMs on Watch per day, per Month, per Shift						
Level	January	February	March	April	May	June 1- 18th
SW	6.45	8.38	9.09	10.4	11	6.8
CL	11.16	16.42	15.7	17.6	16	15
Total Per Day	17.61	24.8	24.79	28	27	21.8

July 2024 Findings: As per status update. Partial compliance continues.

July 2024 Recommendations: Continue recruitment efforts.

- 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 as of 6/14/2024:

UNMH has recently hired several new Safety Monitors and the RN Supervisor conducted a 1:1 conversation with his staff to review the results of the audits and to provide additional support to the new employees.

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 12 of 71

Audit 21 Safety Monitor Suicide Observation Logs were reviewed monthly (January – April). The results showed that checks were completed, however; the majority were every 15 minutes, not staggered per policy. The remaining checks contain one or two times that fell outside of the 15-minute window. These results emphasized that our new hires could benefit from additional training and explanation of the reasoning behind the staggered checks, how to conduct a staggered check and the importance of staying within the 15-minute window. As shown below the results have improved, however; the results are still below the 90% competency requirement.

Audit results are as follows:

- Audit 21 Safety Monitor Suicide Observation Logs results per month.
 - January 7%
 - February 39%
 - March 39%
 - April 63%

MDC completes a video audit on the Safety Monitors, based on their review/results the monitors were complying with the policy.

MDC Update:

MDC continues to conduct audits of 15 minute checks conducted by both security staff and UNMH staff, to include video review. Because MDC's audits account for checks that are observed on video even if they are not logged, there is a significant variance between UNMH's paper audit and MDC's video audit.

Dec-93.88%

Jan- 87.36%

Feb-94.03%

March- 91%

April 83% (the April audit does not include UNMH watchers; thus, the overall total compliance is likely above 90% percent; a supplemental audit will be provided once available)

July 2024 Findings: As per status update. Improvement is noted. Partial compliance remains.

July 2024 Recommendations: Continue to QI and include video reviews. Modify the audit findings to reference results specific to level 1 and level suicide precautions.

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

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 13 of 71

risk.

UNMH Status Update as of 6/14/2024:

Policy MDC HCA 12.34, Mental Health Screening and Evaluation was effective on April 15, 2024. This policy encompasses all three priority levels (pages 2 & 3), focusing on:

- P1, P2, and P3 RDT screening criteria.

P1: Indicates the highest priority level where referrals must be evaluated by PSU within 4 hours.

P2: Represents an intermediate level of severity requiring evaluation by PSU within 8 hours.

P3: Denotes the lowest level of severity or acuity, necessitating evaluation by PSU within 14 days (about 2 weeks).

Audits 22, 23, and 24, Q2 assesses whether inmates designated at risk levels (P1, P2, P3) were evaluated by PSU within the specified timeframes listed above.

Audit results are as follows:

- 22 Timeliness of Nursing PSU RDT, and Psychiatric Evaluation of P1 Referrals Q2= 62%
- 23 Timeliness of Nursing, PSU RDT, and Psychiatric Evaluation of P2 Referrals Q2= 87%
- 24 Timeliness of Nursing PSU RDT, and Psychiatric Evaluation P3 Referrals Q2 = 100%

As noted above: it is possible that the results may underestimate our current performance.

July 2024 Findings: As per status update. Partial compliance remains.

July 2024 Recommendations: Continues to QI.

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 as of 6/14/2024:

Audit 02, which focuses on Constant Monitoring of Inmates Presumed to be at Moderate or High Risk of Suicide or Self-Harm (Crisis Call), has been developed. However, the Quality Consultant

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 14 of 71

who began in March 2024 has not yet conducted this audit.

Prior to the arrival of QMHP Professionals, it was observed that inmates presumed to be at moderate or high risk of suicide or self-harm were monitored by a Correctional Officer 80% of the time. UNMH is collaborating with MDC to ensure consistent monitoring of inmates exhibiting these behaviors until a QMHP arrives.

July 2024 Findings: As per status update. Partial compliance continues.

July 2024 Recommendations: As per status update.

- 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 as of 6/14/2024:

Audits 22, 23, and 24 assess the Timeliness of Nursing PSU RDT and Psychiatric Evaluation (P1, P2, P3) for Q2, while Audit 28 evaluates the Timeliness of Nursing Intakes. These audits determine whether inmates designated with specific risk levels were evaluated by PSU within the following timeframes from the initial screening:

- a. Within 14 days (about 2 weeks), or sooner if medically necessary, for inmates classified as low risk (P3).
- b. Within 8 hours, or sooner if medically necessary, for inmates classified as moderate risk (P2).
- c. Immediately, and no later than four hours, for inmates classified as high risk (P1).

Audit results are as follows:

- 22 Timeliness of Nursing PSU RDT, and Psychiatric Evaluation of P1 Referrals Q2= 62%
- 23 Timeliness of Nursing, PSU RDT, and Psychiatric Evaluation of P2 Referrals Q2= 87%
- 24 Timeliness of Nursing PSU RDT, and Psychiatric Evaluation P3 Referrals Q2 = 100%
- 28 Timeliness of Nursing Intakes = 100%

As noted above: it is possible that the results may underestimate our current performance.

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 15 of 71

July 2024 Findings: As per status update. Partial compliance continues.

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.

UNMH Status Update as of 6/14/2024:

MDC is working to ensure that mental health assessments include the assessment factors 1-8 as described above. A training sheet (DC Mental Health Intake Form) was developed that identifies what form/section is to be filled out by staff. This new training sheet should help to improve documentation of factors 1-8 in the EMR.

Audit results are as follows:

- Audit 09 Quality of BH Assessments of SMI Patents in GP was completed = 57%
 - Documentation was not clearly visible for items (1-8)

As noted above: it is possible that the results may underestimate our current performance.

July 2024 Findings: As per status update. Partial compliance due to implementation issues.

July 2024 Recommendations: Continue to QI.

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

UNMH Status Update as of 6/14/2024:

MDC Qualified Mental Health Professionals have received training on completing all

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 16 of 71

assessments, pursuant to generally accepted correctional standards of care. Training materials have been created and policies have been updated and implemented. Our new Quality Consultant started in March and is working on various audits that will provide us with a base line for determining if our policies and procedures are sufficient or if additional training and or documentation materials, process flow/procedure to make sure MHP's are documenting the same.

Audit results are as follows:

- Audit 09 Quality of BH Assessments of SMI Patents in GP was completed = 57%
 - Documentation was not clearly visible for items (1-8)
 - A training sheet was developed that identifies what form/section in Cerner is to be completed by staff.

Pending Audit:

- Audit 08 assesses the quality and adequacy of Mental Health Professionals; BH Assessments of Non-SMI patients in GP and is pending review.

As noted above: it is possible that the results may underestimate our current performance.

July 2024 Findings: As per status update. Partial compliance.

July 2024 Recommendations: As per the relevant QIP.

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).

UNMH Status Update as of 6/14/2024:

MDC Qualified Mental Health Professionals perform in-person mental health assessments no later than one working day following notification of any adverse triggering event.

Audit results are as follows:

- Audit 09 Quality of BH Assessments of SMI Patents in GP was completed = 57%
 - Documentation was not clearly visible for items (1-8)
 - A training sheet was developed that identifies what form/section staff will fill out.
- Audit 01 Clinical Seclusion (MH Observation)
 - Q4 – Seen daily by an MHP and encounter documented = 100%
- Audit 14 Suicide Watch Follow-up Rounding Audit February 2024
 - Q1 – 24-hour MH Follow-up Intervention Completed as Scheduled? = 87%

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 17 of 71

As noted above: it is possible that the results may underestimate our current performance.

July 2024 Findings: As per status update. The relevant audits were audits 01 and 14. Audit 10 (RDT Management --Follow-up to PSU Referrals, April 2024) was also relevant and demonstrated being seen by a psychiatrist within one day of referral. Review of the above audits demonstrated compliance specific to time assessments following notification of triggering events. Compliance is now present.

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 as of 6/14/2024:

MDC Mental Health Staff has been trained to conduct an in-person assessment 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. Inmates requiring Clinical Seclusion or Suicide Watch must be seen assessed by a QMHP, a Nurse, or a Psychiatrist prior to being placed on CS or SW. A Physician Seclusion Order is filled out prior to relocating an inmate to the appropriate unit/cell.

- 1. Place inmate on:
 - Suicide watch for 24 hours
 - Therapeutic Seclusion for 24 hours

In addition to the Seclusion Order, an MDC-42 Standard Referral Form is completed and sent to Security from PSU containing the reason for the placement.

Audit results are as follows:

- Audit 01 Clinical Seclusion (MH Observation)
 - Q1 Seen by Nurse, provider or MHP for initiation of seclusion = 100%
- Audit 26 Inmates Placed on Suicide Watch
 - Q1 Patient Assessed by a QMHP, a Nurse, or a Psychiatrist prior to placing patient on clinical seclusion = 100%
 - Q2-Q6, on regular intervals thereafter; overall score = 93%
- The following audit is pending completion:
 - Audit 27 Inmates Placed on Clinical Seclusion
 - Q1 Patient assessed by a QMHP, a Nurse, or a Psychiatrist prior to placing patient on clinical seclusion = 100%

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 18 of 71

- Q2-Q6, on regular intervals thereafter; overall score = 59%

July 2024 Findings: As per status update. Partial compliance.

July 2024 Recommendations: As per the QIP.

15) Deleted from check-out audit.

16) Deleted from check-out audit.

17) 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 as of 6/14/2024:

Agency travelers were used to fill counseling vacancies which have allowed for more consistent treatment plans. Even with agency counselor departures, upkeep of treatment plans on HSU 6 was maintained. Vacancies in psychiatry have delayed some of the treatment teams on PAC 3. One core staff member has been hired to focus on detox treatment plans. MH Director has attended at least one treatment team with core PAC counselors. Feedback was provided. MH Director will attend at least one offered treatment team from all units every 3 months.

Several audit tools have been developed to determine if treatment plans are consistent with prevailing professional standards for those inmates requiring a treatment plan, whether the plans are designed by an appropriate treatment team and if the plans are reviewed periodically or at least every 90-days. Below is a screenshot of PSU's tracking log which includes 30-day and 90-day follow-up dates.

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 19 of 71

DOC	Referral	Unit	Cell	ARREST DATE	REFERRAL DATE	SEEN	next seen	D O C T O R	30-day Due	Backlog: 30 days	Days passed FYU	90-day Due	Backlog: 90 days
223407	GP	E8	19	7/11/2023	11/15/2023	6/12/2024	9/12/2024	Hardy	7/12/2024	-22	-84	9/10/2024	-82
83783	RDT	F6	29	1/10/2024	1/23/2024	6/13/2024	9/13/2024	Hardy	7/13/2024	-23	-85	9/11/2024	-83
26112	RDT	E7	8	4/12/2024	4/15/2024	6/17/2024	9/17/2024	Hardy	7/17/2024	-27	-89	9/15/2024	-87
145990	GP	E2	31	1/18/2022	11/3/2022	6/17/2024	9/17/2024	Hardy	7/17/2024	-27	-89	9/15/2024	-87

The following audits will assess the criteria and will be conducted by our new Quality Consultant. As previously mentioned, she commenced in March and is currently acquainting herself with EMR systems, workflows, and audit processes.

Pending Audits:

- 15 Treatment and Discharge Planning for Non-SMI in GP
- 16 PAC 1, 3, 4, RHU 6 Treatment and Discharge Planning
- 17 Treatment and Discharge Planning for SMI Patients in GP
- 20 Treatment and Discharge Planning for RHU 3

July 2024 Findings: As per status update. Partial compliance.

July 2024 Recommendations: As per status update.

- 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 as of 6/14/2024:

Please reference the following policies:

- Policy HCA 12.48 Basic Mental Health Services effective April 15, 2024.
- Policy HCA 12.48-1 PSU Therapeutic Services effective on April 15, 2024.
- Policy HCA 12.49 Suicide Prevention Program effective on January 15, 2024.
- Policy HCA 12.34, Mental Health Screening & Evaluation effective April 15, 2024.
 - This policy encompasses all three priority levels (pages 2 & 3), focusing on:
 - Suicidal or Potential Suicidal Patients, P1, P2, and P3 RDT screening criteria

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 20 of 71

A P-level training document has been developed and is scheduled for implementation. This document outlines the process flow from MED 3 and referrals from the General Population to PSU.

Audit Results:

- P1, P2, P3 Audit data 22 Timeliness of Nursing, PSU RDT, and Psychiatric Evaluations of P1 Referrals
 - Screened by Med 3 within 4 hours of booking = 90%
 - Evaluated by PSU Mental Health within 4 hours of referral by Med 3 = 62%
 - Evaluated by Psychiatry within one Business Day of Referral =59%
 - 23 Timeliness of Nursing, PSU RDT, and Psychiatric Evaluations of P2 Referrals
 - Screened by Med 3 within 4 hours of booking = 100%
 - Evaluated by PSU Mental Health within 8 hours of referral by Med 3 = 87%
 - Evaluated by Psychiatry within one Business Day of Referral =50%
 - 24 Timeliness of Nursing, PSU RDT, and Psychiatric Evaluations of P3 Referrals
 - Screened by Med 3 within 4 hours of booking = 90%
 - Evaluated by PSU Mental Health within 14 days (about 2 weeks) of referral by Med 3 = 100%
 - Evaluated by Psychiatry within one Business Day of Referral =83%
 - 28 Timeliness of Nursing MH
 - Screened by Med 3 within 4 hours of booking? = 100%
- PSU Matrix – Backlog Data.

BACKLOG DATA	Jan	Feb	Mar	Apr	May
# of 30-day MD SMI follow ups <u>NOT seen</u> (absolute number on the 30th day of the month) - BACKLOG	78	166	159	77	58
% SMI who haven't been seen within 30 days. (30th day of the month) total caseload	36%	95%	82%	40%	35%
# for 30-day MD NON-SMI follow ups <u>NOT seen</u> (absolute number on the last working day of the month) - BACKLOG	127	407	177	341	209
% NON-SMI who haven't been seen within 30 days. (last day of the month)	17%	59%	26%	46%	29%
# days out for oldest back log appointment for MDs as of the last day of the month.	60	89	83	72	54

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 21 of 71

All PSU patients are tracked on the PSU Master List. Patients designated as SMI by a provider are scheduled at least every 30 days (about 4 and a half weeks) or as designated by the treating provider. Please see PSU Matrix for backlog data for SMI and Non-SMI Patients listed above. Please see CQI audits for Clinical Seclusion and Suicide Watch, Audits 26 and 27 for adequate and timely treatment.

Pending audits, will be completed by July 17, 2024:

- 16 PAC 1, 3, 4 and HSU 6 Treatment Team Treatment and Discharge Planning

July 2024 Findings: As per status update. Partial compliance.

July 2024 Recommendations: As per the relevant QIPs.

- 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.

UNMH Status Update as of 6/14/2024:

UNMH Mental Health Individualized Treatment Plan addresses inmates’ serious mental health needs and contains interventions specifically tailored to the inmates’ diagnoses and problems.

Treatment plans are being completed in the PSU units; the number of plans completed per month is as follows:

Treatment Plans					
Month	January	February	March	April	May
PAC 1	0	38	39	37	36
PAC 3	2		0	0	0
PAC 4	17	0	11	16	20
RHU3	6	0	23	7	18
RHU 6	0	0	24	33	23
Percentage of Treatment Plans Completed					

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 22 of 71

Month	January	February	March	April	May
PAC 1	0.0%	95.0%	97.5%	92.5%	90.0%
PAC 3	5.0%	0.0%	0.0%	0.0%	0.0%
PAC 4	85.0%	0.0%	55.0%	80.0%	100.0%
RHU3	30.0%	0.0%	76.7%	23.3%	60.0%
RHU 6	0.0%	0.0%	80.0%	110.0%	76.7%

Due to staff vacancies, we are relying on travelers to help meet the demand. We do not currently have a PAC 3 dedicated psychiatrist.

Audit 17 was developed, to determine whether the above completed treatment plans adequately address inmates' serious mental health needs and whether the plans contain interventions specifically tailored to the inmates' diagnoses and problems and is pending, due to our Quality Consultant only recently started working on various audits this past March and still becoming acclimated to her new role.

Pending Audit:

- Audit 17 Treatment and Discharge Planning for SMI in GP

July 2024 Findings: As per status update. Partial compliance.

July 2024 Recommendations: As per status update section.

- 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.

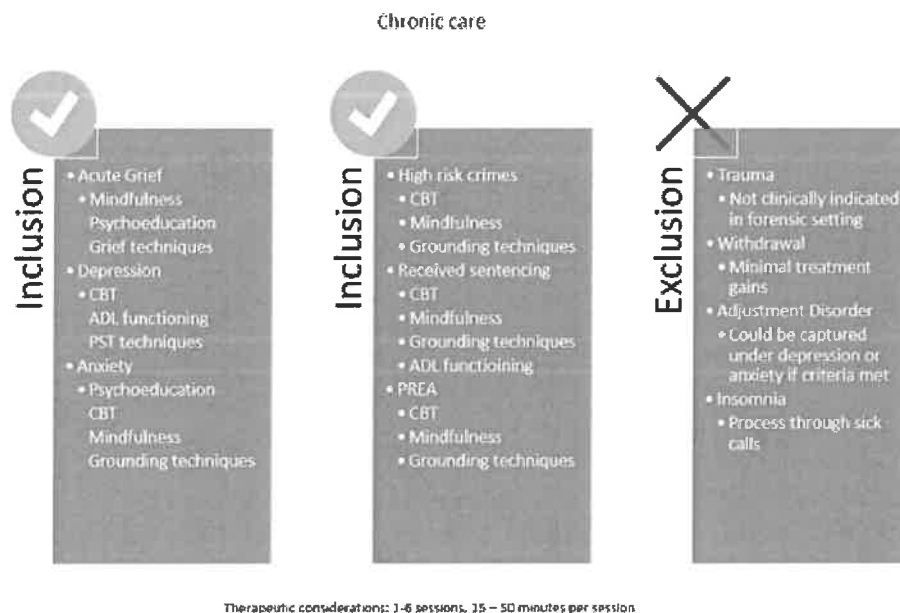
UNMH Status Update as of 6/14/2024:

Chronic care offers short term individual treatment for a requested episode of care. Chronic care is requested by a provider via a Power Order in Cerner. A DA2 report is pulled by the MH Director. Any new requests are added to an Excel Document on a Secure Share drive. A counselor then assigns her/himself to the case. The provider meets with the patient, determines the best course of therapy, and closes out the PowerOrder. Treatment progress is tracked on the Excel document. Upon treatment completion, the patient's name is moved to a Completed tab in the same Excel spreadsheet. Currently, there are 12 patients on the Chronic Care counselor list.

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 23 of 71



The following pending audits were developed to determine if appropriate therapy services by a licensed mental health provider were medically necessary for inmates with serious mental health needs as ordered by their attending psychiatrist.

Pending Audits:

- Audit 12 Requests for Service Response Time
- Audit 19 PSU Chronic Care

July 2024 Findings: As of July 15, 2024, there were 18 detainees referred to the chronic care clinic with 11 of them currently assigned a mental health counselor and 10 of them currently in treatment. Seven of these 18 referrals were on a waiting list for such treatment.

Since March 13, 2024, 76 detainees had been referred to the chronic care clinic. The status of 18 of these 76 detainees is summarized in the previous paragraph. The other 58 were to be evaluated by a mental health counselor with 34 of these 58 detainees having completed treatment via the chronic care clinic. Twenty-four (24) detainees of these 58 planned assessments were either released from jail before being seen or were seen by a mental health clinician but the required documentation was not completed.

Implementation of this chronic care clinic is improving but more data needs to be obtained for compliance assessment purposes.

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 24 of 71

Partial compliance is present.

July 2024 Recommendations: Provide similar data in the pre-site date for the next site visit.

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

UNMH Status Update as of 6/14/2024:

MDC does complete mental health evaluations as part of the disciplinary process. MDC and UNMH staff participate in the Classification Committee meeting to collaborate on disciplinary action. The hearing officer incorporates the recommendation 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.

Classification Reviews			
	March	April	May
Reviews	3	9	15

Prior to the Classification meeting, The Bernalillo County Metropolitan Detention Center Mental Health Input into Inmate Discipline form is filled out and returned to the MDC Disciplinary Officer. This form lists:

1. Inmates' information
2. Disciplinary Report #
3. Date and Time of Review
4. Housing
5. Qualified Mental Health Practitioner Assessment of:
 - a. Review of Incident report conducted
 - b. Serious Mental Illness
 - c. Review of medical record conducted
 - d. Intellectual Disability
 - e. Mental Health Symptoms during or after Incident
 - f. Consultation with Treatment Team
 - g. Assessment Information
 - i. Behavior related to serious mental illness or intellectual disability?

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 25 of 71

- ii. Contra-indications to housing in Segregation after review and assessment?
- iii. Should disciplinary proceedings be modified or terminated?

The Classification Department reviews placements weekly. The Classification Committee is comprised of Classification Staff, Security Staff, PSU staff, medical staff, and Security Threats Intelligence Group staff. During this committee meeting disciplinary reviews are conducted on inmates in RHU for movement out of RHU and any changes to inmate's housing instructions while they are in RHU.

MDC Update:

Copies of MDC's audits on MH input into the disciplinary process are included. They continue to demonstrate compliance. Please note, Ms. Frasier found these provisions compliant in her most recent report.

July 2024 Findings: As per status update. It was my understanding from talking with leadership staff that the current MDC practice is for the hearing officer to always follow any mitigation recommendations resulting from the mental health assessment.

The PSU disciplinary data was not specific enough to confirm the following information obtained from staff:

1. The total number of the PSU detainees receiving disciplinary reports during the monitoring period.
2. The percentage of such detainees who received a mental health assessment specific to the disciplinary process.
3. The percentage of such mental health assessments that resulted in a mitigation recommendation.
4. The percentage of medication recommendations that were accepted by the disciplinary hearing officer.

Partial compliance is present due to the lack of adequate proof of practice.

July 2024 Recommendations: I discussed with leadership staff the following recommendations:

1. For GP detainees, who do not have a serious mental illness and are receiving a mental health assessment for disciplinary purposes, such assessments should generally be performed by a clinician who is not the inmate's treating clinician.
2. For GP PSU detainees, who are receiving a mental health assessment for disciplinary

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 26 of 71

purposes and were exhibiting unusual or bizarre behaviors at the time of the alleged infraction, such assessments should generally include an interview with the inmate as well as a healthcare record review and review of the incident report.

3. For reasons discussed during the site visit with staff, it is acceptable that mental health assessments for disciplinary purposes for PSU inmates in specialized mental health units can be performed by their treating clinician.
 4. A QI should address the relevant four elements outlined in the findings section.
- 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)].*

UNMH Status Update as of 6/14/2024:

Patients can be offered Chronic Care at any point during their stay at MDC. It can be discussed as a treatment option with a patient at time of referral, during a PSU sick call, or when a patient is in contact with a provider of another discipline. If a provider or a patient requests chronic care, the provider places a Chronic Care Power Order.

Sample: PSU Staffing Schedule

May-24		31	1	2	3	4	5	6		28	29	30	1	2
		Mon	Tue	Wed	Thur	Fri	Sat	Sun		Sun	Mon	Tue	Wed	Thurs
CRISIS COUNSELING DAY SHIFT	FTE													
Amy Abel 159, LPCC	0.9	PS1						PS1	36	D4	D4	D4		
Abbas Kh 159, LMHC	0.9				PS2	PS2	PS2		36					D7
Isaac Vail 158, LMSW	0.9			PS6	PS6	PS6	PS6		40				D4	D4
Maria Mc 158, LMSW	1									D8	D8	D8		
COORDINATOR DAY														
David Rio 158, LMHC	1	PS4	PS4		PS4	PS4			40		D3	D3	D3	D3
Milla Man 158, LMHC	1	D3	D3	D3	D3	D3			40		D2	PTO	PTO	PTO
COUNSELING NIGHT														
Cicilly Mc 159 LCSW	T		T	T	T	NT1			40	NT1				NT1
Mariam E 159, LCSW	T	x	x	x	x	x	x	x			NT4	NT4	NT6	

July 2024 Findings: As per status update. Ad adequate scheduling system is in place. Compliance is present.

- 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 as of 6/14/2024:

Pending Audits:

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 27 of 71

- Audit 16 PAC 1, 3, 4 and HSU 6 Treatment Team and Discharge Planning.

Treatment plans are created by the counselor and informed by goals discussed with the patient. Treatment goals are reviewed during the treatment team meeting which includes the patient, psychiatry, discharge planners and mental health provider. Goals can be modified at this time also. Changes are then made by hand and included on the scanned copy. After treatment team, the changes are then updated electronically and reviewed at the next treatment team.

Treatment Plans are reviewed every 30 and 90 days (about 3 months); MDC inmates can participate meaningfully in the development of a treatment plan.

July 2024 Findings: As per status update. However, as noted in a previous provision, treatment plans are not always completed in a timely manner related to staffing vacancies, which is problematic. Detainees in RHU 6 stated they did not receive treatment plans or participate in treatment team meetings, which was due to staffing vacancies and mental health counselor allocation issues. Partial compliance is present.

July 2024 Recommendations: Complete the pending audits.

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

UNMH Status Update as of 6/14/2024:

Pending Audit:

Audit 06 Psych Med Renewal developed

MDC has developed a process to distribute appropriate psychotropic medication in a timely manner.

1. The Provider orders meds,
2. Pharmacy approves the medication in the system
3. A list containing the patient's name, medication and unit is printed
4. The medication is picked up from the Pharmacy by the nurse
5. The nurse then wheels the cart to the units.
6. The CO calls the patient to the desk/cart.
7. The nurse verifies the patient demographics.
8. The Medications is administered

If the patient refuses/declines:

1. A refusal form is filled out.
2. A second/third attempt is made throughout the day to administer medication to individuals who were not on the unit or refused the first time around.

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 28 of 71

July 2024 Findings: As per status update. Patients interviewed in all the mental health units reported that they received prescribed medications in a timely manner once they were prescribed. However, as documented by Plaintiff-Intervenors' record reviews and generally not refuted by UNMH there were many instances of detainees not receiving an initial psychiatric referral in a timely manner that resulted in receiving their initial dosages of medications in an untimely manner.

Partial compliance is present.

July 2024 Recommendations: QI this issue for the next site assessment with a sample population being PSU detainees in general population housing units since my source of data did not include general population PSU detainees. Perform a QI of detainees not identified at intake as needing a psychiatric referral but within 6 weeks of intake being referred to a psychiatrist to determine whether such inmates should have been identified during the screening and/or intake process as needing a psychiatric referral.

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

UNMH Status Update as of 6/14/2024:

Below is a snapshot of the master list showing that UNMH schedules treatment according to the psychiatrists' plan, 7 days, 30 days (about 4 and a half weeks) etc.

BACKLOG DATA	Jan	Feb	Mar	Apr	May
# of 30-day MD SMI follow ups NOT seen (absolute number on the 30th day of the month) - BACKLOG	78	166	159	77	58
% SMI who haven't been seen within 30 days. (30th day of the month) total caseload	36%	95%	82%	40%	35%
# for 30-day MD NON-SMI follow ups NOT seen (absolute number on the last working day of the month) - BACKLOG	127	407	177	341	209
% NON-SMI who haven't been seen within 30 days. (last day of the month)	17%	59%	26%	46%	29%
# days out for oldest back log appointment for MDs as of the last day of the month.	60	89	83	72	54

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 29 of 71

July 2024 Findings: As per status update. See above backlog data. Noncompliance related to the significant compliance issues specific to inmates within SMI.

July 2024 Recommendations: As per plan to fill the psychiatrists' vacancies.

10) Whether MDC properly monitors and timely adjusts medications.

UNMH Status Update as of 6/14/2024:

See table above that contains backlog data for psychiatric appointments.

July 2024 Findings: As per status update. See provision B (9). Noncompliance.

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

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.

UNMH Status Update as of 6/14/2024:

When completing a Mental Health Intake, PSU counselors complete a chart review which includes assessing medications. They are also responsible for asking the patient about medications prescribed by community providers.

We continue to use the PSU Master List to schedule SMI Patients at least every 30-days or earlier as designated by the provider. Non-SMI patients are seen up to 90-days or earlier as designated by the provider. Please see PSU backlog data below.

BACKLOG DATA	Jan	Feb	Mar	Apr	May
# of 30-day MD SMI follow ups <u>NOT seen</u> (absolute number on the 30th day of the month) - BACKLOG	78	166	159	77	58
% SMI who haven't been seen within 30 days. (30th day of the month) total caseload	36%	95%	82%	40%	35%

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 30 of 71

# for 30-day MD NON-SMI follow ups NOT seen (absolute number on the last working day of the month) - BACKLOG	127	407	177	341	209
% NON-SMI who haven't been seen within 30 days. (last day of the month)	17%	59%	26%	46%	29%
# days out for oldest back log appointment for MDs as of the last day of the month.	60	89	83	72	54

July 2024 Findings: As per status update. This policy requires establishing standards for the frequency of review and associated charting of psychotropic medication. Pertinent written standards are not in place although a reasonable practice is in place. The standard should be in written form either via a memorandum or policy.

Partial compliance is present due to the lack of relevant written standards.

July 2024 Recommendations: Develop the relevant written standards.

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

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 31 of 71

- 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 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 percentage of SMI at MDC is sixteen percent, which is the reported national average.

UNMH Status Update as of 6/14/2024:

Please reference the table below for Backlog Data.

BACKLOG DATA	Jan	Feb	Mar	Apr	May
# of 30-day MD SMI follow ups <u>NOT seen</u> (absolute number on the 30th day of the month) - BACKLOG	78	166	159	77	58
% SMI who haven't been seen within 30 days. (30th day of the month) total caseload	36%	95%	82%	40%	35%
# for 30-day MD NON-SMI follow ups <u>NOT seen</u> (absolute number on the last working day of the month) - BACKLOG	127	407	177	341	209
% NON-SMI who haven't been seen within 30 days. (last day of the month)	17%	59%	26%	46%	29%
# days out for oldest back log appointment for MDs as of the last day of the month.	60	89	83	72	54

July 2024 Findings: As per status update. See findings for provisions B (9) and B (10). Noncompliance is present.

July 2024 Recommendations: Refer to my October 2014 findings.

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).

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 32 of 71

UNMH Status Update as of 6/14/2024:

Patients placed on suicide watch have daily check in sessions with PSU counselors until cleared from suicide watch by a psychiatrist. Once cleared they have a post suicide watch at the following time intervals: 24-hour, 7 day, and 28 days (about 4 weeks).

- Audit 26 Inmates Placed on Suicide Watch
 - Q1 Patient Assessed by a QMHP, a Nurse, or a Psychiatrist prior to placing patient on clinical seclusion = 100%
 - Q2-Q6, on regular intervals thereafter; overall score = 93%
- Audit 14 Suicide Watch Follow-up Rounding Audit February 2024
 - Q1 – 24-hour MH Follow-up Intervention Completed as Scheduled? = 87%

July 2024 Findings: As per status update. QI studies 26 and 14 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.

July 2024 Recommendations: As per the relevant QIPs.

- 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 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.

UNMH Status Update as of 6/14/2024:

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 33 of 71

UNMH has been working on developing and implementing an adequate formal procedure 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.

The following policy was revised:

- MDC HCA 12.49 Suicide Prevention Program effective 01-15-2024

INMATES MEETING CRITERIA FOR INPT ADMISSION	Jan	Feb	March	April	May	24-Jun
Total # of all certificates of evaluation issued	5	8	0	1	5	5
# inmates for whom competency to proceed orders to the NMBI were obtained.	N/A	N/A	N/A	N/A	N/A	N/A

July 2024 Findings: As per status update. Policies HCA12.4 (basic mental health services-see page 3) and HCA 12.42 (discharge plan-see page 3) address the requirements of this provision although in a very general manner. It was my understanding that a more detailed protocol specific to this provision is in writing and will be made available to staff.

Compliance is now present.

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 as of 6/14/2024:

Policy: HCA 12.49 Suicide Prevention Program was developed, implemented, and 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 are discontinued.

Audit 21 Safety Monitor Suicide Observation Logs do evaluate the 15-minute checks.

Audit results are as follows:

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 34 of 71

- January 7%
- February 39%
- March 39%
- April 63%

Pending Audit:

- 02 Constant Monitoring of Inmates Presumed to be of Moderate or High Risk of Suicide or Self-Harm

MDC Update:

MDC continues to conduct audits of 15 minute checks conducted by both security staff and UNMH staff, to include video review. Because MDC's audits account for checks that are observed on video even if they are not logged, there is a significant variance between UNMH's paper audit and MDC's video audit.

Dec-93.88%

Jan- 87.36%

Feb-94.03%

March- 91%

April 83% (the April audit does not include UNMH watchers; thus, the overall total compliance is likely above 90% percent; a supplemental audit will be provided once available)

July 2024 Findings: As per status update the relevant policy contains the required elements of this provision. A separate provision of this Settlement Agreement addresses implementation of this policy.

Compliance is now present.

July 2024 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.

UNMH Status Update as of 6/14/2024:

Similar to Section A. Screening & Assessment, Question 9: Whether MDC security staff monitors inmates who are presumed to be of moderate or high risk of suicide or self-harm with

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 35 of 71

constant supervision.

Prior to the arrival of QMHP Professionals, it was observed that inmates presumed to be at moderate or high risk of suicide or self-harm were monitored by a Correctional Officer 80% of the time. UNMH is collaborating with MDC to ensure consistent monitoring of inmates exhibiting these behaviors until a QMHP arrives.

Pending Audit:

- 02 Constant Monitoring of Inmates Presumed to be of Moderate or High Risk of Suicide or Self-Harm

July 2024 Findings: As per status update. Partial compliance.

July 2024 Recommendations: As per status update.

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 as of 6/14/2024:

Audit 21 Safety Monitor Suicide Observation Logs results per month.

- January 7%
- February 39%
- March 39%
- April 63%

MDC update:

MDC continues to conduct audits of 15 minute checks conducted by both security staff and UNMH staff, to include video review. Because MDC's audits account for checks that are observed on video even if they are not logged, there is a significant variance between UNMH's paper audit and MDC's video audit.

Dec-93.88%

Jan- 87.36%

Feb-94.03%

March- 91%

April 83% (the April audit does not include UNMH watchers; thus, the overall total compliance

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 36 of 71

is likely above 90% percent; a supplemental audit will be provided once available)

July 2024 Findings: As per status update. Future monitoring of this provision will be based on whether MDC security staff or UNMH safety monitors 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.

Partial compliance.

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.

UNMH Status Update as of 6/14/2024:

A psychiatrist or psychologist does evaluate all inmates placed on suicide precautions before removing them from suicide watch. MDC is working to ensure that its policies are followed, continuous training and monitoring takes place routinely. Prior to being cleared from suicide watch, the Psychiatrist fills out an MDC-42 Standard Referral Form and an MDC BH Psychiatrist Note is added to the EMR.

Audit results are as follows:

- Audit 26 Inmates Placed on Suicide Watch
 - Q6, Pt cleared from suicide watch by a Psychiatrist = 100%

July 2024 Findings: As per status update. Compliance continues.

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

UNMH Status Update as of 6/14/2024:

UNM - Behavioral Health (BH) Suicide Screening and Precautions Procedure has been implemented.

Policy:

- MDC HCA 12.49 Suicide Prevention Program

MDC does conduct follow-up assessments on inmates discharged from suicide watch. A 24-hour post watch follow-up is conducted unless the inmate was discharged prior.

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 37 of 71

Audit Results Below:

- Audit 14 Suicide Watch Follow-up Rounding Audit February 2024
 - Q1 – 24-hour MH Follow-up Intervention Completed as Scheduled? = 87%
 - Q2 - 7-day MH follow-up Intervention Completed as Scheduled? = 83%
 - Q3 - 28-day MH Follow-up Intervention Completed as Scheduled? = 90%

July 2024 Findings: As per status update. Partial compliance

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.

UNMH Status Update as of 6/14/2024:

MDC HCA 12.49 Suicide Prevention Program (pages 3,5, & 10).

July 2024 Findings: As per status update. 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.

UNMH Status Update as of 6/14/2024:

MDC HCA 12.49 Suicide Prevention Program

Audit result listed below:

- Audit 09 Quality of BH Assessments of SMI Patents in GP was completed = 57%
 - Documentation was not clearly visible for items (1-8)
 - A training sheet was developed that identifies what form/section staff will fill out.

July 2024 Findings: As per status update. Partial compliance.

July 2024 Recommendations: See recommendations for paragraphs 1-8.

D. Suicide Prevention Training Program

1) Deleted from check-out audit.

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 38 of 71

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

UNMH Status Update as of 6/14/2024:

MDC continues to conduct routine training with the medical and mental health staff on the suicide screening portion of the mental health intake form and medical intake tool.

July 2024 Findings: As per 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.

UNMH Status Update as of 6/14/2024:

UNMH PSU staff completes the training for new cadets and officers working in HSU that covers:

- Social Determinants of health and diathesis stress model
- Psychiatry Referral Process and Crisis Intervention
- Trauma Informed Care – Creating Safety for Everyone
- Substance Use

July 2024 Findings: As per status update. 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.

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 39 of 71

UNMH Status Update as of 6/14/2024:

All officers working at MDC have an Emergency Rescue tool on their person.

MDC update:

All officers working at MDC have an Emergency Rescue tool on their person.

July 2024 Findings: As per status update. Compliance continues.

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

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

UNMH Status Update as of 6/14/2024:

All officers working at MDC have an Emergency Rescue tool on their person.

MDC update:

All officers working at MDC have an Emergency Rescue tool on their person.

July 2024 Findings: As per status update. 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 to be monitored at least every 15 minutes by security staff to assess their physical condition. [*Doc. No. 256, III (N)&(I)*].

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

UNMH Status Update as of 6/14/2024:

Please refer to the following policy:

- MDC HCA 12.60 Restraint and Seclusion effective 05-15-2024

July 2024 Findings: As per status update. Compliance continues.

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 40 of 71

3) Deleted from check-out audit.

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

UNMH Status Update as of 6/14/2024:

Please refer to the following policy:

- MDC HCA 12.60 Restraint and Seclusion effect
- We have not used clinical restraints during this monitoring period.

July 2024 Findings: As per 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 as of 6/14/2024:

In the event an emergency resulting 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 via a Crisis Call and will assess the appropriateness of the restraint and design a plan to safely end the restraint as soon as possible.

- We have not used clinical restraints during this monitoring period.

July 2024 Findings: As per status update. Compliance continues.

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.

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

UNMH Status Update as of 6/14/2024:

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 41 of 71

MDC does provide adequate specialized training for all security staff working on specialized mental health units. Existing security staff have been trained and new cadets are trained during Orientation and has recently been tracked in the PSU data tracking logs.

MDC Update:

MDC has continued to require training as previously demonstrated compliance.

July 2024 Findings: As per status update. Leadership staff stated that security staff, who are newly assigned to the mental health units, will continue to receive an 8 - hour refresher course.

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 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 level care will have a much smaller ratio.

December 2023 Recommendations: Continue recruitment efforts.

UNMH Status Update as of 6/14/2024:

UNMH is working to fill all vacancies (30% vacancy in psychiatric staffing).

- Please review the Staffing Table on page 4.
- Please refer to the PSU matrix for the caseload and backlog.

July 2024 Findings: As per status update and below. Partial compliance is present due to both the psychiatrists' vacancies and the increased PSU census, which is predominantly related to

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 42 of 71

recent city/County practices specific to the homeless population.

		Jan	Feb	Mar	Apr	May
	POPULATION INFORMATION					
1	Total MDC average daily population (ADP) CAP 1950	1438	1485	1484	Data not available	Data not available
2	MDC ALL POPULATION - ALOS (as of last working day of the month)	1683	1639	1703	1618	1644
3	PSU POPULATION ALOS (as of last working day of the month)	732	691	690	757	739
4	Absolute # on PSU caseload (on last working day of the month)	730	687	674	734	722

Actual # of Psychiatrists functionally filled	4	4	4	4	4
Total # Psychiatrists FTEs allocated	6	6	6	6	6
% Psychiatrists Filled positions	67%	67%	67%	67%	67%
Actual # of PSYCH NP functionally filled	1	1	1	1	1
Total # PSYCH NP FTE allocated	1	1	1	1	1
% Psychiatrists Filled positions	100%	100%	100%	100%	100%
Actual # of PSYCH Director functionally filled	1	1	1	1	1
Total # PSYCH Director FTE allocated	1	1	1	1	1
% Psychiatrists Filled positions	100%	100%	100%	100%	100%

July 2024 Recommendations: As per status update. I strongly recommend increasing the psychiatrists’ allocations in order to eventually comply with this provision because it has been rare during the duration of the Settlement Agreement that significant psychiatry vacancies have not existed.

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 as of 6/14/2024:

UNMH is working to fill all vacancies (30% vacancy in psychiatric staffing).

- Please review the Staffing Table on page 5; Staffing Statistics Section.
- Please refer to the PSU matrix for the caseload and backlog.

MDC Update:

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 43 of 71

As demonstrated by UNMH and MDC's audits, there is improvement in meeting deadlines contained in Check-Out Audit Agreement No. 2.

July 2024 Findings: As per status update. 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 frequently due to staffing vacancies. RHU 6 did not have an assigned mental health counselor due to mental health counselor allocation issues in contrast to a vacancy issue. A fulltime psychiatrist was also not assigned to this unit to be psychiatrists' vacancy issues. Partial compliance continues.

July 2024 Recommendations: Continue efforts to fill the staffing vacancies. Increase the mental health counselor allocations.

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

UNMH Status Update as of 6/14/2024:

UNMH is working to fill all vacancies. UNMH has recruited two full time psychiatrists and mental health counselor. PSU now supports crisis calls, PAC coordinators, and chronic care treatment.

- Please review the Staffing Table on page 5.
- Please refer to the PSU matrix for the caseload and backlog.

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

July 2024 Findings: As per status update and the prior provision (#2). Partial compliance continues.

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 as of 6/14/2024:

UNMH is working to fill all vacancies. UNMH has recruited two full time psychiatrists and a mental health counselor.

- Please review the Staffing Table above in the introduction section of this document.
- Please refer to the PSU matrix for the caseload and backlog.

July 2024 Findings: As per status update. See prior provisions relevant to staffing vacancies and

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 44 of 71

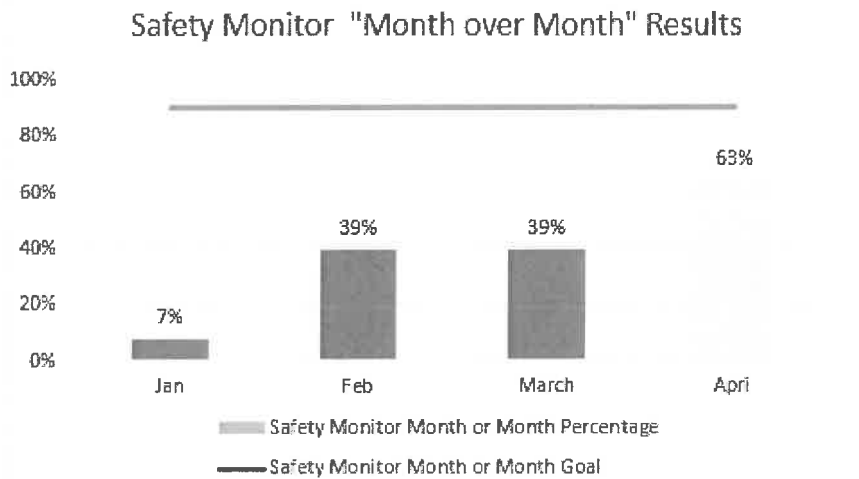
H (3). Partial compliance continues.

July 2024 Recommendations: Remedy the staff vacancies.

5) Whether MDC annually reviews staffing patterns based on data of timeframes 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 as of 6/14/2024:

Backlog data and current and future audit results will be used to evaluate processes and staffing needs. The Quality Consultant has finished several audits and over time will conduct follow-up audits which in turn will reveal trends and patterns that will allow us to adjust staff and improve processes.



MDC Update:

UNMH did complete a staffing update and the requested changes to the staffing plan were approved by the Board. A copy of the updated staffing plan is included in UNMH's documents. 40 new positions were added, including 30 for the addiction treatment program.

July 2024 Findings: As per status update. I reviewed a document entitled "MDC HCA UNMH amendment #2 v.final" which was relevant to staffing, but did not appear to be a staffing analysis of current programming. The current position control report with past position control report for comparison demonstrated increases in assigned staffing. A compliance rating is deferred.

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 45 of 71

I will re-assess this provision during the next site visit in the context of my findings in provision J3 specific to the mental health counselor staffing issue identified in RHU 6 .

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

UNMH Status Update as of 6/14/2024:

UNMH addresses staffing needs and will continue to evaluate needs as they arise. With the implementation of Addiction Medicine at MDC, UNMH received approval to hire additional providers, nurses, counselors, and discharge planners to support this important program.

MDC Update:

UNMH did complete a staffing update and the requested changes to the staffing plan were approved by the Board. A copy of the updated staffing plan is included in UNMH's documents. 40 new positions were added, including 30 for the addiction treatment program.

July 2024 Findings: As per status update. Compliance is present.

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.

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

UNMH Status Update as of 6/14/2024:

The Suicide Prevention Committee meets monthly to review patients that have had suicide attempts or self-harm. Patients with serious injuries requiring treatment are referred to the M&M Committee. MDC HCA 12.06 Continuous Quality Improvement Program has been reviewed and approved by the UNMH-MDC P&P Review Committee and the suggestions of the court monitors have been incorporated. Since your last visit, Policies 12.10 and 12.49 have been updated and these policies effective January 2024 are enclosed.

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 46 of 71

July 2024 Findings: As per status update. I reviewed with Murtaja Kamal-Aldeen, DDS, the planned revisions to MDC HCA 12.06, which were consistent with my prior and current recommendations. Compliance is present from the perspective of developing an adequate quality management system as summarized in this provision.

Some implementation issues remain such as timely morbidity reports. During the site visit I discussed with leadership staff improvement recommendations relevant to specific documentation issues such as trends in the context of self-harming behaviors. Significant improvement is noted.

Partial compliance in the context of this provision is present although I expect full compliance to be achieved during the next monitoring round.

- 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 as of 6/14/2024:

As stated in provision I (1.), the Suicide Prevention Committee meets monthly to review patients that have had suicide attempts or self-harm. Patients with serious injuries requiring treatment are referred to the M&M Committee.

July 2024 Findings: As per status update. Improvement ideas relevant to documentation of specific activities of this committee were discussed during the site visit. 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, a necessary.

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 47 of 71

UNMH Status Update as of 6/14/2024:

MDC's Quality Improvement Committee does include 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. The meeting is held once a month. Our new Quality Consult started earlier this year in March and is conducting audits to analyze mental health processes and has made recommendations. Corrective action plans are discussed based on her audit findings. The committee provides oversight of the implementation of mental health policies, procedures, guidelines, and support plans and may review policies, training, and staffing levels. The committee monitors implementation of recommendations and corrective actions, reports findings and recommendations to appropriate County officials periodically; and refers appropriate incidents to the Morbidity/Mortality Committee for review, as necessary.

July 2024 Findings: As per status update. During the site assessment I discussed with leadership staff the current implementation status of the various elements of this provision. I disagree with the Plaintiff Intervenor's assertion that the correct legal interpretation of "appropriate County officials" is elected County commissioners.

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 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 as of 6/14/2024:

Please reference question one above.

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 48 of 71

July 2024 Findings: During the site assessment I discussed with leadership staff the implementation status of the various elements of this provision. Compliance is present.

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

UNMH Status Update as of 6/14/2024:

Corrective Action Plans are developed when appropriate to address areas that require corrective action.

July 2024 Findings: As per status update. Compliance is present.

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).

UNMH Status Update as of 6/14/2024:

UNMH conducts all initial reviews within 30-days, however; OMI is unable to return their report to us within 30-days, therefore; the Final Mortality reports are not completed within 30-days.

See attached Mortality Log.

July 2024 Findings: Compliance is present regarding meeting the 30-day timeframe for conducting a preliminary mortality review within 30 days of each suicide. Partial compliance was present for conducting a preliminary morbidity review for a serious suicide attempt (e.g., those incidents requiring hospitalization for medical treatment).

I reviewed both the psychological autopsy report and the administrator mortality report regarding the suicide of Ms. MM. I discussed with key clinicians the following issues and/or recommendations:

1. It was my understanding that the use of the term seclusion did not refer to seclusion for mental health purposes but to being placed in a single cell for close observation purposes. Both reports need to be revised to clarify this area of confusion.
2. The psychological autopsy did not include any interviews with mental health staff, correctional staff, family members or other detainees. It appeared that correctional staff were not interviewed due to the investigation conducted by either the Office of Professional Standards (OPS). The result of such an investigation are not made available

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 49 of 71

to the M&M committee until the investigation is completed, which should take about 90 days.

3. The M&M report included relevant recommendations but did not include planned interventions or identify who was responsible for implementing the recommendations.
4. I discussed with relevant staff the need for the suicide prevention committee to clearly document at subsequent meetings the status of the recommendations.
5. The M&M committee also needs to have a standing agenda item from the suicide prevention committee for purposes of reviewing activities of the suicide prevention committee as well as providing a status update regarding recommendations made by the M&M committee relevant to suicides or serious suicide attempts.
6. The M&M committee needs to incorporate relevant findings from the OPS report within 30 days of receipt of the report.
7. I recommended that UNMH contact the California Department of Corrections and Rehabilitation (CDCR) in order to obtain information regarding CDCR's psychological autopsy process.
8. Consultation should also be obtained the UNMH's department of psychiatry re: writing a psychological autopsy report.

July 2024 Recommendations: As above. Remedy the timeframe issue for M&M reports.

- 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 as of 6/14/2024:

UNMH conducts all initial reviews within 30-days, however; OMI is unable to return their report to us within 30-days, therefore; the Final Mortality reports are not completed within 30-days.

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 50 of 71

MENTAL HEALTH MORTALITY					
# TOTAL Facility-wide deaths at end of month related to Mental Health	1	0	0	0	1
Total Mortality Rate per 100,000	0.07%	0.00%	0.00%	#DIV/0!	#DIV/0!
# deaths of inmates on the PSU caseload	1	0	0	0	1
# of suspected suicides facility-wide	200	234	282	312	350
Total Suicide Rate per 100,000	13.91%	15.76%	19.00%	#DIV/0!	#DIV/0!
# of initial Mortality reviews documented within 30 days of the event	1	0	0	0	1
% of timely initial Mortality reviews	100%	0%	0%	0%	100%
Final Mortality reports completed within 30 days of receipt of the OMI autopsy, toxicology reports and OPS	0	0	0	0	0
% of timely Final Mortality reviews	0%	0%	0%	0%	0%
# deaths of inmates on CCP	0	0	0	0	0

July 2024 Findings: See the findings sections with the previous provision.

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

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

UNMH Status Update as of 6/14/2024:

UNMH conducts all initial reviews within 30-days, however; OMI is unable to return their report to us within 30-days, therefore; the Final Mortality reports are not completed within 30-days.

July 2024 Findings: The OMI report has not yet been received for the one suicide occurring during this monitoring period. Compliance continues.

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 circumstance of the event is included in the resident's mental health file.

UNMH Status Update as of 6/14/2024:

All inmates subject to use of force are brought to medical for post use of force clearance by medical and PSU. The encounter is documented in the medical record.

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 51 of 71

Audit Results:

- 18 UOF Cleared by Medical and PSU
 - Cleared by PSU = 100%
 - Cleared by Medical = 100%
 - Circumstances Documented = 83%

July 2024 Findings: As per status update. Partial compliance.

- 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*]

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.

December 2023 Recommendations: As above.

UNMH Status Update as of 6/14/2024:

MDC has developed an adequate plan to implement an effective jail diversion program for persons with psychiatric or developmental disabilities.

MDC Update:

Bernalillo County has continued to implement all jail diversion efforts identified in its previous plans.

July 2024 Findings: As per status update. Compliance continues.

- 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 as of 6/14/2024:

MH Director is currently monitoring and ensuring completion of daily groups on all units with a dedicated coordinator. Counselor also do milieu therapy with inmates as inmates engage with

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 52 of 71

each other in community building activities. Units without a coordinator have groups offered by discharge planning staff. In addition, dedicated self-guided materials have been made and printed so additional out of cell time can be structured even when a coordinator if not present.

Psychoedu Group Hours					
Month	January	February	March	April	May
PAC 1	34.5	20.75	22	18	28
PAC 3	8.35	6	25	29.15	Count unavailable at time of this update.
PAC 4	4.45	2	15	25.1	15.15
RHU3	1.5	15	0	0	0
RHU 6	1.5	2	11.5	8	2.45

Facility Lockdown	
	February
PAC 1	20-28
PAC 3	
PAC 4	
RHU 3	6, 12-20
RHU 6	

Activity Hours					
Month	January	February	March	April	May
PAC 1	8.8	1	2	4.45	6
PAC 3	Sesson Held	0	64.9	55.4	0
PAC 4	6	0	6	40	20
RHU3	60.95	18	31	0	18
RHU 6	0	0	0	5	23

MDC Update:

In addition to the treatment groups, MDC has made efforts to improve unstructured out of cell

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 53 of 71

time as documented in the attached audits.

July 2024 Findings:

During the morning of July 18, 2024, I interviewed inmates in a community meeting - like setting in housing units RHU3 and RHU 6.

RHU 3

This restrictive housing unit provides enhanced mental health programming to female patients. These patients described extremely positive perceptions of the treatment provided on this unit, which clearly had established a therapeutic milieu. These patients reported generally receiving during the past four months a total of five hours per day of out of cell time which included access to three groups per week. The group treatments were described as being very helpful. Very good access to the psychiatrist and to the mental health counselor was described. Meetings with their treatment team occurred on at least a monthly basis. Very positive interactions with the correctional officers on this unit were reported. Lockdowns occurred about two times per month related to custody staffing issues.

Assessment: The treatment program and the therapeutic milieu on this unit were extremely impressive. This program has clearly positively evolved over the years as a result of an excellent working relationship between custody and mental health staffs. This is considered a model program if it can be maintained.

RHU 6

This housing unit provides enhanced mental health treatment to male patients in a restrictive housing setting. Patients were locked down prior to my meeting with them in a community meeting - like setting due to custody shortages, which was reported to not be uncommon. A psychiatrist was not assigned to this unit due to staffing vacancies and a mental health counselor provided part-time coverage due to mental health counselor staffing allocations. These patients reported lack of access to one-to-one counseling and very poor access to the psychiatrist. They reported receiving one hour of group treatment per week. Out of cell time for patients on the lower tier was generally 5 ½ hours per day although it was common for them to be locked down related to officer vacancy issues and/or security issues. The 17 patients on the upper tier had very limited access to out of cell time and patients on redshirt status did not have access to group therapies. These patients also described poor access to medical services.

The patients stated that they had very limited access to the two tablets that were available on the

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 54 of 71

unit.

Assessment: During recent years, this unit was a model program for providing enhanced mental health services to patients in need of such services in a RHU setting. Such is no longer the case which is a reflection of custody staffing vacancies, psychiatrists' vacancies and inadequate mental health counselor allocations.

During the first day of the site visit, I had indicated to leadership staff that monitoring of out of cell time for patients on the lower tier would not be necessary based on this unit previously being a model therapeutic treatment unit. Such is no longer the case. Monitoring of out of cell time for patients on both tiers needs to continue.

This unit is an example of the negative impact of significant custody and mental health staff vacancies as well as inadequate mental health counselor allocations.

Summary

As per status update and findings section. Compliance is present in the context of Defendants having 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. Partial compliance is present for this provision due to implementation issues of the reference plan.

I am also requesting that future audits relevant to unstructured out of cell time offered and used by RHU inmates be presented in a bar graph with the monitoring period in question in contrast to weekly documentation present in separate documents for review.

July 2024 Recommendations: As above. Focus on remedying the issues described in the RHU 6 findings section.

K. Constitutionally adequate mental health care

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

UNMH Status Update as of 6/14/2024:

UNMH is not aware of any negligent acts.

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 55 of 71

July 2024 Findings: As per status update. I did not find evidence that the mental health care provided by MDC to its inmates' evidence repeated examples of negligent acts.

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

UNMH Status Update as of 6/14/2024:

Due to the 30% vacancy in psychiatric staffing, we have been prioritizing acute care and the SMI population. We are currently credentialing two new psychiatric providers.

July 2024 Findings: As per status update. 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.

UNMH Status Update as of 6/14/2024:

We continue recruitment efforts and the use of agency staff to fill vacancies.

July 2024 Findings: As per status update. There are clear deficiencies in staffing due to the significant psychiatrists' staffing vacancies and mental health counselor allocations. Systematic deficiencies in facilities, equipment, or procedures were not present.

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

UNMH Status Update as of 6/14/2024:

Due to the 30% vacancy in psychiatric staffing, we have been prioritizing acute care and the SMI population. We are currently credentialing two new psychiatric providers.

July 2024 Findings: As per status update. Some of the inmate population is effectively denied timely access to adequate mental health care related to staffing vacancies and mental health counselor allocations as previously summarized.

L. Americans with Disabilities Act

1) Whether the Defendants have made the modifications to their policies, procedures and practices

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 56 of 71

that are necessary to provide to sub class members mental health care which is adequate

UNMH Status Update as of 6/14/2024:

UNMH has been revising and updating their policies regularly during the weekly Policy and Procedure Review Committee meeting.

July 2024 Findings: As per status update. 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, training and/or supervision issues. 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.

UNMH Status Update as of 6/14/2024:

We continue to meet weekly with the MDC Classification Committee to discuss PSU patients in RHU and PAC.

July 2024 Findings: As per status update. Mental health staff reported good communication and working relationships with custody staff. Compliance continues.

- 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.

UNMH Status Update as of 6/14/2024:

An MDC-42 Standard Referral Form and an Inmate Discipline Form is used to adequately advise MDC security staff of inmates' special mental health needs that may affect housing, work, program assignments, disciplinary measures, and admissions to and transfers from institutions which is sent to Security from PSU containing the reason for the placement.

July 2024 Findings: As per status update. See the findings sections in the previous provision. Compliance continues.

- 4) Whether mental health care and security staff communicate sufficiently about inmates with

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 57 of 71

special needs conditions.

UNMH Status Update as of 6/14/2024:

Various communication methods are used, however; the standard method is the MDC-42 Referral Form and the Inmate Discipline Form.

July 2024 Findings: As per status update. See the findings sections for the previous two provisions. 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.

UNMH Status Update as of 6/14/2024:

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

- Clinical Seclusion
- Suicide Watch
- Follow up Care
 - 24-hour MH Follow-up intervention, 7-day follow-up etc.

Audit Results Below:

- Audit 14 Suicide Watch Follow-up Rounding Audit February 2024
 - Q1 – 24-hour MH Follow-up Intervention Completed as Scheduled? = 87%
 - Q2 - 7-day MH follow-up Intervention Completed as Scheduled? = 83%
 - Q3 - 28-day MH Follow-up Intervention Completed as Scheduled? = 90%

July 2024 Findings:

During the morning of July 18, 2024, I interviewed inmates in a community meeting - like setting in housing units RHU3, RHU 6, PAC 1, PAC3 and PAC 4. Relevant findings were as follows:

PAC 1

Patients were very complementary of the therapeutic milieu within this housing unit, which provides an acute psychiatric level of care for male patients. Patients reported being offered out of cell time on a daily basis for about 8 to 10 hours. They described very good access to individual counseling on a PRN basis. They described being offered 1-2 group therapies per day,

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 58 of 71

which were reported to be very helpful. Discharge planning services were also available to them. Very good access to the psychiatrist and to a mental health counselor was described. They met with their treatment team on a monthly basis.

These patients also reported that the correctional officers on this unit had positive interactions with them.

Medication continuity issues were not present.

An interpreter was helping one of the patients understand the verbal interchanges during this group interview.

Assessment: This unit clearly has established a therapeutic milieu and was providing an appropriate level of acute psychiatric treatment to these patients. It was clear that the mental health staff and correctional officers on this unit have a very good working relationship and have been instrumental in establishing the therapeutic milieu.

PAC3

This unit provides a residential level of mental health care for male patients. The patients reported generally receiving a total of eight hours of out of cell time per day although it was not uncommon for the unit be locked down due to security issues occurring in other housing units. The patients reported reasonable access to the eight tablets that were available within this housing unit. They described access to group therapies on a 2 to 3 times per week basis, which was reported to be helpful. Good access to individual counseling on an as-needed basis was described. Poor access to a psychiatrist was reported, which was related to lack of a full-time psychiatrist being assigned to this unit related to vacancy issues. These patients reported that treatment teams were not occurring. Discharge planning services were available.

These patients were requested access to radios, which was not available on this unit related to suicide prevention concerns.

Medication continuity issues were not present.

These patients described positive perceptions of the correctional officers assigned to this unit.

Assessment: A therapeutic milieu was clearly established on this unit. The treatment services available within this unit were limited by lack of a full-time psychiatrist (due to vacancy issues), and assignment of a part-time mental health counselor due to mental health counselor allocation

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 59 of 71

issues.

PAC 4

This housing unit provides both an acute level of psychiatric care and a residential level of psychiatric care to female patients. A therapeutic milieu was clearly present. Most of these patients lived in a dormitory setting, which resulted in not being locked down. The more acutely mentally ill patients were in celled housing with limited access to out of cell time. Patients reported access to two group therapies per weekday.

These patients described good access to their psychiatrist and reasonable access to one-to-one counseling on an as needed basis. They met with her treatment team on a monthly basis.

Medication continuity issues were not present.

Several correctional officers were described as being problematic in their interactions with patients.

An interpreter was helping one of the patients understand the verbal interchanges during this group interview.

Assessment: A therapeutic milieu was clearly established on this unit. The treatment services available within this unit were good. The reported interactions with some of the correctional officers were very concerning.

Other Issues

Custody staff vacancies and increased PSU census have become increasingly common, which has contributed to custody staff pressuring mental health staff to transfer patients from various mental health units to a general population housing unit. Mental health staff have been very reluctant to do so due to the custody staffing vacancies and the resulting negative impact on general population housing units.

Compliance rating: Despite the custody and mental health staffing issues discussed in prior sections of this report, the PAC mental health units have all maintained their therapeutic milieus. Mental health treatment were problematic in the units without fulltime mental health clinicians being assigned and/or related to custody staff vacancies. However, it is very encouraging that the therapeutic milieu have been maintained, which is a reflection of the working relationships between mental health and custody staffs although such relationships periodically are strained

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 60 of 71

related to the high PSU census and the various staffing issue previously referenced in this report.

Partial compliance continues.

July 2024 Recommendations: Remedy the staffing issues.

- 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

UNMH Status Update as of 6/14/2024:

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.

July 2024 Findings: As per status update. 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 as of 6/14/2024:

Audits pending.

July 2024 Findings: As per status update. See prior provisions relevant to the treatment planning process. Partial compliance is present pending proof of practice via the referenced pending audits.

SUMMARY

The pre-site information received was significantly improved as compared to the prior site visit. This information was very helpful and generally comprehensive in nature. Specifically, the status update sections and/or pre-site data contained very useful QI studies.

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 61 of 71

As during prior site visits, both the mental health and custody staffs were very helpful throughout the site visit.

As compared to my prior site assessment, there were somewhat less custody vacancies and significantly less mental health staffing vacancies, although the psychiatrists' and custody line staff vacancies remained significant and negatively impacted the delivery of mental health services at MDC as summarized throughout this report.

I continue to be in agreement with the manner in which leadership staff have prioritized mental health services being offered in the context of these vacancies.

The following provisions were found to be newly in compliance:

A. Screening and Assessment

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).

B. Treatment Plan

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)*].

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.

H. Mental Health Staffing

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

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 62 of 71

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

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 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.

The following provisions were found to be maintaining compliance:

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 63 of 71

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.

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).

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 staff are trained on the suicide screening portion of the mental health intake form and medical intake tool.

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 64 of 71

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 know 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 (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

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 65 of 71

- 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]

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

The following provisions remained in partial compliance:

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.
- 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, IIII (1-3)].
 - a. Whether MDC provides adequate and timely psychiatric services to assess any inmate who:

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 66 of 71

- (1) reports being on any psychiatric medication when taken into custody,
 - (2) requests any psychiatric medication or other psychiatric service, or 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.
- 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).
- 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.
- 12) Whether MDC Qualified Mental Health Professionals complete all assessments, pursuant to generally accepted correctional standards of care.

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 67 of 71

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.

- 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.

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)].*

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)].*

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.

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

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

8) 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

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 68 of 71

of psychotropic medication.

C. Suicide Precautions

- 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

- 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.
- 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)*].

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 69 of 71

- 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.
- 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).
- 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.

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 circumstance 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," [*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 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:
 - a. The frequency of follow-up for mental health evaluation and adjustment of treatment modality;

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 70 of 71

- b. The type and frequency of diagnostic testing and therapeutic regimens; and
- c. When appropriate, instructions about diet, exercise,

The following provisions were in noncompliance.

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 was deferred for the following provisions:

A. Screening and Assessment

- 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.

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.

I am very encouraged by the commitment made by UNMH to provide medical and mental health services for incarcerated persons at MDC. The improvements in the CQI process were impressive.

Psychiatric Assessment

Re: McClendon, et al. v. The City of Albuquerque, et al.

Page 71 of 71

My next site assessment will occur from January 8-9, 2025

Sincerely,

A handwritten signature in black ink that reads "JL Metzner MD". The signature is written in a cursive style with a large initial "JL" and a stylized "Metzner" followed by "MD".

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