SECOND COMPLIANCE REPORT
LAKE COUNTY JAIL
SEPTEMBER, 2011

A. MEDICAL CARE: Settlement Agreement Section III Part A.

1. LCJ shall provide adequate services to address the serious medical and mental health needs of all inmates.

OVERALL COMPLIANCE RATING: Partial Compliance

ASSESSMENT:

The Sheriff of Lake County has initiated his plan to establish a compliant medical program. This effort has moved this compliance rating higher. In order to put his plan in place, staffing and physical plant items need to be funded by the County Council.

A Medical Director, Dr. Farley, has been hired. In the table of organization, Dr. Farley reports to Warden Kumorek. Dr. Farley works 30 hours a week as Medical Director. Some of his hours are currently occupied with treatment of psychiatric patients because the system does not have a psychiatrist hired yet. This has impaired Dr. Farley's ability to work on the medical program. Valerie Kalamaras, who is a Nurse Practitioner, is the Medical Clinical Manager. She reports to Dr. Farley. Ms. Kalamaras supervises medical clinical staff and contract nursing and clerical staff. Ms. Kalamaras has previous experience at the facility. A table of organization is in effect which reflects these relationships. Staff with whom I spoke are aware of who is in charge and staff respect the leadership that the Sheriff has put into place.

Nursing and clerical staff in the medical department are contract employees from Med Staff, a local vendor. The Sheriff has presented to the County Council an option to consolidate all health services as county employees supervised by contract managers reporting directly to subordinates of the Sheriff.

The Sheriff utilizes a group of contract consultants to guide the medical program. Many contract employees work through Ken Ray. Through this group policy development has begun. Coordination of contract employees has improved since the last visit. Two of the consultants, Lindsay Hayes and Dr. Shansky have correctional medical experience and have the experience to provide sufficient expertise in policy development. The written response to recommendations in our last report is significantly improved from the First Progress Report. The beginnings of a team effort are in evidence, even though tangible results are not widespread.

Some members of the County Council have suggested lowering the census of the jail as an alternative to increased funding at the jail. Nevertheless, physical plant items will need to be addressed unless the census is lowered to extraordinary low levels. Just in terms of the medical program, the census would have to be in the 200-400 range to eliminate a need for additional staffing.

RECOMMENDATIONS FOR NEXT 6 MONTHS:

1. The Sheriff must come to agreement with the County Council on which option to take in finalizing the structure of the health care team.
2. As the Sheriff develops a leadership team, the responsibility of consultants and leadership should be clear.
3. The County Council and the Sheriff must come to agreement on funding and census.

2. LCJ shall develop and implement medical care policies, procedures, and practices to address and guide all medical care and services at LCJ, including, but not limited to the following:

(1) access to medical care;
(2) continuity of medication;
(3) infection control;
(4) medication administration;
(5) intoxication and detoxification;
(6) documentation and record-keeping;
(7) disease prevention;
(8) medical triage and physician review;
(9) intake screening;
(10) infection control;
(11) comprehensive health assessments;
(12) mental health;
(13) women's health;
(14) quality management; and
(15) emergent response.

OVERALL COMPLIANCE RATING: Partial Compliance

ASSESSMENT:

The medical consultants have begun policy development. P olicies will follow National Commission on Correctional Health Care standards. This organization of policy development is appropriate. There are drafts for 8 sections and one section has been completed. I will provide comments on the completed policies when they are completed. The manual still lacks facility specific procedures. The correctional consultant, Dr. Shansky, has been engaged to assist in this process. Hopefully, procedures in the policy manual will reflect actual practices in the jail.

Because policies are not yet developed, line staff are still acting without policy. Because of improvements in leadership, it is apparent that directions to staff are improved. Nevertheless, until policies and procedures are completed, potential for staff drift exists. Leadership and the consultant group should focus on key policies relevant to this agreement as they work on these policies.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. Develop key policies relevant to this agreement and listed in item 2.
2. Ensure leadership involvement in policy development.

3. Intake Screening and Health Assessments.

a. LCJ shall develop and implement policies and procedures to ensure that adequate medical and mental health intake screenings and health assessments are provided to all inmates within 14 days.

b. LCJ shall ensure that, upon admission to LCJ, Qualified Medical Staff utilize an appropriate medical intake screening instrument to identify and record observable and non-observable medical needs, and seek the inmate's cooperation to provide information, regarding:

(1) medical, surgical, and mental health history, including current or recent medications;
(2) current injuries, illnesses, evidence of trauma, and vital signs, including recent alcohol and substance use;
(3) history of substance abuse and treatment;
(4) pregnancy;
(5) history and symptoms of communicable disease;
(6) suicide risk history; and
(7) history of mental illness and treatment, including medication and hospitalization. Inmates who screen positively for any of these items shall be referred for timely medical evaluation, as appropriate.

c. LCJ shall ensure that the comprehensive assessment performed for each inmate within 14 days of his or her arrival at LCJ shall include a complete medical history, physical examination, mental health history, and current mental status examination. The physical examination shall be conducted by Qualified Medical Staff. Records documenting the assessment and results shall become part of each inmate's medical record. A re-admitted inmate or an inmate transferred from another facility who has received a documented full health assessment within the previous three months and whose receiving screening shows no change in the inmate's health status need not receive a new full physical health assessment. For such inmates, Qualified Medical Staff shall review prior records and update tests and examinations as needed.

d. LCJ shall ensure that Qualified Medical Staff attempt to elicit the amount, frequency and time of the last dosage of medication from every inmate reporting that he or she is currently or recently on medication, including psychotropic medication.

e. LCJ shall implement a medication continuity system so that incoming inmates' medication for serious medical needs can be obtained in a timely manner, as

medically appropriate when medically necessary. Within 24 hours of an inmate's arrival at LCJ, or sooner if medically necessary, Qualified Medical Staff shall decide whether to continue the same or comparable medication for serious medical needs. If the inmate's reported medication is discontinued or changed, a Qualified Medical Professional shall evaluate the inmate face-to-face as soon as medically appropriate and document the reason for the change.

f. ***LCJ shall ensure that incoming inmates who present with current risk of suicide or other acute mental health needs will be immediately referred for a mental health evaluation by a Qualified Mental Health Professional. Staff will constantly observe such inmates until they are seen by a Qualified Mental Health Professional. Incoming inmates reporting these conditions will be housed in safe conditions unless and until a Mental Health Professional clears them for housing in a medical unit, segregation, or with the general population.***

g. ***LCJ shall ensure that all inmates at risk for, or demonstrating signs and symptoms of drug and alcohol withdrawal are timely identified. LCJ shall provide appropriate treatment, housing, and medical supervision for inmates suffering from drug and alcohol withdrawal.***

h. ***LCJ shall incorporate the intake health screening information into the inmate's medical record in a timely manner.***

i. ***LCJ shall ensure that correctional officers supervising newly arrived inmates physically observe the conduct and appearance of these inmates to determine whether they have a more immediate need for medical or mental health attention prior to or following the intake health screening by Qualified Medical Staff.***

OVERALL COMPLIANCE RATING: Non Compliance

ASSESSMENT:

There has been no change to the intake medical space; Emergency Medical Technicians are still performing screening examinations in a public area. The intake area lacks privacy and is inadequate for medical screening. As well, an intake policy and procedure is still not in place. The purpose of intake screening and health assessment is that individuals with medical problems are first identified and then the health needs of those so identified are addressed. The current process does not meet that standard.

EMTs perform screening. Mostly EMTs identify medications accurately. However, EMTs clinical evaluations are not thorough. For example, on one patient an EMT identified that the patient was on 4 different medications but documented that the patient had no medical conditions. Another patient was listed as having no medical problems but stated he took prednisone and warfarin. This patient was referred to mental health but not to a medical provider. This patient did not receive a 14 day assessment until 6 weeks later; the entire time the reason for use of warfarin was unidentified. These examples demonstrate poor evaluation skills.

Also, there is a gap between when medics screen patients and a first clinician visit. At times this is longer than a week even when medical problems are identified by EMTs. This is particularly problematic for persons with serious disease. Delay in giving care to inmates with identified medical problems was commonly seen in chart reviews. This delay in assessment for serious conditions is problematic. The corollary to this is that continuity of medication was poor. On charts reviewed, clinician evaluation of medication in conjunction with an examination was not timely.

Intake screening and the follow up clinician assessment ensuring continuity of medication should be viewed as a continuum of care and should be designed as such. The current LCJ system is fragmented and inmates with medical conditions are getting lost.

One suggestion in re-design of this process is to replace EMT screening by Registered Nurse intake screening. In this design the RN would call the physician for prescription if the inmate is on prescription medication. Then this is followed up by health assessments by Nurse Practitioners or physicians within a few days (1-5) for persons with identified illness. The timeliness of this assessment is determined by an acuity scale which ranks severity of illness. When this type of process is done, then only persons with identified problems need to have an assessment. Inmates who are without medical conditions, trauma, or detoxification issues need not have an assessment. This type of design reduces the total number of assessments which need to be done as those normal healthy detainees are not further evaluated. This type of design requires a nursing assessment as nurses have assessment training and skills and can reliably separate those with and without conditions needing medical attention.

This type of design can also include an intake housing unit. In such an arrangement, all inmates coming into the facility would be housed in an intake unit until their Mantoux skin test and health assessment are completed. This unit would have to be close to clinic examination rooms which include a nurse triage area. Such an arrangement would expedite intake assessments, expedite and make easier Mantoux skin testing, and would improve medication delivery to newly incarcerated inmates.

Care for detainees with drug or alcohol withdrawal issues is still not standardized. Policy has not been developed. The organization has elected to utilize the CIWA scale for alcohol withdrawal and the COWS scale for opiate withdrawal. Since EMTs are in intake, they would not have the training to initiate use of either of these scales. In addition, both the CIWA and COWS scales require clinical judgment which should be guided by a physician protocol. This doesn't exist yet. This type of scale also requires a nurse capable of assessing the patient. Currently the organization is so short staffed, and there are insufficient nursing staff to actually perform these evaluations.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. Registered Nurses should perform intake screening.
2. The system should perform an acuity ranking system so that those with serious medical problems are timely seen after intake screening. Providers should prioritize those detainees with serious medical conditions.

3. I suggest an intake unit to more efficiently perform the Mantoux skin test and physical assessment after intake screening.
4. A standardized system of review of the intake evaluations should be put in place.
5. Privacy should be established for intake screening evaluations.
6. Standardized alcohol and opiate withdrawal procedures should be developed and synchronized with orders in the electronic record. These procedures should be approved by the Medical Director and should be consistent with standardized treatment of withdrawal syndromes.

4. Acute care.

a. LCJ shall provide adequate and timely acute care for inmates with serious and life-threatening conditions, and ensure that such care adequately addresses the serious medical needs of inmates. Adequate care will include timely medical appointments and follow-up medical treatment.

OVERALL COMPLIANCE RATING: Non Compliance

ASSESSMENT:

When identified, inmates requiring acute care hospitalization are sent to local area hospitals: Patients have good access to hospitalization. Records from hospitalization are uniformly present in the medical record as scanned documents. A log of hospital visits now exists. These arrangements are adequate. Although it does not contain the diagnosis, all other elements are on the log. I was told that the Medical Director reviews all hospital cases. It would be useful if errors identified in these reviews were submitted to Quality Improvement so that root cause analysis could occur.

The problems with acute care stem from lack of management of acute problems for inmates at the jail. This is a system problem in so far that inmates with acute conditions are not being presented to provider staff. The health service request process is so broken that patients are seldom seen in a timely manner.

As example, one inmate who came into the jail told the screening EMT that he had a swollen foot that he thought was fractured. The EMT told the inmate to place a sick call request. An inmate should not have to place a sick call request for a problem which is urgent in nature. The inmate was not seen, evaluated and x-rayed for over a week. Another inmate with asthma missed his post intake assessment but about 2 weeks after intake injured his hand. He was seen and given naproxen without getting an x-ray. Two days later the inmate placed an inmate card for his persistent swollen hand. He was seen two days later and an x-ray was ordered. Three weeks later the x-ray was scheduled to be done but was cancelled because the inmate had been discharged. This inmate with a possible fracture waited almost a month for an x-ray and was ultimately discharged before it was done. These examples demonstrate that acute care for inmates is not occurring timely or does not occur at all.

There still remain problems when patients returning from acute care hospitalization. The unwritten procedure is that a nurse evaluates the inmate immediately upon return from

hospitalization. This appears to occur in most instances. However, it does not appear that the nurse performs vital signs, assesses why the patient was hospitalized, determines if any new medications are needed or if follow up is necessary. For example, one patient went to the hospital with dizziness. Upon return, the hospital diagnosis was not noted and vital signs were not done. Another patient went to the hospital twice. After one hospitalization, medication was erroneously ordered for him (plavix). The patient was hospitalized a second time for an overdose. While at the hospital chest pain developed and a cardiac catheterization was done which was noted as normal. When he returned to the jail, his normal cardiac catheterization was not noted. The patient remained on the unnecessary medication plavix for a couple months.

Patients with acute problems should be timely evaluated and patients returning from hospitalization should be evaluated by a nurse and their care updated with a physician. Physicians should see the patients within days of the hospitalization.

RECOMMENDATIONS FOR NEXT 6 MONTHS:

1. Provider time should be increased so that all patients with acute illness are evaluated timely with a thorough evaluation as needed based on their condition. Otherwise these patients should be sent to a hospital ER for evaluation.
2. All inmates returning from the hospital should be seen immediately upon return by a Registered Nurse. After the nurse assessment, consultation with a physician must occur if a change in therapy has been recommended. A physician appointment should occur at least within 72 hours of hospitalization. The physician should evaluate the status of the patient and ensure that the problem which resulted in hospitalization is stabilized.
3. The organization should track all off site hospitalization and emergency room visits to include:
    a. Patient name
    b. Housing unit
    c. Date of service
    d. Hospital patient was sent to
    e. Reason for transfer
    f. Diagnosis at the hospital
    g. Length of stay

5. Chronic care.

a. LCJ shall develop and implement a written chronic care disease management plan, which provides inmates with chronic diseases with timely and appropriate diagnosis, treatment, medication, monitoring, and continuity of care.

b. LCJ shall adopt and implement appropriate written clinical practice guidelines for chronic and communicable diseases, such as HIV, hypertension, diabetes, asthma, and elevated blood lipids, consistent with nationally accepted guidelines.

c. LCJ shall maintain an updated log to track all inmates with chronic illnesses to ensure that these inmates receive necessary diagnosis, monitoring, and treatment.

d. LCJ shall keep records of all care provided to inmates diagnosed with chronic illnesses in the inmates' individual medical records.

e. LCJ shall ensure that inmates with chronic conditions are routinely seen by a physician to evaluate the status of their health and the effectiveness of the medication administered for their chronic conditions.

f. LCJ shall ensure that inmates with disabilities or who need skilled nursing services or assistance with activities of daily living shall receive medically appropriate care.

OVERALL COMPLIANCE RATING: Non Compliance

ASSESSMENT:

The chronic illness policy and procedure and clinical guidelines are not yet in place. The roster of persons with chronic illness is a proxy roster of people on certain medications. However, because certain medications can be used for various diseases, this list does not give an accurate roster of patients based on their illness. Management is working with the medical record software vendor to derive such a list. In part, the inability to derive this list is related to clinicians not entering an accurate diagnosis into the record.

Based on chart review, follow up of persons with chronic illness is haphazard. One patient received intake screening and gave a history of being on prednisone, warfarin (a blood thinner) and an anti-ulcer drug. He was seen about 11 days later but the reasons for being on the blood thinner and the prednisone were not determined or documented in the clinician's note. His "14 day assessment" was done 5 weeks after incarceration. He was documented as having had a deep vein thrombosis. Typically, persons on blood thinner have blood tests every month to ensure safe anticoagulation. This inmate had life threatening episodes of excessive anticoagulation. For the first episode, the INR was 9.9 and his medication was temporarily discontinued. The second episode was more complicated. He complained of not having a bowel movement for a week and was given ducolax by a nurse. Six days later a clinician saw the patient who was assessed as markedly dehydrated and with an ulcerative dry mouth. He was sent to the hospital where he was found dehydrated but his INR was 12, a life threatening excessive anticoagulation state. This example illustrates that persons with chronic illness, in this case being on warfarin for a clot, require routine and regular follow up with blood testing INR at specified intervals. This did not happen. The exact reason for being on prednisone was never clearly documented.

Another inmate documented as having diabetes and renal failure at intake was referred to a nurse who called the doctor who ordered medication and labs. The lab tests were not done. He missed a few doses of medication and complained by writing a card. This did not result in an evaluation. A month after incarceration, the inmate received his health assessment and gave a history of diabetes, hypothyroidism, and hypertension. This was his first visit with a provider.

The intake screening history indicating renal failure was missed. Labs were ordered and four days later labs returned indicating renal failure. It was at this time, about 6 weeks after intake that the inmate's renal failure was identified. Renal failure in diabetes is a serious condition that needs monitoring. The inmate was scheduled to be seen by a provider two weeks after the labs were ordered but was not seen because he was not brought by custody to the clinic. As of the day of my visit he had not been seen in follow up, about three weeks after his health assessment.

Persons with disabilities are not appropriately housed in an infirmary. The 4th floor of the jail is used to house more complicated patients including those with disabilities. As constituted, this unit is not fit to house sick people. On the day of my visit, one of the units on the 4th floor smelled of fresh excrement. The smell emanated from feces smeared on the floor of a cell which was unoccupied but apparently not cleaned. Most of the cells were not cleaned. Ironically, this unit was used to house patients with MRSA skin infections. This unit should be sanitized regularly. There was no shower on the unit that could accommodate a disabled patient. The shower in the hall had an eight inch concrete curb which did not permit use of a wheelchair. There were no grab bars and the shower was too high to be used by a disabled patient. Wheel chair patients were housed on this unit.

There were two persons with wired jaws on this unit. Although there is a call system, the staff could not locate wire cutters in the event one of the persons with wired jaws aspirated. This is a requirement.

Patients coming onto this unit are not classified as to their acuity and there are no standard monitoring protocols for various patients. There are no requirements for physician or nurse interventions. Because there is no structured follow up there is a higher probability that more complicated patients will become lost to follow up on this unit.

RECOMMENDATIONS FOR NEXT 6 MONTHS:

1. Policy and procedure and clinical guidelines for chronic illness management must be developed.
2. Management of chronic illness should begin in intake with identification, acuity ranking and appropriate referral to a provider.
3. The providers must use a standardized method of recording problems in the electronic record which permits maintaining a roster of persons with chronic illness.
4. Physicians must manage chronic illness by seeing patients at appropriate intervals, renewing medication, and performing thorough evaluations pertinent to the chronic disease being managed.
5. Lab and other testing (EKGs) should be performed as indicated by appropriate guidelines at indicated intervals.
6. A system of management of patients with disabilities and serious medical problems equivalent to infirmary care must be established. Such a system would include:
    a. Admission by a physician
    b. Tracking of these 4th floor patients by name and diagnosis
    c. Acuity ranking of patients
    d. Defined interval evaluations by nursing and medical staff

e. Rules for management of types of patients
f. Rules for who can be admitted to the unit
g. Discharge criteria
h. Discharge only by a physician
i. Complete access to physicians
j. Adequate nursing coverage
k. Physical space that accommodates ADA type patients
l. A manual of care for nurses on the unit

7. Additional physician time needs to be added in order to see the volume of patients that exist. Dr. Farley should dedicate full time to medical patients; patient backlogs can be addressed after he is established seeing only medical patients.

6. Treatment and Management of Communicable Disease.

a. LCJ shall develop and implement adequate testing, monitoring, and treatment programs for management of communicable diseases, including tuberculosis ("TB"), skin infections, and sexually transmitted infections ("STIs").

b. LCJ shall develop and implement infection control policies and procedures that address contact, blood borne and airborne hazards, to prevent the spread of infections or communicable diseases, including TB, skin infections, and STIs. Such policies should provide guidelines for identification, treatment and containment to prevent transmission of infectious diseases to staff or inmates.

c. LCJ shall continue to test all inmates for TB upon booking at LCJ and follow up on test results as medically indicated, pursuant to Centers for Disease Control ("CDC") Guidelines. LCJ shall follow current CDC guidelines for management of inmates with TB infection, including providing prophylactic medication when medically appropriate. If directed by a physician, inmates who exhibit signs or symptoms consistent with TB shall be isolated from other inmates, evaluated for contagious TB, and hospitalized or housed in an appropriate, specialized respiratory isolation ("negative pressure") room on-site or off-site. LCJ shall provide for infection control and for the safe housing and transportation of such inmates.

d. LCJ shall ensure that any negative pressure and ventilation systems function properly. Following CDC guidelines, LCJ shall test daily for rooms in-use and monthly for rooms not currently in-use. LCJ shall document results of such testing.

e. LCJ shall develop and implement adequate guidelines to ensure that inmates receive appropriate wound care. Such guidelines will include precautions to limit the possible spread of Methicillin-resistant Staphylococcus aureus ("MRSA") and other communicable diseases.

f. LCJ shall adequately maintain statistical information regarding communicable disease screening programs and other relevant statistical data necessary to adequately identify, treat, and control infectious diseases.

OVERALL COMPLIANCE RATING: Partial Compliance

ASSESSMENT:

Mantoux skin testing appears to be done for almost all inmates coming into the jail. I verified that eight of ten patients randomly checked did have the skin test performed. However, there is no policy or procedure in place governing screening for tuberculosis. Screening requirements of the Centers for Disease Control are not clear to jail leadership and are not yet specified in policy. There is no evidence of any active surveillance for MRSA. Screening for tuberculosis could be more efficient if all incoming detainees were kept in an intake pod. Now, the medical assistant placing and reading skin tests has to track detainees all over the jail. Isolation procedures have not yet been developed.

Once policy and procedure has been developed practice can be assessed against written policy.

RECOMMENDATIONS FOR NEXT 6 MONTHS:

1. Develop an infection control plan that includes tuberculosis screening, MRSA management and influenza management. T his plan should also include Occupational Health and Safety required blood borne pathogen practices and isolation procedures in the event of an airborne contagious disease event.
2. Develop treatment guidelines for MRSA, tuberculosis.
3. Develop vaccination procedures for influenza.
4. Develop airborne isolation procedures consistent with Centers for Disease guidelines.
5. Assign a nurse to manage infection control issues.
6. Establish surveillance tracking of tuberculosis, skin test rates, conversion rates, employee conversion rates, and MRSA rates,
7. Establish physician oversight over infection control issues.

7. <u>Access to Health Care</u>.

a. LCJ shall ensure inmates have timely and adequate access to appropriate health care.

b. LCJ shall ensure that the medical request ("sick call") process for inmates is adequate and provides inmates with adequate access to medical care. The sick call process shall include:

(1) written medical and mental health care slips available in English, Spanish, and other languages, as needed;

(2) a confidential collection method in which the request slips are collected by Qualified Medical Staff seven days per week;

(3) opportunity for illiterate inmates and inmates who have physical or cognitive disabilities to access medical and mental health care; and

(4) opportunity for all inmates, irrespective of primary language, to access medical and mental health care.

c. LCJ shall ensure that the sick call process includes logging, tracking, and timely responses by Qualified Medical Staff. The logging procedure shall include documentation of the date and summary of each request for care, the date the inmate was seen, the name of the person who saw him or her, the disposition of the medical or mental health visit (e.g., referral; whether inmate scheduled for acute care visit), and, if follow-up care is necessary, the date and time of the inmate's next appointment. LCJ shall document the reason for and disposition of the medical or mental health care request in the inmate's medical record.

d. LCJ shall develop and implement an effective system for screening medical requests within 24 hours of submission. LCJ shall ensure sick call requests are appropriately prioritized based upon the seriousness of the medical issue.

e. LCJ shall ensure that evaluation and treatment of inmates in response to a sick call request occurs in a clinical setting.

f. LCJ shall ensure that there is an adequate number of correctional officers to escort inmates to and from medical units to ensure that inmates requiring treatment have timely access to appropriate medical care.

g. LCJ shall ensure that Qualified Medical Staff make daily rounds in the isolation areas to give inmates in isolation adequate opportunities to contact and discuss medical and mental health concerns with Qualified Medical Staff in a setting that affords as much privacy as reasonable security precautions will allow. During rounds, Qualified Medical Staff will assess inmates for new clinical findings, such as deterioration of the inmate's condition.

h. LCJ shall revise its co-pay system in terms of amount and waivers and such policy will clearly articulate that medical care will be provided regardless of the inmate's ability to pay. No fee-for-service shall be required for certain conditions, including health screenings, emergency care, and/or the treatment and care of conditions affecting public health, e.g., Tuberculosis, MRSA, pregnancy, etc., particularly for indigent inmates who are not covered by a health insurance plan or policy.

OVERALL COMPLIANCE RATING: Non Compliance
ASSESSMENT:

Inmates in the Lake County Jail do not have timely or adequate access to health care. None of the charts reviewed demonstrated a sick call process in which triage occurs within 24 hours and a nurse face to face assessment for symptomatic problems occurs within 72 hours.

Sick call request slips are picked up da ily. These are counted daily and the daily count is tracked. However individual slips are not tracked and there is no way to assess whether all slips are triaged daily but everyone admits that slips are not triaged or evaluated timely. W ith the

exception of picking up and counting the number of slips daily there is no further progress in evaluation of health service requests.

Chart reviews still show evidence of a broken system. As an example, one inmate complained of dizziness and the nurse merely wrote that the patient was already scheduled for a week later. Symptomatic complaints should be evaluated by a nurse at least within 72 hours.

Another detainee complained of burning urination but wasn't seen for almost a week. When seen a sexually transmitted disease test was done and was positive but the inmate wasn't treated for another five days. After treatment the inmate complained of further discharge but wasn't scheduled for almost two weeks. He had another complaint later and wasn't seen for a month.

Much of the delay in assessing patients can be directly attributed to lack of nurse staffing. In addition, approximately 40% of scheduled patients are not brought to the clinic because there is a lack of custody staff to transport them. Even if all inmates were brought for appointments, there would not be sufficient clinical space in which to see them. This system remains broken.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. Sick call policy and procedure must be developed.
2. Sufficient staff should be available to evaluate all slips.
3. Nurses should triage all slips within 24 hours.
4. Emergent issues must be addressed immediately.
5. Slips that include symptoms must include a nurse face to face evaluation in a clinical setting. This should occur no later than 72 hours based on the clinical issue.
6. A system of tracking requests should be maintained.
7. A way to document a face to face evaluation by nursing should be established in the medical record that associates with the medical card in question.
8. The "Inmate Medical Card" should be revised to include:
    a. Mental health requests
    b. Dental requests
    c. A space to date the day the card was received by medical and the date triaged by a nurse
    d. A space for a nurse to write a brief triaging note.
    e. Typical complaint types
9. Metrics should be instituted in the Quality Improvement program to include:
    a. The number of requests picked up daily
    b. The number of slips triaged within 24 hours
    c. The number of slips with symptoms that had a nurse evaluation within 72 hours.
    d. The number of slips referred for provider evaluation.
10. A monthly nurse quality evaluation should include supervisory review of a select number of nurse evaluations to ensure adequate quality.
11. All nurse evaluations should include vital signs.
12. Nurse protocols for evaluations should be developed. These must be approved by the Medical Director.

8. Follow-Up Care.

a. LCJ shall provide adequate care and maintain appropriate records for inmates who return to LCJ following hospitalization.

b. LCJ shall ensure that inmates who receive specialty or hospital care are evaluated upon their return to LCJ and that, at a minimum, discharge instructions are obtained, appropriate Qualified Medical Staff reviews the information and documentation available from the visit, this review and the outside provider's documentation are recorded in the inmate's medical record, and appropriate follow-up is provided.

OVERALL COMPLIANCE RATING: Non Compliance

ASSESSMENT:

A log of off site visits is now maintained. The diagnosis should be added to the log. Returning patients who go out to a hospital or emergency room now see a nurse upon return. They may call a physician for orders. However, the nurse does not document an assessment and it is not apparent that the needs of the patient are addressed or that the patient is timely followed up by providers. For example, one inmate returned from the hospital after having a kidney stone diagnosed. Despite having a kidney stone he was not treated with any pain medication. Another patient returned from the hospital after a cardiac procedure. It wasn't noted that he had the procedure, he was placed on the wrong medication and not timely seen by a physician.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. Upon return from the hospital or off-site consultation, all patients should go to a standard central location and be evaluated by a nurse and physician. If a physician is not present, the nurse should evaluate the patient and consult with a physician regarding any change in therapy. This discussion should be documented in the medical record.
2. The patient should be schedule for a follow up physician visit to discuss and evaluate disease status.
3. For quality purposes, the log should be evaluated monthly to assess whether follow up is occurring as indicated.

9. Emergency Care.

a. LCJ shall ensure that Qualified Medical and Mental Health Staff are trained to recognize and respond appropriately to medical and mental health emergencies. LCJ shall train correctional officers to recognize and respond appropriately to medical and mental health emergencies. LCJ shall ensure that all inmates with emergency medical or mental health needs receive timely and appropriate care, including prompt referrals and transports for outside care when medically necessary.

b. ***LCJ shall train all correctional officers to provide first responder assistance (including cardiopulmonary resuscitation ("CPR") and addressing serious bleeding) in emergency situations. LCJ shall provide all correctional officers with the necessary protective gear, including masks and gloves, to provide first line emergency response.***

OVERALL COMPLIANCE STATUS: Partial Compliance

ASSESSMENT:

Gloves were present in only one custody station but otherwise emergency equipment was present. Medical staff all had CPR training on record. However, only 71% of custody staff had CPR training. There was no evidence of training to custody staff on serious medical or mental health conditions. There was also no evidence of blood borne pathogen training.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. The Medical Director should develop a training module for custody staff to include serious medical conditions and blood borne pathogen issues.
2. Officers should be trained and their training should be verified in a tracking log.

10. Record Keeping.

a. ***LCJ shall ensure that medical and mental health records are adequate to assist in providing and managing the medical and mental health needs of inmates at LCJ.***

b. ***LCJ shall develop and implement policies, procedures, and practices to ensure timely responses to orders for medications and laboratory tests. Such policies, procedures, and practices shall be periodically evaluated to ensure timely implementation of clinician orders.***

c. ***LCJ shall ensure that medical and mental health records are centralized, complete, accurate, readily accessible, and systematically organized. All clinical encounters and reviews of inmates should be documented in the inmates' records.***

d. ***To ensure continuity of care, LCJ shall submit appropriate medical information to outside medical providers when inmates are sent out of LCJ for medical care. LCJ shall obtain records of care, reports, and diagnostic tests received during outside appointments in a t imely fashion and include such records in the inmate's medical record or document the inmate's refusal to cooperate and release medical records.***

e. ***LCJ shall maintain unified medical and mental health records, including documentation of all clinical information regarding evaluation and treatment.***

OVERALL COMPLIANCE RATING: Partial Compliance

ASSESSMENT:

There has been some improvement in instruction on use of the electronic record. A major deficiency is the lack of an interface to the pharmacy. As a result the pharmacy and clinical staff have different medication profiles. This is dangerous. It results in considerable nurse work in reconciliation of medication. This takes at least two hours per nursing passing medication. In addition, manual reconciliation still does not eliminate potential medication error. As well, penetration of the wireless network means that the electronic record inconsistently works on housing units and nurses therefore document administration of medication after it is actually administered to inmates. This is inappropriate.

The medical record does not yet have a way to document phone orders and signatures by the provider who gave the phone order. The phone order can be documented but the loop needs to be closed by provider signature.

RECOMENDATIONS FOR THE NEXT 6 MONTHS:

1. Interfaces with the pharmacy software should be put in place.
2. Staff dedicated to software maintenance should be hired.
3. Software training should occur when new employees start work.
4. A system of reporting and tracking software issues should be instituted to ensure that software problems are solved.
5. A report line should be available to call in the event a software problem occurs.
6. A manual back up system should be in place in the event the software goes down. Instructions in the event of software crashes should be documented in a "down time procedure".

11. <u>Medication Administration</u>.

a. LCJ shall ensure that inmates receive necessary medications in a timely manner.

b. LCJ shall develop policies and procedures to ensure the accurate administration of medication and maintenance of medication records. LCJ shall provide a systematic physician review of the use of medication to ensure that each inmate's prescribed regimen continues to be appropriate and effective for his or her condition.

c. LCJ shall ensure that medicine administration is hygienic, appropriate for the needs of inmates, and is recorded concurrently with distribution.

d. LCJ shall ensure that medication administration is performed by Qualified Nursing Staff who shall administer prescription medications on a directly-observed basis for each dose, (unless the physician's order notes that the inmate can self-administer the medication), shall not discontinue medications without a physician's order, and shall accurately document medication orders as being ordered via telephone. Qualified Nursing Staff shall practice within the scope of their licensures.

e. When LCJ has advance notice of the discharge of inmates with serious medical or mental health needs, LCJ shall provide such inmates with at least a seven-day supply of appropriate prescription medication, unless a different amount is deemed medically appropriate, to serve as a bridge until inmates can arrange for continuity of care in the community. LCJ shall supply sufficient medication for the period of transit for inmates who are being transferred to another correctional facility or other institution. LCJ shall prepare and send with transferring inmates a transfer summary detailing major health problems and listing current medications and dosages, as well as medication history while at LCJ. LCJ shall ensure that information about potential release or transfer of inmates is communicated to Qualified Medical and Mental Health Staff as soon as it is available.

f. LCJ shall create a formal mechanism, such as a Pharmacy and Therapeutics Committee, to assist in creating guidelines for the prescription of certain types of medications.

g. LCJ shall ensure that Qualified Medical Staff counsels all patients who refuse medication.

h. LCJ shall secure the medication room and discontinue allowing food to be stored in the medication refrigerator.

COMPLIANCE ASSESSMENT: Non Compliance

ASSESSMENT:

There is no interface with the pharmacy, so medication administration records on the electronic record do not match the medication profile of the pharmacy. This is dangerous. Nurses have to manually reconcile medication accuracy. As well nurses do not document medication as it is administered. They document administration of medication by memory as much as hours after it has been administered. This is inappropriate and likely to result in many inaccuracies. As a result of the mismatch between pharmacy records and the electronic record, nurses receive wrong medications. Because they are not receiving the right medication, they use a large box of return medication as a grab bag of medication. Nurses then pre-pour medication into envelopes prior to going out to housing units. This is not appropriate practice. Pre-pouring should not take place and medication should be documented as given when it is given.

There is still no policy and procedure governing medication administration. There is no formal Pharmacy and Therapeutic Committee. Medication renewal is performed by nurses identifying expiring medication and getting providers to re-order medication. However, patients are not evaluated by providers and so adequacy of therapy is not performed in the process of medication renewal.

Carts are still left in a medical administration area which is similar to a lobby. These carts should be stored in a secured area which inmates do not have access to.

RECOMMENDATION FOR NEXT 6 MONTHS:

1. The quality committee should develop a mechanism to establish the average time from prescription to delivery of medication to the patient.
2. Policies and procedures must be developed for medication administration and storage of medication. Staff must receive regular training on these policies and procedures.
3. Medication administration must be standardized.
4. The procedure for handling refusals of medication must be standardized and developed into policy and procedure.
5. Storage of medication carts should be in a secured area, away from civilians and inmates.
6. Medication renewal should include evaluation of the patient.

12. ***Medical Facilities.***

a. ***LCJ shall ensure that sufficient clinical space is available to provide inmates with adequate medical care services including:***

(1) ***intake screening;***
(2) ***sick call;***
(3) ***physical assessment; and***
(4) ***acute, chronic, emergency, and speciality medical care (such as geriatric and pregnant inmates).***

b. ***LCJ shall ensure that medical areas are adequately cleaned and maintained, including installation of adequate lighting in medical exam rooms. LCJ shall ensure that hand washing stations in medical areas are fully equipped, operational and accessible.***

c. ***LCJ shall ensure that appropriate containers are readily available to secure and dispose of medical waste (including syringes and sharp medical tools) and hazardous waste.***

d. ***LCJ shall provide for inmates' reasonable privacy in medical care, and maintain confidentiality of inmates' medical status, subject to legitimate security concerns and emergency situations.***

OVERALL COMPLIANCE RATING: Non Compliance

ASSESSMENT:

There is no change in intake, the infirmary or the single clinic area. It is clear that the 4th floor has inadequate space for persons with disabilities. ADA facilities should be available for those who are disabled. Clinic areas in intake and on the 4th floor remain unacceptable. Reference to the first report will give details as to why the current arrangements are unacceptable.

Sick call is still occurring cell side. All clinical encounters should occur in a clinic exam room.

RECOMMEDNATIONS FOR THE NEXT 6 MONTHS:

1. An evaluation room for medical and mental health intake evaluations must be established which permits for both security and privacy concerns.
2. Adequate clinical examination rooms need to be built for sick call request evaluations by nurses and for routine clinic examinations by providers.
3. Develop a plan for medical and mental health infirmary care housing.

13. Specialty Care.

a. LCJ shall ensure that inmates whose serious medical or mental health needs extend beyond the services available at LCJ shall receive timely referral for specialty care to appropriate medical or mental health care professionals qualified to meet their needs.

b. LCJ shall ensure that inmates who have been referred for outside specialty care by the medical staff or another specialty care provider are scheduled for timely outside care appointments and transported to their appointments. Inmates awaiting outside care shall be seen by Qualified Medical Staff as medically necessary, at intervals of no more than 30 days, to evaluate the current urgency of the problem and respond as medically appropriate.

c. LCJ shall maintain a current log of all inmates who have been referred for outside specialty care, including the date of the referral, the date the appointment was scheduled, the date the appointment occurred, the reason for any missed or delayed appointments, and information on follow-up care, including the dates of any future appointments.

d. *LCJ shall ensure that pregnant inmates are provided adequate pre-natal care. LCJ shall develop and implement appropriate written policies and protocols for the treatment of pregnant inmates, including appropriate screening, treatment, and management of high risk pregnancies.*

OVERALL COMPLIANCE RATING: Non Compliance

ASSESSMENT:

Off site specialty appointments which do not occur are not tracked. However, staff indicate that significant numbers of off site appointments are cancelled because there are insufficient officers to transport inmates to appointments. Movement officers are not readily available so transportation is not based on need of the inmate but on the availability of an officer. This was evident in the case of a pregnant woman who was carrying a defective fetus. She failed to see an obstetrician for two months.

Pregnancy care is still not good. Reliable obstetrical care is not available. On site management is less than adequate. There is no policy or procedure delineating care of the pregnant woman. Currently, pregnant women are placed on a special diet but there is no special housing provided. Providers do not routinely see a pregnant woman. Given that it is difficult to get appointments with the obstetrician, a pregnant woman may not see a qualified provider for weeks. When a pregnant inmate goes to the obstetrician, those records do not return to the jail so that jail staff do not know what is occurring to the inmate. Labs done at the obstetrician are not in the medical record at the facility so the providers at the facility will not know if the pregnancy is complicated or if there is something they need to be aware of. Care of pregnant women remains a liability and a patient safety issue and should be corrected.

For two consecutive monitoring visits serious problems in caring for high risk pregnant women left their fetuses exposed to potential harm by inadequate care.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. Specialty appointments which are cancelled because of lack of transport officers should be tracked and reviewed by the Quality Improvement Program. The time from provider order to the appointment should be tracked and reviewed for appropriateness by the Medical Director.
2. Sufficient officer staffing should be assigned to transport patients for scheduled appointments.
3. Persons who fail to go to a scheduled appointment should be tracked and the reason for the missed appointment should be provided. This information should be provided to the Sheriff on a regular basis.
4. Pregnant females should be evaluated by an obstetrician within a week of incarceration. Prenatal lab tests can be performed routinely upon incarceration so that they will be available to the obstetrician and primary care providers at the facility.
5. Information from the obstetrician should be exchanged with the medical staff at the jail and scanned into the medical record.
6. Someone on site should be capable of performing a routine pregnancy visit for pregnant females so that care can be managed along with the obstetrician.

14. <u>Staffing, Training and Supervision</u>.

a. LCJ shall ensure that its health care structure is organized with clear lines of authority for its operations to ensure adequate supervision of the system's health care providers.

b. LCJ shall maintain sufficient staffing levels of Qualified Medical Staff and Qualified Mental Health Staff to provide care for inmates' serious medical and mental health needs.

c. LCJ shall ensure that all Qualified Medical Staff and Qualified Mental Health Staff are adequately trained to meet the serious medical and mental health needs of inmates. All such staff shall receive documented orientation and in-service training on relevant topics, including identification of inmates in need of immediate or chronic care, suicide prevention, and identification and care of

inmates with mental illness. LCJ shall ensure that all other medical and mental health staff receive adequate training to properly implement the provisions of this Agreement.

d. ***LCJ shall ensure that Qualified Medical Staff receive adequate physician oversight and supervision.***

e. ***LCJ shall ensure that all persons providing medical or mental health treatment meet applicable state licensure and/or certification requirements, and practice only within the scope of their training and licensure. Upon hiring and annually, LCJ shall verify that all medical or mental health staff have current, valid, and unrestricted professional licenses.***

f. ***LCJ shall ensure that correctional officers are adequately trained in identification, timely referral, and proper supervision of inmates with serious medical needs. LCJ shall ensure that correctional officers are trained to understand and identify the signs and symptoms of drug and alcohol withdrawal and to recognize and respond to other medical urgencies.***

g. ***LCJ shall ensure that correctional officers receive initial and periodic training on basic mental health information (e.g., recognizing mental illness, specific problematic behaviors, additional areas of concern); recognition of signs and symptoms evidencing a response to trauma; appropriately responding to mental illness; proper supervision of inmates suffering from mental illness; and the appropriate use of force for inmates who suffer from mental illness. Such training shall be conducted by a Qualified Mental Health Professional, registered psychiatric nurse, or other appropriately trained and qualified individual.***

OVERALL COMPLIANCE RATING: Non Compliance

ASSESSMENT:

There is now a Table of Organization. The Medical Director has been in place for about 6 months. Management of Med Staff has been replaced and a new Clinical Manager is in place for about a month and a half. Program leadership appears in place; they will need staff, space and equipment in order to lead the program to compliance.

Prior nurse contract numbers were not based on the functional needs of the facility. As a result, there are obvious deficiencies in nurse staffing. Current staffing is such that there are no nurses to perform health service requests; perform all assigned non-medication physician orders; perform monitoring of persons who are detoxifying from drugs or alcohol; perform infection control functions; or manage patients on the 4th floor unit. Nurses should perform intake screening as well. Roughly, I estimate a 10-15 nurse deficit.

There is no one I have spoken with at the facility who disagrees that there is insufficient nurse staffing. If senior management constructs a staffing plan, they must ensure that functions not now being performed are included in the staff plan. I have not seen statistical data which may guide a staffing pattern but this should be done.

Provider coverage is inadequate now largely in part because the Medical Director is providing half of his time (or more) for psychiatric coverage. A new nurse practitioner will start in October. Dental hours of 4 hours a week are grossly inadequate for a population of this size.

There is still no orientation programs except to assigned staff to various units and demonstrate to them current practice. No policy review occurs because no functional policies exist. Training is non existent including training for the electronic medical record.

Training of officers did occur in the past for certain mental health issues but I could not verify that this is occurring for medical items in the agreement. Training in accordance with terms of this agreement should be provided and the list of officers who received the training should be tracked.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. A proper orientation program should be put into place for all employees. This should include orientation to policies and procedures, security rules, and training necessary for functional competency (electronic record training, OSHA training, etc.)
2. A staffing analysis must be performed. This should be performed after policies and procedures are complete as the procedures will determine the functional requirements (and therefore staffing levels) of the program.
3. Until a proper staffing plan is put into place immediate remediation of nursing staff should occur to correct deficiencies in health service requests, performance of non-medication physician orders, and nursing assignments on the 4th floor.
4. Provider credentialing must be put into place.
5. Officer training must be tracked including name of officer, dates training occurred, and type of training given.

15. <u>Dental Care</u>.

a. LCJ shall ensure that inmates receive adequate dental care, and follow up. Such care should be provided in a timely manner. Dental care shall not be limited to extractions.

b. LCJ shall ensure that adequate dentist staffing and hours shall be provided to avoid unreasonable delays in dental care.

OVERALL COMPLIANCE RATING: Non Compliance

ASSESSMENT:

The dentist only comes on Fridays for about 4 hours. There was no one to interview who could inform me of dental matters.

RECOMMENDATIONS:

1. Dental requests must be tracked in a manner similar to health service requests.
2. Patients with dental pain should not exceed a week in waiting.
3. Dental complaints with pain or infection must be evaluated by medical staff pending an appointment with the dentist.

16. Mortality Reviews.

a. LCJ shall request an autopsy, and related medical data, for every inmate who dies while in the custody of LCJ or under medical supervision directly from the custody of LCJ.

b. LCJ shall conduct a mortality review for each inmate death while in custody and a morbidity review for all serious suicide attempts or other incidents in which an inmate was at high risk for death. Mortality and morbidity reviews shall involve physicians, nurses, and other relevant LCJ personnel and shall seek to determine whether there was a pattern of symptoms that might have resulted in earlier diagnosis and intervention. Mortality and morbidity reviews shall occur within 30 days of the incident or death, and shall be revisited when the final autopsy results are available. At a minimum, the mortality and morbidity reviews shall include:

(1) critical review and analysis of the circumstances surrounding the incident;
(2) critical review of the procedures relevant to the incident;
(3) synopsis of all relevant training received by involved staff;
(4) pertinent medical and mental health services/reports involving the victim;
(5) possible precipitating factors leading to the incident; and
(6) recommendations, if any, for changes in policy, training, physical plant, medical or mental health services, and operational procedures.

c. LCJ shall address any problems identified during mortality reviews through timely training, policy revision, and any other appropriate measures.

OVERALL COMPLIANCE RATING: Non Compliance

ASSESSMENT:

A draft policy on Mortality Review has been written. A major problem with this policy is the implication that the Sheriff is in charge of Mortality Review; it must be the Medical Director. Under certain circumstances the policy permits the Mortality Review to be completed by the LCJ Legal Department. This is unacceptable. Once the policy and procedure is completed and mortality review has begun, this section can be reviewed.

RECOMMENDATIONS FOR NEXT 6 MONTHS:

1. A mortality review committee should be established as part of the Quality Improvement Committee.
2. Mortality Review should be conducted by the Medical Director. In the event that there is a conflict with the Medical Director reviewing the case, an independent objective physician can perform the review.
3. Custody, mental health and medical should participate in these reviews.
4. The review should result in a document that gives recommendations for improving aspects of care that were deficient as identified in the mortality review.

B. MENTAL HEALTH CARE: Settlement Agreement Part III Section B

1. LCJ shall provide adequate services to address the serious mental health needs of all inmates, consistent with generally accepted correctional standards of care, including sufficient staffing to meet the demands for timely access to an appropriate mental health professional, to ensure qualified mental health staff perform intake mental health screenings and evaluations, and to perform comprehensive assessments and comprehensive multidisciplinary treatment planning. See Section III. A.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

September 2011 Assessment:

The monitoring of this provision focuses on the adequacy of the mental health staffing allocations.

As of July 31, all but one of the QMHP positions are filled (and are now county employees except for the Clinical Director) as follows:

1 – QMHP Clinical Director, Ph.D.
1 - QMHP Clinical Supervisor, LCSW
4 - QMHPs, LMHC, LCSW
1 – QMHP-C (Candidate), MSW
9 – QMHS, Crisis Stabilization/Suicide Counselors, B.S. or higher

Upon a 60-day review of the mental health needs of inmates at LCJ and staff coverage patterns, Dr. Terry Harman determined that additional 2.5 CIS positions were needed to provide immediate and direct care during high census periods. A revised Mental Health Care budget and staffing plan was prepared and has been sent to the Sheriff.

J. Farley, MD, Medical Director is currently providing medication management for this population pending recruitment of psychiatrist. The psychiatrists' allocation, which is not adequate for the needs of the inmate population at the LCJ, will be further discussed in a later section of this report (see section B.1. e.).

Significant LCJ correctional officer staffing allocation shortages has negatively impacted the provision of mental health services with particular reference to missed clinic appointments due to lack of COs for escorting purposes.

Recommendations for next 6 months: Obtain approval for the new mental health program model and implement this model.

Additional instructions/documents for next tour:

List of mental health staffing allocations, vacancies, and program assignments.

2. Timely and Appropriate Evaluation of Inmates.

a. LCJ shall develop and implement policies and procedures to provide adequate screening to properly identify and assess inmates with mental illness, and evaluate inmates' mental health needs. See also Section III.A.2.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

September 2011 Assessment:

In general, policies and procedures are either missing or outdated. Mental health policies and procedures should include the following topic areas:

1. Mission and goal
2. Administrative structure
3. Staffing (i.e., job descriptions, credentials, and privileging)
4. Reliable and valid methods for identifying inmates with severe mental illnesses (i.e., receiving screening, intake mental health screening, mental health evaluations)
5. Treatment programs available
6. Involuntary treatment including the use of seclusion, restraints, forced medications, and involuntary hospitalization
7. Other medicolegal issues including informed consent and the right to refuse treatment
8. Limits of confidentiality during diagnostic and/or treatment sessions with pertinent exceptions described
9. Mental health record requirements
10. Quality assurance and/or improvement plan
11. Training of mental health staff regarding correctional and/or security issues
12. Formal training of correctional staff regarding mental health issues
13. Research protocols

A wide range of draft policies and procedures were reviewed with administrative and consulting staff. Recommendations were made relevant to pertinent revisions. The suicide prevention policy has been in place and implementation initiated since the last site visit.

Recommendations for next 6 months:

Continue with development and implementation of the mental health policies and procedures as summarized above.

Recommend that "final draft" policies and procedures be sent to me for review prior to becoming approved policies and procedures.

Additional instructions/documents for next tour:

Copies of all policies and procedures finalized and/or in almost final form since the September 2011 site assessment.

b. LCJ shall ensure that the intake health screening process referred to in Section III.A.2 includes a mental health screening, which shall be incorporated into the inmate's medical records. LCJ shall ensure timely access to a Qualified Mental Health Professional when presenting symptoms of mental illness require such care.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

September 2011 Assessment:

Of 21 weekly shifts in the booking area, 12 shifts are consistently covered by QMHS/CIS or QMHP. For the remaining 9 shifts, the expectation was that newly admitted inmates would be screened within 24 hours. Approximately 50% of newly admitted detainees are not receiving a mental health screen within 24 hours of booking, which is obviously very concerning. It is also not very clear what percentage of inmates actually receive the mental health screening. This issue will be remedied in the near future if the shift in the mental health model is approved by the County Council.

In addition, audits by the MH Director began approximately 7/15/11. Audits revealed multiple CorrecTek (CT) issues that prevented to early recognition of inmates needing the appropriate QMHP sessions. The MH Director began the utilization of a hand written ledger of QMHP referrals that was given to Clinical Director to assign to QMHPs.

The CorrectTek issues are in the process of being fixed. Meanwhile tracking of relevant information is being done by logbooks or use of Microsoft Word.

Recommendations for next 6 months:

1. See B.1. re: recommended change in mental health program model and mental health staffing allocations.
2. Continue to work on CorrecTek refinements.

Additional instructions/documents for next tour:

1. Provide an audit re: timeframes and completion of the intake mental health screening process.

c. LCJ shall ensure that the mental health intake screening process includes inquiry regarding:

(1) past suicidal ideation and/or attempts;
(2) current ideation, threat, or plan;
(3) prior mental illness treatment or hospitalization;
(4) recent significant loss, such as the death of a family member or close friend;
(5) history of suicidal behavior by family members and close friends;
(6) suicide risk during any prior confinement;
(7) any observations of the transporting officer, court, transferring agency, or similar individuals regarding the inmate's potential suicide risk;
(8) medication history; and
(9) drug and alcohol withdrawal history.

OVERALL COMPLIANCE RATING: SUBSTANTIAL COMPLIANCE

September 2011 Assessment:

The Suicide Prevention Policy implemented 7/29/11, includes the Mental Health/Suicide Risk Screening form. The revised form includes drug/alcohol withdrawal history.

The above screening instrument was implemented during the week of April 18, 2011 and later revised to include substance abuse questions during September 2011. The medical screening instrument was revised to include questions re: drug/alcohol withdrawal.

Implementation has been an issue as described in B.2.b.

Recommendations for next 6 months:

As per B.2.b.

Additional instructions/documents for next tour:

As per B.2.b.

3. <u>Assessment and Treatment</u>.

a. LCJ shall ensure that any inmate who screens positively for mental illness or suicidal ideation during the intake screening process, or who is otherwise referred for mental health services, receives a comprehensive mental status

evaluation in a timely manner from a Qualified Mental Health Professional (immediate for emergent issues, within 24 hours of referral for an expedited comprehensive evaluation, or 72 hours of referral for a routine comprehensive evaluation). The comprehensive mental health evaluation shall include a recorded diagnosis section, including a standard five-Axis diagnosis from DSM-IV-TR, or subsequent Diagnostic and Statistical Manual of the American Psychiatric Association. If Qualified Mental Health Staff find a serious mental illness, they shall refer the inmate for appropriate treatment. LCJ shall review available information regarding any diagnosis made by the inmate's community or hospital treatment provider, and shall account for the inmate's psychiatric history as a part of the assessment. LCJ shall adequately document the comprehensive mental status evaluation in the inmate's medical record.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

September 2011 Assessment:

A draft policy is in place relevant to a four-page comprehensive mental health evaluation and treatment plan. The comprehensive mental health evaluation form has not been completely incorporated into CorrecTek. As a result, paper copies are being filed at the present time.

I reviewed with pertinent staff my recommendations re: significant revisions to this comprehensive mental health evaluation and treatment plan.

The mental health director has been informally auditing timeframes relevant to completion of the mental health evaluation following referrals. He reported that during the past month the required timeframes are being met once the referral has been received by the mental health services. However, it is clear that the sick call process is not working properly (refer to the report by Dr. Puisis).

Review of randomly selected medical records of mental health caseload inmates indicated that psychiatric referrals were often not being seen in a timely manner.

Recommendations for next 6 months:

1. Substantially revise the comprehensive mental health evaluation and treatment plan as discussed.
2. A formal audit should be conducted related to both the completion timeframes and quality of the assessments once the revised form has been approved and implemented.

Additional instructions/documents for next tour:

Proof of practice related to the above audit.

b. LCJ shall ensure adequate and timely treatment for inmates whose assessments reveal serious mental illness, including timely and appropriate

referrals for specialty care and regularly scheduled visits with Qualified Mental Health Professionals.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

September 2011 Assessment:

Significant issues related to adequate and timely treatment for inmates with serious mental illnesses are present related to the following:

1. mental health staffing allocation and vacancy issues,
2. correctional officer allocation issues,
3. many policies and procedures were still in draft form,
4. an underdeveloped management information system (at present),
5. significant physical plant limitations,
6. lack of an active functioning QI system,
7. current mental health treatment essentially limited to medication management and limited individual mental health counseling. Group therapy programs have not yet been initiated.

Recommendations for next 6 months:

1. As per recommendations in various sections of this report, which all impact compliance with this provision of the Settlement Agreement.

Additional instructions/documents for next tour:

As per recommendations in other pertinent sections of this report.

c. ***LCJ shall ensure that treatment plans adequately address inmates' serious mental health needs and that the plans contain interventions specifically tailored to the inmates' diagnoses.***

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

September 2011 Assessment:

Since September 2011, treatment plans are being routinely developed for the following inmates:

1. Inmates placed on suicide precautions.
2. Any inmates on the fourth floor receiving mental health services.
3. All adolescent inmates in the LCJ.
4. All inmates in segregation housing units who are receiving mental health care.

The treatment plan form has not yet been included in CorrecTek.

Recommendations for next 6 months:

1. Audit the presence of treatment plans as well as the quality of treatment plans.

Additional instructions/documents for next tour:

Provide proof of practice regarding the above recommended audits.

d. LCJ *shall provide for an inmate's reasonable privacy in mental health care, and maintain confidentiality of inmates' mental health status, subject to legitimate security concerns and emergency situations.*

OVERALL COMPLIANCE RATING: NON-COMPLIANCE

September 2011 Assessment:

1. Policy completed and approved per Dr. Shansky and Dr. Farley. (16.01.10 Privacy of Care).
2. Intake screenings are provided greater measure of privacy being done in the EMT room. Also, the intake renovation proposal completed for the intake health screening area is under review.
3. As of 6/22/11, QMHPs conduct 1:1 sessions in their offices with patients. However, problems persist with consistency for allowing privacy for all assessments, including suicide risk assessments. This problem centers around correctional staff availability and willingness to escort inmates to clinician offices.
4. Pursuant to the Warden's memorandum of 8/19/11, correctional staff will be assigned to monitor the hallway outside the EMT room, where all intake screening is now required to be completed.

There continues to be inadequate space available to conduct many initial mental health screening in a private/safe manner. The current long term remedy will require funding for the proposed intake renovation proposal.

Since September 2011, the mental health clinical assessments of detainees on the 4th floor have almost always been done in a setting that provides adequate sound privacy.

Recommendations for next 6 months:

Approve a remedy for the above privacy issue.

Additional instructions/documents for next tour:

Provide a plan for implementation of the proposed remedy.

e. LCJ shall provide adequate on-site psychiatric coverage for inmates' serious mental health needs and ensure that psychiatrists see such inmates in a timely manner.

OVERALL COMPLIANCE RATING: NON-COMPLIANCE

September 2011 Assessment:

As of February 2011, on-site psychiatric coverage had been increased to 16 hours per week. On-call psychiatric service was also provided as needed.

Since termination of the Edgewater System contract, the LCJ has been unable to recruit a psychiatrist. LCJ continues to recruit for psychiatric services. Mark Purevich and Dr. Terry Harman contacted 30 Psychiatrists in the Lake and Porter County region. Dr. Harman compiled the list utilizing the Indiana Professional Licensing Agency's provider list of Licensed Psychiatrists.

J. Farley, MD, Medical Director is currently providing medication management for this population pending recruitment of a psychiatrist. As of September 26, 2011, there were 195 inmates receiving psychotropic medications at the LCJ.

Marcus Wiguto, M.D. was reported to have agreed to provide 16 hours per week of psychiatric coverage, which was expected to begin during the middle of October 2011. It was unclear at present how many days per week Dr. Wiguto will be onsite at the LCJ.

Based on national guidelines for psychiatric services in jails and prisons and on my experience in such settings, it is clear that 16 hours per week of psychiatric coverage at the LCJ will be inadequate coverage. Adequate coverage is likely to require at least 1.5 FTE psychiatrists (which could be partially filled by a psychiatric nurse practioner).

Review of randomly selected medical records of mental health caseload inmates was consistent with the above assessment based on frequent lack of documentation re: timely and/or regular appointments with Dr. Farley in the context of psychotropic medication management.

Recommendations for next 6 months:

Obtain the services of a psychiatrist as per the current psychiatrist allocation.

Obtained funding for increased psychiatrist coverage as summarized above.

Additional instructions/documents for next tour:

Provide psychiatrist staffing allocation and vacancy data.

f. LCJ shall ensure timely and appropriate therapy, counseling, and other mental health programs for all inmates with serious mental illness. This includes adequate space for treatment, adequate number of Qualified Mental Health Staff to provide treatment, and an adequate array of structured therapeutic programming.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

September 2011 Assessment:

1:1 sessions with QMHPs and daily MHT rounds with patients began 6/22/11. S pace has recently been made available for group therapy purposes on the fourth floor. It was anticipated that group therapy will be started around November 2011.

4.0 FTE qualified mental health professionals and one clinical supervisor provide mental health treatment to the following inmate populations:

1. inmates on the medical/mental health housing unit on the fourth floor (generally about 30 of these inmates require mental health treatment at any given time),
2. mental health caseload for inmates in the segregation unit (generally about nine inmates), and
3. adolescent inmates (generally about nine inmates).

At the present time treatment for mental health caseload inmates on the fourth floor consists of medication management and individual counseling. Structured out of cell group therapeutic activities are currently not being offered related to physical plant limitations, which is in the process of being partially remedied. Segregation inmates generally are not receiving counseling in a setting that allows for adequate sound privacy related to both physical plant issues and correctional officer staffing allocation issues.

Treatment provided to mental health caseload inmates is often negatively impacted by the lack of adequate correctional officer allocations.

Inadequate access to inpatient psychiatric hospitalization for inmates in need of such treatment remains very problematic.

See also B.3.b.

Recommendations for next 6 months:

1. Implement group therapies as planned.
2. Negotiate better access for inpatient psychiatric care with appropriate hospital systems.
3. As per B.3.b.

Additional instructions/documents for next tour:

Proof of practice regarding the above

g. LCJ shall ensure mentally ill inmates in segregation receive timely and appropriate treatment, including completion and documentation of regular rounds in the segregation units at least once per week by adequately trained Qualified Mental Health Professionals in order to assess the serious mental health needs of inmates in segregation. Inmates with serious mental illness who are placed in segregation shall be immediately and regularly evaluated by a Qualified Mental Health Professional to determine the inmate's mental health status, which shall include an assessment of the potential effect of segregation on the inmate's mental health. During these regular evaluations, LCJ shall evaluate whether continued segregation is appropriate for that inmate, considering the assessment of the Qualified Mental Health Professional, or whether the inmate would be appropriate for graduated alternatives.

OVERALL COMPLIANCE RATING: NON-COMPLIANCE
September 2011 Assessment:

Qualified mental health staff (QMHS), in contrast to QMHPs, began segregation rounds in July 2011. MH staff sign in the unit log book and enter a CorrectTek (CT) segregation note for every inmate seen.

Mental health rounds are being conducted on a weekly basis in the segregation units although not by the same clinician and not always by a QMHP. A process is not yet in place relevant to the mental health assessment of the potential effects of segregation on inmates newly admitted to the segregation unit. A process is not in place relevant to assessing whether an inmate's disciplinary sanction might in any way be mitigated by their mental illness.

It was my understanding that mental health staff have been participating in the disciplinary hearing process as a finder of fact.

Recommendations for next 6 months:

1. Mental health rounds need to be done on a weekly basis by a QHMP. It is strongly recommended that the same QMHP be assigned this duty for at least a six month rotation.
2. The other provisions of this SA requirement need to be implemented (e.g., pre-segregation mental health screening and mental health input into the disciplinary process).
3. Mental health staff should not function as "fact finders" on disciplinary hearing boards.

Additional instructions/documents for next tour:

1. Proof of practice that the above has been implemented.

h. LCJ shall maintain an updated log of inmates receiving mental health services, which shall include both those inmates who receive counseling and those who receive medication. The log shall include each inmate's name, diagnosis or complaint, and next scheduled appointment. Each clinician shall have ready access to a current log listing any prescribed medication and dosages for inmates on psychotropic medications. In addition, inmate's files shall contain current and accurate information regarding any medication changes ordered in at least the past year.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

September 2011 Assessment:

There continues to be significant management information system (MIS) issues relevant to tracking the mental health caseload at LCJ, which makes it difficult to ensure that such inmates are seen in a timely manner. Staff indicated that data relevant to the mental health caseload is provided by a special needs report that is generated through CorrecTek.

Recommendations for next 6 months:

Continue to work to find solutions to making the MIS more functional and less cumbersome to use.

Additional instructions/documents for next tour:

Proof of practice re: the above.

i. LCJ shall ensure that a Qualified Mental Health Professional conducts an in-person evaluation of an inmate prior to a medically-ordered seclusion or restraint, or as soon thereafter as possible. Patients placed in medically-ordered seclusion or restraints shall be evaluated on an on-going basis for physical and mental deterioration. Seclusion or restraint orders should include sufficient criteria for release.

OVERALL COMPLIANCE RATING: NON-COMPLIANCE

September 2011 Assessment:

Policies re: seclusion and restraint were in the early draft form. Fortunately, no one has been restrained for clinical reasons since the last site assessment.

Recommendations for next 6 months:

Develop and implement a policy and procedure regarding the use of restraints/seclusion for mental health purposes.

Additional instructions/documents for next tour:

Following implementation of the above policy, audit the process.

j. LCJ shall ensure an adequate array of crisis services to appropriately manage the psychiatric emergencies that occur among inmates. Crisis services shall not be limited to administrative segregation or observation status. Inmates shall have access to appropriate licensed in-patient psychiatric care, when clinically appropriate.

OVERALL COMPLIANCE RATING: NON-COMPLIANCE

September 2011 Assessment:
Policies and procedures regarding psychiatric emergencies need to be developed with particular reference to use of psychotropic medications on an involuntary basis, crisis team treatment and access to inpatient psychiatric hospitalization.

Contracts with Methodist Hospital North Lake in Gary, Indiana and Regional Mental Health Center in Merrillville, Indiana for psychiatric hospital beds have been finalized. However, inmates with pending charges cannot be transferred to either the Methodist Hospital North Lake or the Regional Mental Health Center. Significant difficulties in obtaining court orders for inmates to be transferred to the state hospital in Logansport, Indiana continue to be present. It was reported that only three inmates had been transported to the state hospital in Logansport, Indiana since the last site assessment.

During this site visit there were four inmates briefly interviewed, who had been identified by staff as requiring inpatient psychiatric hospitalization, and were clearly in need of such treatment.

I recommended to administrative staff to meet with their legal counsel and, potentially, the Chief Judge of the Lake County court system to further discuss remedies to this significant problem.

Recommendations for next 6 months:

1. Develop and implement a relevant policy and procedure regarding crisis services.
2. Remedy the lack of access to an inpatient psychiatric hospitalization for clinical purposes.

Additional instructions/documents for next tour:

Provide a summary regarding efforts to remedy the lack of access to an inpatient psychiatric hospitalization for clinical purposes.

4. Psychotherapeutic Medication Administration

a. LCJ shall ensure that psychotherapeutic medication administration is provided when appropriate.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

September 2011 Assessment:

Policies and procedures relevant to this issue need to be developed.

Staffing allocations for psychiatrists' time are not adequate as previously discussed.

Psychotropic medications are currently being managed by the CMO of the LCJ. Related to inadequate psychiatric coverage, significant medication continuity issues were present (e.g., delays in psychotropic medications being initiated). Documentation by the covering physician was very sparse based on a review of a sample of randomly selected medical records.

Recommendations for next 6 months:

Develop the relevant policies and procedures.

Audit issues related to medication continuity issues once the psychiatrist has been hired.

Additional instructions/documents for next tour:

Proof of practice regarding the above.

b. LCJ shall ensure that psychotropic medication orders are reviewed by a psychiatrist or physician on a regular, timely basis for appropriateness or adjustment. LCJ shall ensure that changes to inmates' psychotropic medications are clinically justified and documented.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

September 2011 Assessment:

The previously recommended policies and procedures relevant to medication administration should include a policy addressing medication noncompliance, required laboratory testing and continuity of medication issues.

As referenced in other sections of this report, review of inmates' psychotropic medications by a psychiatrist or physician on a regular, timely basis for appropriateness or adjustment was problematic.

A part-time psychiatrist is to be hired by 10/19/11. See B.4.a.

Recommendations for next 6 months:

Develop the above recommended policies and procedures.

Additional instructions/documents for next tour:

Proof of practice regarding the above.

c. LCJ shall ensure timely implementation of physician orders for medication and laboratory tests. LCJ shall ensure inmates who are being treated with psychotropic medications are seen regularly by a physician to monitor responses and potential reactions to those medications, including movement disorders, and provide treatment where appropriate.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

September 2011 Assessment:

As previously referenced, policies and procedures need to be developed relevant to this provision of the Settlement Agreement.

J. Farley, MD, Medical Director is currently providing medication management for this population pending recruitment. See previous discussion re: psychiatrist allocation issues in 4.a. as well as 4.b.

Recommendations for next 6 months:

As above.

Additional instructions/documents for next tour:

Proof of practice regarding the above.

C. SUICIDE PREVENTION: Settlement Agreement Part III Section C.

1. Suicide Prevention Policy.

a. LCJ shall develop policies and procedures to ensure the appropriate management of suicidal inmates, and establish a suicide prevention program in accordance with generally accepted correctional standards of care.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

September 2011 Assessment:

The jail suicide prevention policy has been written and approved as of July 15, 2011.

I discussed with pertinent staff some suggested revisions to this policy with specific reference to close observation and the use of restraints.

Impressive progress has been made in implementing this policy and procedure but significant gaps in implementation remain as described elsewhere in this report (e.g., mental health screening provisions, lack of daily QMHP progress notes, access to treatment, etc.).

Recommendations for next 6 months:

Incorporate the suggested revisions to the policy.
Implement recommendations relevant to suicide prevention as summarized in other sections of this report.

Additional instructions/documents for next tour:

Proof of practice re: the above.

Proof of practice via audits relevant to implementation of this policy.

b. The suicide prevention policy shall include, at a minimum, the following provisions:

(1) an operational description of the requirements for both pre-service and annual in-service training;
(2) intake screening/assessment;
(3) communication;
(4) housing;
(5) observation;
(6) intervention; and
(7) mortality and morbidity review.

OVERALL COMPLIANCE RATING: SUBSTANIAL COMPLIANCE

September 2011 Assessment:

The suicide prevention policy includes all of the above provisions.

Additional instructions/documents for next tour:

Provide proof of practice via audits relevant to implementation of this policy.

c. LCJ shall ensure suicide prevention policies include procedures to ensure the safe housing and supervision of inmates based on the acuity of their mental health needs.

OVERALL COMPLIANCE RATING: SUBSTANTIAL COMPLIANCE

September 2011 Assessment:

The suicide prevention policy contains the necessary language. Implementation will need to be audited as per C.1.a.

Recommendations for next 6 months:

See C.1.e.

Additional instructions/documents for next tour:

See C.1.e.

d. LCJ shall ensure security staff posts in all housing units are equipped with readily available, safely secured, suicide cut-down tools.

OVERALL COMPLIANCE RATING: SUBSTANTIAL COMPLIANCE

September 2011 Assessment:

1) Each control booth of the Lake County Jail housing units contain a first aid kit, Ambu bag, and rescue tool (to quickly cut through fibrous material).

2) AEDs are strategically located throughout the facility. A dditional AEDs have been purchased and will be located in key areas of the facility as determined by the director of nursing.

3) The director of nursing or designee will ensure that all equipment utilized in the response to medical emergencies (e.g., emergency response bag, code cart, oxygen tank, AED, etc.) is inspected and in proper working order on a regular basis.

Self-monitoring continues. Check-off sheets are developed and are required to be completed by designated staff.

Recommendations for next 6 months:

Continue to self-monitor.

e. LCJ shall ensure that cells for suicidal inmates shall be retrofitted to render them suicide-resistant (e.g., elimination of protrusive shower heads, exposed bars, unshielded lighting or electrical sockets).

OVERALL COMPLIANCE RATING: ***PARTIAL COMPLIANCE***

September 2011 Assessment:

Construction work began 6/23/11 and continues with retrofitting and replacement of all 135 vent grates and other protrusions including stream cleaning and painting of each cell on the 4th floor.

Stools were present in the cells within the fourth floor that were not suicide resistant. Plans were to be developed to remedy this situation.

Recommendations for next 6 months:

Continue construction and remedy the problematic stools.
Additional instructions/documents for next tour:

Remedy the above.

f. LCJ shall document inmate suicide attempts at LCJ in an inmate's correctional record in the classification system, in order to ensure that intake staff will be aware of past suicide attempts if an inmate with a history of suicide attempts is readmitted to LCJ.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

September 2011 Assessment:

A process has been established via the suicide prevention policy and procedure that includes the following:

> Whenever an inmate is discharged from suicide precautions, the designated QMHP shall enter the information into the "Past Medical History Screen" (i.e. "Suicide Precautions, Date") of the electronic medical record. This information shall not be deleted when the inmate is removed from suicide precautions or released from the Lake County Jail.

The EMT or other designated staff in their absence shall determine from the review of the electronic medical record (i.e., "Past Medical History Screen") whether the inmate was a medical, mental health the suicide risk during any prior confinement within the Lake County Jail. Such information shall be documented on the mental *Health/Suicide Risk Intake Screening Form*.

The above has not yet been implemented.

Recommendations for next 6 months:

Implement the above process.

Additional instructions/documents for next tour:

Proof of practice of the above via an audit process.

2. Suicide Precautions.

a. LCJ shall ensure that suicide prevention procedures include provisions for constant direct supervision of actively suicidal inmates and close supervision of special needs inmates with lower levels of risk (e.g., 15 minute checks). LCJ shall ensure that correctional officers document their checks.

OVERALL COMPLIANCE RATING: SUBSTANTIAL COMPLIANCE
September 2011 Assessment:

Policy implemented on 7/15/11 and Warden's memorandum of 7/29/11. The suicide prevention policy and procedure adequately addresses this element of the Settlement Agreement. The crisis stabilization technicians are performing the 10-15 minutes checks.

Recommendations for next 6 months:

Audit implementation of this policy.

Additional instructions/documents for next tour:

Provide proof of practice re: the above.

b. LCJ shall ensure that when staff initially place an inmate on Suicide Precautions, the inmate shall be searched and monitored with constant direct supervision until a Qualified Mental Health Professional conducts a suicide risk assessment, determines the degree of risk, and writes appropriate orders. Until such an assessment, inmates shall be placed in gowns recommended and approved for use with suicidal patients.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

September 2011 Assessment:

Safety smocks and blankets are in use as of 6/22/11. T his portion of policy was revised previously and then implemented.

QMHPs will now be required to justify removal of clothing/issuance of smock in CT.

Recommendations for next 6 months:

Audit implementation of the above.

Additional instructions/documents for next tour:

Proof of practice re: the recommended audit.

c. LCJ shall ensure that, at the time of placement on Suicide Precautions, Qualified Medical or Mental Health Staff shall write orders setting forth the conditions of the watch, including but not limited to allowable clothing, property, and utensils. These conditions shall be altered only on the written instruction of a Qualified Mental Health Professional, except under emergency circumstances.

Overall Compliance Rating: PARTIAL COMPLIANCE
September 2011 Assessment:

See C.2.b above.

Recommendations for next 6 months:

Audit the above, with particular reference to type of property restrictions imposed.

Additional instructions/documents for next tour:

Proof of practice re: this provision.

d. LCJ shall ensure inmates on Suicide Precautions receive regular, adequate mental status examinations by Qualified Mental Health Staff. Qualified Mental Health Staff shall assess and interact with (not just observe) inmates on Suicide Precautions on a daily basis.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

September 2011 Assessment:

Policy approved 7/15/11. Increased interaction utilizing MHT/CIS (QMHS) staff began 6/22/11 with daily and weekly notations in CT. QMHPs began utilizing "MH Rounds" template in CT 7/29/11. SOAP-formatted requirement issued by MH Director on 7/15/11, with expectation that new formatting will commence by 8/31/11. Auditing will then begin and be on-going.

A review of randomly selected medical records of inmates recently placed on suicide precautions indicated a lack of compliance with the requirement of daily progress notes written by a QMHP.

Recommendations for next 6 months:

Continue with relevant training/supervision.

Additional instructions/documents for next tour:

Proof of practice re: this provision of the SA.

e. LCJ shall ensure that inmates will only be removed from Suicide Precautions after approval by a Qualified Mental Health Professional, in consultation with a psychiatrist, after a suicide risk assessment indicates it is safe to do so. A Qualified Mental Health Professional shall write appropriate discharge orders, including treatment recommendations and required mental health follow-up.

OVERALL COMPLIANCE RATING: NON-COMPLIANCE

September 2011 Assessment:

1. Policy implemented 7/29/11.
2. Lake County Jail will be contracting with Marcus Wigutow, MD, Board Certified Psychiatrist in October 2011 following Commissioner approval of the contract.
3. QMHPs consult with the MD and other staff and follow established guidelines before removing patient from precautions.
4. Chart audits and observation of QMHP consultations will begin once the new form is created in CT.

Recommendations for next 6 months:

Fill the psychiatrist's vacancy.

Additional instructions/documents for next tour:

Audit compliance with this provision of the Agreement after the psychiatrist vacancy is filled.

3. ***Suicide Risk Assessments.***

a. LCJ shall ensure that any inmate showing signs and symptoms of suicide is assessed by a Qualified Mental Health Professional using an appropriate, formalized suicide risk assessment instrument within an appropriate time not to exceed 24 hours of the initiation of Suicide Precautions.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

September 2011 Assessment:

Policy implemented and the Suicide Risk Assessment form is created and placed in CT.

Recommendations for next 6 months:

Audit implementation of this provision of the Agreement.

Additional instructions/documents for next tour:

Proof of practice re: the above.

b. LCJ shall ensure that the risk assessment shall include the following and findings from the risk assessment shall be documented on both the assessment form and in the inmate's medical record:

(1) description of the antecedent events and precipitating factors;
(2) suicidal indicators;
(3) mental status examination;
(4) previous psychiatric and suicide risk history;
(5) level of lethality;
(6) current medication and diagnosis; and
(7) recommendations or treatment plan.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

September 2011 Assessment:

Policy implemented and the Suicide Risk Assessment form includes the required criteria as detailed above.

Issues remain re: completion of the diagnosis section of the risk management form that need to be resolved in the context of licensure requirements.

Recommendations for next 6 months:

Audit implementation of this provision of the SA.

Additional instructions/documents for next tour:

Proof of practice re: the above.

4. Suicide Prevention Training.

a. LCJ shall review and, to the extent necessary, revise LCJ's suicide prevention training curriculum to include the following topics:

(1) the suicide prevention policy as revised consistent with this Agreement;
(2) why facility environments may contribute to suicidal behavior;
(3) potential predisposing factors to suicide;
(4) high risk suicide periods;
(5) warning signs and symptoms of suicidal behavior;
(6) observation techniques;
(7) searches of inmates who are placed on Suicide Precautions;
(8) case studies of recent suicides and serious suicide attempts;
(9) mock demonstrations regarding the proper response to a s uicide attempt; and
(10) the proper use of emergency equipment, including suicide cut-down tools.

OVERALL COMPLIANCE RATING: SUBSTANTIAL COMPLIANCE

APRIL 2011 ASSESSMENT:

September 2011 Assessment:

Although the Settlement Agreement does not specify a required length, the decision was made that all staff receive eight (8) hours of initial suicide prevention training, followed by two (2) hours of annual training. The policy implemented, curriculum was developed, and trainings with Lindsay Hayes occurred from 9/12 – 13 and 9/19-20, 2011 for any staff having regular contact with LCJ inmates.

The training curriculum was reviewed, and as expected, Mr. Hayes training program was excellent.

Recommendations for next 6 months:

None

Additional instructions/documents for next tour:

None

b. Within 12 months of the effective date of this Agreement, all LCJ staff members who work with inmates shall be trained on LCJ's suicide prevention program. Staff shall demonstrate competency in the verbal and behavioral cues that indicate potential suicide, and how to respond appropriately. Initial and at least annual training shall be provided.

OVERALL COMPLIANCE RATING: SUBSTANTIAL COMPLIANCE

September 2011 Assessment:

Policy was implemented and trainings were completed by Lindsay Hayes on 9/12 – 13 and 9/19-20, 2011 for any staff having regular contact with LCJ inmates.

Over 200 (specifically 217) employees, which represents 95% of the correctional, medical, mental health and support staffs that were eligible for training, have been trained regarding this policy during September 2011.

Recommendations for next 6 months:

Continue to monitor training needs.

Additional instructions/documents for next tour:

As above.

D. FIRE SAFETY: Settlement Agreement Part III Section D.

1. Fire Safety.

a. LCJ shall develop and implement a comprehensive fire safety program and ensure compliance is appropriately documented. The initial fire safety plan shall be approved by the State Fire Marshal or the Crown Point Fire Chief or Inspector. The fire safety plan shall be reviewed thereafter by the Marshal, Fire Chief or Inspector at least every two years, or within six months of any revisions to the plan, whichever is sooner.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

ASSESSMENT:

Based upon my review of fire safety related documents, staff interviews and personal observations, I found that LCJ has made progress in the development and implementation of a comprehensive fire safety program. With the assistance of Mr. Brad Hompe, a draft written comprehensive fire safety program has now been developed that includes a fire safety policy and procedure, a location guide, fire safety forms, a training schedule, a training component, a

written test, a practical test and information regarding fire extinguisher maintenance. LCJ staff have also continued to improve their process for testing the fire alarm and sprinkler system, the inspecting of fire and life safety equipment, improvements to the emergency key control system, and the posting of fire evacuation signs throughout the facility. However, the comprehensive fire safety plan (program) still requires final approval by the Sheriff and the Jail Administrator after the internal review is completed by LCJ staff. Once the fire safety plan is approved it needs to be submitted the State Fire Marshal or Crown Point Fire Chief or Inspector for approval. During this tour and in my previous tour, I observed smoke damage to some cell walls and ceiling in the new part of the Jail. I could not determine if the damage was new or if it occurred subsequent to my previous inspection. In order for this type of violation to occur, it is clear that the housing units are not adequately supervised by detention staff as a result of staffing deficiencies.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. Lake County Jail officials and specifically the Facility Fire Safety Officer should review the draft fire safety plan and all existing fire related policies and procedures and ensure that they contain all of the provisions of the SA. The final fire safety plan should be approved by LCJ staff.
2. The final facility fire safety plan should be submitted to the State Fire Marshal or Crown Point Fire Chief or Inspector for approval.
3. The fire safety inspections process needs to be incorporated into the comprehensive fire safety plan.
4. LCJ staff should commence the process of properly staffing the jail with adequate numbers of detention staff based upon the recent staffing analysis that was conducted.
5. LCJ staff should assign the Fire Safety Officer on a full-time basis. It is unrealistic to accomplish all of the requirements of the SA in the area of fire safety and for implementing the comprehensive fire safety program with a part-time person.

b. LCJ shall ensure that comprehensive fire drills are conducted every three months on each shift. LCJ shall document these drills, including start and stop times and the number and location of inmates who were moved as part of the drills.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

ASSESSMENT:

Based upon my review of documents and interviews with staff and inmates, I found that the facility has now developed a comprehensive fire drill program for the jail. A limited number of fire drills have been conducted, but LCJ staff have developed a fire drill schedule, that if fully implemented, will achieve the requirements of this provision of the SA. However, a barrier to fully implementing the comprehensive fire drill program will undoubtedly be the lack of having a full-time fire safety officer assigned with this responsibility.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. The part-time fire safety officer should be assigned on a full-time status as the jail fire safety officer. The jail is very large and it is unrealistic to assume that the fire safety program can be fully implemented and sustained with only a part-time person.

c. LCJ shall ensure that LCJ has adequate fire and life safety equipment, including installation and maintenance of fire alarms and smoke detectors in all housing areas. Maintenance and storage areas shall be equipped with sprinklers or fire resistant enclosures.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

ASSESSMENT:

All of the housing areas and other areas of the facility are equipped with fire and smoke alarm systems. Maintenance and storage areas are equipped with fire sprinklers as well as food service areas. Facility staff have placed AED's and SCBA's in strategic areas of the jail. There were fire extinguishers available in all areas of the jail. I noted in my previous inspection that the Laundry, although it is located in a separate building from the Jail, was not equipped with fire sprinklers. I deferred judgment to the local fire authority to determine if fire sprinklers were required in the laundry. The local fire inspector determined that fire sprinklers were not required in the Laundry. During the inspection I also observed that the Maintenance Shop clutter I observed in my previous inspection has been substantially reduced; however, this area still remains a concern due to the high volume of materials, equipment and other items that are stored within. I re-inspected the flammable storage metal container located within the Maintenance Shop and it did not appear to contain gasoline or other types of fuel that require venting to outside of the building; however, if this type of flammables are to be stored in this area then the flammable storage container should ideally be placed outside of the building.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. LCJ staff should incorporate this requirement of the SA and the process of maintaining the fire and life safety equipment into the LCJ fire safety program.
2. LCJ staff should continue to reduce the fire load in the Jail Maintenance Shop.

d. LCJ shall ensure that all fire and life safety equipment is properly maintained and routinely inspected.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

ASSESSMENT:

The LCJ Fire Safety Officer is conducting inspections of the all fire and life safety equipment and ensuring it is properly maintained. However, the LCJ Fire Safety Officer is only assigned on a part-time basis to the fire safety program and it is uncertain if he will be able to maintain

sustainability with this provision of the SA. Also, this component of the fire safety program needs to become part of the comprehensive fire safety program. Mr. Brad Hompe developed a draft policy and procedure that when approved by LCJ officials can be incorporated into the comprehensive fire safety program.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. LCJ staff should continue to conduct inspections of all fire and life safety equipment and ensure it continues to be properly maintained.
2. The fire and life safety inspection program should be under the direct supervision of the Jail Fire Safety Officer.
3. The inspection program should be clearly detailed in fire safety policies and procedures and become part of the facility comprehensive fire safety program.

e. LCJ shall ensure that emergency keys are appropriately marked and identifiable by touch and consistently stored in a quickly accessible location, and that staff are adequately trained in use of the emergency keys.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

ASSESSMENT:

Facility staff have been working diligently in developing a system for emergency key management. The emergency keys have been inventoried. An emergency set of keys has been placed in the Sheriff's Communication Center which is located outside of the Jail. Facility staff are still working on ensuring that there are ample sets of emergency keys available in the control rooms. A system of identifying emergency keys by touch has not yet been developed. During the tour, I also observed that in the Central Control Center the door cannot be closed manually due to the positioning of the emergency release component. Also, staff have not yet been trained in the use of the emergency keys.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. Jail staff should continue to fully develop their emergency key system. When completed, the emergency key system should be described in the facility policy and procedure manual and staff should be trained on t he policy and emergency key program.
2. LCJ staff need to develop a system of identifying emergency keys by touch.
3. The problem identified in the Central Control Center should be promptly corrected.

f. LCJ shall ensure that staff are able to manually unlock all doors (without use of the manual override in the event of an emergency in which the manual override is broken), including in the event of a power outage or smoke buildup where visual examination of keys is generally impossible. LCJ shall conduct and document random audits to test staff proficiency in performing this task on all shifts, a minimum of three times per year. LCJ shall conduct regular

security inspections and provide ongoing maintenance to security devices such as door locks, fire and smoke barrier doors, and manual unlocking mechanisms to ensure these devices function properly in the event of an emergency.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

ASSESSMENT:

During the inspection, jail staff were generally knowledgeable on how the manual door unlocking system operates. Some staff were more knowledgeable that others. However, I did not see a system in place for conducting and documenting random audits for testing staff proficiency on the manual door unlocking system. I did not see evidence to demonstrate that a formal program of security inspections is in place for these devices. It appears that maintenance staff continue respond to problems with security devices such as door locks, fire and smoke barrier doors, and manual unlocking devices. LCJ staff have been checking these systems for functionality, but such checks have not yet become part of the overall fire safety program. It appears that the provisions of the SA have been addressed in the draft fire safety program and policy and procedures but have not yet been finalized, approved and implemented. Another barrier to achieving compliance with the provision of the SA is that it will be very difficult, if not impossible, for a part-time fire safety officer to oversee this program and ensure its success.

RECOMMENDATION FOR THE NEXT 6 MONTHS:

1. The draft policy and procedure that has been developed should be finalized and implemented as soon as possible as well as ensuring that it specifically addresses an audit or inspection system for the security devices as well as the preventative maintenance program for the system.
2. LCJ officials should commence random audits for testing staff proficiency in performing manual unlocking of all doors with the use of manual override system. These audits should be documented.
3. The Fire Safety Officer should be assigned on a full-time basis in order to help implement and monitor this area of the SA.

ADDITIONAL INSTRUCTIONS/DOCUMENTS FOR NEXT TOUR:

I would like to see documents that demonstrate the results of the inspections/audits that were conducted for the emergency unlocking system and staff response.

g. LCJ shall implement competency-based testing for staff regarding fire and emergency procedures.

OVERALL COMPLIANCE RATING: NON-COMPLIANCE

ASSESSMENT:

I saw no evidence to suggest that LCJ has implemented a competency-based testing for staff regarding fire and emergency procedures. A draft policy has been developed for this area of the SA, but is not yet finalized or implemented.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. LCJ staff should implement a competency-based testing for jail staff regarding fire and emergency procedures. The testing protocols should be included in the Jail fire safety policy and procedure manual and become part of the overall comprehensive fire safety plan.

h. LCJ shall ensure that fire safety officers are trained in fire safety and have knowledge in basic housekeeping, emergency preparedness, basic applicable codes, and use of fire extinguishers and other emergency equipment.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

ASSESSMENT:

LCJ has continued to assign a staff member as the facility fire safety officer. However, the duties of this individual have not been clearly articulated in writing. Also, the assigned fire safety officer is still only performing fire safety related duties on a part-time basis or as needed. The assigned fire safety officer has an extensive background in fire safety matters to include training in emergency responses; incident management; firefighting; public works; hazardous materials; technical rescue awareness; rescue operations; CPR and 1st Aid; use of the AED; and has attended fire school and fire college. Due to staff shortages, fire safety officers that will help implement the fire safety program have not yet been trained in fire safety matters or the fire safety plan.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. The position of fire safety officer should become a full-time position within the jail. A facility the size of LCJ requires a full-time staff member to be able to successfully develop and implement a comprehensive fire safety program. LCJ should develop and implement a position description that describes the duties and responsibilities of the fire safety officer. The fire safety officer's duties and responsibilities should be included in the fire safety policies and procedures.
2. Fire safety staff or those that are assigned duties related to implementing the fire safety program need to be trained on the fire safety plan.

E. SANITATION AND ENVIRONMENTAL CONDITIONS.

1. Sanitation and Maintenance of Facilities.

a. LCJ shall revise and implement written housekeeping and sanitation plans to ensure the proper routine cleaning of housing, shower, and medical areas. Such policies should include oversight and supervision, including meaningful inspection processes and documentation, as well as establish routine cleaning requirements for toilets, showers, and housing units.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

ASSESSMENT:

LCJ has developed draft housekeeping and sanitation plans and inspection forms; however, there is still not a formal plan, policy and procedure in place for the routine cleaning and sanitation of the jail. Many of the jail showers are still in need of deep cleaning, but they also need to be maintained and sustained over time. Many of the facility vents are still clogged with debris and need regular cleaning. The medical area is in dire need of a daily housekeeping and sanitation program. Many of the patient cells were unsanitary and had a foul odor. Compliance staff are providing limited oversight over the sanitation process; however due to staff shortages in the housing units LCJ staff have not yet implemented an effective housekeeping and sanitation program. Overall, the facility was much cleaner during this tour than in my previous tour. I observed that staff and inmates had been working diligently to clean and sanitize the jail; however, a sustained program cannot be maintained without adequate staff oversight of the program or in the absence of having and implementing written housekeeping and sanitation plans. Inmates are still not properly supervised or instructed on acceptable housekeeping duties.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. LCJ should implement written housekeeping and sanitation plans for the jail as well as the inspection program. C leaning schedules should describe specific staff and inmate duties and responsibilities for the cleaning and sanitation program.
2. The sanitation officers should provide oversight for the housekeeping and sanitation program. The overall plans can include specific policies and procedures that describe the housekeeping and sanitation program such as staff and inmate duties and responsibilities, a description of the inspection program, and material and supply allocation and control procedures.
3. LCJ staff must ensure that the housing units are adequately supervised by detention staff and must be able to supervise inmate cleaning and sanitation processes.

b. LCJ shall implement a preventive maintenance plan to respond to routine and emergency maintenance needs, including ensuring that shower, toilet, and sink units are adequately maintained and installed.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

ASSESSMENT:

The LCJ's physical plant had been neglected for several years. The current administration continues to make strides in refurbishing the physical plant and making needed repairs to the plumbing system. A sewage grinder has been installed to better handle sewage. Numerous repairs have been made to the jail roof to prevent leaks. A work order process is in place and work orders can be tracked. The LCJ still needs to develop and implement a preventative maintenance plan for responding to routine and emergency maintenance needs on an on-going basis.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. LCJ should continue to conduct needed repairs to the physical plant and plumbing system.
2. LCJ staff should develop a written preventative maintenance plan that includes, schedules for preventative maintenance inspections and repairs, staff assignments that are responsible for inspection and repairs, a description of the work order system and an inventory of regularly needed spare parts and plumbing fixtures.
3. The above requirements should be addressed in a facility policy and procedure.

c. LCJ shall ensure adequate ventilation throughout LCJ to ensure that inmates receive an adequate supply of airflow and reasonable levels of heating and cooling. LCJ shall review and assess compliance with this requirement at least twice annually.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

ASSESSMENT:

During the inspection I observed that many inmate cells had the air vents covered with materials thus obstructing air flow. However, I did note improvement in this area from my previous inspection. I also observed that in many of the housing unit dayroom areas the return air flow vents were still saturated with lint and debris. Ensuring that cell vents are not compromised and that return air flow vents in the dayrooms are kept clean and free of debris should be part of a daily routine cleaning program. However, if detention officers are not available in the housing units to properly supervise inmates, it will be difficult, if not impossible to attain and maintain substantial compliance with the requirements of this paragraph.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. Staff should intensify their efforts to ensure that cell vents are not covered by the inmates. T his can be partly accomplished by conducting daily cell sanitation inspections. However, there must be sufficient numbers of detention officers available in the housing units in order to accomplish these tasks.

2. Maintenance staff should continue to keep records of temperature readings of the housing units and other areas of the jail.
3. The return air vents in the housing unit dayrooms should be regularly cleaned and made free of debris.

ADDITIONAL INSTRUCTIONS/DOCUMENTS FOR THE NEXT TOUR:

During the next tour I will be reviewing temperature logs that record maintenance staff temperature readings for the various areas of the Jail and will be inspecting the ventilation system.

d. LCJ shall ensure adequate lighting in all inmate housing and work areas and cover all light switches with exposed wires.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

ASSESSMENT:

During this inspection I did not detect a wholesale problem with the lighting system. LCJ staff have continued to work diligently on making repairs to the lighting system and replacing light bulbs and fixtures. I did not detect any exposed wiring during my inspection. There were some cells and several dayrooms that had lights burned out or in need of repair. I did not detect rain water seepage into any light fixtures during this inspection.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. LCJ staff should include the lighting and electrical system as part of their daily housekeeping inspection program and preventative maintenance program.

e. LCJ shall ensure adequate pest control throughout the housing units, medical units, and food storage areas.

OVERALL COMPLIANCE RATING: SUBSTANTIAL COMPLIANCE

ASSESSMENT:

During the inspection of inmate housing units, program areas, the food service department, the medical area and general areas of the Jail, I did not detect a problem with pest control. LCJ has pest control services that provides for regular inspections and pest control.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. LCJ should continue with their pest control program.

f. LCJ shall ensure that all inmates have access to needed hygiene supplies.

OVERALL COMPLIANCE RATING: SUBSTANTIAL COMPLIANCE

ASSESSMENT:

During the inspection I did not observe a problem in this area. Inmates had in their possession needed hygiene supplies. There was a significant amount of hygiene supplies in storage areas.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. Continue to issue inmate hygiene supplies at intake to inmates and as needed.
2. Include in the revised Inmate Handbook hygiene issue quantities and frequency of issue.

g. LCJ shall develop and implement policies and procedures for cleaning, handling, storing, and disposing of biohazardous materials. LCJ shall ensure that any inmate or staff utilized to clean a bi ohazardous area are properly trained in universal precautions, are outfitted with protective materials, and receive proper supervision when cleaning a biohazardous area.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

ASSESSMENT:

There still does not appear to be a comprehensive coherent policy and procedure that addresses this area of operation. There are several policies that in part address this area. I observed during this inspection that spill kits were available in various areas of the facility. I also observed in the medical area (exam rooms) that biohazard containers with enclosures were available. However, in the biohazard room in the medical area, there were containers with biohazard materials but they were not covered with lids.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. LCJ should have their own policy, procedure and staff and inmate training program for this area of operation, including the specific areas of the jail where spill kits and biohazard supplies are kept.

h. LCJ shall provide and ensure the use of cleaning chemicals that sufficiently destroy the pathogens and organisms in biohazard spills.

OVERALL COMPLIANCE RATING: SUBSTANTIAL COMPLIANCE
ASSESSMENT:

The facility uses universal cleaning chemicals for cleaning biohazard spills as well as a bleach solution. I did not get an opportunity to view an actual biohazard spill cleanup while on-site.

RECOMMENDATIONS FOR THE NEXT VISIT:

1. LCJ supervisory staff should ensure that staff and inmates that clean biohazard spills follow the recommended instructions of the chemicals used for the cleanup.

i. LCJ shall inspect and replace as often as needed all frayed and cracked mattresses. LCJ shall destroy any mattress that cannot be sanitized sufficiently to kill any possible bacteria. LCJ shall ensure that mattresses are properly sanitized between uses.

OVERALL COMPLIANCE RATING: SUBSTANTIAL COMPLIANCE

ASSESSMENT:

During the inspection I did not detect any frayed or cracked mattress. There were ample supplies of inmate mattresses in storage for replenishment purposes. Inmates are assigned to clean mattresses between uses. It appears that staff and inmates are now using sanitation chemicals in accordance with the sanitizing chemical instructions. I did not observe inmates cleaning mattresses, but I did ask several inmates what the process was for cleaning and sanitizing them and their responses were proper. LCJ staff have issued written directives to the trustees and to all inmates as to the proper method of cleaning and sanitizing of mattresses.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. Train staff and inmates that are responsible for sanitizing mattresses on the proper use of the sanitizing chemicals. S upervisory staff should inspect and review the mattresses sanitization process and ensure it is done correctly.

j. LCJ shall ensure adequate numbers of staff to perform housekeeping duties.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

ASSESSMENT:

LCJ has two sanitation officers. These officers continue to provide cleaning materials to inmates and to some extent they also supervise trustee workers. However, inmate workers within the housing units continue to receive little, if any, instruction and supervision for their cleaning duties. I found sanitation in the housing units range from poor to good in some areas. The bigger problem continues to be the general lack of supervision of inmates in the housing units. For example, I observed one floor officer trying to provide supervision to inmates in eight pods or two housing units in the new part of the jail, identical to my previous finding. In the old part of the jail, I observed one officer trying to provide supervision of inmates in three to six living units (pods). It is unrealistic to expect that one officer can perform all the duties required of a floor officer and be able to perform them in a qualitative manner. This inadequacy is highlighted by lack of inmate supervision whereby inmates are able to draw graffiti on their cell walls without being detected as well as general unsanitary conditions. I also observed that officers do

not normally enter the actual inmate living areas, but rather patrol the outside of the dayrooms and the catwalks. If inmates are out of their cells, the officer does not go into the actual living area. I reviewed the Estimated Functional Jail Be Capacity Report 2010 authored by RJS and noted that the correctional officer force complement was inadequate. The report reflected a shortage of approximately 68 correctional officers. I noted a similar inadequacy as I toured the housing units as described above. Additionally, the Sheriff's Office presented a comprehensive Staffing Analysis that reflected a shortage of 65 detention officers in order to be able to operate the LCJ in a safe and secure manner as well as to be able to achieve substantial compliance with various provisions of the SA. There are simply an inadequate number of detention officers deployed into the housing units to properly supervise inmates and in particular, for supervising inmates that are performing housekeeping duties.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. LCJ officials should closely examine their correctional officer staffing levels and move towards providing direct inmate supervision in the inmate housing units in order to better supervise inmates and the housekeeping and sanitation program.

ADDITIONAL INSTRUCTIONS/DOCUMENTS FOR THE NEXT TOUR:

It is expected that LCJ officials will have commenced a process for providing adequate inmate supervision in the housing units.

2. Sanitary Laundry Procedures.

a. LCJ shall develop and implement policies and procedures for laundry procedures to protect inmates from risk of exposure to communicable disease.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

ASSESSMENT:

LCJ has implemented appropriate procedures for the laundry to protect inmates from risk of exposure to communicable disease. The revised policies governing this area of operation are pending review and approval. This area of operation also has staffing implications. In order for LCJ to be able to maintain the laundry operation at this level and in order to be able to implement the proposed laundry schedule, as well as to be able to adequately distribute and pick-up laundry services to inmates in an orderly fashion, the laundry operation will have to expand its hours of operation as well as ensuring that there are ample numbers of detention officers in the housing units to assist in the laundry process. LCJ officials installed a hydraulic lift on the laundry transport vehicle since my last inspection which has improved officer and inmate safety in this area of operation.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. LCJ should finalize their comprehensive policy and procedure that governs the total laundry operation. The policy and procedure should include the specific procedures on the washing and handling contaminated clothing and bedding. The revised laundry policy and procedure should also include the procedures for cleaning and sanitizing the laundry carts between uses.
2. LCJ should ensure that there are adequate levels of detention officers available to be able to implement the revised laundry schedule.

b. LCJ shall ensure that inmates are provided adequate clean clothing, underclothing and bedding, consistent with generally accepted correctional standards (e.g., at least twice per week), and that the laundry exchange schedule provides consistent distribution and pickup service to all housing areas.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

ASSESSMENT:

Based upon my review of purchasing records and observation, LCJ officials have purchased a substantial amount of inmate clothing, bedding and towels in order to satisfy this requirement of the SA. However, due to inadequate detention officer staffing levels, LCJ officials have not distributed or issued these items to inmates in accordance with the revised inmate laundry schedule. Based upon my observations, review of documents and staff and inmate interviews, inmates are still not being provided with adequate quantities of clean clothing, underclothing and bedding. For example, laundry exchange still only occurs once per week instead of the required two exchanges per week. Inmates are only provided with one uniform, one sheet, one towel, one blanket, one mattress and a laundry bag. During this tour I observed inmates washing their clothing in the sinks, showers or toilets, which is highly unsanitary. Another problem I noted during my previous inspection and this one is that indigent provisions only kick in after the inmate has been at the facility for at least 30 days. This policy presents a hygiene problem in that inmates may not have personal underwear or in the case of female inmates, bras. However, the facility does not provide any underwear to inmates regardless of whether they are indigent or not.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. It is my recommendation that the inmate initial issue for bedding and hygiene consist of: one mattress; two bed sheets; two towels; and one blanket. The sheets and towels should be exchanged at least once per week, unless inmates are only issued one sheet and one towel, then they should be exchanged twice per week.[1] Blankets should be exchanged at least on a monthly basis and mattresses should be sanitized on a regular basis and between inmate uses. Records of services should be maintained.

[1] LCJ officials recommended that inmates be issued one towel and one wash cloth and washed two times per week. This would be an acceptable practice and would be consistent with accepted correctional standards. This recommendation was made in my previous reporting.

2. LCJ should ensure that there are sufficient numbers of detention available in order to implement the revised laundry schedule and to distribute adequate levels of clothing and bedding items to inmates.

c. LCJ shall train staff and educate inmates regarding laundry sanitation policies.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

ASSESSMENT:

It appears that a private vendor has continued to provide training to laundry staff. Security staff were provided training on the provisions of the SA as it relates to laundry issues. A system has not yet been developed and implemented for educating inmates regarding laundry sanitation policies. Staff reported that the Inmate Handbook could be used as one avenue for educating inmates on laundry sanitation policies; however, formal revisions to the Inmate Handbook are pending.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. LCJ staff should include the provisions of the SA in their basic and on-going staff training program so that security and laundry staff are fully aware as to their obligations regarding the facility sanitation policies.
2. The Inmate Handbook should be revised, finalized and include the expectations of inmates regarding laundry sanitation policies.

d. LCJ shall ensure that laundry delivery procedures protect inmates from exposure to communicable diseases by preventing clean laundry from coming into contact with dirty laundry or contaminated surfaces.

OVERALL COMPLIANCE RATING: SUBSTANTIAL COMPLIANCE

ASSESSMENT:

LCJ staff have developed practices that protects inmates from exposure to communicable diseases. The laundry carts are cleaned and sanitized between uses. Staff and inmates are following the manufactures recommended instructions for the proper use of sanitizing chemicals. Facility staff have received training on the proper use of chemicals. Material Safety Data Sheets have been updated and are available in various areas of the jail. I did not detect that clean laundry was coming into contact with dirty laundry or contaminated surfaces. LCJ staff have provided written instructions to inmates on the proper use of sanitizing chemicals.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. LCJ officials should continue to provide instructions and oversight to staff and inmates on the proper use of sanitizing chemicals and on cross-contamination precautions.

2. LCJ staff should continue to make available Material Safety Data Sheets in strategic areas of the jail where chemical are used and maintained.

e. ***LCJ shall require inmates to provide all clothing and linens for LCJ laundering and prohibit inmates from washing and drying laundry outside the formal procedures.***

OVERALL COMPLIANCE RATING: NON- COMPLIANCE

ASSESSMENT:

The Inmate Handbook has not been revised to include provisions on prohibiting inmates from washing and drying laundry outside the formal procedures. During this tour and in my previous tour, I observed some inmates washing undergarments, clothing and towels in the sinks, showers or toilets. This problem remains complex. For example, inmates are not issued undergarments so they may only have the pair, if any, with which they came into the jail. Particularly with the female inmates, undergarments are critical to their personal hygiene and some female inmates may only have one pair of undergarments. For those inmates that do have undergarments, they are only washed once per week. Inmates that are indigent do not get underwear as part of any institutional issue. Therefore, inmates resort to washing their clothing, undergarments and towels outside the formal procedures. LCJ staff have purchased additional bedding, clothing and hygiene supplies for inmates, but due to the lack of staffing, the items have not been issued

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. The Inmate Handbook should contain a provision prohibiting inmates from washing and drying laundry outside the formal procedures.
2. Inmates should be issued sufficient quantities of clothing and towels to provide for proper hygiene and laundered as previously recommended in this report.
3. LCJ should develop procedures for providing newly admitted indigent inmates with a reasonable number of undergarments to provide for proper hygiene.
4. LCJ officials should implement the revised laundry schedule and inmate issue provisions concomitant with an adequate facility staffing deployment plan.

3. <u>Food Service</u>.

a. ***LCJ shall ensure that food service at LCJ is operated in a safe and hygienic manner and that foods are served and maintained at safe temperatures, and adequate meals are provided.***

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

ASSESSMENT:

From my observations and interviews with staff and inmates, I found that adequate meals continue to be provided. Meals are prepared in a safe and hygienic manner. LCJ food service staff have made improvements in the area of food temperatures. For example, temperature

readings are taken and recorded at the time meals are placed into the serving trays. These temperatures are satisfactory. Food carts are being delivered to the housing units in a more prompt manner; however, a formal process of taking food temperatures at actual serving times has not been developed. I noted inconsistent and improper temperature readings of food at serving times. This was largely due to the lack of staff to promptly serve the meals once the food cart reaches the housing units. Some food carts remained outside the housing unit for extended periods of time awaiting the availability of a detention officer to serve the meal and thus lost considerable food temperature.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. Supervisory staff should monitor food service operations and ensure that food service staff are obtaining and recording food temperatures, at least on a random basis, at actual serving times of inmate meals.
2. LCJ staff should ensure that there are sufficient numbers of detention staff available in the housing units to promptly serve the meals to inmates once they have reached the housing units.

b. LCJ shall ensure that all food service staff, including inmate staff, must be trained in food service operations, safe food handling procedures, and appropriate sanitation.

OVERALL COMPLIANCE RATING: SUBSTANTIAL COMPLIANCE

ASSESSMENT:

During the inspection I met with food service staff and the dietician as well as conducting an inspection of the kitchen. Many improvements have been made in this area since my last inspection. For example, training records for all food service staff have been developed. The food service training program has been formalized. Food service staff are now required to participate in the facility orientation program. Material Safety Data Sheets are available in the kitchen. Inmates are provided instructions on safe food handling procedures and proper food service preparation and appropriate sanitation practices.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. LCJ should continue to maintain their training records for food service staff and document all training provided, including food service staff orientations.
2. Food service staff should continue to ensure that Material Safety Data Sheets are readily available in the kitchen.

c. LCJ shall ensure that kitchen(s) are staffed with a sufficient number of appropriately supervised and trained personnel.

OVERALL COMPLIANCE RATING: SUBSTANTIAL COMPLIANCE

ASSESSMENT:

During my previous inspection there were eleven food service personnel, including the food service supervisor assigned to the kitchen. It appears that the food service staff complement has been reduced by two workers and now there are nine food service staff positions allocated; however, two of those positions were vacant during this inspection. The food service operation continues to be supplemented with inmate workers. The number of staff assigned to the kitchen appears to be sufficient; however, the two vacant positions should be promptly filled. Food service staff training records are now in place. The camera in the dry storage area was repositioned and now provides for improved safety and security of staff and inmates.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. LCJ staff should continue to maintain their individualized training records for all food service personnel.
2. LCJ officials should promptly fill the two vacant food service positions.

d. LCJ shall ensure that dishes and utensils, food preparation and storage areas, and vehicles and containers used to transport food are appropriately cleaned and sanitized.

OVERALL COMPLIANCE RATING: SUBSTANTIAL COMPLIANCE

ASSESSMENT:

During the tour, I found dishes and utensils, food preparation and storage areas to be clean and sanitary. I also noted that the food service delivery carts and food tray storage carts were appropriately cleaned and sanitized.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. It is recommended that the daily, weekly and monthly sanitation inspection program continues to be part of the food service system.

e. LCJ shall check and record, on a r egular basis, the temperatures in the refrigerators, coolers, walk-in-refrigerators, the dishwasher water, and all other kitchen equipment with temperature monitors to ensure proper maintenance of food service equipment.

OVERALL COMPLIANCE RATING: SUBSTANTIAL COMPLIANCE

ASSESSMENT:

LCJ staff have developed and implemented a system for checking and recording temperatures of the refrigerators, coolers, walk-in refrigerators and the dishwasher. LCJ staff are maintaining logs of these checks.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. It is my recommendation that temperatures of all refrigerators, coolers, walk-in refrigerators and the dishwasher water continue to be checked and recorded. This will allow food service staff to detect a temperature problem promptly so it can be corrected.

F. QUALITY IMPROVEMENT PROGRAM: Settlement Agreement Part III Section F.

1. LCJ shall develop and implement written quality management policies and procedures to regularly assess, identify, and take all reasonable measures to assure compliance with each of the provisions of this Agreement, as applicable.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE
September 2011 Assessment:

Basic policies and procedures are in draft form re: a quality improvement program. Suggestions were made to relevant staff re: these policies during the site visit.

Recommendations for next 6 months:

Finalize and implement the relevant policy and procedure.

Additional instructions/documents for next tour:

Proof of practice re: the above.

2. LCJ shall develop and implement policies to address and correct deficiencies that are uncovered during the course of quality management activities, including monitoring corrective actions over time to ensure sustained resolution.

OVERALL COMPLIANCE RATING: NON-COMPLIANCE

September 2011 Assessment:

F.1 policy needs to be implemented in order to implement this provision of the SA.

Recommendations for next 6 months:

See F.1.

Additional instructions/documents for next tour:

Proof of practice documents relevant to this provision of the SA.

3. LCJ shall institute a Quality Improvement Committee and ensure that such committee meets on a monthly basis and that this committee includes representatives from medical, mental health, and custody staff.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

September 2011 Assessment:

A QI committee was recently established and has met on one occasion.

See F.1.

Recommendations for next 6 months:
See F.1.

Additional instructions/documents for next tour:

See F.1.

4. Quality management programs related to medical and mental health care will utilize performance measurements to assess quality of care and timely access to care with quantitative and qualitative data analysis and trending over time and specifically shall address:

- *a. the effectiveness of the intake assessment, referral, and sick call process;*
- *b. the management and utilization of psychotropic medications;*
- *c. suicide prevention, including assessment of suicide risk, review and tracking of suicide attempts, monitoring of inmates on suicide observations or precautions;*
- *d. the appropriateness of physical plant facilities such as safe cells for management of at risk inmates, and follow-up and treatment for those who may have engaged in suicidal or self-harm activities;*
- *e. the appropriateness of treatment planning and treatment interventions for inmates in the mental health program;*
- *f. discharge planning for the effective management and continuity of care for inmates leaving the system; and*
- *g. the quality of medical records and other documentation.*

OVERALL COMPLIANCE RATING: NON-COMPLIANCE

September 2011 Assessment:

See F.1.

Recommendations for next 6 months:

See F.1.

G. PROTECTION FROM HARM: Settlement Agreement Part III Section G.

5. Use of Force by Staff.

a. LCJ shall develop and maintain comprehensive and contemporary policies and procedures surrounding the use of force and with particular emphasis regarding permissible and impermissible use of force.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

ASSESSMENT:

LCJ staff, with the assistance of Brad Hompe, has developed comprehensive and contemporary policies and procedures surrounding the use of force and that emphasis permissible and impermissible use of force. The revised Use of Force policy was signed by the Sheriff on September 14, 2011.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. The finalized policy concerning the Use of Force should now be implemented as well as providing training to all LCJ staff on it.[2]

b. LCJ shall address the following impermissible uses of force in its use of force policy and in the pre-service and in-service training programs for correctional officers and supervisors:

(1) use of force as an initial response to verbal insults or inmate threats;

(2) use of force as a response to inmates' failure to follow instructions where there is no immediate threat to the safety of the institution, inmates, or staff, unless LCJ has attempted a hierarchy of nonphysical alternatives that are documented;

(3) use of force as punishment or retaliation;

(4) striking, hitting, or punching a restrained inmate;

(5) use of force against an inmate after the inmate has ceased to offer resistance and is under control;

(6) use of choke holds on an inmate; and

(7) use of unnecessary or excessive force.

[2] Any reference I make to the Use of Force Policy and Procedure in this section of the report refers to the final version that was signed by the Sheriff on September 14, 2011.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

ASSESSMENT:

The final Use of Force Policy and Procedure contains the provisions of paragraph b. and sub-paragraphs 1-7 of the SA.

The Use of Force pre-service and in-service training program on the Use of Force Policy and Procedure has not yet being implemented. An awareness test has been developed for the Use of Force policy. The instructor lesson plans are in the process of being developed. The trainers for the use of force training need to be identified and trained in order to help train all LCJ staff on the new Use of Force policies and procedures.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. LCJ officials need to incorporate the Use of Force policy into the pre-service and in-service training program for correctional officers and supervisors.
2. Staff should start receiving training on Use of Force Policy and Procedure.

c. LCJ shall develop and implement a policy to ensure that staff adequately and promptly report all uses of force.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

ASSESSMENT:

The revised Use of Force Policy and Procedure has been developed and it contains this provision of the SA. However, the Use of Force Policy and Procedure must now be implemented.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. LCJ officials implement the revised Use of Force Policy and Procedure.

d. LCJ shall ensure that use of force reports will:

(1) be written in specific terms in order to capture the details of the incident;

(2) contain an accurate account of the events leading to the use of force incident;

(3) include a description of the weapon or instrument(s) of restraint, if any, and the manner in which it was used;

(4) be accompanied with the inmate disciplinary report that prompted the use of force incident, if applicable;

(5) state the nature and extent of injuries sustained both by the inmate and staff member;

(6) contain the date and time medical attention was actually provided;

(7) describe, in factual terms, the type and amount of force used and precise actions taken in a particular incident and avoid use of "boiler plate" descriptions for describing force, such as, "inmate taken to the ground with the force that was necessary;" and

(8) note whether a use of force was videotaped. If the use of force is not videotaped, the reporting correctional officer and supervisor will provide an explanation as to why it was not videotaped.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

ASSESSMENT:

The revised Use of Force Policy and Procedure contains the elements of this provision of the SA including sub-paragraphs d. 1-8. The revised Use of Force Policy and Procedure has been approved and signed and must now be implemented.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. The revised Use of Force Policy and Procedure should be implemented.
2. I would also recommend that a new use of force report form be developed and implemented that includes all the elements of this provisions of the SA.

e. LCJ shall require prompt administrative review of use of force reports. Such reviews shall include case-by-case review of individual incidents of use of force as well as more systemic review in order to identify patterns of incidents. LCJ shall incorporate such information into quality management practices and take necessary corrective action.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

ASSESSMENT:

The revised Use of Force Policy and Procedure contains the provisions of this paragraph of the SA. However, the revised policy and procedure has not been implemented; therefore it cannot be evaluated in totality as of yet.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. The revised Use of Force Policy and Procedure should be implemented. Security staff and supervisors should start receiving training on the Use of Force Policy and Procedure.
2. It is also my recommendation that all use of force incidents be reviewed by the Deputy Warden of Security and the Warden.
3. During my next review I will be reviewing use of force reports and the review process of use of force incidents.

f. ***LCJ shall ensure that Qualified Medical Staff request that inmates sign arelease of medical records for the limited purpose of administrative and investigative review of any incident involving an inmate injury. Q ualified Medical Staff will document the request and the inmate's response. L CJ will ensure that inmates receive adequate medical care regardless of whether they consent to release their medical records.***

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

ASSESSMENT:

This provision of the SA is addressed in the revised Use of Force Policy and Procedure. LCJ staff and their consultants are working with Dr. Ron Shansky on ensuring that these requirements of the SA are met and are also addressed in medical policy and procedure.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. It is recommended that the medical policies and procedures will also include these provisions of the SA and that both security and medical staff start receiving training on them.

g. ***LCJ shall ensure that management review of use of force reports and inmate grievances alleging excessive or inappropriate uses of force includes a timely review of medical documentation of inmate injuries as reported by Qualified Medical Staff, including documentation surrounding the initial medical encounter, an anatomical drawing that depicts the areas of sustained injury, and information regarding any further medical care.***

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

ASSESSMENT:

These provisions of this paragraph of the SA are addressed in the revised Use of Force Policies and Procedures. RJS consulting staff are working with the medical staff in ensuring that the medical policies and procedures address these provisions of the SA as well.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. LCJ Staff should implement the revised Use of Force Policy and Procedure.
2. The medical policies and procedures should also contain the provisions of this paragraph of the SA.

h. LCJ shall establish criteria that trigger referral for use of force investigations, including but not limited to, injuries that are extensive or serious; injuries involving fractures or head trauma; injuries of a suspicious nature (including black eyes, broken teeth, injuries to the genitals, etc.); injuries that require treatment at outside hospitals; and reports of events by staff and inmates that are inconsistent.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

ASSESSMENT:

The revised Use of Force Policies and Procedures contain the provisions of this paragraph of the SA. It appears that some staff training has already been conducted regarding this provision paragraph of the SA. However, all staff need to be trained on it as part of the pre-service and annual in-service staff training program.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. The revised Use of Force Policy and Procedure should be implemented and all staff trained on it.

i. LCJ shall develop and implement a system to track all incidents of use of force that, at a minimum, includes the following information:

(1) a tracking number;
(2) the inmate(s) name;
(3) housing assignment;
(4) date;
(5) type of incident;
(6) injuries (if applicable);
(7) if medical care is provided;
(8) primary and secondary staff involved;
(9) reviewing supervisor;
(10) external reviews and results (if applicable);
(11) remedy taken (if appropriate); and
(12) administrative sign-off.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

ASSESSMENT:

These provisions of this paragraph of the SA have been incorporated into the revised Use of Force Policy and Procedure. The revised Use of Force Policy and Procedure has been approved, signed, but not yet implemented. The system to track all incidents of use of force has not been developed or implemented.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. The revised Use of Force Policy and Procedure should be implemented.
2. The system for tracking all incidents of use of force should be promptly developed and implemented.

j. LCJ shall ensure that as part of a use of force incident package, security supervisors shall ensure that photographs are taken of any and all reported injuries sustained by inmates and staff promptly following a use of force incident. The photographs will become evidence and be made part of the use of force package and if, applicable, used for investigatory purposes.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

ASSESSMENT:

These provisions of this paragraph of the SA are contained in revised Use of Force Policy and Procedure. The revised Use of Force Policy and Procedure has been approved and signed, but not yet implemented. There has been some training provided on these provisions to LCJ staff. It is too early to fully evaluate the provisions of this paragraph in the absence of the policy implementation and full staff training.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. The revised Use of Force Policy should be implemented in order to be able to fully evaluate compliance with the SA.

k. LCJ shall establish an "early warning system" that will document and track correctional officers who regularly employ force on inmates and any complaints related to the excessive use of force, in order to alert LCJ administration to any potential need for retraining, problematic policies, or supervision lapses. Appropriate LCJ leadership, supervisors, and investigative staff shall have access to this information and monitor the occurrences.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

ASSESSMENT: An early warning system is addressed in the revised Use of Force Policies and Procedures. The revised Use of Force policy and procedure has been approved and signed, but

not yet implemented. It is too early to evaluate the overall requirements of these provisions of this paragraph of the SA because the overall system is not yet developed and implemented.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. The revised Use of Force Policy and Procedure should be implemented.
2. Concomitant with the implementation of the Use of Force Policy and Procedure, LCJ staff should start developing and implementing the early warning system described in the revised Use of Force Policy and Procedure.

l. LCJ shall ensure that a supervisor is present during all planned uses of force.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

ASSESSMENT:

This provision is addressed in the revised Use of Force Policy and Procedure. The revised Use of Force Policy and Procedure has been approved and signed, but not yet implemented.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. The revised Use of Force Policy and Procedure should be implemented.

m. Where there is evidence of staff misconduct related to inappropriate or unnecessary force against inmates, LCJ shall initiate appropriate personnel actions and systemic remedies, as appropriate. L CJ shall discipline appropriately any correctional officer found to have:

(1) engaged in use of unnecessary or excessive force;
(2) failed to report or report accurately the use of force;
(3) retaliated against an inmate or other staff member for reporting the use of excessive force; or
(4) interfered or failed to cooperate with an internal investigation regarding use of force.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

ASSESSMENT:

The revised Use of Force Policy and Procedure contains the provisions of this paragraph of the SA. The revised Use of Force Policies and Procedures have been approved and signed, but not yet implemented.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. It is recommended that the revised Use of Force Policy and Procedure be implemented so that full compliance can be evaluated with respect to discipline of staff that have used inappropriate or unnecessary force against inmates.

n. LCJ shall develop and implement accountability policies and procedures for the effective and accurate maintenance, inventory and assignment of chemical and other security equipment.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

ASSESSMENT:

The revised Use of Force Policy and Procedures address incapacitating agents, electronic control devices and the use of the restraint chair. The procedure for the maintenance, inventory and assignment for the electronic control device is addressed in the use of force policy. However, the policy does not contain those controls for restraint equipment such as handcuffs and leg irons. However, LCJ maintains other policies and procedures governing all security equipment and are now cross-reference with the Use of Force Policy and Procedure and contain the specific provisions of this paragraph of the SA.[3]

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. The revised Use of Force Policy and Procedures should be implemented.

o. Use of Force Training:

(1) LCJ shall develop an effective and comprehensive training program in the appropriate use of force.

(2) LCJ shall ensure that correctional officers receive adequate training in LCJ's use of force policies and procedures.

(3) LCJ shall ensure that correctional officers receive adequate training in use of force and defensive tactics.

(4) LCJ shall ensure that correctional officers receive pre-service and in-service training on reporting use of force and completing use of force reports.

OVERALL COMPLIANCE RATING: NON-COMPLIANCE

[3] During the course of the inspection I noted that detention staff are required to purchase their own OC spray. I also noted that some officers carry OC spray that has expired. In most jurisdictions, the facility provides detention staff with all security equipment including OC spray. It is difficult for LCJ supervisors to maintain strict accountability and control of chemical agents when detention staff required and allowed to purchase their own OC spray. As the new Use of Force policy is implemented it will be difficult for LCJ to comply with the provisions of this paragraph of the SA under the current practice of OC spray issuance.

ASSESSMENT:

The staff training provisions for the requirements of this paragraph of the SA are under development by Mr. Brad Hompe and were to be provided to the Sheriff by October 1, 2011.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. LCJ should finalize their staff training program for the use of force that addresses the provisions of this paragraph of the SA and commence the implementation process.

p. LCJ shall ensure that inmates may report allegations of the use of excessive force orally to any LCJ staff member, who shall reduce such reports to writing.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

ASSESSMENT:

The revised Use of Force Policies and Procedures contain the provisions of this paragraph of the SA. The revised Use of Force Policies and Procedures have been approved and signed, but not yet implemented.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. The revised Use of Force Policies and Procedures should be implemented.

q. LCJ shall ensure that Qualified Medical Staff question, outside the hearing of other inmates or correctional officers if appropriate, each inmate who reports for medical care with an injury, regarding the cause of the injury. If, in the course of the inmate's medical encounter, a health care provider suspects staff-on-inmate abuse, that health care provider shall immediately:

(1) take all appropriate steps to preserve evidence of the injury (e.g., photograph the injury and any other physical evidence);
(2) report the suspected abuse to the appropriate LCJ administrator;
(3) adequately document the matter in the inmate's medical record; and
(4) complete an incident report.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

ASSESSMENT:

These provisions of this paragraph of the SA are addressed in the revised Use of Force Policy and Procedure. The revised Use of Force Policy and Procedures has been approved and signed, but not yet implemented.

RECOMENDATIONS FOR THE NEXT 6 MONTHS:

1. The revised Use of Force Policies and Procedures should be implemented.
2. These provisions should also be addressed in the medical policies and procedures.

r. LCJ shall develop, assign, and train a t eam of specialized use of force investigators that will be charged with conducting investigations of use of force incidents. These use of force investigators shall receive at the outset of their assignment, specialized training in investigating use of force incidents and allegations.

OVERALL COMPLIANCE RATING: NON-COMPLIANCE

ASSESSMENT:

These provisions of this paragraph of the SA are addressed in the revised Use of Force Policies and Procedures. T he revised Use of Force Policies and Procedures have been approved and signed, but not yet implemented. A use of force investigative team has not been developed, assigned or trained as required by these provisions of this paragraph of the SA.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. The revised Use of Force Policy and Procedures should be implemented.
2. It is further recommended that LCJ officials develop, assign, and train a team of specialized use of force investigators as required by these provisions of this paragraph of the SA.

s. LCJ shall ensure that incident reports, use of force reports and inmate grievances are screened for allegations of staff misconduct and, if the incident or allegation meets established criteria, that it is referred for investigation.

OVERALL COMPLIANCE RATING: PARTIAL COMPLIANCE

ASSESSMENT:

The revised Use of Force Policies and Procedures address the provisions of this paragraph of the SA. The revised use of Force Policies and Procedures have been approved and signed, but not yet implemented.

RECOMMENDATIONS FOR THE NEXT 6 MONTHS:

1. The revised Use of Force Policies and Procedures should be implemented.