

Gray v. County of Riverside

Remedial Plan

Pursuant to the Consent Decree of November 25, 2015, the County of Riverside hereby agrees to implement the following measures to ensure the provision of constitutional health care and to ensure non-discrimination for inmates with disabilities in the Riverside County Jails as set forth in the plan.

I. Health care generally

A. Intake screening

1. All inmates who are to be housed shall be screened on arrival in custody by Registered Nurses (RNs). RN screening shall take place prior to placement in jail housing. At the Blythe Jail, if RNs are not on duty at time of booking, the inmate shall be seen and screened by an RN within 14 hours of booking.
2. Health care intake screening shall take place in a setting that ensures confidentiality of communications between nurses and individual inmates. Custody staff may maintain visual supervision but may not be close enough to overhear communication, unless security concerns based on an individualized determination of risk which includes a consideration of requests by the health care staff require that custody staff be closer at hand.
3. The County shall revise the contents of its intake screening consistent with Dr. Gage's recommendations regarding nursing observations and suicidality and shall implement the revised procedures within one month of the date the Consent Decree is issued by the Court.
4. The County shall establish a procedure to ensure that inmates entering the Riverside jails who are taking psychotropic medications are prescribed and offered those medications, or such medications as deemed medically

necessary by the facility psychiatrist, within 48 hours of booking, and shall implement the procedure within one month of the date the Consent Decree is issued by the Court.

B. Timely access to care

1. Custody and health care staff shall make health care request forms available to inmates in all housing units, dayrooms, program rooms and libraries.
2. Locked boxes shall be placed in all housing units for inmates to submit health care request forms. The boxes shall be readily accessible to all inmates. The boxes shall be emptied by health care staff at least once every 24 hours. Health care staff shall also pick up completed health care request forms directly from inmates in sheltered housing at least once every 24 hours or if an inmate does not have the opportunity to deposit the request in the locked box. Health care staff shall collect completed health care request forms. When institutional security prevents health care staff from entering the dayroom, custody staff may collect the request forms so long as health care staff are present, observe the collection, and receive the forms directly from the custody staff.
3. The following procedures regarding completed health care request forms shall be followed:
 - (a) Health care staff shall collect health care request forms at least once every 24 hours from every locked box. RNs shall triage the forms the same day as collection. Qualified mental health practitioners shall triage health care request forms that seek mental health treatment the same day as collected from the lockboxes, and within 24 hours of collection by the health care staff if hand-delivered to

staff. The date and time of triage shall be recorded as documented upon entry into the EHR.

- (b) All inmates with emergency (sudden, unexpected development requiring immediate action) health care concerns shall be seen by an RN immediately upon review of the request form if not before. All inmates with urgent concerns (where treatment may be delayed a short period of time without substantial risk of death or serious injury) shall be seen by an RN the same day the form is triaged. When a request describes a clinical symptom, a face to face encounter between the inmate and qualified health care professional at an RN level or higher shall occur within 48 hours (72 hours on weekends).
- (c) When a nurse determines follow-up is necessary, the inmate shall be referred to a physician, physician's assistant, or nurse practitioner for a face to face evaluation that takes place immediately for emergent concerns (unless the inmate has been transported from the facility for hospital or emergency room care), within 24 hours for urgent concerns (unless the inmate has been transported from the facility for hospital or emergency room care), and within 14 calendar days for routine concerns.
- (d) These procedures shall apply to medical, mental health, and dental concerns. Dental and mental health staff shall be provided health care requests raising dental and mental health concerns in a timely manner, with routine dental care to be provided within four weeks of request, to allow compliance with these time frames.

- 4. The County shall track and regularly review times for (a) collection of health care request forms; (b) triaging of health care request forms; (c)

nursing sick calls; and (d) clinician sick calls, to ensure that the required time frames are being met.

5. Providers may make referrals for follow-up appointments without requiring inmates to file a health care request form.
6. In cases where the inmate requires an accommodation to assist in completing a health care request form, health care staff shall provide writing assistance to inmates on request.
7. When inmates alert staff to medical or psychiatric emergencies either for themselves or another inmate (“man down”), the inmate shall be seen in person or interviewed over the telephone by health care staff at an RN level or higher as soon as possible.
8. With the exception of telemedicine appointments, all nursing sick call and provider encounters shall occur in a room with an examination table, sink, proper lighting, proper equipment, and with a medical record or medical record access. All such encounters shall take place in confidential settings, where staff and patients communications cannot be overheard by custody staff or other inmates, unless security concerns prohibit health care staff from being alone with an inmate due to a documented record of threats, intimidation or violence toward staff or other inmates or an individualized determination of risk which includes a consideration of requests by the health care staff. All telemedicine appointments shall occur in a room with the appropriate equipment and space for the patient and health care staff at the jail, as well as any needed computer or records access. The same confidentiality provisions shall apply.

C. Medication administration

1. The County shall provide pill call twice a day in each housing unit, at regular times that are consistent from day to day, except as may be required by non-routine facility security concerns. The County shall develop and implement policies and procedures to ensure that prescribed medications are provided at therapeutically appropriate times as determined by the ordering physician. Any inmate who requires administration of medications at times outside the regular pill call shall be provided that medication at the times determined by the ordering physician.
2. The County shall develop and implement policies and procedures to ensure that inmates are provided medications at therapeutically appropriate times when out to court, in transit to or from any outside appointment, or being transferred between facilities. If administration time occurs when an inmate is in court, in transit or at an outside appointment, medication will be administered as close as possible to the regular administration time. When the administration is identified as an allowable keep on person medication, the medication shall be given to the inmate for self-administration at the appropriate time.
3. The County shall develop and implement policies and procedures to ensure that medication efficacy and side effects are monitored by staff and reviewed by appropriate clinicians at appropriate intervals.
4. The County shall explore the expansion of its Keep on Person (KOP) medication program.
5. Prescriptions are filled by the Riverside University Medical Center (RUMC) pharmacy on weekdays. In addition, every jail shall maintain a stock supply of medications, as determined by the Medical Director and the Pharmacy and consistent with California State Board of Pharmacy

regulations for newly arrived patients or missed deliveries. Where normally established medication delivery times would compromise the medical care of the inmate, staff shall call the RUMC pharmacy emergency call line to obtain medications by the following day.

D. Confidentiality

1. The County shall develop and implement policies and procedures to ensure that appropriate confidentiality is maintained for health care services. The policies shall ensure confidentiality for clinical encounters, including health care intake screening, pill call, nursing and provider sick call, specialty appointments, and mental health treatment. The policies shall also ensure confidentiality for written health care documents, such as health care needs requests, grievances raising medical care or mental health care concerns, and health care records.
2. The Sheriff's Department is responsible for tracking the filing and disposition of inmate grievances, medical or otherwise. Appropriately trained custody staff who are subject to the same patient confidentiality requirements shall process medical and mental health grievances.
3. The County will no longer affix a label to doors of holding cells that indicates mental health status of inmates held inside (such as "PSYCH"); instead, the County will use wristbands, covered clipboards, or other means of identification that are accessible to appropriate staff on a need-to-know basis but not readily discernable to others.

E. Health care records

1. The County shall provide an Electronic Health Record System which allows mental health and medical staff to view the medical and mental

health information about each patient in a single record. This shall be accomplished within 12 months of the date the Consent Decree is issued by the Court.

2. Until such a system is implemented, the County shall develop and implement policies and procedures to ensure that medical staff have access to mental health information and mental health staff have access to medical information, as needed to perform their clinical duties. Medical and mental health staff shall be trained in these policies and procedures within one month of the date the Consent Decree is issued by the Court.
3. The County shall develop and implement policies and procedures to monitor the deployment of the CHS Electronic Health Records to ensure the records system is modified, maintained, and improved as needed on an ongoing basis, including ongoing information technology support for the network infrastructure and end users.

F. Staffing

1. The County shall provide and maintain sufficient staff to execute the health care components of the Remedial Plan. At least 90% of each medical and mental health care staffing category set forth in Exhibit A shall be filled, with staff attending work (and not on leave or otherwise not regularly attending work) within 12 months of the date the Consent Decree is issued by the Court. The County shall take such steps as are needed to fill these positions.
2. All health care staff shall provide community standard of care in their respective roles. Primary care physicians hired from the date of the issuance of the Consent Decree shall be Board certified or Board eligible in either Internal Medicine or Family Medicine or Emergency Medicine. Any

primary care physician currently working in the jails at the time the Consent Decree is issued will have three years from that date to become Board certified or eligible in one of those practice areas. As of three years from the date of the issuance of the Consent Decree, all physicians working in the jails shall be Board certified or eligible in one of those three practice areas. For the duration of the employment of any physicians who are neither Board certified nor Board eligible in those three practice areas, the Medical Director will provide quarterly supervision.

3. The County shall annually reassess its medical and mental health care staffing to ensure that it employs sufficient staff necessary to provide adequate medical and mental health care and supervision. The annual assessments shall review all categories of health care staff, including but not limited to the following: medical providers (physicians, physicians' assistants, and nurse practitioners), psychiatrists, clinical therapists, registered nurses, licensed vocational nurses, nurse supervisors, health care records clerks and technical support staff. The assessment shall include a review of key measures such as compliance with chronic care guidelines, sick call triage, medication refusals, delays in prescription renewals, compliance with daily pill call policies, and wait times to see nurses and providers. If any category is filled at less than 90%, the assessment shall review the hiring and retention process to ensure that appropriate steps are in place so as to fill the positions. If any category has been filled at less than 80% for three or more consecutive months, the County will take all steps required to fill the vacancies within 12 months, included, if required, adjustments to compensation. Pending hiring of permanent staff, the County shall take all necessary steps to fill the vacancies with temporary staff so that the category is filled at 80% or higher within three months.

4. The County shall employ adequate numbers of custody staff to assist with medication administration and the movement of inmates to receive health care services. Custody staff performing health care functions shall be included in the annual assessment.

G. Custodial environment

1. It is the intent of the County to provide inmates with as much dayroom time as is consistent with institutional safety and security. Under ordinary circumstances, dayroom time will begin no later than 8 a.m. and conclude at 11 p.m., except for cell returns or for unusual occurrences such as a group disturbance or institutional emergency that require temporary suspension of dayroom access that shall last only so long as needed to ensure safety and security, as determined by the appropriate supervisor.
2. Inmates shall be offered time in the recreation area at least two times each week for at least 1.5 hours at a time unless there are unusual occurrences such as a group disturbance or institutional emergency that require temporary suspension of recreation access that shall last only so long as needed to ensure safety and security, as determined by the appropriate supervisor.
3. The County shall develop and implement training to help custody staff identify inmates who self-isolate in order to refer such inmates, along with those who have recently received lengthy sentences, to mental health staff.
4. Inmates shall be classified according to the Sheriff's Department's corrections classification policy. The County shall not place inmates in more restrictive custody solely because they use assistive devices, or have a mental illness or other disability.

5. Inmates who are receiving mental health services and are housed in administrative segregation shall be evaluated daily by mental health staff at the clinical therapist level or higher. Any inmate not already receiving mental health services who is classified, at time of booking or at any later re-classification, to administrative segregation shall be referred forthwith to mental health services and evaluated by mental health services at the clinical therapist level or higher within 48 hours of housing. Any inmate so classified who is receiving prescription medications will receive those medications from medical staff at the cell in lieu of dayroom pill call. Any inmate who reports or demonstrates decompensation or distress shall be seen by the appropriate clinician within 24 hours, who shall confer with custody staff (medical liaison lieutenant, or facility commander or his/her designee) to determine if alterations to the inmate's placement and living conditions are appropriate. Assignment to administrative segregation will be re-evaluated every 30 days.

II. Medical care

A. Chronic care

1. Within three months of the date the Consent Decree is issued by the Court, the County shall develop and implement a chronic disease management program that is consistent with national clinical practice guidelines. The chronic disease program will include procedures for the identification and monitoring of such inmates and the establishment and implementation of treatment plans consistent with national clinical practice guidelines.
2. Inmates who take medications for their chronic conditions shall have the medications automatically renewed unless the provider determines that it is necessary to see the inmate before renewing the medication. In that case,

the inmate shall be scheduled to be seen in a reasonable time period to allow medication continuity.

3. The County shall track compliance with the chronic disease management program requirements for timely provision of appointments, procedures, and medications.

B. Specialty care

1. Within three months of the date the Consent Decree is issued by the Court, the County shall develop and implement policies and procedures to ensure that emergency consultations and procedures, as determined by the medical provider, are provided immediately; high priority consultations and procedures, as determined by the medical provider, are provided within 21 calendar days of the date of the referral; and routine consultations and procedures, as determined by the medical provider, are provided within 90 calendar days of the date of the referral.
2. Inmates whose routine specialty consultation or procedure exceeds 90 calendar days from the date of the referral shall be examined by a clinician monthly and evaluated to determine if urgent specialty care is indicated.
3. Within five calendar days of the completion of a high priority specialty consultation or procedure or within 14 calendar days of a routine specialty consultation or procedure, inmates returning to the Riverside jails shall have their specialty reports and follow up recommendations reviewed by a jail nurse practitioner, physician's assistant or physician. A nurse, nurse practitioner, physician's assistant or physician will review this information with the inmate within 14 calendar days of the receipt of the results.
4. Specialty care consultations shall be tracked in a log that identifies the consultation request date, the date the consultation was sent to the specialty

care provider, the date the consultation is scheduled, the date the appointment takes place, and, if the appointment is rescheduled or canceled, the reason it was rescheduled or canceled.

5. Requests for specialty consultations shall also be tracked to determine the length of time it takes to grant or deny the requests and the circumstances and reasons for denials. At least twice a year, the County shall review the specialty consultation log to determine whether such care is provided in a reasonable time frame. If any specialty area has a record of untimely appointments as determined by the Correctional Health Service Continuous Quality Improvement Committee, the County shall explore alternative providers.

C. Utilization management

1. The County shall implement a system for utilization management to track any request or recommendation for medical care that is not provided. The decision to refuse specialty care, specialized treatment or non-formulary medication shall be made by the Administrator of Correctional Health Services in conjunction with the Medical Director of Correctional Health Care and the Medical Director of Riverside University Medical Center.
2. The County shall implement an institutional decision-making process, to ensure that any refusal of specialty care, specialized treatment, or non-formulary medication is made by the Administrator of Correctional Health Services in conjunction with the Medical Director of Correctional Health Care and the RUMC Medical Director.

D. Continuous quality improvement program

1. Clinicians (physicians, physicians' assistants, and nurse practitioners) shall be evaluated annually by peer review, and nurses shall be evaluated annually by their supervisors.
2. A Quality Improvement Committee that includes the Correctional Health Service Administrator and Medical Director, a mental health representative, a registered nurse, a pharmacy representative, and a Sheriff's Department representative shall meet quarterly for the purpose of systematically monitoring, analyzing and improving processes and the quality of medical care.
3. Each quarter, the Quality Improvement Committee shall monitor several of the following processes of care, ensuring that all are reviewed at least annually, and that appropriate corrective action is recommended for all deficiencies:
 - (a) Number of intake screenings performed and number of inmates who did not receive intake screening prior to housing;
 - (b) Number of health needs requests submitted monthly, number triaged the same day as collection, number of emergent conditions, number of emergent conditions seen immediately, number of urgent conditions, number of urgent conditions seen the same day the form is triaged, number who received visits with providers within 14 calendar days of receipt of the form, and number of "man down" situations responded to;
 - (c) Triage decisions: the number of inmates indicating a clinical symptom in their health care request that were not seen by an RN in 48 hours/72 hours on weekends;

- (d) The percent of inmates who did not receive their first dose of essential medication as determined by the medical provider within 24 hours of prescription;
 - (e) The percentage of inmates with medication lapses due to untimely renewals;
 - (f) The number of inmates verified as already on psychotropic medications at booking who do not receive their medications within 48 hours of a physician or psychiatric prescription order during intake (or, if a physician or psychiatrist does not order such medications during intake, who were not seen by the physician or psychiatrist within 24 hours of booking);
 - (g) The number of inmates who claim to be taking psychotropic medications at the time of booking for whom staff did not take reasonable steps to verify the prescription as set forth in Section III.A.2;
 - (h) The length of time from initial clinician referral to completion of specialty appointment by service;
 - (i) The number of inmates with chronic illnesses who did not receive their medications as determined by the medical provider within a day of the physician or psychiatrist's medication order;
 - (j) The number of inmates with chronic illnesses who did not receive a history and physical examination by a registered nurse, physician's assistant, nurse practitioner or physician within two weeks of intake;
 - (k) Grievances over health care complaints and institutional responses;
 - (l) Court orders for health care and institutional responses.
4. The Administrator shall ensure that any corrective action recommended by the Quality Improvement Committee is implemented and completed within

30 days of the report making such recommendations, unless there are extenuating circumstances preventing implementation and completion within such timeframe in which case it shall occur as soon as reasonably practical.

E. Treatment space

1. The County shall provide adequate clinical space in every facility to support clinical operations while also securing appropriate privacy for patients.
2. Adequate clinical space includes the space needed reasonably to perform clinical functions as well as an examination table, sink, proper lighting, proper equipment, and access to health care records.

F. Reviews of in-custody deaths

1. Preliminary reviews of in-custody deaths shall take place within 30 days of the death and shall include a written report of the circumstances and events leading to the death, with the goal to identify and remedy preventable causes of death and any other potentially systematic problems.
2. Mortality reviews shall include detailed assessment of events occurring prior to the death, an analysis of any acts or omissions by any staff or inmates which might have contributed to the death, and the identification of problems for which corrective action should be undertaken.
3. Psychological autopsies shall be part of all reviews involving any suspected death by suicide.

III. Mental health care

A. Treatment

1. Within six months of the date the Consent Decree is issued by the Court, the County shall develop and implement a Mental Health Program Guide that conforms to contemporary community standards of care, setting forth a system of treatment to include thorough assessments and structured treatment, including face-to-face clinical contacts, group therapy, and individualized courses of therapy as clinically indicated. The Program Guide shall address treatment for inmates in the designated mental health housing units as well as outside those units.
2. The County shall ensure that all inmates who enter the Riverside jails who are verified as currently on psychiatric medications are offered such medications within 48 hours of booking or, if the physician chooses not to order the medication, shall be seen by a physician or psychiatrist within 24 hours of booking. Staff shall take reasonable steps to verify current prescriptions during intake through the County's electronic mental health records, telephone calls to pharmacies or practitioners, or paper prescriptions provided by inmates or their families at booking. If the prescription is verified, the medications shall be offered immediately on issuance of the order, so long as they are available in the jail's stock supply, or within 48 hours if they must be ordered. Inmates who receive such "bridge medications" shall receive a face-to-face evaluation with a psychiatrist within seven days of initiation of the medication.
3. For inmates on psychotropic medications, follow-up face-to-face evaluations with a psychiatrist (either in person or through telemedicine) shall occur as needed, but within 30 days following the initial visit. Subsequent face-to-face evaluations by the psychiatrist shall occur as needed, but at intervals of no more than 90 days.

B. Housing

1. The County shall house inmates with serious mental illness in one of the units designated for such housing. Those units shall not place restrictions on inmate movement and programming solely due to their mental illness; custodial functions shall be consistent with the inmates' classification levels.
2. The units designated for inmates with serious mental illness shall provide programming and structured activities appropriate for the acuity of the mental health needs and capabilities of the inmates as well as standard of care in the community. Inmates in these units shall be provided with the maximum out-of-cell time possible, consistent with institutional safety and security.
3. The County shall develop and implement policies and procedures to ensure clinical input prior to custodial transfers of mentally ill inmates. In particular, the County shall not transfer inmates determined to be mentally ill to or from a mental health housing unit unless mental health clinical staff have been consulted to determine whether the transfer is therapeutically indicated and would not be detrimental to the mental health of the inmate. Unless the transfer is an emergency, the procedures shall ensure that clinicians will be consulted in adequate time to ensure that any conflicting recommendations may be resolved through (a) consultation between clinical staff and the facility commander or his/her designee for transfers between housing units in the same facility, or (b) a DMH supervisor along with the facility commander or his/her designee from the sending facility for transfers between facilities.

C. Treatment space

1. The County shall provide adequate clinical space in every facility to support mental health clinical operations while also securing appropriate privacy for patients.
2. Adequate clinical space includes the space needed reasonably to perform mental health treatment functions, including individual and group face-to-face encounters as well as access to health care records. Adequate space for telemedicine purposes requires a confidential space with adequate lighting for the patient and on-site health care staff to reasonably sit and view the screen and any necessary records access.

D. Suicide prevention

1. Within one month of the date the Consent Decree is issued by the Court, the County shall develop and implement policies and procedures to allow step-downs for inmates placed in safety cells because of potentially self-harming behavior. The step-down program shall gradually add property and privileges and programming consistent with clinical assessment of a inmate's condition, with the intent to minimize the time spent in the safety cells under conditions of total deprivation of property and programming. Consistent with NCCHC standards, seclusion for clinical reasons shall last no more than 12 hours.
2. Within one month of the date the Consent Decree is issued by the Court, the County shall develop and implement policies and procedures to ensure that inmates who are awaiting transfer to RUMC due to their serious risk of self-harm are provided treatment and attention consistent with that determination pending transfer. Such treatment shall be determined by mental health clinicians, but may include one-on-one observation.

3. The County shall develop and implement policies and procedures to ensure continuous health care monitoring of inmates in restraints consistent with NCCHC standards.
4. Safety cells and restraint chairs shall be cleaned and sanitized thoroughly on a regular basis. Inmates in safety cells shall be offered meals three times a day and water at least every two hours. They shall be provided with all prescribed medications. These contacts shall be logged. Custody supervisors will regularly inspect the cells and safety cell logs. Custody and clinical staff shall question inmates in the safety cells to check the accuracy of the logs and the welfare of the inmates. The results of these inspections shall be recorded and reviewed at least weekly by a lieutenant.
5. Clinicians evaluating inmates in safety cells or restraint chairs or providing services shall speak to them face to face, and not through a closed door, except where the likelihood of violence by the inmate warrants.
6. Within one month of the date the Consent Decree is issued by the Court, the County shall develop and implement policies and procedures to screen inmates returning from court after the imposition of life or extremely lengthy sentences or the death penalty to determine the need for enhanced supervision or mental health services.

E. Continuity of care

1. The County shall provide continuity of care from admission to transfer or discharge from the facility, including referral to community-based providers when determined by the medical provider.
2. The County shall provide discharge planning for sentenced inmates with serious mental health disorders, connecting such inmates to community health care providers, community social services, community-based

housing, and/or appropriate services according to the inmate's need. The same services will be provided to unsentenced inmates provided adequate time is available prior to a legally mandated release.

3. The County shall develop and implement a system that allows inmates who are prescribed psychiatric medications to discharge from custody with a supply of medications or have access to these medications as soon as possible following their release from jail.

IV. Disability Accommodations

1. Inmates with mobility impairments shall not be placed, solely due to their disability or use of assistive devices, in locations with fewer privileges, less programming, or more restrictions on movement, property, or activities than they would experience if housed based on factors unrelated to their disability or use of assistive devices. This requirement shall not prevent the County from placing in sheltered housing disabled inmates who are unable to attend to their basic daily living needs (such as eating and personal hygiene) without assistance.
2. The County shall not deny disabled inmates reasonable accommodations for their disabilities, such as special shoes or mattresses, due to custodial restrictions, so long as the accommodations are recommended or approved by the treating clinician. If the medical/mental health care liaison lieutenant determines that there are safety and security concerns regarding the specific accommodation recommended for an individual inmate, he or she shall consult with the Medical Director and Administrator of Correctional Health Services to determine a resolution that provides the inmate with a reasonable accommodation that does not compromise institution safety and security.

3. An inmate who arrives at the jail with an assistive device shall be allowed to retain the device, or shall be provided with a jail-issued equivalent device, so long as it does not constitute an immediate risk of bodily harm or threaten the security of the facility based on an individualized assessment, unless a jail physician documents that the device is not medically necessary or reasonable to allow equal access to jail programs, services, or activities. Inmates shall not be punished or restricted from specific accommodations based on the actions of other inmates.
4. The County shall provide assistive devices prescribed by a jail physician to inmates as soon as reasonably practical, so long as the device does not constitute an immediate risk of bodily harm to inmates or staff, or threaten the security of the facility.
5. The medical/mental health liaison lieutenant shall be responsible for determining if an assistive device constitutes an immediate risk of bodily harm or threatens the security of the facility. If the health care lieutenant makes such a determination, custody staff shall consult with medical staff to determine an appropriate alternative accommodation that shall be provided. Assistive devices shall not be confiscated if another inmate is the source of the security threat.

V. Policies and Procedures

1. The County's policies and procedures shall be revised, as necessary, to reflect all of the health care remedial measures described in the Remedial Plan, and the County shall deliver healthcare pursuant to these revised policies and procedures. Unless otherwise indicated herein, the policies and procedures shall be revised by six months from the date the Consent

Decree is issued by the Court and implemented by nine months from the date the Consent Decree is issued by the Court.

2. The Sheriff's Department shall develop and implement such new policies and procedures as are needed to comply with the provisions of this Remedial Plan, including but not limited to the implementation of proper policies, procedures, and corrective action plans to address problems uncovered during the course of quality assurance review activities.
3. Upon Court approval of the Consent Decree, appropriate training shall be formulated and conducted with all staff regarding the requirements of the Consent Decree and Remedial Plan, as well as changes to policies and procedures. Unless otherwise indicated herein, this training shall be completed by nine months from the date the Consent Decree is issued by the Court
4. The County will provide a budget for correctional health care services sufficient to finance adequate health care and custody staff to comply with this Remedial Plan.

REMEDIAL PLAN
EXHIBIT A:
STAFFING

Correctional Health Services	
Position	Total Staffing Levels
Correctional Healthcare Administrator	1
Chief of Medical Specialty	1
Chief of Dentistry	1
Assistant Administrator	1
Manager, QA and Infection Control	1
Supervising Institutional Nurse	4
Utilization Management - DCU/Hospitals	1
Administrative Services Analyst II	2
E.H.R. Analyst	1
QA Coordinator	4
Secretary II	1
Physician IV	4
Physician II	3
Pharmacist	1
Nurse Practitioner II	2
Nurse Practitioner III	7
Sr. Institutional Nurse	9
Institutional Nurse	121
Licensed Vocational Nurse-Detention	53
Telemedicine Nurse	3
Discharge Planner	3
Nursing Educator	1
Medical Records Supervisor	1
Sr. Medical Records Technician	1
Medical Records Technician II	5
Medical Records Technician I	8
Office Assistant III	2
Radiologist Technologist II	2
Dentist	1
Dental Assistant	2
Pharmacy Technician II	5
Housekeeper	4
	256

Robert Presley Detention Center	
Position	Total Staffing Levels
Physician II	2
NP III	2
Sr Inst Nurse	2
Inst Nurse	32
LVN-AD	16
MR Sup	1
Sr MR Tech	1
MR Tech II	2
OA III	1
MRT I	4
Rad Tech II	1
Dental Asst	1
Pharm Tech II	2
D/C Planner	1
Telemed RN	1
	69

Smith Correctional Facility	
Position	Total Staffing Levels
Physician IV	2
NP III	3
NP II	1
Sr Inst Nurse	2
Inst Nurse	37
LVN-AD	18
MR Tech II	2
OA III	1
MRT I	2
Pharm Tech II	2
Housekeeper	1
D/C Planner	1
Telemed RN	1
	73

Indio Jail	
Position	Total Staffing Levels
Physician IV	0.8
NP II	0.8
Sr Inst Nurse	2
Inst Nurse	14
LVN-AD	4
	21.6

Blythe Jail	
Position	Total Staffing Levels
Physician IV	0.2
NP II	0.2
Sr Inst Nurse	1
Inst Nurse	8
LVN-AD	3
Housekeeper	1
	13.4

Southwest Detention Center	
Position	Total Staffing Levels
Physician IV	1
Physician II	1
NP III	2
Sr Inst Nurse	2
Inst Nurse	30
LVN-AD	12
MR Tech II	1
MRT I	2
Rad Tech II	1
Dentist	1
Dental Asst	1
Pharm Tech II	1
Housekeeper	1
D/C Planner	1
Telemed RN	1
	58

Administration	
Position	Total Staffing Levels
CHS Admin	1
Chf of Med Spec	1
Chf of Dent	1
Asst Admin	1
Mgr, QA	1
Sup Inst Nurse	4
AA II	2
EHR Analyst	1
Comp/QA Coord	4
Secretary II	1
Pharmacist	1
Nurse Educator	1
Housekeeper	1
UM - DCU/Hosp	1
	21

FMH

Robert Presley Detention Center

Position	Total Staffing Levels
Sr Medical Records Tech	2.00
Office Assistant II	2.00
Office Assistant III	2.00
MH Service Supervisor	2.00
Clinical Therapist II	25.00
Behavior Health Spec. III	1.00
Behavior Health Spec. II	4.00
Registered Nurse IV	1.00
Pyschiatrist III	3.86
	42.86

Smith Correctional Facility

Position	Total Staffing Levels
Sr Medical Records Tech	3.00
Office Assistant II	2.00
Office Assistant III	4.00
MH Service Supervisor	3.00
Clinical Therapist II	41.00
Behavior Health Spec. III	3.00
Behavior Health Spec. II	12.00
Recreation Therapist	5.00
Pyschiatrist III	5.64
	78.64

Indio Jail

Position	Total Staffing Levels
Office Assistant II	1.00
MH Service Supervisor	1.00
Clinical Therapist II	6.00
Behavior Health Spec. II	2.00
Pyschiatrist III	0.35
	10.35

Blythe Jail

Position	Total Staffing Levels
Clinical Therapist II	1.00
	1.00

Southwest Detention Center

Position	Total Staffing Levels
Office Assistant II	3.00
MH Service Supervisor	1.00
Clinical Therapist II	8.00
Behavior Health Spec. II	2.00
Pyschiatrist III	3.11
	17.11

Total Detention Staffing

Sr Medical Records Tech	5.00
Office Assistant II	8.00
Office Assistant III	6.00
MH Service Supervisor	7.00
Clinical Therapist II	81.00
Behavior Health Spec. III	4.00
Behavior Health Spec. II	20.00
Registered Nurse IV	1.00
Recreation Therapist	5.00
Pyschiatrist III	12.96
	149.96