DONALD SPECTER (SBN 83925)
SARA NORMAN (SBN 189536)
CORENE KENDRICK (SBN 226642)
PRISON LAW OFFICE
1917 Fifth Street
Berkeley, California 94710
Telephone: (510) 280-2621
Fax: (510) 280-2704
dspecter@prisonlaw.com
snorman@prisonlaw.com
ckendrick@prisonlaw.com

Attorneys for Plaintiffs, *on behalf of themselves and others similarly situated*

UNITED STATES DISTRICT COURT

FOR THE NORTHERN DISTRICT OF CALIFORNIA

GABRIEL YOUNG, EDDIE WILLIAMS, AND GALE YOUNG,

on behalf of themselves and all others similarly situated,

Plaintiffs,

v.

COUNTY OF CONTRA COSTA,

Defendant.

Case No. 3:20-cv-6848-NC

CLASS ACTION

[PROPOSED] CONSENT DECREE

Date: October 21, 2020
Time: 1:00 PM
Judge: Hon. Nathanael Cousins

Complaint Filed: September 30, 2020

A. Introduction

1. The parties to this Consent Decree are Plaintiffs Gabriel Young, Eddie Williams, Gale Young, and the class of people they represent (collectively, "Plaintiffs"), and Defendant County of Contra Costa ("Defendant"), hereafter referred to collectively at times as "the Parties." The Parties enter into this Consent Decree to address Plaintiffs' allegations about constitutional medical and mental health care and non-discrimination for people with disabilities in the Contra Costa County jails.[1]

2. Plaintiffs filed this Action on September 30, 2020. ECF No. 1. The Action alleges that Defendant fails to provide minimally adequate medical and mental health care to the people incarcerated in its jails and discriminates against certain individuals with disabilities in violation of the Americans with Disabilities Act ("ADA") and Section 504 of the Rehabilitation Act ("Section 504"). *Id.* Defendant denies liability and asserts that it provides adequate medical and mental health care to individuals detained in its facilities and does not discriminate against individuals with disabilities. The Parties agree this Consent Decree does not constitute and shall not be construed as an admission of or evidence of any act of deliberate indifference to any inmate's constitutional rights or violation of 42 U.S.C. § 1983, the ADA, Section 504, the U.S. Constitution, or any other wrongdoing.

3. The Plaintiff class consists of "all individuals who are now, or in the future will be, detained in a Contra Costa County jail" and the Plaintiff subclass consists of "all individuals who are now, or in the future will be, detained in a Contra Costa County jail and who have a qualified disability under the ADA and Section 504."

4. In March 2017, the Parties entered into a Structured Negotiation Agreement as an alternative to imminent litigation. The Parties agreed to work toward a settlement to

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[1] For the purposes of this Consent Decree, the term "Contra Costa County jails" is defined as the Martinez Detention Facility, the West County Detention Facility, and any new structures designated to house adult inmates under the jurisdiction of the Contra Costa County Sheriff subsequent to the date of this Consent Decree.

address the conditions of confinement in Defendant's jails. The Parties designated, and Defendant agreed to retain, four mutually agreed upon experts to advise them about medical and mental health care and custodial practices in the jails. These four experts (the "Subject Matter Experts") are: Roberta Stellman, M.D., as the expert on correctional mental health care; Esmaeil Porsa, M.D., as the expert on correctional medical care; Lindsay M. Hayes as the expert on correctional suicide prevention practices; and James Austin, Ph.D. as the expert on the jail classification system.

5. The Subject Matter Experts conducted extensive tours and reviews of the jail facilities, policies and procedures, and interviewed staff and people incarcerated in the jail. They drafted preliminary reports setting forth their findings and recommendations, and both Parties were given the opportunity to review the reports and make comments. The Subject Matter Experts thereafter submitted their final reports setting forth their respective findings and making recommendations for remedial action.

6. The Parties thereafter negotiated individual remedial plans for improvements in medical and mental health care, which are attached hereto as **Exhibit A** and **Exhibit B**, respectively.[2] The Parties agree to have future direct discussions regarding whether to include additional provisions in the Remedial Plans relating to the County's obligations under the ADA.

7. The Parties engaged in direct discussions regarding restrictive housing in the jails without the need for joint experts or findings. Plaintiffs' counsel approved and Defendant implemented a new Administrative Management policy.

8. Each party to this Consent Decree was represented by counsel during its negotiation and execution. Plaintiffs and the Plaintiff class are represented by Donald Specter, Sara Norman, and Corene Kendrick, Prison Law Office. Defendant is represented by the Office of the County Counsel.

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[2] Defendant has already fully incorporated Dr. Austin's recommendations.

B. Remedial Plans

9. Through this Consent Decree, Defendant agrees to implement the measures set forth in the Remedial Plans, subject to monitoring by the Court Experts and Plaintiffs' counsel, the Dispute Resolution procedure, and, if necessary, enforcement by the Court after use of the Dispute Resolution procedure, all of which are discussed below.

10. To the extent not already approved by both Parties, Defendant will, in consultation and collaboration with Plaintiffs' counsel, develop and implement appropriate policies and procedures to ensure compliance with the Remedial Plans.[3] At least 30 days prior to implementing any new policies developed to meet the terms of the Remedial Plans, Defendant will submit such policies to Plaintiffs' counsel for their review and comment. The Parties will meet and confer in an attempt to informally resolve any disagreements about the adequacy of such policies before implementation. The Parties' informal meet and confer process will be completed within 30 days following Defendant's finalization of the policies. Any remaining disagreements as to medical or mental health policies will be presented to the Court Experts for review and resolution. If any dispute(s) is not resolved, the Parties will engage in the Dispute Resolution procedure described below. If a recognized employee organization has initiated its legal rights to challenge a policy or portion thereof, Defendant may request that the Court stay or extend the Dispute Resolution procedure. Plaintiffs may oppose such a request on all applicable grounds.

C. Court Experts and Implementation of Remedial Plans

11. The Parties shall jointly request the appointment of two Court Experts - one for the subject matter of medical care (Dr. Michael Rowe), and one for the subject matter of mental health care (Dr. Roberta Stellman) - pursuant to Rule 706 of the Federal Rules of Evidence, to advise the Court on Defendant's compliance or non-compliance with the Remedial Plans, and to assist with dispute resolution matters addressed below.

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[3] Defendant's development of new and revised policies and procedures does not constitute an admission that their existing policies and procedures are inadequate.

12. At a mutually agreeable time after entry of this Consent Decree, the Court Experts will conduct an initial site review. They will thereafter complete an initial report to advise the Parties and the Court on Defendant's progress in implementing the provisions of the Remedial Plans within each such expert's area of expertise.[4] Defendants will provide a written response ("Initial Status Report") to the Court Experts and plaintiffs' counsel within 30 days of receipt of the last of the expert initial reports. The Initial Status Report shall (1) include a description of the steps taken by Defendant to implement each provision set forth in the Remedial Plans; and (2) specify the provisions of the Remedial Plans, if any, that have not yet been implemented. With respect to the provisions of the Remedial Plans not yet implemented, Defendant's Status Report shall (i) describe all steps taken by Defendant toward implementation; (ii) set forth with as much specificity as possible those factors contributing to non-implementation; and (iii) set forth a projected timeline for anticipated implementation.

13. Each subsequent Court Expert site review and report should be completed every 180 days thereafter ("180-Day Report") during the term of this Consent Decree to identify Defendant's substantial compliance with the Remedial Plans provisions within the expert's area of expertise. These findings are hereinafter referred to as "Substantial Compliance Determinations."[5]

14. For the subsequent 180-Day Reports, the Court Experts will each be directed to prepare a draft report within 30 days of their site review and send it to all Parties. If a Court Expert concludes that Defendant has not substantially complied with any provision of the Remedial Plans, the Court Expert will recommend actions to substantially comply with the provisions of the Remedial Plans. Each Party will have 15 days to respond to the

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[4] In light of current shelter-in-place orders and heightened restrictions due to the COVID-19 pandemic, this initial expert review may occur in-person, remotely, or in some combination. Defendant will provide the Court Expert remote read-only access to electronic medical records in accordance with the protective order in this case. See Paragraph 17.

[5] The Parties understand that substantial compliance does not require 100% compliance.

draft 180-Day Report by providing written comments, objections, or curing issues and an additional 7 days to reply to the other party's comments/objections. The final 180-Day Report will be due 20 days after the receipt of any comments, objections or replies.

15. The final reports of the Court Experts shall be admissible as evidence in any proceedings before the Court relating to Defendant's compliance with the terms of this Consent Decree but shall otherwise remain confidential and, if filed with the Court in such a proceeding, shall be filed under seal. All draft reports will be confidential and inadmissible in Court.

16. The Court Experts' duties specified in this Consent Decree shall be provided to the Court Experts pursuant to Rule 706(b). The Court Experts shall be entitled to reasonable compensation, under such terms and conditions as are agreed upon between Defendant and the Court Experts, which will be paid by Defendant.

17. With appropriate notice of at least 21 days to the County, the Court Experts shall have reasonable access to the Contra Costa County jails on dates mutually agreeable to the Court Experts and the Parties. Access to specific locations within those facilities shall not be unreasonably restricted. The Court Experts shall have reasonable access to correctional and health care staff and people detained in the jails, including confidential and voluntary interviews with detained individuals as the Court Experts deem appropriate. The Court Experts shall also have reasonable access to non-privileged documents, including budgetary, custody, and health care documents, and institutional meetings, proceedings, and programs to the extent the Court Experts determine such access is needed to fulfill their obligations. Defendant will make such non-privileged documents and information available within 21 calendar days of a written request. Documents produced to the Court Experts will be made available to Plaintiffs' counsel. Any documents produced to the Court Experts and/or Plaintiffs' Counsel will maintain their confidentiality pursuant to the Confidentiality Agreement and Stipulated Protective Order, and any applicable state law privileges. The Court Experts' site reviews and review of the documents shall be undertaken in a manner that does not unreasonably interfere with jail

operations as reasonably determined by jail administrators. All in-person site reviews will take place on consecutive days. There will be no more than two site reviews in each year, per Court Expert, unless a Court Expert requests an additional review. The Court Experts shall be bound, where applicable, by the Stipulated Protective Order.

18. The Parties agree that they are each entitled to engage in ex parte communications with the Court Experts. However, all of the Court Experts' findings and recommendations must be set forth in writing in their 180-Day Reports.

19. If, for any reason, a designated Court Expert can no longer serve, the Parties shall attempt to agree on who shall be appointed to serve in such expert's place. To commence the process of meeting and conferring, each of the Parties may nominate one or more individuals as a possible replacement expert. If after 30 days the Parties are unable to agree to a replacement, Defendant and Plaintiffs shall each nominate and submit two potential experts for the Court's consideration and selection.

D. Notice to Class Members

20. Filed hereto as **Exhibit C** is the Parties' agreed-upon Notice of Settlement. Defendant shall post notices to class members of this Action in a manner agreed upon by the Parties. The notice includes a brief statement that includes a description of Plaintiffs' claims, the definition of the class and subclass, notice that the Parties have entered into this Consent Decree, a description of the subject areas covered by the Consent Decree and Remedial Plans, the contact information for the Prison Law Office to allow people incarcerated in the Contra Costa County jails to contact Plaintiffs' counsel, and contact information for the Court for class members to provide comment regarding the proposed settlement.

E. Plaintiffs' Monitoring and Access to Information and Class Members

21. Plaintiffs' counsel shall be permitted to monitor Defendant's compliance with all aspects of the Remedial Plans. Defendant shall provide Plaintiffs' counsel with reasonable access to non-privileged information that Plaintiffs' counsel believe in good faith is necessary to monitor Defendant's compliance with the Remedial Plans subject,

where applicable, to the Confidentiality Agreement and the Stipulated Protective Order. From the date this Consent Decree is entered by the Court, and so long as the Consent Decree is in effect, Defendant shall provide Plaintiffs' counsel with access to such non-privileged information and/or documents within 21 calendar days of a written request for the information and/or documents. If Defendant believes that the information requested by Plaintiffs' counsel is not necessary to monitor compliance with the Remedial Plans, or is otherwise unlawful or inappropriate, the Parties shall engage in the Dispute Resolution procedure described below.

22. With reasonable notice to the County, and on dates mutually agreeable to Plaintiffs and the County, Plaintiffs' counsel and their consultants shall be permitted the opportunity to conduct a total of four tours per calendar year of Contra Costa County jails for the purpose of monitoring compliance with the Remedial Plans so long as the Consent Decree is in effect. After three years, the Parties shall meet and confer about any appropriate adjustments to the frequency of Plaintiffs' counsel's tours. Unless otherwise agreed by the Parties or ordered by the Court, monitoring tours by Plaintiffs' counsel and/or their consultants shall be separated by a period of at least 90 days and shall be limited to one consultant per subject matter as identified in paragraph 11 above.

23. Tours by Plaintiffs' counsel and/or their consultants shall include reasonable access to the Martinez Detention Facility and the West County Detention Facility, including all housing units, facilities where health care services are provided, facilities where people with disabilities are or may be housed and/or provided programming, and any other facilities where services are being provided pursuant to the Remedial Plans. Defendant acknowledges that during the tours Plaintiff's counsel and consultants may conduct voluntary interviews of any supervisory, clinical, custodial, and program staff that have direct or supervisory responsibility for inmate health care, classification, discipline, and disability accommodations. Defendant shall provide a Sheriff's Department contact person to facilitate cooperation of Sheriff's Department staff with Plaintiffs' counsel in obtaining information requested during the tours. However, Defendant's counsel will be

present during staff interviews and staff may decline to participate in any interview. During the tours, Defendant shall permit and facilitate Plaintiffs' counsel having confidential and voluntary discussions with any incarcerated person or group of incarcerated people at the request of Plaintiffs' counsel, consistent with safety and security needs. Upon written request by Plaintiffs' counsel and pursuant to the Stipulated Protective Order entered in this case, Defendant shall make available for inspection and/or copying the health care and/or custody files of specified incarcerated persons within 21 days. Disputes that may arise over Plaintiffs' counsel's access to jail information or personnel, except for individual staff refusals to be interviewed during a tour, shall be addressed by the Dispute Resolution procedure below.

24. Plaintiffs' counsel may confidentially visit and interview class members in a manner that does not disrupt jail operations, with 48 hours' written notice to the Sheriff's Office, unless there is an emergent situation that requires a sooner meeting. The Parties will establish an efficient means to allow Plaintiffs' counsel to interview a class member or group of class members, and to conduct confidential telephonic interviews with individual class members, with reasonable notice, in a manner that does not disrupt jail operations. Plaintiffs' counsel shall be allowed to send postage pre-paid envelopes (metered) and confidential correspondence to class members in the Contra Costa County jails.

F. Individual Class Member Concerns

25. Plaintiffs' counsel may bring urgent concerns about individual people in the jails, including but not limited to issues regarding health care, mental health care, housing, isolation, disability accommodations or access, to the attention of Defendant's counsel, or their designee, who shall respond in writing within 14 calendar days, unless the urgency of the issue requires a more expedited response. The parties will work cooperatively to resolve individual concerns.

26. This process is not meant to replace or circumvent the existing processes for requesting medical or mental health services or following the existing request and grievance processes in the jails. Class members will be required to follow those processes.

G. Dispute Resolution

27. For all disputes subject to the Dispute Resolution procedure, the Parties shall first meet and confer in an attempt to resolve the dispute. If that process is not successful, either party may initiate the Dispute Resolution procedure by sending written notice to the other Party. The notice shall identify the nature of the dispute(s), the provisions of this Consent Decree and/or Remedial Plan(s) at issue in the dispute(s), and the Party's contentions regarding the dispute(s).

28. Following service of the written notice, the Parties shall have 30 days to meet and confer to resolve the dispute. Either Party may request a written report from one or more Court Expert if necessary to assist in resolution of the dispute(s). In the event that there is a request for a Court Expert report, the time to meet and confer is extended until 15 days after issuance of the last such report requested.

29. If the Parties are unable to resolve the dispute through the meet and confer process or with the assistance of the Court Expert, either Party may submit the matter to the Magistrate Judge for purposes of mediation. Nothing said and no document prepared in connection with the mediation shall be offered in evidence in any subsequent judicial proceeding in this case. The mediation will be concluded after the mediation session, unless the Parties mutually agree to continue mediation, or the Mediator orders further mediation sessions.

30. If the Parties are unable to resolve the dispute through mediation, they shall submit the matter to the Court in the form of letter briefs for decision. The Parties agree that in resolving any dispute concerning the interpretation of the Consent Decree and/or Remedial Plans, the Court will rely on applicable federal and state law.

H. Enforcement

31. The Court shall retain jurisdiction to enforce the terms of this Consent Decree and shall have the power to enforce the agreement through specific performance and all other remedies permitted by law until Defendant fulfills its obligations under this Consent Decree.

32. The Protective Order agreed upon by the Parties shall remain in force.

I. Duration and Termination

33. The duration of this Consent Decree is five years from the date this Consent Decree is entered by the Court. Unless the Court shortens or extends the term of the Consent Decree, as described below in paragraphs 34-38, the Consent Decree will automatically terminate five years from the date it is entered by the Court. During the duration of the Consent Decree, Defendant waives the right to seek termination of all or part of the Consent Decree pursuant to 18 U.S.C. §§ 3626 (a)(1)(A) and (b).

34. Defendant shall not bring any motion for termination for a period of three years from the date this Consent Decree is entered by the Court. Any termination motion shall be based on a record of no less than one year of substantial compliance with the requirements of the Remedial Plans. Prior to bringing such a motion, Defendant shall have complied with the Dispute Resolution procedure set forth above, if there is a dispute as to Defendant's substantial compliance.

35. If Plaintiffs believe that Defendant is not in substantial compliance with the Remedial Plans at the end of five years, Plaintiffs may move for an order extending the term of the Consent Decree as to one or more provisions of the Consent Decree or the Remedial Plans. As to those provisions where Plaintiffs claim substantial compliance is lacking, no such motion shall be brought unless Plaintiffs have notified Defendant of the perceived areas of non-compliance at least 180 days before the expiration of the five year term. During the 180 day period, the parties shall meet and confer about those issues. In order for the Consent Decree to be extended, one or more of the Court Experts must determine that Defendant's failure to substantially comply with one or more provisions of the Consent Decree systematically places the Plaintiff class at a) substantial risk of serious harm or b) materially and adversely affects their health. To extend the duration of any particular provision(s), Plaintiffs must establish that Defendant is not in substantial compliance with the provision(s) and that Defendant's failure to substantially comply systematically places the Plaintiff class at a) substantial risk of serious harm or b)

materially and adversely affects their health.

36. If the Court extends the term of the Consent Decree pursuant to Paragraph 35 above, Defendant may move to terminate the Consent Decree after one year from the date of the Court's Order extending the term. Any termination motion(s) must be based on a record of at least one year of substantial compliance with the provision(s) of the Consent Decree or Remedial Plan(s) extended by the Court. Prior to bringing such a motion, Defendant shall have complied with the Dispute Resolution procedure set forth above, if there is a dispute as to Defendant's substantial compliance.

37. If Defendant believes at any time that it has been in substantial compliance with any provision(s) of the Remedial Plans for at least twelve months, Defendant may, after conferring with Plaintiffs' counsel, request a finding by the Court that Defendant is in substantial compliance with one or more provisions of the Remedial Plans and has maintained such substantial compliance for a period of at least twelve months. Unless otherwise ordered by the Court, such a finding will result in a suspension of monitoring of any such provision by the relevant Court Expert and Plaintiffs' counsel and consultants, if any.

38. If during the duration of this Consent Decree Plaintiffs form the good faith belief that Defendant is no longer in substantial compliance with any provision(s) of the Remedial Plans previously found to be in substantial compliance and as to which monitoring has been suspended, Plaintiffs' counsel shall promptly so notify Defendant in writing and present a summary of the evidence upon which such belief is based. Within 30 days thereafter, Defendant shall serve a written response stating whether it agrees or disagrees that it is no longer in substantial compliance with respect to the identified provision(s) of the Remedial Plans. However, if the notice from Plaintiffs' counsel is provided to Defendant less than 45 days before the next anticipated Status Report, then Defendant may elect to include its response in the next Status Report. If Defendant agrees that it is not in substantial compliance, monitoring by the relevant Court Expert and Plaintiffs' counsel pursuant to this Consent Decree shall resume as to that portion not in

substantial compliance until Defendant again obtains substantial compliance. In the event Defendant disagrees, Plaintiffs may bring a motion before the Court seeking such relief as may be appropriate, including but not limited to reinstating full monitoring for the identified provision(s), provided that, before bringing such a motion, Plaintiffs' counsel have complied with the Dispute Resolution procedure described above.

J. Costs and Fees

39. *Costs and Fees Prior to Entry of the Consent Decree*: The Parties agree that, by entry of this Consent Decree, Plaintiffs are the prevailing party in this litigation. Subject to Court approval, the Parties have reached a compromise and Defendant has agreed to pay Plaintiffs' counsel Three Hundred and Ninety-Six Thousand, Five Hundred Forty-Three Dollars and Zero Cents ($396,543) as their reasonable fees and expenses incurred from the date that Plaintiffs' counsel commenced an investigation into conditions at the Contra Costa County Jails through Final Approval of the Consent Decree, including approval of the Remedial Plans pursuant to the following rates: a blended rate of $550 per hour for attorneys and $200 per hour for legal assistants.

40. *Costs and Fees for Monitoring and Enforcement*: Subject to Defendant's right to object to the reasonableness of the fees and expenses sought by Plaintiffs' counsel, Plaintiffs' counsel shall be compensated for their reasonable time and reasonable expenses (including the costs of any consultants Plaintiffs' counsel may reasonably retain) relating to monitoring and enforcing this Consent Decree and Remedial Plans, including any time and expenses incurred in connection with the resolution of any dispute pertaining to such monitoring and enforcement, subject to the exceptions in paragraph 41 below. With respect to monitoring fees and expenses, the Parties have agreed that Plaintiffs' counsel's fees and expenses shall be capped at $175,000 per calendar year for the first two years of monitoring and compensated at the following rates: a blended rate of $550 per hour for attorneys and $200 per hour for legal assistants. Plaintiffs' counsel shall submit a detailed invoice for their fees and expenses (including the date, amount of time spent, and a general description of each task) at the end of every quarter and Defendant shall pay the reasonable

amount requested by Plaintiffs' counsel within 45 calendar days of receipt of each invoice. After the first two years of monitoring, the Parties shall confer about adjusting Plaintiffs' counsel's cap for fees and expenses. In the event a dispute arises regarding the reasonableness of Plaintiffs' counsel's proposed fees, the Parties agree to meet and confer in good faith in an attempt to informally resolve the dispute. The Parties' meet and confer process shall be completed within 30 days of the identification of the dispute. Failing that, either party shall initiate the Dispute Resolution procedure set forth above. In the event of a dispute, the amount in dispute will not be paid. The negotiated or mediated amount will be paid 45 days following resolution.

41. *Costs and Fees for Litigation Before the Court*: Subject to both Court approval and Defendant's right to object to the reasonableness of the number of hours for which Plaintiffs' counsel may seek compensation, Defendant agrees to pay Plaintiffs' counsel's above rates for any litigation required to enforce or defend this Consent Decree or Remedial Plans before the Court. However, Defendant will not be obligated to pay such rates with respect to any unsuccessful motion brought by Plaintiffs, or any unsuccessful opposition to a motion of Defendant.

K. Effect of Consent Decree in Other Actions

42. Neither the fact of this Consent Decree nor any statement of claims contained herein shall be used in any other case, claim, or administrative proceedings, except that Defendant and its employees and agents may use this Consent Decree and any statement contained herein to assert issue preclusion or *res judicata*.

IT IS SO AGREED AND STIPULATED.

Dated: October 1, 2020

Respectfully submitted,

/s/ Donald Specter
Donald Specter
Attorney for Plaintiffs

Dated: October 1, 2020

SHARON ANDERSON
COUNTY COUNSEL

/s/ Monika L. Cooper
Monika L. Cooper
Assistant County Counsel
Attorneys for Defendant

ATTESTATION REGARDING SIGNATORIES

I, Corene Kendrick, hereby attest that Counsel for Defendant concur in the filing's content and have authorized the filing.

Executed on October 1, 2020 at San Francisco, California.

/s/ Corene T. Kendrick
Corene T. Kendrick
Prison Law Office

IT IS SO ORDERED.

Dated: _____

_____
Hon. Nathanael Cousins

Index of Exhibits to Proposed Consent Decree

Exhibit	Description
A	Medical Remedial Plan
B	Mental Health Remedial Plan
C	Proposed Notice to Class

Exhibit A

MEDICAL REMEDIAL PLAN
CONTRA COSTA COUNTY
TABLE OF CONTENTS

I. Definitions

For purposes of this plan, references to "medical care," "medical services," "medical staff," and "medical treatment," includes dental care services, staff, and treatment, as well as pharmacy services and staff. References to the "jail" include the Martinez Detention Facility in Martinez and the West County Detention Center in Richmond, and any future adult jail facilities.

All other terms are defined as follows:

Chronic Disease: Chronic diseases include but are not limited to the following medical conditions:

- Blood diseases (including persons on anticoagulants)
- Cancer
- Cardiac conditions and heart disease
- Cirrhosis / end-stage liver disease/disorders
- Cocci (Valley Fever)
- Diabetes
- Epilepsy / seizure disorders
- Hepatitis C
- HIV/AIDS
- Hypertension
- Neurological disorders (i.e. Parkinson's, Multiple Sclerosis, myasthenia gravis)
- Renal diseases (including persons on dialysis)
- Respiratory diseases (i.e. COPD, emphysema, Asthma, cystic fibrosis)
- Rheumatology diseases (i.e. lupus, rheumatoid arthritis)
- Sickle cell disease
- Tuberculosis

Diagnostic services: Lab draws and specimen collections, X-rays.

DOT: Direct-observation therapy (watch-swallow medications).

Encounter: interaction between a patient and a Qualified Health Care Professional that involves a clinical assessment with exchange of confidential information.

KOP: Keep-on-person medications.

Detention Health Staff: Includes health staff who provide direct and indirect care to patients including Qualified Health Care Professionals and other allied health professionals.

Provider: medical doctors and advanced practice professionals authorized to write prescriptions (e.g., physician, physician assistant, nurse practitioner, dentists).

Qualified Health Care Professional (QHCP): physicians, physician assistants, nurses, nurse practitioners, dentists, mental health professionals, and others who by virtue of

their education, credentials/license, and experience are permitted by law to evaluate and care for patients.

II. Administration

A. Health Care Leadership, Staffing, and Training

1. The County shall have a leadership team that is responsible for the delivery of health care services in the jail, and the evaluation of the adequacy of the services.
2. The County shall provide and maintain medical staffing in the jail to meet community standard of care and to execute the requirements of this plan.
3. The County shall verify that all health care staff meet the minimum requirements of the job classifications for their position as set forth by the County.
4. The County shall develop a staffing plan that includes the number of positions recommended for medical and dental care needs at the jail. The staffing plan will include a timeframe for its implementation.
5. The County shall ensure that there are a sufficient number of custody staff assigned to clinics and for medical escorts in order to execute the requirements of this plan.
6. All Detention Health Staff shall be trained on the key detention medical care policies upon hiring into detention, and shall be provided updates on any changes to key medical care policies. The County shall document and retain records demonstrating that Detention Health Staff have been trained on the key policies for verification purposes.
7. The County shall provide initial and periodic training for custody staff assigned as escorts on the following subjects: introduction to detention healthcare services, suicide screening, identification and management of drug and alcohol withdrawal symptoms, standards for referrals to Detention Health Staff, and safety training, which includes identification and management of acute and behavioral health emergencies and de-escalation techniques.
8. The County shall ensure that all custody and Detention Health Staff are trained to recognize and respond appropriately to drug and alcohol withdrawal and are trained to provide first responder assistance in emergency situations.

B. Policies and Procedures

9. The County will have policies and procedures to correspond to all provisions in this remedial plan. The policies should be biennially evaluated by Detention Health Staff leadership.

10. The County shall maintain drug/alcohol withdrawal policies and procedures that include specific guidelines as to the frequency and documentation of patient assessment by Detention Health Staff.

11. The County shall have a Medication Assisted Treatment program to address and manage patients who have substance and/or opioid use disorders. Women who are pregnant and report opioid use are provided Medication Assisted Treatment, if clinically indicated, under the supervision of a provider.

12. The County shall provide a draft of the policies and procedures added or revised as a result of this remedial plan to plaintiffs' counsel for review. If there is a conflict, the parties will provide the policies and procedures to the expert for review. The County shall implement the policies and procedures, which are attached hereto.

C. Clinical Space and Medical Placements

13. The County shall provide adequate clinical space in the jail to support clinical operations while also securing appropriate privacy for patients in routine medical encounters. Adequate clinical space includes visual and auditory privacy from other patients and non-health care staff, subject to the provisions of paragraph 14 below, the space needed for Detention Health Staff to reasonably perform clinical functions, and access to health care records.

14. Absent agreement by the patient, routine medical encounters shall occur in a room with auditory privacy from custody staff and inmates unless the QHCP determines that encounter requires the presence of custody staff due a threat to safety and security, based on documented individualized reasons, in which case auditory privacy from other inmates must nonetheless be ensured. In cases where the QHCP determines that custody presence is needed for safety and security reasons, Detention Health Staff will document the reasons in the medical health record as a variance from standard practice.

15. The County shall maintain guidelines for transferring patients to a higher level of care.

D. Medical Records

16. The County shall use templates for what information should be documented in jail medical encounters, including timing for any follow up care.

E. Quality Management/Performance Measurement

17. The County shall conform its quality improvement plan, as stated in the Mental Health Remedial Plan, to the community standard.

18. The quality improvement committee shall meet at least quarterly and will include both Detention Health Staff and custody staff, and will:

    a. Identify health care performance measures to be monitored and establish thresholds and/or targets for measures;

    b. Design quality improvement monitoring activities; and

    c. Analyze monitoring results of improvement projects to identify factors that contribute to less than threshold and/or target performance.

19. Performance Improvement Project recommendations will be published to Detention Health Staff. Project studies with associated aggregated data will be made available to Plaintiffs' counsel and the joint expert during the period of implementation and monitoring.

F. Adverse Event Reviews

20. The County shall implement a policy, which includes interventions and root cause analysis, when indicated, for use within the jail.

21. The County shall develop corrective action plans for systemic, physical or procedural issues uncovered by the adverse event review process. The quality improvement committee shall:

    a. Design and implement corrective action plans;

    b. Review all action items until the corrective action plan is complete;

    c. Monitor the performance of the corrective action plan for sustainability; and

    d. Review the status of active corrective action plans at least quarterly.

22. The County shall track the outcome of applied interventions.

G. Grievances

23. The County shall maintain a written health care grievance policy, that among other things, designates the Detention Health Staff responsible for reviewing and responding to grievances related to the delivery of health care. The grievance policy shall include timeframes for responses, and categorize the type of grievance (i.e. medical care, mental health care, medication administration, etc.). The policy shall also include guidelines of when a face-to-face interview with the grievant is necessary.

III. Intake Medical Care

A. Screening / Health Assessments

24. Intake health screening shall continue to be performed by QHCP, using an intake screening tool

25. All intake health and initial mental health screenings shall be performed in areas that provide reasonable auditory privacy and confidentiality, unless there is an individualized security or safety risk, which shall be documented.

26. The intake screening will identify and record, as necessary, health and/or disability needs, and document the patient's health history and relevant information.

27. Intake nurses will conduct a reasonable review of available electronic medical records at the time of intake for evidence of current medical conditions and medications.

28. The process for requesting health care will continue to be described in the orientation video that runs during intake and in notices posted on each housing module. The signs will be posted in at least English and Spanish and the video will run in at least English and Spanish.

29. The County shall continue to make reasonable efforts to verify prescribed medications claimed by incoming patients at intake, including contacting pharmacies and non-jail providers for prescription information with a signed release of information from the inmate. When current medication prescriptions are verified and a provider determines the medication is medically necessary, bridging medications shall be administered within 24 hours of verification for a minimum of seven days, unless otherwise directed by a provider.

30. The QHCP shall document persons who have physical disabilities that could impact their housing placement within the jail (i.e. mobility impairment, deaf/hard of hearing, blind/uncorrectable vision impairment), and if appropriate, notify custody staff of the housing limitations. The

County shall ensure that mobility assistive devices (i.e., cane, walker, wheelchair) are available.

31. Women who during intake screening report active opioid use disorder, opioid dependence, or opioid treatment (i.e., methadone or buprenorphine) shall be immediately offered a pregnancy test. If pregnant and clinically indicated, the QHCP shall contact a provider. If clinically indicated, the provider will authorize and oversee Medication Assisted Treatment.

32. If the intake screening identifies clinically significant findings for an inmate booked into the facility, the County shall take the following actions:

    a. If the findings are deemed emergent, the patient will be seen by Detention Health Staff immediately or as soon as possible;
    b. If the findings are deemed urgent, the patient will be seen by Detention Health Staff within eight hours;
    c. If the findings are deemed routine, the patient will be seen by Detention Health Staff within three to five calendar days.

33. Additionally, where the intake screening identifies clinically significant findings, a provider will conduct an initial health assessment within three to five calendar days. The assessment will include:

    a. Review of the intake screening results;
    b. Collection of additional data to complete the past medical history, including any follow-up from positive findings obtained during the intake screening;
    c. Review of all prescriptions, and the prescribing of all medically appropriate medication;
    d. Review of recording of vital signs, including a finger stick on people with diabetes;
    e. A physical exam, if clinically indicated;
    f. Review of laboratory and/or diagnostic tests for communicable diseases and for specific diseases;
    g. Referral for detoxification treatment and/or Medication Assisted Treatment, if clinically indicated;
    h. Identifying the need for specialty care referrals.

34. As part of the assessment, the provider shall develop or update the Problem list and/or treatment plan, if clinically indicated. Treatment plans will include any need to request consults with outside specialists.

IV. Delivery of Medical Care and Services

A. Access to Care

35. Patients may submit requests for health care services via telephone, if available, in writing, or electronically once kiosks are available. Blank health service request forms shall be readily available on all housing units, program areas, and libraries and shall be offered regularly to patients in administrative segregation housing.

36. When Detention Health Staff provides confidential medical information to patients by mail, they will do so by using a sealed envelope with the patient's name, number and location on the front and an indication on the front of the envelope that the envelope contains confidential medical information. Custody staff will open the envelopes in the presence of the inmate and will visually inspect for contraband due to safety and security concerns but will not read the document.

37. Confidential locked boxes, or an equivalent electronic mechanism shall be available on every housing unit for routine health service requests and for complaints and/or grievances relating to the provision of health care services. These boxes shall be readily accessible to patients on free time. Detention Health Staff will retrieve and review the contents of the boxes at least once a day. Patients who do not have daily access to a locked box shall be provided the opportunity to give health service requests to Detention Health Staff on a daily basis.

38. The County shall establish a reliable process for tracking sick call requests.

39. The County shall refine its system to review inmate requests for health services, including requests made over the telephone access lines, as follows:
    a. RNs shall review the submitted inmate requests for medical and/or mental health services once per day.
    b. The review process shall include an assessment of the level of urgency of the request, whether the patient needs to be seen and, if so, the disposition and time frames for the triaging and subsequent appointments, and a tracking system.
    c. The following timelines apply for triaging inmate requests for medical services for patients who need to be seen.
        i. Patients whose requests are deemed to be emergent will be seen by Detention Health Staff immediately or as soon as possible.
        ii. Patients whose requests are deemed urgent will be seen by Detention Health Staff within eight hours.

iii. Patients whose requests are deemed routine will be seen by Detention Health Staff within three to five calendar days.

40. For requests handled by means other than a face-to-face visit, Detention Health Staff will provide patients with a response to a request for health services within 72 hours. Responses will be documented in the patient's electronic health record.

41. When patients with limited reading and writing skills make a verbal request for health care services, staff shall ensure that the appropriate health care services are initiated, whether by request slips or alternative means.

42. When a patient refuses a provider appointment, Detention Health Staff will follow up within 72 hours to ensure that the patient understands any adverse health consequences and to address individual issues that caused the patient to refuse the appointment.

    a. Any such refusal will be documented and must include (1) a description of the nature of the service being refused, (2) confirmation by Detention Health Staff that the patient was made aware of and understands any adverse health consequences, (3) the signature of the patient, and (4) the signature of Detention Health Staff witness. In the event that it is not possible to obtain the patient's signature, Detention Health Staff should document the reason(s) why not.

B. Chronic Care

43. The County shall maintain and monitor the following chronic disease registries: Diabetes, HIV/AIDS, Hypertension, and Asthma.

44. The County shall maintain a chronic disease management policy and clinical practice guidelines and templates to guide providers, consistent with the community standard of care.

45. Patients who have a history of Hepatitis C shall be offered immunizations against Hepatitis A and Hepatitis B, if determined to be non-immune and not previously vaccinated.

46. Treatment plans for chronic diseases will be developed and documented by a provider within 30 days of identification of the disease, if clinically indicated.

47. Patients with chronic diseases will have a provider encounter as specified in the patient's treatment plan and no less than every 90 days, unless the provider documents a reason why a longer time frame can be in place.

48. Each patient's medical record will include an up-to-date Problem list. Patients with a chronic disease will be provided education/information about their disease, which will be documented in the medical record.

C. Specialty Care

49. The County shall develop and implement policies regarding the approval of specialty referrals using a clinically-based referral algorithm.

50. Emergent specialty appointments, as determined by the provider, shall occur within 24 hours of the referral. Urgent specialty appointments, as determined by the provider, shall occur within 21 days of the referral. Routine specialty appointments, as determined by the provider, shall occur within 60 days of the referral, unless a longer timeframe is clinically indicated, or the patient is referred to a contracted provider outside of the county health system for care.

51. All patients returning from offsite specialty consults, hospital care, or emergency room visits will be evaluated by a RN within 24 hours. Discharge instructions will be followed or reviewed with the provider upon return to the jail.

52. Specialty consult reports and recommendations will be reviewed by the provider within three (3) business days of the receipt of the report. The provider will review this information with the patient where clinically indicated.

53. The County shall establish a reliable process for tracking requests for specialty care appointments to determine the length of time it takes for specialty care appointments to be completed.

54. Diagnostic services will be provided within 24 hours if ordered emergent, within 21 days if urgent, or within 60 days if routine, unless a longer timeframe is clinically indicated, or the patient is referred to a contracted provider outside of the county health system for care. A provider will review and act upon the diagnostic report within five (5) business days of receipt of the report. Within seven (7) business days of receipt of the report, Detention Health Staff will communicate the results of the diagnostic study to the patient either in writing or verbally, i.e., by phone or in a face-to-face encounter.

55. The County shall create a note template for follow-up for Detention Health Staff use after outside specialty care appointments.

D. Dental Care

56. A dentist or QHCP trained with a training protocol approved by the dentist will perform a dental screening within 14 days of admission to the jail, unless the patient received a dental screening within the last six months.

57. Dental care must not be limited to extractions. Consultation through referral to oral health care specialists is available as needed.

58. The County shall follow the below timelines for nursing response and referral for dental services according to the acuity of the request.

    a. Emergent requests shall be seen by a dentist or emergency room physician within 24 hours.

    b. Urgent requests shall be seen by a nurse within 48 hours and if the request is determined to be urgent, the patient will be examined by a dentist within seven (7) business days of receipt of the request.

    c. Routine requests shall be seen within 90 days of the request.

    d. After a patient has been incarcerated for one year, the patient may request a routine dental examination (and may request one each year thereafter), which examination will be performed within 90 days of the request.

V. Medication Administration

59. The County shall develop and implement policies and procedures to ensure that all medications are appropriately prescribed, dispensed, and administered.

60. The County shall ensure that there is a pharmacist on-site or on-call seven days a week.

61. Hand/mouth checks will be performed if clinically indicated as determined by a member of the treatment team.

62. The County will provide pill call at least twice a day in each housing unit and at regular times that are consistent from day to day unless no patient on that unit requires medication. For any patient who requires administration of medications at times outside the regular pill call, the provider will document this information in the electronic medical record and the patient will be provided that medication at the times determined by the provider with exceptions described in paragraph 63 below.

63. Patients will be provided medications at therapeutically appropriate times when out to court, in transit to or from any outside appointment, or being transferred between facilities, to the extent feasible. If administration time occurs when a patient is in court, in transit or at an outside appointment, medication will be administered as close as possible to the regular administration time.

64. The County shall explore the expansion of its KOP medication program to inhalers, nitroglycerin, creams, and medications that are available over-the-counter in the community.

65. The County shall implement a system that allows patients who are prescribed chronic care medications in the jail to discharge from custody with at least a 14-day supply of medications or a prescription, when clinically indicated. Providing medications is the preference when Health Services is provided at least four business days' notice of the release, but the reality of detention is that there is often no advance notice of a patient's release. Patients leaving the facility will be provided with one of the following for their chronic care medications, in the order of preference, subject to sufficient notice:

    a. A 14-day supply of medications;

    b. A prescription for the medication; or

    c. A prescription sent to the patient's preferred pharmacy, or, if none, a pharmacy close to the patient's last known address.

VI. Special Health Care Considerations

A. Infectious / Communicable Disease Management

66. The County shall develop and implement infection control policies and procedures that address contact, blood borne, and airborne hazards.

67. The County shall develop an ectoparasite (parasites such as pediculosis and scabies) control policy and procedure to treat infected people and to disinfect bedding and clothing.

68. The County shall establish a regular Infection Prevention and Control meeting that covers detention and occurs no less than quarterly.

69. People who are being treated for Hepatitis C upon entering the jail shall be continued on their treatment medications after entering custody, if clinically indicated.

70. Patients with complicated or large skin and soft tissue infections requiring incision and drainage shall be tested for the presence of Methicillin Resistant Staphylococcus Aureus (MRSA).

71. The County shall follow current Centers for Disease Control guidelines for management of people with tuberculosis infection, including the provision of medication. People who exhibit signs or symptoms consistent with TB should be isolated from others and housed in an appropriate specialized

respiratory isolation room ("negative pressure"), until active infectious tuberculosis can be ruled out.

B. Reproductive / Pregnancy Related Care

72. The County shall ensure that pregnant patients receive timely and appropriate prenatal care, specialized obstetrical services when indicated, and postpartum care (including mental health services when clinically indicated). Pregnant women shall be provided prenatal vitamins and diet as prescribed by the provider.

73. The County shall provide pregnant patients counseling and assistance in accordance with their expressed desires regarding their pregnancies, whether they elect to give birth to the baby, use adoptive services, or have an abortion.

74. The County shall provide non-directive counseling about contraception to female prisoners, shall allow female prisoners to continue an appropriate method of birth control while incarcerated (with consideration given to the patient's preference and/or current method of birth control), and shall provide access to emergency contraception at intake when appropriate.

75. In accordance with state law, (California Penal Code § 3407), and NCCHC Standard J-F-05, the use of restraints on pregnant women or in recovery after delivery is restricted as follows:

    a. No handcuffing behind the back, or use of leg or waist chains on any pregnant woman or woman in recovery after delivery under any circumstances;

    b. No four-point restraints shall be used on pregnant women during delivery or during recovery;

    c. Pregnant women shall not be placed in a facedown position;

    d. No restraints during transport to the hospital in the third trimester, labor, delivery, and post-delivery recovery, except when necessary due to serious threat of harm to patient, staff or others; and

    e. Custody staff must defer to a medical professional responsible for the care of a pregnant inmate during a medical emergency, labor, delivery, or postpartum who determines that removal is medically necessary.

76. All female patients who return to the jail after delivery shall be seen by a medical provider and screened for postpartum depression within three business days of return from the hospital. Post-partum patients shall be provided an adequate number and supply of feminine hygiene products at no expense, as indicated by the degree and amount of bleeding.

C. Transgender Care

77. The County shall provide transgender and intersex patients with care based upon an individualized assessment of the patient's medical needs, in accordance with accepted community standard of care. The County shall provide transgender and intersex patients uninterrupted access to medically necessary hormone therapy.

Exhibit B

MENTAL HEALTH REMEDIAL PLAN
CONTRA COSTA COUNTY
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I. Definitions

A. Qualified Mental Health Professional ("QMHP"): Includes psychiatrists, psychologists, physicians, mental health clinical specialists ("MHCSs"), registered nurses, nurse practitioners, and others who by virtue of their education, credentials and experience are permitted by law to evaluate and care for the mental health needs of patients.

B. Clinical Health Staff: Includes health staff who provide direct and indirect care to patients including QMHPs and other allied health professionals.

II. General Provisions

A. The County shall provide mental health treatment that conforms to community standards of care, through a system of treatment to include comprehensive assessments and structured treatment, including face-to-face clinical contacts, group therapy, individualized courses of therapy, and emergency offsite services when clinically indicated and unavailable within the facility. Assessments and treatment can be provided per a telemedicine policy and procedure when available and as clinically indicated.

B. Patients with mental health needs will be assessed and placed in one of four treatment tracks ("tracks") per the mental health basic treatment policies.

1. Track 1 is a high level of care for patients deemed acutely and severely decompensated.

2. Track 2 is an intermediate level of care for patients with active psychosis which interferes with their ability to participate in detention activities.

3. Track 3 is an outpatient level of care for patients able to tolerate and participate in detention activities with minimal support.

4. Track 4 is an outpatient level of care for those deemed able to participate independently in detention activities.

C. Regardless of classification or where the patient is housed within the County's detention facilities, mental health patients will receive the services described herein as clinically indicated.

D. Behavioral Health Unit(s) for Track 1 and Track 2 Patients

1. Contra Costa County shall have one or more housing areas designated as behavioral health units for the management of track 1 and track 2 patients.

2. Except as clinically indicated or where there are individualized and documented safety and security concerns, the County will house track 1 and track 2 patients on these units, which will offer the least restrictive settings appropriate for the clinical and safety and security needs of the patients.

3. Programming and structured activities appropriate for the acuity of the mental health needs and capabilities of the patients will be provided as set forth in this remedial plan.

   a. Track 1 patients' out-of-cell time will be determined in their plans of care.

   b. Services for individuals in track 2, regardless of housing location, will include a minimum of 10 hours per week unstructured out-of-cell time and 7 hours per week of scheduled structured out-of-cell therapeutic activities, unless a higher number is specified in a patient's plan of care or unless deemed detrimental by a QMHP.

   c. The County shall not discriminate with respect to track 1 and 2 patients' out-of-cell time based on gender. This provision does not limit the County's ability to schedule or provide gender-specific programming.

   d. Track 2 patients in behavioral health units shall not generally be provided less out-of-cell time than they would receive if housed consistent with their classification level in a non-behavioral health unit in the same jail. Because behavioral health units mix different security levels, however, it may not always be possible to offer equivalent out-of-cell time for all patients. The benchmark for compliance with this provision shall be if each behavioral health patient receives, on average, at least 80% of the out-of-cell time offered to non-behavioral health people at the same jail in the same classification level.

4. The Unit(s) will have private individual interviewing space, private smaller group settings, and dayroom space for programming.

5. Unit management shall operate through collaborative efforts of custody staff, classification staff, and clinical health staff, with weekly meetings among custody and clinical health staff to ensure a collaborative approach to patient care and behavior management. These meetings should be co-chaired by a QMHP and the facility commander or designee.

6. Except in exigent circumstances, custody staff will not transfer a track 1 or track 2 patient from one housing unit to another unless a QMHP has been consulted to determine whether the transfer is therapeutically appropriate and would not be detrimental to the mental health of the patient. Any conflicting recommendations may be resolved through consultation between a QMHP and the facility commander or his/her designee. If this consultation fails to resolve the conflict, the facility commander or his/her designee shall have the sole discretion to approve the transfer.

E. As part of the provision of these services, the County will develop the following policies and procedures in consultation with the Chief Nursing Officer, Chief Quality Officer, or Chief Medical Officer (or their designees) as appropriate:

1. Operational definitions for the four track levels for patients with mental health needs;

2. Criteria for determining appropriate track for care for patients with mental health needs and criteria for determining movement between track levels;

3. General description of out of cell programming and structured activities for patients in the four track levels;

5. Time frames to complete and respond to initial assessments, suicide risk assessments, health services requests, referrals from staff, initial and follow-up suicide prevention and other emergency care reviews, and individual treatment planning;

6. Quality improvement plan that includes compliance indicators and expectations;

7. Involvement of psychiatrists in developing referral criteria and the services provided to patients in tracks 1 and 2;

8. Qualifications and training for custody staff working with patients in track 1 and track 2; and

9. Suicide or self-harm observation procedures.

III. Plans of Care

A. Plans of care will be used for all patients on the mental health caseload (track levels 1-4) and will be documented in the electronic health record. Plans of care will be patient-specific and problem-based.

B. Track 1 and Track 2 Patients

1. Track 1 and track 2 patients will receive individual plans of care with scheduled reviews by the treating mental health team.

2. The plans of care for track 1 patients must contain at least the following:

   a. Date of the review
   b. List of the multidisciplinary clinicians participating in the review
   c. A follow up review date at least weekly
   d. Patient's diagnoses
   e. Plans for crisis stabilization and stepping down to a lower level of care.
   f. The frequency of the services to be provided
   g. The date by which the goal is expected to be met

3. The plans of care for track 2 patients must contain at least the following:

   a. Date of the review
   b. List of the multidisciplinary clinicians participating in the review
   c. A follow-up review date at a minimum of every 60 days
   d. Patient's diagnoses
   e. Identification of problems to be addressed with a specific measurable intervention/goal

f. Notation of who is responsible to complete the intervention
g. Plans for stepping down to a lower level of care
h. The frequency of the services to be provided
i. The date by which the goal is expected to be met
j. Address basic discharge planning needs

C. Track 3 and Track 4 Patients

1. Plans of care for track 3 and track 4 patients will be documented in the psychiatric provider's progress note. However, if a patient on track 3 or track 4 is not on medication, a QMHP will document the plan of care in the progress note.

2. All track 3 and track 4 patients' plans of care shall address basic discharge planning needs.

IV. Mental Health Care Staffing

A. Staffing Requirements

1. All Mental Health Staff will provide community standard of care in their respective roles in detention.

2. Psychiatrists must meet the Medical Staff Membership and Privileges requirements at the Contra Costa Regional Medical Center.

B. Staffing Analysis

1. The County shall gather the data necessary for a staffing analysis for all mental health positions, including psychiatrists, MHCSs, supervising nurses, psychiatric nurses, RNs, LVNs, health information management staff, and administrative support.

2. The County will also gather data necessary to determine the custodial support needed, including custody staff trained as treatment team members for the specialized mental health placements as well as escorts and security for appointments and transportation in all housing units.

3. The data shall include analyses of actual current time frames for key mental health functions to ensure that the review does not rely on anecdotal material, including but not limited to the following:

   a. triaging health service requests;

   b. seeing patients face to face in response to health service requests, as clinically indicated;

   c. time of referral to time seen by the psychiatrist;

   d. comprehensive mental health assessments;

   e. developing Plans of Care.

4. The County shall consult with the Mental Health Expert regarding the data to be gathered and the analysis of the data.

5. The staffing analysis shall be completed within two months from the date the Consent Decree is signed by the Court.

C. Staffing Plan

1. General Requirements

   a. The County will use the staffing analysis to develop a staffing plan.

   b. The County will consult with the Mental Health Expert regarding the development of the staffing plan.

   c. The staffing plan shall be completed and provided to the Mental Health Expert and Plaintiffs' counsel within two months from the date the Consent Decree is signed by the Court. Any disputes regarding the staffing plan are subject to the Dispute Resolution procedure in Section G of the Consent Decree.

2. Staffing Levels

   a. The staffing plan shall include measures to be taken in the event of long-term significant vacancies.

b. The County shall employ adequate numbers of custody staff to assist with medication administration and the movement of patients to receive health care services.

c. The County will provide a budget for detention health care services sufficient to finance adequate health care and custody staff to comply with this Remedial Plan.

3. Psychiatrists

a. The staffing plan will address whether additional psychiatric time is needed, considering the additional involvement of psychiatrists as set forth below.

b. The staffing plan will take into account the need for psychiatrists to be involved in the following:

i. developing policies and procedures regarding definitions of tracks for patients with mental health needs, services associated with each track, and criteria for movement between tracks;

ii. the expansion of the role of the psychiatrists to include active participation in multidisciplinary treatment planning as appropriate and described in policies and procedures.

4. Reassessment of Staffing Plan

a. The County's plan will allow for ongoing tracking of staffing.

b. The County shall annually reassess its mental health care staffing to ensure that it employs sufficient staff necessary to provide adequate mental health care and supervision.

c. The annual assessments shall review all categories of mental health care staff, including but not limited to psychiatrists, MHCSs, supervising nurses, psychiatric nurses, RNs, LVNs, health information management staff, and administrative support.

d. Escort and transportation deputies shall be included in the assessments.

V. Intake

A. Health Screening and Initial Mental Health Assessment

1. Intake health screening shall continue to be performed by RNs.

2. Intake health screening shall include an initial mental health screening that shall include questions related to identifying level of risk of self-harm from the Columbia tool or an equivalent.

3. Intake nurses will conduct a reasonable review of available electronic medical records at the time of intake for evidence of past suicide attempts and self-harming behavior.

4. Nurses who perform the intake health screening function shall receive additional training by a QMHP on how to complete and document the initial mental health screening and look for signs and symptoms of suicide risk. These trainings will have a developed curriculum and sign in sheets as proof of training. Training records will be retained by the County.

5. Nurses referring for mental health services from intake health screening shall triage the referrals as emergent, urgent, or routine.

6. The County shall revise the Pre-Intake Form used by arresting officers to include a question regarding whether odd thought patterns or behavior were observed.

7. Referral criteria for psychiatry shall conform to community standards and shall be documented as a protocol for consistency among the QMHPs.

B. Privacy

1. All intake health and initial mental health screenings shall be performed in areas that provide reasonable auditory privacy and confidentiality, unless there is an individualized security or safety risk, which shall be documented.

C. Psychotropic Medications

1. The County shall continue to make every reasonable effort to verify psychotropic medications claimed by incoming patients, including contacting pharmacies and non-jail providers for prescription information with a signed release of information from the patient.

2. When current psychotropic medication prescriptions are verified, bridging medications shall be ordered within 24 hours of verification for a minimum of seven days or until seen by a psychiatrist, unless otherwise directed by a provider. This will help decrease the possibility of a lapse in medications due to any delay in obtaining a psychiatrist appointment.

3. Patients claiming to be on psychotropic medication that is not verified during intake shall have their prior health care records reviewed by a psychiatrist or psychiatric nurse practitioner within 5 calendar days to allow prescription of psychotropic medications and follow-up appointment as clinically indicated. If prior records are unavailable or inadequate, the patient shall be seen face-to-face by a psychiatrist within 10 business days.

VI. Access to Health Care

A. Health Service Requests

1. The County has a telephone access line for non-emergency health care requests and services at both the West County Detention Facility (WCDF) and the Martinez Detention Facility (MDF). The telephone access line for non-emergency mental health care requests and services is currently only at WCDF. The county may cancel the telephone access line at any time, but while it is in use it will include the following:

   a. Health Care Telephone Access Line

      i. A RN will serve as the Triage (Advice) Nurse.

      ii. The Health Care Phone Triage times will be seven days a week as follows: MDF: 0730 to 1000, or until completed; and WCDF: 0800 to 0930 and 1900 to 2100, or until completed.

b. Mental Health Care Telephone Access Line

i. A QMHP will serve as the Mental Health Phone Triage staff, during the times listed in A.1.a.ii, above.

2. The County shall refine its system to review inmate requests for health services, including requests made over the telephone access lines, as follows:

a. RNs shall review the submitted inmate requests for medical and/or mental health services once per day.

b. The review process shall include an assessment of the level of urgency of the request, whether the patient needs to be seen and, if so, the disposition and time frames for the triaging and subsequent appointments, and a tracking system.

c. The following timelines apply for triaging inmate requests for medical and/or mental health services for patients who need to be seen.

i. Patients whose requests are deemed to be emergent will be seen by Clinical Health Staff immediately or as soon as possible.
ii. Patients whose requests are deemed urgent will be seen by Clinical Health Staff within eight hours.
iii. Patients whose requests are deemed routine will be seen by Clinical Health Staff within three to five calendar days.

3. Patients requesting to see a psychiatrist shall receive a mental health assessment by a QMHP to determine whether they have a clinical need to see a psychiatrist.

4. Health Services staff will provide patients with a response to a request for health services within 72 hours, for requests handled by means other than a face-to-face visit. Responses will be documented in the patient's electronic health record.

5. When custody staff observes a psychiatric emergency, they will contact a QMHP as soon as possible. Custody staff will ensure, by policy, that the inmate remains within line of sight of an officer or

health provider until a QMHP arrives, or is placed in a safety or observation cell with safety checks made pursuant to policy. A QMHP will contact the patient as soon as possible thereafter to conduct an assessment. The QMHP contact may be in person, via the telephone or via video-conference.

6. When custody staff observes an inmate who appears to be decompensating, they will contact a QMHP as soon as possible and no later than one-hour, absent exigent circumstances. The QMHP will contact the patient within a timeframe determined by clinical necessity (urgent vs. emergent). The QMHP contact may be in person, via the telephone or via video-conference.

7. When patients with limited reading and writing skills make a verbal request for health care services, staff shall ensure that the appropriate health care services are initiated, whether by request slips or alternative means.

8. Health service staff shall handle patient requests for health care services in a confidential manner.

9. Confidentiality

    a. Patients may submit requests for health care services via telephone, if available, in writing, or electronically once kiosks are available.

    b. Blank health service request forms shall be readily available on all housing units, program areas, and libraries and shall be offered regularly to patients in administrative segregation housing.

    c. When health care staff provides confidential medical information to patients by mail, they will do so by using a sealed envelope with the patient's name, number and location on the front and an indication on the front of the envelope that the envelope contains confidential medical information.

    d. Custody staff will open the envelopes in the presence of the inmate and will visually inspect for contraband due to safety and security concerns but will not read the document.

    e. Confidential Locked Boxes or Equivalent Electronic System

i. Confidential locked boxes shall be available on every housing unit for routine health service requests and for complaints and/or grievances relating to the provision of health care services.

ii. These boxes shall be readily accessible to patients on free time.

iii. Health services staff will retrieve and review the contents of the boxes at least once a day.

iv. Patients who do not have daily access to a locked box shall be provided the opportunity to give health service requests to health care staff on a daily basis.

B. Treatment

1. Mental Health Evaluations for all patients on the mental health caseload (track levels 1-4) will include current symptoms, history of the present mental illness, past history, psychosocial information, diagnostic formulation, and confirmation or re-assignment of track designation.

2. The County shall make every reasonable effort to provide continuity of care with psychiatrists for patients in tracks 1 and 2. These efforts are limited to patients during a continuous period of incarceration and within a single facility.

3. Absent agreement by the patient, non-emergency clinical contacts with mental health patients shall occur in a room with auditory privacy from custody staff and inmates unless the QMHP determines that a face to face contact would be a threat to safety and security, based on documented individualized reasons. In cases where the QMHP determines that a face to face contact would be a threat to safety and security, based on documented individualized reasons, the contact shall take place behind glass in a non-contact room with auditory privacy from custody staff and other inmates, unless the patient refuses to leave his/her cell. In the latter situation cell front contact may be the only means to assess the patient and this should be documented in the medical record as a variance from standard practice.

C. Higher Level of Care

1. The County will provide prompt access to inpatient level of psychiatric care for patients requiring this level of service, either at the Contra Costa Regional Medical Center, onsite in detention, or at another appropriate facility.

2. For patients returning to the jail from higher levels of community mental health care, including emergency services and state and county hospitals, the County shall establish policy guidelines for an intake appointment with a QMHP to review the community care documentation. The QMHP will exercise clinical judgment about whether the patient requires an expedited appointment with a psychiatric provider or if they can be seen routinely within 10 calendar days.

VII. Medication Administration

A. The County will provide pill call at least twice a day in each housing unit and at regular times that are consistent from day to day unless no patient on that unit requires medication. For any patient who requires administration of medications at times outside the regular pill call, the physician will document this information in the electronic medical record and the patient will be provided that medication at the times determined by the physician with exceptions described in Section B below.

B. Patients will be provided medications at therapeutically appropriate times when out to court, in transit to or from any outside appointment, or being transferred between facilities, to the extent feasible. If administration time occurs when a patient is in court, in transit or at an outside appointment, medication will be administered as close as possible to the regular administration time.

C. When a medication has previously been identified as keep on his/her person for a particular patient, the medication will be given to the patient for self-administration at the appropriate time, subject to safety and security concerns.

D. Medications will be reviewed for efficacy and side effects by the appropriate clinicians at appropriate intervals.

E. Policy Development: The County shall develop or maintain policies and procedures for A through D.

VIII. Suicide Prevention

A. The County shall develop a comprehensive suicide prevention plan, including policies and procedures.

B. The County shall develop and implement a suicide assessment tool utilizing validated screening questions.

C. As part of the suicide prevention plan, the County shall modify the training curriculum to reflect correctional risk factors.

D. The County shall contract with Lindsay Hayes to review its suicide prevention plan and to assist the County in determining the number of suicide-resistant cells needed.

E. The County shall implement the following recommendations from Lindsay Hayes:

1. Training
    a. Revise suicide prevention policies to include a more robust description of the requirements for both pre-service and annual suicide prevention training, to include the duration of each workshop and an overview of the required topics, including a requirement for an 8-hour pre-service suicide prevention workshop for new employees working in detention, as well as a commitment to a 2-hour annual suicide prevention workshop for all employees working in detention.

    b. Develop an 8-hour workshop on suicide prevention for all new detention deputies and Clinical Health Staff, as well as a 2-hour workshop for all current detention deputies and Clinical Health Staff. All detention deputies and Clinical Health Staff will thereafter receive 2-hours of annual training.

2. Retrofit the desktops in the suicide-resistant cells on F-Module to better prevent ligatures being attached. One option is to attach triangular extensions to both sides of the desktops.

3. Policies and procedures will be revised as follows:

   a. Suicidal inmates are to have priority for the suicide-resistant cells.
   b. Limit suicidal inmates to no more than six (6) hours in a safety cell at a time except in exigent circumstances when the inmate is an immediate, continuing risk to self and others.
   c. Safety cells should not be the first option available for housed suicidal inmates. They should only be utilized in exigent circumstances when the inmate is an immediate, continuing risk to self and others.
   d. Allow inmates on suicide precautions all routine privileges (e.g., family visits, telephone calls, recreation, etc.), unless the inmate has lost those privileges as a result of a disciplinary sanction or in exigent circumstances when the inmate is an immediate, continuing risk to self and others.
   e. Allow inmates on suicide precautions to attend court hearings unless exigent circumstances exist in which the inmate is an immediate, continuing risk to self and others.
   f. Allow inmates on suicide precautions out-of-cell access commensurate with their security level and the clinical judgment of MHCSs.

4. Revise policies and procedures to include levels of observation that specify descriptions of behavior warranting each level of observation. Examples:

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

   b. ***Close Observation***
      i. Is reserved for the inmate who is not actively suicidal, but expresses suicidal

ideation (e.g., expressing a wish to die without a specific threat or plan) and/or has a recent prior history of self-destructive behavior. It is also for 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.

ii. This inmate should be observed by staff at staggered intervals not to exceed every 10-15 minutes and should be documented as it occurs.

c. ***Mental Health Observation***

i. Is reserved for the inmate who is not suicidal but assessed to need closer observation based upon behavior and/or serious mental illness. This observation level often includes inmates displaying concerning, non-suicidal behavior, or inmates adjusting to the initiation of, or change in, psychotropic medication. There should be no mention of current suicidal ideation (e.g., "fleeting thoughts of suicide"). It can also be utilized as a step-down from suicide precautions.

ii. This inmate should be observed by staff at staggered intervals not to exceed every 30 minutes and should be documented as it occurs.

iii. Inmates placed on this level of observation shall be issued regular clothing and have full access to other possessions and privileges, unless serving a disciplinary sanction.

5. Suicide risk assessments should take place in a private and confidential setting. If an inmate refuses a private interview, or there are individualized safety and security reasons preventing it, the reason(s) must be documented in ccLink.

6. The "Detention Mental Health Suicide Assessment" form should be revised to include inquiry regarding the following risk factors, as well as absence/presence of any protective factors: hopelessness/helplessness, agitation/anxiety, recent

loss/change of psychosocial circumstances, family history of suicide, and substance abuse, as well as a listing (or absence) of protective factors.

7. Specific and individualized "patient safety plans" should be developed for housed inmates discharged from suicide precautions. The plans should describe signs, symptoms, and the circumstances in which the risk for suicide is likely to recur, how recurrence of suicidal thoughts can be avoided, and actions the patient or staff can take if suicidal thoughts do occur.

8. Housed inmates discharged from suicide precautions should remain on the mental health caseload and receive regularly scheduled follow-up assessments by clinicians until released from custody. As such, unless an inmate's individual circumstances directs otherwise (e.g., an inmate inappropriately placed on suicide precautions by non-mental health staff and released less than 24 hours later following an assessment), the follow-up schedule will be simplified and revised as follows: follow-up within 24 hours, again within 72 hours, again within 1 week, and then periodically as determined by the inmate's mental health track level.

IX. Safety Cells

A. General Provisions

1. The overall goal is to use safety cells as infrequently as possible and for as short a period as possible for each patient.

2. The County shall identify patients with frequent safety cell placements. The determination of what constitutes "frequent" shall be at the discretion of a QMHP but shall apply at a minimum to patients with three stays in a six-month period. Patients identified in this manner will be subject to a brief mental health assessment by a QMHP within a week of identification. If clinically indicated, a QMHP will develop a behavioral management plan for the patient in consultation with custody staff.

3. Safety cells and restraint chairs shall be cleaned and sanitized after every use.

4. Patients in safety cells shall be offered meals three times a day. Patients shall be offered water at least every two hours, when awake. Patients shall be offered food or water more frequently, if clinically indicated. These contacts shall be recorded in the log.

5. Patients will be offered all prescribed medications at the appropriate times, unless unforeseen circumstances arise and then medications will be offered once the circumstance has been resolved. The provision of medications will be recorded in the electronic medical record.

6. Patients in safety cells shall be offered use of the toilet facilities at least every four hours and showers every 48 hours while awake. These contacts shall be recorded in the log. Any exceptions for patients who are physically aggressive or highly agitated must be made by a QMHP, in consultation with custody, on a case by case basis.

7. Confidentiality: Patients housed in a safety cell shall be seen in a space with auditory privacy from other staff and patients, unless there are individualized safety and security concerns.

8. Use of eye bolts in the safety cell shall be prohibited.

B. Property Restrictions

1. Following placement in a safety cell, any property restrictions with respect to clothing and other items (e.g., books, slippers/sandals, eyeglasses) shall be made by QMHPs on a case-by-case basis through consultation with custody and recorded in the medical record. Custody staff can make such restrictions in exigent circumstances.

2. A suicide resistant mattress, blanket, and safety clothing will be provided unless there are documented individualized reasons for not providing these items. That determination shall be made after consultation between clinical and custody staff.

C. Supervision

1. Custody supervisors shall periodically question patients in the safety cells to assess the welfare of the patients and check the accuracy of the logs. The findings will be recorded in the observation logs.

2. Custody supervisors will regularly inspect the cells and logs when safety cells are occupied.

3. A lieutenant will inspect the logs at least weekly.

X. Restraints and Seclusion

A. The overall goal is to use restraint chairs as infrequently as possible and for as short a period as possible for each patient.

B. Patients requiring use of the restraint chair shall not be housed in a public passageway.

C. Clinical restraints and/or seclusion may only be used for the management of violent, highly disorganized or self-destructive behavior due to mental health needs or behavioral health crisis.

D. The County shall identify patients with frequent clinical or custodial restraint or seclusion placements. The determination of what constitutes "frequent" shall be at the discretion of a QMHP but shall apply at a minimum to patients with three such placements in a six-month period. Patients identified in this manner will be subject to a brief mental health assessment by a QMHP within a week of identification. If clinically indicated, a QMHP will develop a behavioral management plan for the patient in consultation with custody staff.

E. Policies and Procedures

1. A physician order will be obtained for all patients placed in clinical restraints or seclusion, within one hour from the time of placement. For people in custodial restraints, clinical health staff will be consulted on placement and retention within one hour from the time of placement.

2. A QMHP will conduct a face to face assessment within one hour of restraints or seclusion.

3. Policies will describe the nature and frequency of professional contacts.

4. The County will use restraints and seclusion only when less restrictive alternative methods are not sufficient to protect the patient or others from injury. Restraint and seclusion shall not be used as punishment, in place of treatment, or for the convenience of staff.

5. There shall be no "as needed" or "standing" orders for clinical restraint or seclusion.

6. Policies will identify what types of restraints may be placed for medical/mental health purposes.

7. When restraints or seclusion are used, clinical health staff (for clinical restraints) and custody staff (for custodial restraints) will document the reason for their application and the times of application and removal of restraints.

8. Individuals in restraints or seclusion will be directly observed every 15 minutes. All checks will be documented.

9. Fluids shall be offered at least every four hours and at mealtimes.

10. Patients in restraints shall be checked within one hour of placement and every two hours thereafter by clinical health staff for vital signs, neurovascular assessment, and limb range, and offered an opportunity for toileting.

11. Clinical restraints and seclusion may not be used for medical/mental health purposes beyond four hours without an evaluation by a QMHP and a physician order.

12. If the facility manager, or designee, in consultation with responsible health care staff, determines that an inmate cannot be safely removed from custodial restraints after eight hours, the inmate shall be taken to a medical facility for further evaluation.

XI. Custodial Matters

A. Out of Cell Time

1. Under ordinary circumstances, out of cell time will be scheduled during the hours of 8 a.m. through 10 p.m., six days a week, with the first inmate or group of inmates scheduled to receive out of cell time

no later than 8:00 a.m. On clean-up day, i.e., the seventh day, scheduled out of cell time will begin once the clean-up has been completed. Any cancellation of scheduled out of cell time for the entire module or large group within the module shall last only so long as needed to ensure safety and security, as determined by the appropriate supervisor. Nothing in this section prevents scheduling additional out of cell time outside these hours.

2. In order to maximize out-of-cell time, the County shall have a process to allow inmates to be released together as much as possible. Mental health and custody leadership shall collaborate to maximize the opportunities for inmates to spend time out of their cells safely and productively.

3. Inmates shall be offered outdoor recreation time, weather permitting, a minimum of 3 hours a week, except as set forth in patients' plans of care or if there are unusual occurrences, e.g. a group disturbance or institutional emergency, that requires temporary suspension of recreation access. Any unusual suspension of outdoor recreation time shall last only so long as needed to ensure safety and security, as determined by the appropriate supervisor.

B. Mental Health Issues

1. Custody staff shall refer patients who self-isolate to mental health staff. The County shall provide training to custody staff to identify such patients.

2. Information orienting patients to the mental health services available in the County's detention facilities shall be provided to inmates at booking and via the kiosks when available.

C. Clinical Input into the Disciplinary Process for Track 1 and Track 2 Patients

1. Prior to conducting any discipline-related hearing, custodial staff shall determine whether the individual subject to potential discipline is on track 1 or 2 and, for any such individual, obtain clinical input from a QMHP respecting:

   a. Whether the behavior at issue was a consequence of the individual's mental health or might have been influenced by individual's mental health; and

b. Whether, in the opinion of the QMHP, disciplinary sanctions should be mitigated due to the patient's mental health.

2. Custody staff shall consider such input in determining whether to find the individual guilty of a rule violation and, if so, the disciplinary sanction, the determinations of which are within the sole discretion of custody staff. Custody staff shall indicate whether the findings of any violation of applicable rules and/or disciplinary sanctions were mitigated based on the input by the QMHP.

3. The County shall develop and implement an evaluation process as part of the Quality Improvement program to periodically track this procedure and determine what percent of the time the clinical input results in mitigating findings or disciplinary sanctions.

D. Administrative Segregation

1. Except where clinically indicated or necessary due to exigent circumstances, track 1 and track 2 patients shall not be housed in dedicated administrative segregation housing.

2. Any track 1 or track 2 patient placed on D Module will have a plan of care that includes criteria for moving off of D Module and the date by which the movement is expected to occur.

3. Inmates shall be classified according to the Sheriff's Department's classification policy. The County shall not classify inmates as high security or administrative segregation based solely on a mental illness or other disability, but may classify them as high security or administrative segregation due to behavior resulting from a mental illness or other disability.

4. Track 1 and track 2 patients who are placed in administrative segregation shall be seen by a QMHP at least once a day, unless otherwise clinically indicated.

5. Inmates classified, at time of booking or at any later re-classification, to be placed in administrative segregation will be screened by a QMHP within 72 hours of placement. Classification placement in administrative segregation under this paragraph will be re-evaluated every 30 days. The QMHP will determine whether there is:

a. an exacerbation of the patient's mental illness, if any, and, if so, whether placement in administrative segregation is appropriate in light of the exacerbation;

b. evidence of a need for hospital level of care;

c. an inability to tolerate that level of confinement; and

d. any other mitigating circumstance to warrant a different placement.

If the QMHP determines any of the factors exist, the QMHP will confer with custody staff (facility commander or his/her designee) to determine if alterations to the patient's placement are warranted. If they cannot come to an agreement on the appropriate placement, the question shall be referred to the facility commander and the mental health program manager. Custody staff shall retain final authority as to where to place the inmate.

6. Any patient in segregation who is receiving prescription medications will receive those medications from medical staff at the cell in lieu of dayroom pill call.

XII. Pre-Release Discharge Planning

A. For patients being released to the community, the County shall provide discharge planning for mental health patients, when a release date is known 3 days in advance, providing information and referring them to community health care providers, community social services, community-based housing providers, and/or appropriate services according to the patient's need.

1. Documentation of the health-related pre-release planning efforts made on behalf of track 1 and track 2 patients will be maintained by clinical health staff in the electronic health record.

2. The County shall track the elements of discharge planning for the track 1 and track 2 patients, including:

a. The total number of track 1 and track 2 patients with a projected release date receiving discharge planning per month;

b. How many of that subset received referrals for outpatient appointments, discharge medications, and 5150 referrals.

B. Discharge Medications

1. The County shall implement a system that allows patients who are prescribed psychiatric medications in the jail to discharge from custody with at least a 14-day supply of medications or a prescription, when clinically indicated. Providing medications is the preference when Health Services is provided at least four business days' notice of the release, but the reality of detention is that there is often no advance notice of a patient's release. Patients leaving the facility will be provided with one of the following for their psychiatric medications, in the order of preference, subject to sufficient notice:

a. A 14-day supply of medications;

b. A prescription for the medication; or

c. A prescription sent to the patient's preferred pharmacy, or, if none, a pharmacy close to the patient's last known address.

XIII. Quality Improvement

A. General

1. The County shall conform its quality improvement plan to the community standard.

2. The County shall develop a Quality Improvement Annual Plan with at least two quality improvement studies per year.

3. The quality improvement committee shall meet at least quarterly.

B. Data Collection/Tracking

1. The County will collect data to ascertain the mental health needs of the jail population.

2. The county shall, at a minimum, track the following measures: starting times for out-of-cell time on clean-up days, any cancellation of out-of-cell time for an entire module or large group within a module, compliance with sick call triage, medication refusals, delays in prescription renewals, compliance with medication administration policy, and wait times to see nurses and clinicians, use of suicide precaution, restraint and clinical seclusion.

C. Adverse Event Review

1. The County shall have a policy creating a final documented adverse event review, including interventions and root cause analysis, when indicated, for use within the detention facilities for all in-house deaths and serious morbidities as defined by policy.

2. The County shall develop any necessary corrective action plans based on the reviews looking for systems issues that were identified and correct physical or procedural issues uncovered by the adverse event review process.

3. The County shall track the outcome of applied interventions.

D. Core Elements of QI Plan

1. Intake. Periodic quality improvement reviews of the intake process shall be done to ensure that this most critical function is done with accuracy and that the appropriate referrals are initiated. This includes review of the intake referrals to mental health.

2. Safety Cell Placement. The County shall have a plan to track, review and discuss safety cell placements as part of quality control as well as collaboration between custody and clinical staff.

3. Clinical Restraints and Seclusion. The County shall have a plan to track, review and discuss clinical restraints and seclusion placements as part of quality control as well as collaboration between custody and clinical staff.

4. Triaging Health Requests. Compliance reviews to accurately monitor the efficacy of the process.

5. Tracking of Non-Formulary Requests. Shall be included in the quality improvement practices of the facilities to ensure that appropriate agents are utilized when clinically justified.

6. Morbidities and mortalities

7. Annual staffing analysis

8. Suicide prevention

9. Medication monitoring

10. Adequacy of discharge planning for track 1 and 2 patients

11. Off-site emergency referrals

XIV. Electronic Health Record

A. By March 1, 2019, mental health staff shall review all of the Detention Mental Health specific content currently in the electronic health record and make recommendations for modifications to customize content to the needs of Detention Health setting, if any needed.

B. Electronic health records shall always indicate the date/time of an interaction with a patient, as well as the date/time the interaction is documented, since there may be lapses in the two events.

XV. Implementation of Plan

A. The Health Services Department will revise its detention policies and procedures as necessary to reflect all of the remedial measures described in this Remedial Plan, and the County shall deliver health care pursuant to these revised policies and procedures.

B. In collaboration with the Health Services Department, 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.

C. On a rolling basis but no longer than six months from the date the Consent Decree is signed by the Court, the County shall provide a draft of the policies and procedures added or revised as a result of this remedial plan to plaintiffs' counsel for review. If there is a conflict, the parties will provide the policies and procedures to the expert for review. The County's policies and procedures will include the recommendations of the Mental Health Expert's Report of May 17, 2017. Any disputes regarding policies and procedures are subject to the Dispute Resolution procedure in Section G of the Consent Decree as well as terms contained in Section B, paragraph 10.]

D. The County shall formulate and conduct appropriate training with all staff regarding the requirements of this Remedial Plan, as well as changes to policies and procedures.

E. Unless otherwise indicated herein, the policies and procedures shall be implemented as soon as practical once the Consent Decree is signed by the Court, except as to those that remain the subject of the Dispute Resolution procedure in Section G of the Consent Decree.

Exhibit C

NOTICE: CLASS ACTION SETTLEMENT
Contra Costa County Jails

Young v. County of Contra Costa, N.D. Cal. No. 3:20-cv-6848-NC

A proposed settlement has been reached in a federal civil rights class action lawsuit regarding certain conditions in the Contra Costa County's Martinez Detention Facility, its West County Detention Facility, and any future detention facility designed to house adult detainees ("the Jails"). The *Young v. County of Contra Costa* class action lawsuit claims that people in the Jails are subject to conditions that violate the Eighth and Fourteenth Amendments to the Constitution and that the Jails do not comply with the Americans with Disabilities Act (ADA).

The lawyers for people incarcerated in the Jails are the Prison Law Office.

The Court has preliminarily approved the settlement of this matter. **This notice explains the proposed settlement, how you can read and review it, and how you can tell the court whether you think it is fair.**

The terms of the settlement agreement are described in a document called the Consent Decree. The Consent Decree includes two exhibits called "Remedial Plans." The Remedial Plans provide details regarding what the County has agreed to do to resolve this lawsuit. The Consent Decree and Remedial Plans will be available to read in your housing unit. You can also ask for a copy of the Consent Decree and Remedial Plans by using an Inmate Request Form.

Key terms of the settlement agreement include the following:

1. The County will be required to make sure that people detained in the Jails get adequate medical and mental health care.

2. The Prison Law Office and court-approved experts will monitor the County's compliance with the settlement agreement.

3. The parties can bring disputes about the County's compliance with the settlement agreement back to the Court.

This case seeks changes to the way that the County operates the Jails. This case does not seek money damages for the class, and none will be awarded if the Court approves the settlement agreement. This means that no individual person detained in one of the Jails will receive any financial benefit from the settlement agreement.

The settlement does not prevent your ability to sue for monetary relief or non-duplicative injunctive relief in a future lawsuit.

The parties have agreed that Plaintiffs' attorneys will seek $396,543.00 for their work to this point and up to $175,000 per year to monitor compliance with the Consent Decree.

If you have any questions about this settlement with Contra Costa County, you can write to:

Prison Law Office
General Delivery
San Quentin, CA 94964

The Court will hold a telephonic hearing on the fairness of the settlement at _____ **a.m. on** _____ at _____, access code: _____.

Any individual detained in one of the Jails can write to the federal court about whether he/she thinks the settlement is fair. The County will provide all people incarcerated in the Jails with a cost-free way to write to the Court confidentially via Legal Mail. The federal court will consider those written comments when deciding whether to approve the settlement. Comments regarding the fairness of the settlement must include at the top of the first page the case name (*Young v. County of Contra Costa*) and the case number (3:20-cv-6848-NC). Comments must be postmarked by _____, 2020, and must be sent to the following address:

Clerk of the Court
United States District Court
280 1st Street, Room 2112
San Jose, CA 95113