CHAVEZ V. COUNTY OF SANTA CLARA
REMEDIAL PLAN

I. DEFINITIONS

Administrative Management: a designation applied to inmates who, because of demonstrated behaviors and/or risks, require housing in a more restrictive housing setting, which usually includes a single-cell assignment and reduced social interaction compared with the general population, reduced out-of-cell time, and reduced opportunities for programming due to their own safety or the safety of staff or others as more specifically detailed in this Plan.

Classification Division: a unit of the Jail staffed by officers who are responsible for, among other things, designating an inmate's classification status (General Population or Protective Custody) and collaborating with medical or mental health staff in assigning inmates to Special Management Units.

Classification System: the Jail's validated classification system used to assess and assign security levels to every inmate and make a determination if the inmate is appropriate for General Population, Protective Custody, or Special Management housing consistent with his/her assigned security level, including specialized housing to address medical or mental health needs.

Cognitive Disability/Cognitively Disabled ("CD"): an inmate has a Cognitive Disability if he/she has an intellectual or neurocognitive impairment, and that impairment results in significant limitations both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior, which covers a range of everyday social and practical skills. Types of intellectual or neurocognitive impairments that may give rise to a cognitive disability are as follows:

> **Category One (Developmental Impairments)**: refers to an impairment that is attributable to mental retardation, cerebral palsy, epilepsy, autism, or other similar conditions found to be closely related to mental retardation or to require treatment similar to that required for individuals with mental retardation. The Developmental Impairment must originate before age eighteen; and be likely to continue indefinitely.
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> **Category Two (Traumatic Brain Injury)**: refers to an acquired injury to the brain caused by an external force, resulting in impairments of one or more brain functions, such as cognition (including abstract thinking, calculation, information processing, and judgment); speech; memory; attention; reasoning; problem-

solving; sensory, perceptual, and motor abilities; psycho-social behavior; and physical functions. The term does not apply to brain injuries that are congenital or degenerative.

Category Three (Dementia or Other Similar Conditions): refers to a degenerative condition, which may be caused by illness or drug/alcohol use, that is diagnosed when two or more brain functions are persistently impaired. These functions include speech, memory, visual-spatial perception, emotion, personality, and cognition (including abstract thinking, calculation, information processing, and judgment).

CD Intake Screening: refers to a non-diagnostic screening measure used to screen inmates for a possible CD that is administered by staff during the intake process. The screening measures and the appropriate staff to administer the screening measures will be developed by the County and in consultation with Plaintiffs' counsel.

CD Screening: refers to additional screening measures for those inmates who are identified through use of the CD Intake Screening or by other staff as possibly having a CD. CD Screening measures will range from non-diagnostic to diagnostic as the CD is evaluated. The screening measures and the appropriate staff to administer the screening measures will be developed by the County and in consultation with Plaintiffs' counsel.

Disciplinary Management: a status assigned to inmates who have been found to have violated the Jail's rules and, as a consequence, require disciplinary sanctions that result in placement in a single-cell setting and minimal out-of-cell time for a brief period of time.

Effective Communication: Consistent with 28 C.F.R. § 35.160, Effective Communication means communications with people with vision, hearing, and speech disabilities (VHS Disabilities) should be as effective as communications with others. The type of auxiliary aid or service necessary to ensure Effective Communication for people with VHS Disabilities will vary in accordance with the method of communication used by the individual; the nature, length, and complexity of the communication involved; and the context in which the communication is taking place.

Excludable Diagnosis: a current diagnosis of any of the following: Schizophrenia (all subtypes), Delusional Disorder, Schizophreniform Disorder, Schizoaffective Disorder, Brief Psychotic Disorder, Substance-Induced Psychotic Disorder (excluding intoxication and withdrawal), Psychotic Disorder Due to A General Medical Condition, Psychotic Disorder Not Otherwise Specified, Major Depressive Disorders, Bipolar Disorders I and II, or a Cognitive Disability.

General Population: a classification assigned to the majority of inmates in custody. These inmates can be housed with other inmates consistent with their Security Level.

Out-of-Cell Activities: any opportunity to engage in out-of-cell leisure, recreation, entertainment, programming, learning, or physical exercise that is different than in-cell activities. The activities may be self-directed, or County-facilitated. The following is a non-exhaustive list of out-of-cell activities that qualify as Out-of-Cell Activities: recreation yard, cards, art, games, individual or group programming, and/or educational opportunities.

Protective Custody: a classification assigned to inmates who can be housed with inmates who also require protection from inmates in the General Population and/or to protect inmates in the General Population from these inmates' predatory behaviors. Inmates in Protective Custody are treated comparably to inmates in the General Population of similar security classifications.

Qualified Mental Health Professional: a psychiatrist, psychologist, master's level social worker, licensed professional counselor, licensed nurse, or others who by virtue of their education, credentials, and experience are permitted by law to evaluate and provide mental health care to patients.

Security Level: an inmate's security threat assigned by classification staff and ranges from low, medium, high.

Seriously Mentally Ill/Serious Mental Illness (SMI): an inmate has a serious mental illness if she or he has a current diagnosis of a major psychiatric disorder, and that disorder significantly impairs that person's judgment, behavior, capacity to recognize reality, and ability to cope with the customary demands of life in the General Population facilities of the Jail. This may include an inmate who has current symptoms and/or requires treatment for the following diagnoses: Schizophrenia (all subtypes), Delusional Disorder, Schizophreniform Disorder, Schizoaffective Disorder, Brief Psychotic Disorder, Substance-Induced Psychotic Disorder (excluding intoxication and withdrawal), Psychotic Disorder Due to A General Medical Condition, Psychotic Disorder Not Otherwise Specified, Major Depressive Disorders, and Bipolar Disorders I and II.

Sign Language Interpreter: Consistent with 28 C.F.R. 35.104, a Sign Language Interpreter means an interpreter who is able to interpret effectively, accurately, and impartially both receptively and expressively, using any necessary specialized vocabulary. The use of a sign language interpreter who has passed a test and is qualified in one of the five categories established by the National Association for the Deaf (NAD) or one of the two categories established by the Registry of Interpreters for the Deaf (RID)

shall be presumed qualified. Videoconferencing may be provided when appropriate as a means of providing qualified sign language interpretive services.

Special Management: a classification assigned to inmates who require housing in a specialized unit to address their medical or mental health needs. Special Management inmates include:

> **Non-Acute Mental Health**: inmates who mental health staff have determined have a Serious Mental Illness and, as a result, cannot be managed in General or Protective Custody Populations.
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> **Acute Medical:** inmates who require specialized housing as determined by medical staff due to a serious medical condition.
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> **Acute Mental Health**: inmates who are housed on the Lanterman-Petris-Short (LPS) unit[1].

Special Management Unit: A Special Management Unit (SMU) is a housing area in the Jail designated for inmates documented to be Seriously Mentally Ill.

Staff Assistant: refers to a member of the Americans with Disabilities Act (ADA) Unit or any other staff member who has been designated by the ADA Coordinator and has received specialized training in Cognitive Disabilities.

Structured Out-of-Cell Time: Out-of-cell time in the SMUs or LPS Unit, during which services, programs, or activities that are (1) facilitated by staff, a contractor, a volunteer, or a clinical student; and (2) approved by mental health staff, are offered. Volunteers or clinical students who facilitate Structured Out-of-Cell Time shall do so under the supervision of mental health staff.

Training: Trainings are provided by the County to educate and equip its staff. If the topic(s) covered so permit, a single training counts towards meeting multiple training requirements under any Remedial Plan.

Unstructured Out-of-Cell Time: Out-of-cell time in the SMUs or LPS Unit that is not Structured Out-of-Cell Time.

Vision, Hearing, or Speech (VHS) Disability: An impairment that substantially limits the major life activity of hearing, seeing, or speaking; being perceived as having such an

[1] The County has sole discretion to eliminate the LPS Unit. If the County so elects, the County will give Plaintiff's Counsel reasonable notice and the Parties will agree on a reasonable alternative to providing essential services to inmates with acute mental illness.

impairment; or having a history of such impairment. If the use of ordinary corrective lenses results in no substantial limitation to a major life activity and an inmate is in possession of such lenses, then the inmate's vision impairment does not constitute a disability for the purposes of this plan. The housing and Effective Communication parts of this plan (Sections VI.G and VI.H) apply to inmates with the impairment as opposed to those who have a history and/or are perceived as having an impairment.

VHS Assistive Devices: Devices that are issued to inmates with VHS Disabilities, such as tapping canes, eyeglasses, and hearing aids. This definition is not intended to include auxiliary aids that are made available on an as-needed basis, but are not issued to an inmate for his or her exclusive use.

VHS Auxiliary Aids and Services: Consistent with 28 CFR § 35.104, VHS Auxiliary Aids and Services include:

1. Qualified interpreters on-site or through video remote interpreting (VRI) services; notetakers; real-time computer-aided transcription services; written materials; exchange of written notes; telephone handset amplifiers; assistive listening devices; assistive listening systems; telephones compatible with hearing aids; closed caption decoders; open and closed captioning, including real-time captioning; voice, text, and video-based telecommunications products and systems, including text telephones (TTYs), videophones, and captioned telephones, or equally effective telecommunications devices; videotext displays; accessible electronic and information technology; or other effective methods of making aurally delivered information available to individuals who are deaf or hard of hearing;

2. Qualified readers; taped texts; audio recordings; Braille materials and displays; screen reader software; magnification software; optical readers; secondary auditory programs (SAP); large print materials; accessible electronic and information technology; or other effective methods of making visually delivered materials available to individuals who are blind or have low vision;

3. Acquisition or modification of equipment or devices; or

4. Other similar services and actions.

II. MEDICAL AND MENTAL HEALTH REMEDIAL PLAN

A. STAFFING AND RESOURCES

1. The County shall provide sufficient clinical and custodial staff, and/or off-site services, to comply with this Remedial Plan.

2. Clinicians for medical and mental health services shall be available on-call 24 hours a day, seven days a week, to provide necessary and timely services.

3. The County shall provide sufficient physical resources, including supplies and treatment space, for group and individual mental health programming, to comply with this Remedial Plan.

B. MEDICAL AND MENTAL HEALTH RECORDS AND CONFIDENTIALITY

1. The County shall implement and utilize one Electronic Medical Record (EMR) system, which shall contain the inmate's mental health, dental, and medical information.

2. The County shall implement a system for tracking requests for outside medical records (including follow-up requests) after adoption of the new EMR system. The County shall document which request forms for medical records were submitted and on what date and when requested records have been received. The County shall regularly reconcile requests against what has been received to identify what records have not yet been received, and shall promptly make follow-up requests for medical records when the information has not been received.

3. The County shall not use inmates or Custody staff to conduct translation for health care purposes.

C. INTAKE PROCESS

1. The County shall reconfigure the booking/intake area of the Main Jail to ensure reasonable sound privacy and confidentiality for health intake screenings and mental health assessments.

2. Booking/intake areas shall include an area where a more extensive physical exam can be conducted when appropriate. When conducted, physical exams shall be performed with visual and sound privacy, except in documented, extraordinary circumstances.

3. The County shall implement adequate policies and procedures to address the use of isolation and/or observation cells, biohazard clean up, and containment for inmates in the booking area.

4. The County shall utilize the agreed-upon Intake Screening Form and Mental Health Booking Assessment Form.

5. All nurses who perform intake screenings will be trained on how to perform that function, and the nurses will receive the training annually.

6. During the initial intake assessment, a complete set of all five vital signs (i.e., pulse, blood pressure, respiratory rate, temperature, and pulse oximetry) will be taken by the nursing staff. A nurse will also measure the inmate's weight and give the inmate sufficient time to understand and answer each question and to raise any healthcare concerns.

7. Upon completion of the intake screening form, nursing staff shall refer inmates with an identified mental health issue to mental health staff for an assessment in the following time frames:

    a. emergent conditions will be seen as soon as possible, but no longer than within 4 hours,

    b. urgent conditions will be seen within 72 hours, and

    c. routine issues will be seen within two weeks.

8. Any inmate who is restrained in the booking area shall receive a mental health assessment within 4 hours of being restrained, unless there is a mental health emergency. If there is a mental health emergency, the inmate shall be immediately referred to a mental health clinician, who shall conduct an assessment right away and determine whether clinical restraints should be initiated, or if other treatment is needed to address the emergency.

D. MEDICATION VERIFICATION AND ADMINSTRATION

1. The County shall take reasonable steps to verify an inmate's reported prescribed medications at intake. If the medication can be verified, a decision will be made within 72 hours to continue the medication in whole or in part, to discontinue the medication, or to

substitute another clinically appropriate medication(s). If the medication cannot be verified at intake, an appointment to see a provider will be made in accordance with the triage times contained in Section II.F.4.

2. The County shall implement a reliable mechanism for continuing inmate medications throughout incarceration. The County agrees to conduct an internal study of a Keep On Person Medication Program.

3. An inmate who experiences a mental health emergency where imposing treatment over the inmate's objection is immediately necessary for the preservation of the inmate's life or the prevention of serious bodily harm to the inmate or others, and it is impracticable to first gain consent, shall be transported to the LPS Unit within 2 hours.

4. Adult Custody Health Services (ACHS) staff shall routinely order appropriate lab tests to monitor inmates who have been prescribed psychotropic medications, including monitoring drug levels.

5. Pill call shall be reserved for the administration of medication to inmates, collection of white cards, asking about medication-related problems or effects, and performing limited measures such as taking vital signs.

6. During pill call, clinical staff shall complete mouth checks of the inmates for medication adherence, if indicated. Custody staff may not perform mouth checks for medication adherence.

7. The withdrawal assessment and treatment protocols and medication interventions for alcohol, opiate, and benzodiazepine withdrawal shall conform to community standards.

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E. CLASSIFICATION, HOUSING, AND MANAGEMENT OF SERIOUSLY MENTALLY ILL INMATES

1. Classification and Housing of Seriously Mentally Ill Inmates

a. The Classification System shall allow for a change of housing assignment based on the behavior and clinical needs of inmates who are identified as SMI.

b. Consistent with the County's validated Classification System, SMI inmates shall be eligible for down-classing to a lesser restrictive housing in the same manner as inmates who are not SMI, unless doing so is deemed clinically inappropriate by a County mental health provider.

c. The County shall implement Special Management Units (SMUs) to house SMI inmates who do not meet the criteria for the LPS Unit or Administrative Management, and require more clinical care than can be accomplished outside of an SMU.

d. Unless a Captain or Watch Commander makes a determination that safety and/or security prevents the housing determination, the determination of whether an inmate should be housed on the County's LPS Unit or an SMU because of the inmate's mental health condition shall only be made by mental health staff.

i. The Captain's determination must be documented. The inmate must still receive all treatment, services, and privileges that would have been available to her or him in an SMU.

ii. A Captain may remove an inmate from an SMU only in an emergency safety or security situation. The Captain must immediately inform the licensed mental health clinician, and the Captain must document the reason(s) for the removal.

2. Management of Inmates Determined to Be Seriously Mentally Ill

a. An inmate determined to be SMI who is not housed on the LPS Unit shall be permitted to keep the same personal property, commissary, mail, and hygiene products as other inmates in similar classification levels unless mental health staff determines that the item(s) is not appropriate for the inmate due to his or her mental health condition(s).

b. Inmates determined to have a SMI who are not housed on the LPS Unit, shall be provided with comparable programming that is otherwise available to inmates in similar classification levels.

c. Out-of-Cell Time for SMI Inmates on LPS Unit or SMUs

i. Inmates assigned to the LPS Unit shall be offered a minimum 17 hours of Out-of-Cell Time per week unless such time is deemed clinically detrimental by a licensed mental health clinician, and/or if the inmate poses a safety or security risk.

ii. Inmates assigned to a SMU who do not require Administrative Management shall be offered a minimum 5 hours of Structured Out-of-Cell time and 12 hours of Unstructured Out-of-Cell time a week.

d. Absent an emergency or safety/security issue, an inmate will not be placed in or transferred out of a SMU without approval of an ACHS mental health clinician.

e. Unless clothing is determined by mental health staff to represent a risk of self-harm, harm to others, or interference with monitoring, Custody staff shall not remove most or all of an inmate's clothing when using safety cells, seclusion, and/or restraints.

F. ACCESS TO CARE

1. The County shall implement a referral system, which includes referrals by Custody staff and ACHS staff, and which includes referrals for chemical dependency services. Such referrals should be processed within the same time frames listed below for the processing of White Cards.

2. White Cards

a. The County shall redesign the White Card form so that the inmate is informed of the plan for addressing the concern raised.

b. White Cards shall be readily available from officers and nurses. The County shall monitor the availability of White Cards in all units as part of the unit daily management log.

c. Inmates may submit White Cards at any time to a locked mail box that may be accessed only by ACHS staff.

d. Inmates who are not allowed to access a locked mail box because of security or behavioral issues shall be permitted to submit a White Card during pill call. If the inmate has an urgent or emergent concern, the inmate shall be able to alert any staff member, who should immediately inform medical or mental health staff. A registered nurse should then interview the inmate in person or over the phone within two hours, and triage the request within the time frames for processing White Cards listed below.

e. Nursing staff shall collect White Cards from all boxes at least two times a day.

f. Inmates who are illiterate, non-English speaking, or otherwise unable to submit a written White Card shall be able to verbally request care from any staff person. If the staff person is not health care staff, the staff person shall inform health care staff, who shall enter the request in the EMR within 24 hours. If the inmate vocalizes the problem directly to the treatment provider (i.e., the medical doctor, psychiatrist, psychologist, or person authorized to provide treatment) and the provider provides care for the problem at the time, there is no need for the inmate to complete a White Card, but the care provided shall be documented in the EMR.

g. If an inmate uses a grievance or other form to submit a health services request, the portion of the request seeking health care shall be sent to ACHS and processed as a White Card. The request shall be considered received at the time it is marked medical or mental health by staff. Grievances regarding health care shall continue to be processed as a grievance.

3. Processing of White Cards

a. ACHS shall create a triage function for White Cards, and shall staff that function with a dedicated and trained nurse who does triage as a primary function.

b. Upon implementation of the new EMR, ACHS shall utilize an aging report as part of the health services administrative dashboard to track White Cards, nurse triages, and scheduled appointments for medical, mental health, and dental care services.

c. Within 24 hours of receipt of a White Card (either the time when it is collected from the locked mail box or when ACHS receives it directly from an inmate), the triage nurse shall:

i. conduct a brief face-to-face visit with the inmate in a confidential, clinical setting;

ii. take a full set of vital signs, if appropriate;

iii. conduct a physical exam, if appropriate;

iv. assign a triage level of emergent, urgent, routine, or response-only;

v. inform the inmate of the response time frame(s) for his or her request, based on triage level;

vi. provide over-the-counter medications pursuant to protocols, as appropriate; and

vii. consult with providers regarding patient care pursuant to protocols, as appropriate.

4. After processing white cards, White Card response times[2] shall be as follows:

i. emergent conditions will be seen within 4 hours,

ii. urgent conditions will be seen within 72 hours,

iii. routine issues will be seen within two weeks, and

[2] Response times for dental matters are covered by the Dental Remedial Plan.

iv. response only[3] requires a written or verbal response. Response only White Cards will receive a written or verbal response within 72 hours.

G. SYSTEM OF CARE

1. Inmates who have been in custody for more than 30 days, who require eyeglasses, may request an eye examination. If the eye examination results indicate that the inmate's visual acuity is 20/100 or worse in both eyes, the inmate will be referred to the optometrist and, if necessary, will be provided with one pair of glasses within 180 days.

2. Nursing Standardized Protocols

   a. The County will revise its nursing standardized protocols to be assessment protocols and will implement those protocols.

   b. The protocols will be sorted, based on symptoms, into low, medium, and high -risk categories.

      i. Low-risk protocols allow RNs to manage straightforward symptoms with over-the-counter medications;

      ii. Medium-risk protocols require a phone consultation with a provider before implementation; and

      iii. High-risk protocols facilitate emergency stabilization while awaiting transfer to higher level of care.

3. Chronic Care

   a. The County shall have a system where inmates can be tracked by diagnosis and reports can be generated to identify inmates who need to be seen.

[3] Response Only: A response requires only a written or verbal response (e.g., your refill has been ordered), with no formal clinical assessment or intervention needed.

b. The County shall gather data to determine if there is need for any additional disease-based chronic care clinics onsite at the Jail.

c. The County will stop utilizing short-acting sliding scale insulin as the sole management technique for inmates who require insulin.

d. ACHS shall create a comprehensive diabetic management protocol in coordination with Custody staff that addresses normal circadian rhythms, standardized food consumption times, and insulin dosing times.

e. Inmates with serious chronic illnesses shall be seen within the applicable time frame listed in ACHS' triage policy, and for follow-up appointments in intervals that do not exceed 90 days unless such inmates are clinically stable on at least two consecutive encounters, in which case the appointment intervals will not exceed 180 days. This schedule will not apply if the provider determines and documents that a different follow-up schedule is clinically appropriate.

4. Mental Health Treatment Plans for SMI Inmates

a. ACHS mental health staff shall develop an initial treatment plan for each SMI inmate who is on the LPS unit for at least 7 days, or an SMU for at least 2 days. The initial treatment plan shall include a diagnosis; a brief explanation of the inmate's condition and need for treatment; and plan for next steps, such as placing a referral for additional services. The initial treatment plan shall be developed with input from the inmate when clinically appropriate, and with consideration of available relevant information on the inmate's condition. For SMI inmates who are on the LPS unit for at least 30 days or an SMU for at least 30 days, the initial treatment plan shall be expanded to include planning for targeting behaviors and/or symptoms, and a statement of progress. This shall be done in consultation with the inmate and other staff when clinically appropriate.

b. ACHS mental health staff shall review treatment plans at least every 30 days for SMI inmates in the LPS unit, and at least every 90 days for SMI inmates in the SMU.

H. DISCHARGE

1. For inmates who have been in custody for more than seven days, have been seen by an ACHS provider, and who have a current prescription from that provider for an essential medication at the time of discharge, the County will provide those inmates with a prescription for a 30-day supply of any such medication unless a shorter time is clinically indicated, and information on where to obtain the medication.

2. For those inmates who, at the time of discharge, have an existing medical or mental health condition(s) being treated by ACHS, the County will provide the inmate with information about any upcoming medical appointments with County providers outside the jail, the inmate's current diagnosis unless deemed by ACHS mental health staff to be detrimental to the inmate, and relevant laboratory tests, if there is sufficient advance notice (at least 72 hours) before the inmates' release.

I. TRAINING

1. All ACHS mental health staff shall receive 8 hours of training on the unique aspects of a custody setting that includes the following topics: confidentiality (and its limits), reporting requirements, safety and security requirements, civil commitment and emergency treatment, competency and informed consent, referrals to other health providers, behavior management, and reentry. The trainings can be differentiated based on the specific duties of the mental health staff member.

2. The County shall revise the training materials used to train Custody staff assigned to the LPS Unit and SMU with particular focus on de-escalation.

3. Custody staff shall receive 4 hours of training on an annual basis on mental health issues in a correctional setting that includes medical and mental health policies, including the sick call process; critical incident response, including crisis interviewing, verbal interventions over use of force, crisis intervention techniques; signs of a possible mental health emergency, and the referral process; information regarding types of mental illness; interacting with inmates with mental illness in a respectful and supportive manner to promote pro-

social behavior; collaboration with health care staff; and patient confidentiality. The training shall incorporate an assessment component, such as using interactive practice scenarios, to measure staff comprehension.

4. Custody staff assigned to units that house inmates with SMI shall receive 4 hours of additional, more detailed pre-service training, and on a biennial basis thereafter, on SMI, providing relevant observations, special medico-legal considerations, and specialized management techniques.

J. QUALITY ASSURANCE AND QUALITY IMPROVEMENT (QA/QI)

1. ACHS' QA/QI program shall include clinical supervision or peer review to evaluate the quality of care provided by its licensed mental health staff and nurses.

2. ACHS' QA/QI staff shall develop and monitor accurate tracking mechanisms to monitor the timeliness and effectiveness of the following processes of care, ensuring that all are reviewed at least annually, and shall recommend corrective action for all deficiencies: intake screenings; emergent, urgent, and routine requests from inmates and staff referrals for mental health care; clinical monitoring of inmates, including the delivery of chronic care services to those inmates who qualify as chronic care patients; prescriptive practices by the prescribing staff; medication administration, including the initiation of verified medications, the first doses of medications, medication errors, and patterns of psychotropic medication administration; nursing checks during restraints and suicide watch; inmates referred for hospitalizations, released on Welfare and Institutions Code section 5150 holds, or sent to the emergency room for psychiatric evaluation and treatment; restraints, seclusion, and involuntary medications; discharge procedures for inmates with serious mental illness; grievances regarding mental healthcare; clinical caseloads; numbers of LPS commitments and other LPS statuses; and diagnostic categorization of the mental health population.

3. The analysis shall be done in a rigorous method with sufficient sample numbers to arrive at statistically valid conclusions. The analysis shall include (a) a clearly articulated hypothesis and methodology to determine if standards have been met, including a sampling strategy; (b) data collection; (c) analysis of data to identify

trends and patterns; (d) analysis to identify the underlying causes of problems; (e) development of remedies to solve problems; (f) a written plan that identifies responsible staff and establishes a specific timeline for implementing remedies; (g) follow-up data collection; and (h) analysis to determine if the remedies are effective.

4. QA/QI staff shall meet regularly and include representatives from all levels of the organization, from all facilities, and from custody.

5. The analysis recommendations shall be published and provided to all relevant staff.

6. The County shall adopt and implement a policy on reviewing sentinel/significant events, including death reviews (even if the death occurred off-site), near miss events, serious self-harm, assaults involving injury in SMUs and the LPS unit, injuries during episodes of restraint, and emergent use of force involving the mentally ill. At a minimum, the policy shall require that: (a) sentinel event review is completed within 30 days of the incident, or within 30 days of the autopsy results being available, if they are necessary to conduct the review; (b) sentinel event review involves QA/QI staff, custody leadership, mental health leadership, and medical leadership, and any other pertinent staff; (c) there is written analysis of the case; and (d) any systems issues identified are addressed through a corrective action plan with specific tasks assigned to individuals, with due dates that are tracked to completion.

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III. SUICIDE PREVENTION

A. STAFF TRAINING

1. The County shall develop and implement a two-hour suicide prevention curriculum for all current Custody and ACHS staff that includes an abbreviated discussion of the topics in Section III.A.2.a-i.

2. The County shall develop and implement a four-hour pre-service suicide prevention curriculum for all newly hired Custody and ACHS staff that includes the following topics:

   a. avoiding obstacles (negative attitudes) to prevention;

b. inmate suicide research;

c. why facility environments are conducive to suicidal behavior;

d. identifying suicide risk despite the denial of risk;

e. potential predisposing factors to suicide;

f. high-risk suicide periods;

g. warning signs and symptoms;

h. components of the County jail suicide prevention program; and

i. liability issues associated with inmate suicide.

3. All Custody and ACHS staff shall complete a two-hour classroom-instructed suicide prevention training on a biennial basis.

4. All ACHS staff and contractors who utilize the Suicide Risk Evaluation (SRE) form shall receive training on the SRE form.

5. The County will provide training to staff on a suicide prevention curriculum that is substantially similar to the suicide prevention curriculum reviewed and approved by the PLO.

B. INTAKE SCREENING

1. The County will incorporate key suicide screening questions to be asked by ACHS staff during intake and documented in the EMR.

2. The County shall initiate an adequate ongoing quality assurance plan to periodically audit the intake screening process to ensure that staff is asking all required suicide prevention questions to newly admitted inmates.

3. Regardless of the inmate's behavior or answers given during intake screening, a mental health referral shall always be initiated based on available documented suicidal behavior at the Jail during the prior 12 months.

4. The County will, to the extent feasible within the EMR, determine whether a notification system function can be developed in the EMR to advise intake staff if the inmate had prior suicidal behavior based on available and documented information in the Jail.

5. The County shall develop and implement a triage system of mental health referrals based upon acuity of behavior, including emergent, urgent, and routine. Any inmate expressing current active suicidal ideation and/or current suicidal/self-injurious behavior shall be immediately referred to a mental health clinician.

C. HOUSING

1. The County shall designate specific cells within the Jail that will be used, at the discretion of a mental health clinician following a clinical assessment, to house suicidal inmates in order to ensure that inmates on suicide precautions are housed in suicide-resistant and protrusion-free cells.

2. The County shall implement an inspection program to ensure that the suicide-resistant and protrusion-free cells are in working condition.

3. Safety smocks shall only be used when a mental health clinician determines that an inmate is at high risk for suicide. If clinically appropriate, regular clothing shall be restored before the inmate is released from suicide precautions.

4. Suicide prevention policies shall be revised to include the following requirements:

    a. All decisions regarding the removal of an inmate's clothing, bedding, possessions (books, slippers/sandals, eyeglasses, etc.) and privileges shall be commensurate with the level of suicide risk as determined on a case-by-case basis by mental health staff and as documented in the EMR;

    b. If mental health staff determine that an inmate's clothing needs to be removed for reasons of safety, the inmate shall always be issued a safety smock and safety blanket;

c. A mattress shall be issued to all inmates on suicide precautions unless the inmate uses the mattress in ways in which it was not intended (i.e., attempting to tamper with/destroy, utilizes to obstruct visibility into the cell, etc.);

d. All inmates on suicide precautions shall be allowed all routine privileges (e.g., family visits, telephone calls, recreation, etc.), unless mental health staff have determined otherwise based on clinical judgment, or unless the inmate has lost those privileges as a result of a disciplinary sanction; and

e. Inmates on suicide precautions shall not automatically be locked down or placed in restrictive housing. They should be allowed dayroom and/or out-of- cell access commensurate with their security level and based on the clinical judgment of mental health staff.

D. SUPERVISION AND MANAGEMENT

1. The County shall revise and implement all of its suicide prevention policies to include the following two levels of observation:

   a. ***Close Observation*** is reserved for the inmate who is not actively suicidal, but expresses suicidal ideation and/or has a recent prior history of self-destructive behavior and would be considered a low risk for suicide. In addition, an inmate who denies suicidal ideation or does not threaten suicide, but demonstrates other concerning behavior (through actions, current circumstances, or recent history) indicating the potential for self-injury, should be placed under close observation. Inmates under Close Observation should be observed by staff at staggered intervals not to exceed every 15 minutes, and those observations shall be documented as they occur.

   b. ***Constant Observation*** is reserved for the inmate who is actively suicidal, either by threatening or engaging in self-injury, *and* considered a high risk for suicide. This inmate should be observed by an assigned staff member on a continuous, uninterrupted basis. The observation should be documented at 15-minute intervals.

2. Length of stay on suicide precautions for inmates identified as suicidal shall be determined by a mental health clinician based upon clinical judgment on a case-by-case basis.

3. The County shall use an SRE form that includes a disposition (e.g., initiate, continue, or discharge suicide precautions, specified level of observation, etc.) section, as well as a treatment or safety plan section that requires the clinician to specify strategies to reduce future suicidal ideation.

4. With the exception of inmates who will be housed and are housed in the LPS Unit, mental health clinicians shall complete the SRE form each time an inmate is referred for suicide behavior (even if suicide precautions are not initiated) and again when the mental health clinician discontinues suicide precautions.

5. All inmates removed from suicide precautions shall receive follow-up assessments within 24 hours, again within 72 hours, again within 1 week, and then as deemed clinically necessary.

E. REVIEW COMMITTEE AND QUALITY IMPROVEMENT

1. The County shall conduct a single multidisciplinary review for in-custody suicides and serious suicide attempts that includes participation of both ACHS and Custody staff. The County shall adopt a new policy that sets forth appropriate procedures for this review, which shall include the following: (1) review of the circumstances surrounding the incident; (2) review of procedures relevant to the incident; (3) review of all relevant training received by involved staff; (4) review of pertinent medical and mental health services/reports involving the inmate; (5) review of any possible precipitating factors that may have caused the inmate to commit suicide or engage in a serious suicide attempt; and (6) recommendations, if any, for changes in policy, training, physical plant, medical or mental health services, and operational procedures.

2. ACHS shall perform continuous quality improvement analyses for suicide prevention.

F. MONITORING

The County shall develop an audit instrument to monitor compliance with each section of this Suicide Prevention Remedial plan.

IV. DENTAL REMEDIAL PLAN

A. SCOPE AND TIMELINESS OF SERVICES

The County shall provide the following dental services for inmates incarcerated within its Jail:

1. Oral Screening

    a. Within 14 days of the initial intake/booking process, an inmate will be evaluated by a licensed health professional (RN, MD, DO, DDS, or DMD) who shall perform an oral screening sufficient to identify emergency and urgent care conditions. If emergency or urgent conditions are identified during the oral screening, the licensed health professional shall refer the inmate to a dentist consistent with the timeframes in Sections IV.A.2.b and IV.A.3.d.

    b. Intake oral screening results should be documented in the Dental Electronic Medical Record (DEMR).

2. Emergency Care

    a. An emergency dental condition is one that requires immediate evaluation and treatment to prevent death, severe or permanent disability, and/or disabling pain. These conditions include but are not limited to maxillofacial fractures, uncontrolled bleeding, and oral infections that prevent swallowing or interfere with the airway.

    b. Emergency care shall be provided by a qualified health care professional immediately upon notice of the condition to any Custody or ACHS staff.

3. Urgent Care

    a. An urgent dental condition includes a condition of sudden onset that prevents (as opposed to interferes with) an inmate's ability to carry out essential activities of daily living; or the onset of severe pain, signs of infection, trauma, or fractures.

b. Inmates complaining of an urgent condition shall be evaluated by a licensed health professional within 24 hours of the complaint being received by staff. If the inmate is evaluated by a registered nurse, the inmate shall be triaged according to a protocol approved by the parties.

c. At the time of evaluation, the licensed health professional shall arrange for appropriate pain management and for assessment by a dentist, and, if necessary, treatment by an appropriate provider. Long-term treatment with narcotics, on its own, is not considered treatment.

d. If the licensed health professional determines that the inmate's condition is urgent (as described in Section IVA.3.a.), the inmate shall be examined by a dentist within 5 days.

4. Other Care

a. This portion of the Remedial Plan (Section IV.A.4) shall be implemented within 12 months of the date of the Consent Decree being approved by the Court.

b. An inmate who has been incarcerated for one year (and each year thereafter) may request a dental examination. The dental examination shall be scheduled for a date not more than 120 days from the date the request is received. Following the examination by the dentist, the dentist will develop an appropriate plan to address advanced caries[4] and moderate or advanced periodontal pathology.[5]

c. An inmate who is edentulous[6] or essentially edentulous[7] and has been incarcerated for at least 120 days may request a dental examination. The dental examination shall be scheduled for a date not more than 120 days from receipt of the request. Upon examination by the dentist, the dentist shall

[4] Dental caries, which can also be called tooth decay, cavities, or caries, occur when there is a breakdown of teeth due to activities of bacteria.

[5] Periodontal pathology refers to disease near or around the tooth.

[6] An inmate who has a total lack of teeth due to disease or extraction is edentulous.

[7] An inmate who has no posterior teeth in occlusion is essentially edentulous.

develop a plan for partial dentures to chew a regular diet and/or to address decayed or fractured teeth, if clinically appropriate and desired by the inmate. In order to be eligible for dentures, the inmate must reasonably expect (as confirmed by defense counsel, if possible) to remain in custody for at least another 6 months after the dental exam.

d. Inmates who refuse their scheduled dental appointment shall be responsible for requesting a new date for a rescheduled dental appointment through use of a White Card.

B. STAFFING

The County shall provide sufficient clinical and custodial staff, and/or off-site services, to ensure that inmates are cared for pursuant to the conditions set forth in Section IV.A.

C. POLICIES AND PROCEDURES

1. ACHS' dental policies and procedures shall be revised to describe the scope of services to be provided to inmates. These descriptions shall be consistent with the scope and timeliness of services set forth in Section IV.A.

2. The policies shall provide for inmates to have appropriate access to dental loops, interdental cleaners, and dental appliances.

D. RECORD KEEPING

1. Documentation of the treatment provided to inmates shall be consistent with the American Dental Association's Code on Dental Procedures and Nomenclature.

2. The County shall implement and use a standard tooth diagram in the inmate's dental chart.

E. FACILITIES AND EQUIPMENT

1. The County shall use, as necessary for patient care, an x-ray machine.

2. The County shall provide sufficient clinical access to ensure that inmates are seen within the time limits set forth in Section IV.A.

F. QUALITY IMPROVEMENT

1. The County shall identify the reasons for the current refusal rate for dental services, and shall develop and implement a corrective action plan to reduce that rate.

2. The County shall determine whether inmates who acknowledge dental problems at intake are referred to an appropriate clinician and are seen by an appropriate clinician within the time frames set forth in Section IV.A. If such inmates are not referred to an appropriate clinician within an appropriate time, the County shall develop and implement a corrective action plan.

3. The County shall develop an audit tool to determine whether the dental program operated at its Jail meets the requirements of this remedial plan.

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V. COGNITIVE DISABILITY PLAN

A. IDENTIFICATION AND TRACKING

1. The County will implement CD Intake Screening to identify inmates who may have a CD.

2. If the inmate's responses to the CD Intake Screening indicate the possibility of a CD, the inmate will be referred to the appropriate staff for further review and possible diagnosis of a CD. When possible, the CD Screening will include an inquiry into California Department of Corrections and Rehabilitation (CDCR) records for inclusion in CDCR's Developmental Disability Program.

3. When an inmate is determined to be CD through diagnostic testing or verification from CDCR, a medical/mental health provider, or other reliable source, the County shall generate a list of specific adaptive behavioral supports needed for that inmate. This list of adaptive behavioral supports shall be regularly updated as needed through referral to medical or mental health.

4. The County shall take reasonable steps to prevent a CD inmate's status from being revealed to other inmates.

5. The list of specific adaptive supports for each CD inmate shall be maintained in a secure location, not accessible by other inmates but available to living unit and other staff who work regularly with the CD inmate.

6. The County shall provide each CD inmate with the adaptive supports on his or her list.

B. PERSONAL SAFETY

1. Because CD inmates require enhanced monitoring and attention from staff to prevent verbal, physical, and sexual abuse, the County shall house CD inmates in designated locations with adequate staffing to monitor their interactions with other inmates.

2. The County shall develop and implement policies to house CD inmates only in units with other inmates who have been screened against predatory or abusive behavior. The County shall provide for adequate documentation of its screening.

3. All CD inmates shall be questioned in one-on-one confidential interviews at least weekly regarding any abuse or manipulation by other inmates. Designated staff that performs these interviews shall be provided training by appropriately qualified mental health staff in communicating with people with CD.

C. ASSISTANCE

1. Reading and Writing:

   a. Designated staff shall be available to help CD inmates read and write on request, including providing assistance with completing grievance forms.

   b. CD inmates who have reading and writing noted on their adaptive supports list shall be regularly offered help with reading and writing, no less than twice a week. The offers of help and the CD inmate's response shall be logged, and the logs shall be reviewed at least weekly by a supervisor to

ensure that the offers of help are being made with the required frequency.

c. Designated staff shall be trained on these requirements.

2. Self-Advocacy:

a. CD inmates will be provided with a Staff Assistant for disciplinary infractions; classification reviews resulting in a change in security level or housing; and significant changes to the inmates' programming that are made on an individualized basis.

b. The Staff Assistant shall:

i. Meet with the CD inmate in advance of the event to ensure that the CD inmate understands the proceedings to the best of his or her ability.

ii. Be present at the event and help the CD inmate to understand, participate, and communicate effectively.

iii. Read and scribe all relevant documents and help the CD inmate present his or her position during the events.

iv. Document the interaction with the inmate.

3. Medical and Mental Health Care:

a. For CD inmates undergoing complex medical procedures, medical staff shall advise the ADA Unit regarding any special instructions associated with the procedure and or any specific adaptive supports the ADA Unit needs to provide related to the procedure, and the County shall provide these supports. The County shall develop and implement a policy regarding this provision.

b. ADA Unit staff shall log their interactions with the CD inmate related to medical and mental health care.

4. Activities of Daily Living:

a. CD inmates who have assistance with Activities of Daily Living (ADLs) listed on their adaptive supports list shall be regularly prompted to perform the relevant ADLs at the following frequency:

i. Showers: three times a week

ii. Tooth-brushing: three times a week

iii. Cell-cleaning: once a week

iv. Laundry exchange (clothing and linens): once a week

b. The prompts and the inmate's response (including whether the ADL was subsequently performed) shall be logged and the logs shall be reviewed at least weekly by a supervisor or ADA Unit staff to ensure that the offers of help are being made with the required frequency. If a CD inmate is observed performing the ADL independently, that observation may be logged in place of the prompt.

5. Rules and Policies:

a. CD inmates whose adaptive supports list includes the need for help understanding Jail rules or being given extra time to accomplish tasks shall be offered this help as needed.

D. DISCIPLINARY INFRACTIONS

1. CD inmates shall not be disciplined for behavior that could have been prevented through the provision of the adaptive supports required on that CD inmate's adaptive supports list, or through a warning that continued misbehavior may result in disciplinary action.

2. If staff does not document that they offered relevant adaptive supports and warned of potential disciplinary consequences prior to issuing the disciplinary infraction, the write-up shall be dismissed and no discipline shall be assessed against the CD inmate.

3. Adaptive supports are not relevant if the behavior involves violence or the credible threat of imminent violence.

VI. VISION, HEARING, SPEECH DISABILITY REMEDIAL PLAN

A. INTAKE AND ORIENTATION

1. Staff shall inquire during intake whether an inmate has a VHS Disability.

2. The County shall begin the verification process of whether an inmate has a VHS Disability during intake if:

    a. The inmate claims to have a VHS Disability;

    b. The inmate's medical or ADA record contains documentation of a VHS Disability; or

    c. Staff observes that the inmate may have a VHS Disability.

3. Unless a Captain or Watch Commander determines and documents, based on an individualized assessment, that a VHS Assistive Device constitutes an immediate risk of bodily harm to inmates or staff, or threatens the security of the facility:

    a. Inmates shall be allowed to retain their VHS Assistive Device both in the booking area and upon housing; and

    b. Inmates determined to be in need of a VHS Assistive Device shall be issued such a device where reasonable and possible at intake (e.g., a tapping cane, but not a hearing aid).

4. Inmates identified during the intake process as having a VHS Disability shall be advised about the following subjects during an orientation process:

    a. Reasonable accommodations available to inmates based on their specific VHS Disability;

    b. The types of VHS Assistive Device(s) available at the Jail (e.g., tapping canes, hearing aids, glasses);

    c. The types of VHS Auxiliary Aids and Services available to inmates at the Jail (e.g., Video Remote Interpreting, Video Relay Service, ASL) with their specific VHS Disability;

d. Access to inmate/staff readers or scribes;

e. The process staff uses to notify inmates with VHS Disabilities of announcements, visits, etc., in the housing unit;

f. Access to a Telecommunication Device for the Deaf (TDD), volume control telephone, and/or videophone;

g. Access to a closed-captioned television in the housing unit;

h. Information regarding emergency alarms, evacuations, announcements, and notices;

i. The process for requesting a reasonable accommodation; and

j. The process for filing a disability-related complaint.

5. For inmates identified during the intake process as having a VHS Disability, the County shall use a form of communication (e.g., verbal communication, video/audio presentation, and/or large print material) that ensures Effective Communication of the orientation information listed above and during intake processing.

B. IDENTIFICATION OF VHS DISABILITIES AFTER INTAKE

1. The County shall begin the verification process of whether an inmate has a VHS Disability after intake if:

a. The inmate self-identifies as having a VHS Disability to the ADA Coordinator;

b. Staff observes what appears to be a VHS Disability severe enough (i) to affect placement, program access, or Effective Communication or (ii) to present safety or security concerns; or

c. A third party (such as a family member) makes a request to the ADA Coordinator for an evaluation of the inmate for an alleged VHS Disability.

2. The County is not required to re-evaluate whether an inmate has a VHS Disability upon receipt of additional notifications pursuant to

VI.B(1)(a) and VI.B(1)(c) above unless the additional notification provides new grounds for reconsideration.

C. VERIFICATION OF VHS DISABILITIES

1. If an inmate is identified as having a potential VHS Disability during intake or after intake, the County shall verify whether an inmate has a VHS Disability within 7 calendar days, unless the verification requires evaluation by a medical provider.

2. If the inmate's potential VHS Disability requires evaluation from a medical provider, the County shall offer the inmate a temporary and reasonable accommodation pending the medical appointment, and the County shall make an appointment for the inmate to see a medical provider within 30 days.

3. If the medical provider determines that the inmate's potential VHS Disability requires a specialist medical appointment, the medical provider shall arrange for such an appointment and shall continue and/or appropriately modify the temporary and reasonable accommodation pending the outcome of the specialist medical appointment.

D. ISSUANCE, RETENTION, AND DENIAL OF ASSISTIVE DEVICE(S)

1. The County shall develop and implement policies and procedures for the ordering, retention, and denial/confiscation of VHS Assistive Devices. The County shall collaborate with Plaintiffs' counsel to develop these policies and procedures and implement them thereafter.

2. VHS Disabled Inmates in need of a VHS Assistive Device shall be issued the device as soon as reasonably practical after verification of the need for such a device. Additional time may be required if the device is inmate specific and/or requires customization. A standard tapping cane shall be available for issuance at the time of booking.

3. The inmate's VHS Assistive Device shall be transported with the inmate upon transfer or release.

4. Issuance and retention of a VHS Assistive Device may only be denied by a Captain, Watch Commander, or the ADA Coordinator as follows:

   a. Based upon an individualized assessment that it would constitute an immediate risk of bodily harm to inmates or staff, or a threat to the security of the facility; or

   b. A medical provider determines and documents, based upon an individualized assessment, that the device is not medically necessary and the ADA Coordinator, in consultation with the medical provider, determines that it is not reasonably necessary to allow equal access to Jail programs, services, or activities.

5. The Captain, Watch Commander, or ADA Coordinator shall document the individualized assessment and reasons for it in writing, and shall determine an appropriate alternative reasonable accommodation, if possible, which may include consulting with medical staff.

6. A VHS Assistive Device shall not be confiscated if another inmate is the source of the security threat.

E. DOCUMENTATION OF APPROVAL AND/OR DENIAL OF REQUESTS FOR REASONABLE ACCOMMODATIONS

1. The County shall document (i) any identified VHS Disabilities and (ii) any necessary accommodations or restrictions associated with those VHS Disabilities, including those relating to Effective Communication (e.g., large print materials) and VHS Assistive Devices that are issued.

2. The Captain, Watch Commander, or the ADA Coordinator shall document each denial of a request for reasonable accommodation and shall record the basis for the denial. A copy of any such denial, and the basis for the denial, shall be provided to the inmate unless doing so would present a safety or security risk.

F. HOUSING

1. The County shall house inmates with VHS Disabilities in facilities that reasonably accommodate their disabilities, including for the

provision of ground floor housing or lower bunks, and the elimination of stairs in assigned housing units for such inmates. Inmates with VHS Disabilities who do not have other disabilities do not normally require an accessible cell (e.g., grab bars, turnaround radius, etc.). Inmates who require a cane detectable railing will be placed in accessible housing.

2. The County shall provide housing unit staff with a weekly report listing all inmates with a VHS Disability assigned to that housing unit, and any reasonable accommodations or Effective Communication requirements for the inmate, along with notations that alert housing unit staff of the special needs of the inmate (such as during count, emergency evacuations, and verbal announcements).

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G. EFFECTIVE COMMUNICATION AND PROGRAM ACCESS

1. The County shall provide inmates with a VHS Disability with reasonable accommodations and VHS Auxiliary Aids and Services to allow them to meaningfully participate in recreation, health and hygiene, telephone, visiting, and programs (e.g., educational, vocational, religious, substance abuse, and work) for which they are otherwise eligible.

2. The County shall develop and implement policies requiring that appropriate VHS Auxiliary Aids and Services be afforded to an inmate with a VHS Disability to ensure Effective Communication with staff, other inmates, and, where applicable, the public (i.e., visitors and service providers in the facility). Primary consideration shall be given to the inmate's preferred mode of communication.

3. The County shall provide for Effective Communication to ensure access to programs, services, and activities, including:

    a. legal research materials for inmates with VHS Disabilities who otherwise qualify for access to these materials;

    b. notices, policies, job announcements, grievances, and other written material pertaining to programs or services for which the inmate is otherwise qualified;

c. assistance with visitation (e.g., volume control or writing materials) and mail; and

d. announcements on the housing unit, including announcements relating to meals, visitation, count, and lock down.

4. Upon request, inmates with a VHS Disability who are unable to complete paperwork on their own will be provided with staff assistance in reading and/or writing. This includes help completing grievances.

5. Inmates who cannot read shall be provided staff assistance during the disciplinary process.

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H. SIGN LANGUAGE INTERPRETERS

1. The provisions in this Section (Section VI.H.) apply only when sign language is the inmate's primary or only means of Effective Communication. They apply unless the inmate waives the use of Sign Language Interpreters or the use of the Sign Language Interpreter would pose a safety or security risk. In the event of a waiver, the County shall record (a) the method of communication of the waiver, and (b) the reason for the waiver.

2. Alternative Technologies

a. For inmates who use sign language as their primary means of communication but who also have proficiency in reading and writing, the County may explore with the inmate the use of alternative technologies (e.g., UbiDuo) for Effective Communication.

b. To determine whether an alternative technology is appropriate, the ADA Coordinator shall meet with the inmate with a Sign Language Interpreter and demonstrate the alternative technology to the inmate and discuss its potential use in various settings. The ADA Coordinator shall also evaluate the inmate's proficiency in reading, writing, typing, and any other skills needed to use the alternative technology. Giving primary consideration to the inmate's preference, the ADA Coordinator shall develop a plan for which VHS

Auxiliary Aids and Services shall be used and in which settings.

c. The use of alternate technology in place of Sign Language Interpreters for an inmate who uses sign language as his or her primary means of communication shall be revocable by the inmate, which shall be explained to the inmate by the ADA Coordinator at the meeting with the Sign Language Interpreter.

3. Unless an alternative technology is authorized in accordance with this section (Section VI.H.), Sign Language Interpreters will be provided during intake; for all due process functions (classification and reclassification process, prison disciplinary matters, and service of criminal legal documents); health consultations (listed below); and programming.

4. Unless an alternative technology is authorized in accordance with this section (Section VI.H.), Sign Language Interpreters are required for health care consultations of sufficient complexity, which include:

a. Any appointment with a Dentist, MD, DO, PA, NP, Psychologist, MFT, or LCSW;

b. Discussion of the inmate's medical history or description of an ailment or injury;

c. Provision of the inmate's rights, informed consent, or permission for treatment;

d. Diagnosis or prognosis of ailment or injury;

e. Explanation of procedures, tests, treatment, treatment options, or surgery;

f. Explanation of medications prescribed (i.e., dosage, instructions for how and when medications are to be taken, side effects, food or drug interactions) but not routine administration of these medications;

g. Blood donations and apheresis;

h. Discharge instructions;

i. Provision of mental health evaluations, group and individual therapy, counseling and other therapeutic activities;

j. Mental health staff interactions, such as the mental health check-ins described in Section VII.G.2, which involve communicating directly with the inmate; and

k. Educational counseling pertaining to medical or mental health care.

Sign Language Interpreters are not required for routine medical consultations, such as pill call, blood pressure checks, and blood sugar monitoring.

5. In the event a Sign Language Interpreter is not available, or is waived by the inmate, and communication is attempted, staff shall employ the most effective form of communication available.

6. An inmate's ability to lip read shall not be the sole source used by staff as a means of Effective Communication, unless the inmate has no other means of communication.

7. The County will record when, for whom, and for what purpose a Sign Language Interpreter was used.

8. With respect to intake, due process functions, and health care consultations only, the County will document when, for whom, and why a Sign Language Interpreter was *not* used (i.e., delay in providing a Sign Language Interpreter would have posed a safety or security risk) in instances where the inmate has requested the Sign Language Interpreter.

I. GRIEVANCES

1. The County shall use an inmate grievance system that provides for prompt and equitable resolution of complaints alleging violations of the ADA for inmates with VHS Disabilities.

2. Grievance forms shall be available in the housing units for inmates with a VHS Disability in 16-point font.

3. The ADA Coordinator or a member of the ADA Compliance Unit shall review all ADA-related complaints, assign ADA-trained staff

to investigate such complaints, and provide substantive responses using Effective Communication with the inmate. The inmate shall be notified of grievance appeal rights.

J. TRAINING AND MANAGEMENT

1. The County shall provide 4 hours of ADA pre-service training, including training on Effective Communication, to all new ACHS and Custody staff.

2. The County shall provide 4 hours of ADA annual training, including training on Effective Communication, to all ACHS and Custody staff.

3. The County shall train all Custody staff assigned to screen or review grievances on how to identify requests for reasonable accommodations and how to respond to allegations of disability-based discrimination or violations of the ADA or this Remedial Plan.

VII. ADMINSTRATIVE MANAGEMENT REMEDIAL PLAN

A. GENERAL PRINCIPLES

1. The Parties acknowledge that the County is undergoing construction in the high security units in the Jail that impedes immediate progress on this part of the Remedial Plan as it relates to out-of-cell time. Construction in the high security units is anticipated for completion in the Fall of 2019; however, many other units in the Main Jail are also undergoing construction, which will impact bed availability systemwide.

2. The County shall classify inmates as appropriate for the General Population, Protective Custody, or Special Management.

3. Inmates assigned to Special Management Medical and Special Management Mental Health Units are not covered by this Plan.

B. USE OF ADMINSTRATIVE MANAGEMENT

1. Only the Classification Division can assign an inmate to Administrative Management.

2. The County may use Administrative Management in the following circumstances:

    a. Objective evidence indicates that an inmate participated in a recent assault and the assaultive behavior involved an assault on staff or visitors, serious injury, use of a weapon, gang removals, or multiple inmate assaults. Mutual combat situations that do not otherwise qualify for Administrative Management are excluded.

    b. During a brief investigative period not to exceed ten days while Classification staff attempts to verify the need for Protective Custody or while the inmate is awaiting transfer to another facility;

3. The Classification Captain shall have the authority to place inmates in Administrative Management under the following circumstances:

    a. The inmate poses an extraordinary safety risk and no other housing unit is sufficient to protect the inmate from harm;

    b. The inmate has failed to integrate into a lesser restrictive housing setting because of repeated and recent history of assaultive behavior or current threats of violence associated with being in a lesser restrictive setting; or

    c. Objective evidence indicates that the inmate attempted to escape or presents an escape risk.

4. Notwithstanding any other provision in the Remedial Plan, the County may place any inmate in a more restrictive form of Administrative Management when the inmate is so violent that the inmate cannot be managed under the terms of the Administrative Management Remedial Plan. This option should be rarely invoked and requires the approval of the Assistant Sheriff.

5. The County shall not place inmates who are confirmed to be pregnant in Administrative Management.

6. The County shall not place inmates with an Excludable Diagnosis in Administrative Management unless necessary to address an extraordinary safety or security risk, which should include violence

or threats of violence, and no other housing unit is sufficient to ensure the safety and security of the institution.

C. CONDITIONS IN ADMINSTRATIVE MANAGEMENT

1. Except for infractions imposed as a consequence of discipline (i.e., loss of visiting or commissary access), the County shall provide inmates with access to the following services while in Administrative Management: (a) visiting; (b) mail; (c) reading materials; (d) religious services; (e) telephone; (f) hygiene materials and clothing exchange; and (g) commissary.

2. Cell checks (to ensure that inmates are safe and breathing) shall be conducted for all inmates assigned to Administrative Management Phase I and II (See Section VII.E) and SMI-Administrative Management at least every hour, at staggered intervals. Completion of cell checks will be timely documented.

D. NOTICE, DOCUMENTATION, AND REVIEW OF ADMINSTRATIVE MANAGEMENT DESIGNATIONS.

1. The Classification Division shall document the rationale for designating an inmate for Administrative Management in the classification file using objective evidence. For inmates younger than 21, the Classification Division shall consider the inmate's age as a mitigating factor when assigning the inmate to Administrative Management.

2. Classification staff shall attempt to down-class inmates to a lesser restrictive housing setting at the earliest possible opportunity, consistent with safety and security.

3. The County shall provide inmates in Administrative Management with a written notice within 72 hours of the inmate's initial placement in Administrative Management, explaining the reasons for the inmate's Administrative Management designation and how the inmate may progress to a lesser restrictive housing setting.

4. In a reasonably private setting, Classification Division staff shall attempt to have a face-to-face meeting with an inmate initially designated for Administrative Management, within 7 days and every 30 days thereafter, for the purpose of determining whether

Administrative Management is still necessary and/or whether a lesser restrictive form of Administrative Management is appropriate.

5. The Classification Assistant Division Commander or higher-ranked officer will review and approve the decision to designate an inmate for Administrative Management for longer than 15 days.

6. The County shall document the reasons an inmate is retained in the same Administrative Management Phase. The inmate will be given a written notice of the reasons the inmate is being retained in the same Phase of Administrative Management and what conduct the inmate is required to exhibit to progress to a lesser restrictive housing setting.

7. The Classification Captain or higher-ranked officer must approve the continued retention of an inmate in Administrative Management for longer than 90 days, and the Classification Captain or higher-ranked officer must reauthorize such placement at least every 90 days thereafter.

E. ADMINSTRATIVE MANAGEMENT PHASES

1. The time limits of the phased system do not apply to the use of Administrative Management for inmates with an Excludable Diagnosis or inmates covered by Section VII.B.3.

2. The County shall develop and implement a phased system for inmates designated as Administrative Management to achieve a lesser restrictive housing setting.

3. Administrative Management Phase I:

   a. This is the most restrictive designation for inmates in Administrative Management.

   b. Inmates shall be offered a minimum of one hour per day out of cell time for a total of seven hours per week.

   c. Inmates shall be offered an opportunity for Out-of-Cell Activities for at least five of the seven hours per week.

   d. Inmates shall not remain in Phase I for longer than 15 days unless the inmate engages in new conduct warranting

retention in Administrative Management as specified in Section VII.B.2.

4. Administrative Management Phase II:

   a. Inmates shall be offered a minimum of 14 hours of out of cell time per week.

   b. Inmates shall be offered an opportunity for Out-of-Cell Activities for at least 10 of the 14 hours per week.

   c. Inmates shall be offered the opportunity to program in groups of two to four inmates, unless pairing with another inmate is not possible for safety or security reasons, and those reasons are documented by the County.

   d. Inmates who demonstrate good behavior shall be offered low-cost incentives (e.g., opportunity to use a radio or watch a movie, extra snack.)

5. Inmates shall not remain in Phase II for longer than 30 days unless the inmate commits a serious behavioral violation while in Administrative Management: fighting; threatening staff or other inmates; resisting or delaying an order from staff that impedes Jail operations (e.g., failure to lock down); refusing to submit to a search of person or property; destroying or damaging Jail property (excluding property issued to an inmate and/or minor defacing of property or destruction of low-value property) or facilities; possessing contraband that implicates safety or security (e.g., weapons, razors, unauthorized medication, but not extra clothing, commissary items, or food); cell flooding; tampering with cell locking mechanisms or other security features (e.g., cameras); and/or sexual activity/harassment. In the event an inmate engages in a serious behavioral violation, the conduct will be referred to the Assistant Division Commander of Classification or higher-ranking officer, who shall have the discretion to extend the inmate's Phase II time by 15 days, and shall develop an individual behavioral management plan, if one does not yet exist, for the inmate.

F. DISCIPLINARY MANAGEMENT

1. This section (Section VII.F.) only applies where the inmate's violation of Jail rules results in a disciplinary term served in a single

cell; confinement in his/her cell for 23 hours per day, and deprivation of privileges available to inmates in the General Population.

2. The County shall only designate an inmate for Disciplinary Management after a disciplinary hearing and an adjudication that an inmate is guilty of alleged rule violations(s).

3. The County will adhere to a discipline matrix, developed in consultation with Plaintiffs' Counsel, that clearly defines when Disciplinary Management may be imposed.

4. Inmates housed in the LPS Unit who commit rule violations will not be designated for Disciplinary Management.

5. For Inmates with an Excludable Diagnosis, Custody staff shall seek input from a medical or mental health provider about the inmate's ability to participate in the disciplinary hearing, any impact the inmate's mental illness may have had on his or her responsibility for the charged behavior, and any known mitigating factors regarding the behavior.

6. Inmates in Disciplinary Management shall, absent an individualized assessment of safety or security risk that is documented, be provided at least one book (which may be regularly exchanged), legal documents, hygiene materials, legal phone calls, and legal visits.

7. The County shall implement a 30-day maximum term for any single or set of rule violations stemming from the same incident. The inmate shall not return to Disciplinary Management for additional rule violations without a 15-day break from Disciplinary Management.

8. If the inmate is retained in Administrative Management following the review, the reasons for retention and the specific steps to be taken to transfer to a lesser restrictive housing setting will be documented in the classification file.

G. MEDICAL AND MENTAL HEALTH SERVICES FOR INMATES IN ADMINSTRATIVE OR DISCIPLINARY MANAGEMENT

1. Mental Health Screening

a. All inmates placed in Administrative or Disciplinary Management shall be screened by a qualified mental health professional within 72 hours of placement.

b. Absent a current risk that necessitates the presence of Custody Staff and consistent with safety and security, the mental health screening shall occur in a private and confidential setting.

c. The screening shall include consideration of each inmate's age, available documentation of the inmate's cognitive functioning, and mental health history.

d. If mental health staff determines that an inmate designated as Administrative Management has an Excludable Diagnosis, mental health staff shall notify the Classification Division. The Classification Division shall determine if Section VII.B.6 applies to retain the inmate in Administrative Management.

e. The County shall document the mental health screening in the electronic health record.

f. The County will provide each inmate designated for Administrative or Disciplinary Management with a daily contact with ACHS to ensure that the inmate has continued access to the health care system. This daily contact is not required to be a clinical encounter.

2. Mental Health Check-Ins

a. A qualified mental health professional shall conduct check-ins at least once a week, to assess and document the health status of all inmates designated for Administrative or Disciplinary Management and shall make referrals as necessary.

b. The check-in shall include a brief conversation with each inmate, a visual observation of the cell, and an inquiry into whether the inmate would like any additional health services.

c. If an inmate in Administrative Management develops signs or symptoms of mental illness not previously identified, suffers deterioration in his or her mental health, engages in self-harm,

or develops a heightened risk of suicide, the qualified mental health professional shall report the findings to the Classification Division.

3. Medical and mental health staff shall advise Custody staff if they believe an inmate's continued designation of Administrative or Disciplinary Management is substantially affecting the inmate's health condition. Medical and mental health staff may recommend that an inmate be removed from Administrative or Disciplinary Management or that any other measures be implemented, to address the inmate's health condition. Medical or mental health staff's recommendation shall be reviewed by the Assistant Sheriff for a determination of whether the inmate should be removed from Administrative or Disciplinary Management, and/or if any additional measures are necessary.

H. ADDITIONAL REQUIREMENTS FOR ADMINISTRATIVE MANAGEMENT INMATES WITH AN EXCLUDABLE DIAGNOSIS

1. Inmates with an Excludable Diagnosis who are in Administrative Management are not subject to the Phased System. Custody Staff and mental health staff shall devise a programming plan specific to the inmate's needs and consistent with the safety and security of inmate, staff, and others.

2. Inmates with an Excludable Diagnosis shall be offered a minimum of 14 hours of out-of-cell time per week. The 14 hours must include out-of-cell time of a minimum of one hour per day every day and a total of 5 hours of Out-of-Cell Activities per week. The Classification Assistant Division Commander or higher-ranked officer must approve any reduction in out-of-cell time for safety and/or security reasons, and document those reasons in the classification file.

3. Inmates with an Excludable Diagnosis who are in Administrative Management shall be offered the following on a weekly basis:

    a. Three encounters with a Qualified Mental Health Professional. An encounter is treatment-oriented, and may include individual or group therapy, or recreation guided by a Qualified Mental Health Professional.

b. One hour of an individual or group therapy session with a Qualified Mental Health Professional. Each session qualifies as an encounter with a qualified mental health professional under Section VII.H.3.a.

4. In a reasonably private setting, a Qualified Mental Health Professional shall assess and document, at least once a week, the mental health status and current functioning of each inmate with an Excludable Diagnosis who is in Administrative Management.

5. Mental health staff shall provide Classification Division staff with weekly updates regarding the mental health status of any inmates with an Excludable Diagnosis in Administrative Management; the report may include information about the inmate's violence risk, medication compliance, and ability to program with other inmates. Classification Staff shall utilize the information provided in these updates to inform their decisions regarding the appropriate housing, consistent with safety and security.

I. DOCUMENTATION

After implementation of the new jail management record, the County shall collect, on a quarterly basis, the following data elements: the number of inmates in Administrative and Disciplinary Management, their average and median length of stay, retention in Administrative Management, and out-of-cell time for each inmate. The County shall review this data to consider necessary policy and procedure changes.

J. TRAINING

The Classification Division staff shall receive training regarding inmates with cognitive disabilities, mental illness, and the developing brain for inmates under the age of 21. The training can be e-learning.

VIII. USE OF FORCE

A. The County shall implement the Use of Force Policy dated August 29, 2017, which has been developed in consultation with Plaintiffs' Counsel.

B. The County shall integrate the Use of Force Policy into the Correctional Officer Academy Training.

C. The County shall integrate the Use of Force Policy into the Standards & Training for Corrections (STC) Perishable Skills Training (Defensive Tactics and Arrest Control) and provide such training for at least two hours every other year.

D. The County shall provide all uniformed Custody staff with 16 hours of crisis intervention and conflict resolution training, with significant emphasis on interacting with mentally ill and suicidal inmates.

E. The County shall provide staff that conduct use of force investigations with at least 16 hours of training on proper investigation techniques.

F. With the exception of the initial use of force training described in Section VIII.B all trainings set forth herein shall be certified by Standards & Training for Corrections (STC) or the Commission on Peace Officer Standards and Training (POST).