Exhibit M

DRAFT Review of Mental Health Services at the Monterey County Jail

December 6, 2013

Based on my review and analysis of the materials identified in this report and my review of the Monterey County correctional facilities, I have prepared the following summary of my findings regarding the mental health services at the Monterey County Jails. I would like to thank everyone that assisted by providing access to the documents needed for the review in addition to access to the jails. I also would like to thank Monterey County Sheriff Scott Miller and all of his staff for being exceptionally accommodating during my three days of visiting the jails. Additionally, Dr. Taylor Fithian, Correctional Health Services (CHS) Manager Dave Harness and the mental health clinicians provided extensive information regarding the mental health services.

Collection of data for the report:

I reviewed the Monterey County Correctional Facilities including the Main Jail and the Rehabilitation Center located on the campus in Salinas, California. My site visits were completed on September 25, October 4 and October 25, 2013. I interviewed Commander Jim Bass and Classification Sgt. Durham who work collaboratively with mental health staff at the jail. I additionally interviewed Deputies Pritchett and DiMaggio who routinely supervise inmates in the jail. I also interviewed Taylor Fithian, M.D., the primary psychiatrist; Elaine Finnberg, the primary psychologist; Kim Spano, Licensed Marriage and Family Therapist (L.M.F.T.) and Charlotte Gage, Licensed Psychiatric Nurse. I reviewed 23 mental health records including records of inmate-patients that were treated with antipsychotic medication, inmate-patients that refused mental health treatment, inmates evaluated for competency to stand trial, inmates that attempted or completed suicide, inmates that were placed in a Safety Cell or in the restraint chair, and inmate-patients that required housing in administrative segregation areas. I conducted six interviews with inmate-patients including four that were accepting mental health treatment and two that were refusing treatment. I additionally reviewed incident reports on suicides, suicide attempts, placement in the Safety Cells and the use of the restraint chair. I also reviewed the policies and procedures regarding Mental Health Services, Developmental Disabilities, and the use Safety Cells and the Restraint chair. I reviewed the Complaint, records of community treatment of mentally ill inmates, and deputy training programs for suicide prevention and management of inmates having problems with serious mental illness, developmental disabilities and substance use disorders.

1. Review of Intake and Receiving Screening:

- All arrestees that are accepted into the custody of the Sheriff complete an intake screening provided by Sheriff's deputies at the Main Jail. The screening officers receive specific training regarding the identification of arrestees that may present

a risk of self-harm or may require mental health evaluation or treatment. Arrestees that are determined to have a possible risk of self-harm or to require additional mental health evaluation are referred to medical staff. A registered nurse (R.N.) then evaluates the inmate and completes a form requesting mental health evaluation.

- All inmates identified as requiring a mental health evaluation are seen by a mental health clinician, usually within 24 hours on Monday through Fridays. The clinicians include Taylor Fithian, M.D., Elaine Finnberg, Ph.D., Kim Spano, L.M.F.T. and Charlotte Gage, R.N. Dr. Fithian typically sees only the inmates that are referred for additional psychiatric evaluation following an intake assessment by Charlotte Gage, R.N. However, all of the clinicians respond to urgent requests for mental health assessments of inmates.

- The mental health clinicians at the jail are available to provide urgent mental health evaluations within a brief period of time on Monday through Fridays. There are no mental health clinicians assigned to the jail on weekends although Dr. Fithian or Dr. Finnberg always would be available on call. The medical nurses respond to inmates that need mental health services on the weekend and telephone the on-call doctor for consultation. Any inmate that requires urgent services may be placed on a W&I 5150 hold and transported by deputies to Natividad Medical Center which is a short distance from the jail campus. The lack of mental health staff in the facility on weekends results in insufficient services to mentally ill inmates and is further discussed below.

- The intake screening process would be improved by several additional questions designed to increase the identification of arrestees with a potential for self-harm or a history of mental disorder.

Recommendation: add the following (or similar) questions to the Intake Health Screening form:

a. Have you been admitted to a hospital during the past five years? Were you ever admitted on a (W&I) 5150?
b. Have you ever had problems with depression? Are you feeling depressed now?
c. Have you ever had mental health counseling or treatment?

- Inmates are able to access mental health services through multiple routes. As noted above, many inmates are identified as possible mental health clients based on positive responses to the initial health screening questions. Healthcare staff and deputies also refer inmates based on their observations of emotions or behaviors that suggest the inmate may be able to benefit from a mental health evaluation or that suggest a risk of self-harm.

- Inmates request mental health services by completing a Health Request form or by verbally making a request to any deputy or healthcare staff. Inmates are advised how to complete a Health Request form during the booking process and

bilingual staff provide intake screening in Spanish or other languages as needed. Translation services for all languages are available from facility staff and through a telephone service.

- Health Request forms are available from nursing staff and once completed the forms are handed to any medical staff or deposited in locked boxes. These boxes also are used for grievance forms and only selected Sheriff's officers have keys to open the boxes and collect the grievances and Health Request forms. This practice requires modification since current correctional healthcare standards require that inmates have privacy of their healthcare requests. The simple solution would be to provide keys to the locked boxes to healthcare staff who would collect the Health Request forms and the grievances daily. This may require some additional time of the health care staff to separate the grievances and give them to the deputies. An alternate solution would be to add an additional locked box for Health Request forms in each pod, which also would be collected by healthcare staff. The Health Request forms are triaged daily by a registered nurse and requests for mental health services are provided to the mental health clinicians.

Recommendation: modify the current practice of retrieving Health Request forms from inmates to ensure that they are collected and reviewed only by healthcare staff.

- The medical nurses accept health requests that are written on anything including blank paper or scrap paper. This is a commendable practice since it facilitates the inmates' access to health services. Review of the charts indicated that written responses usually are provided to inmates within an appropriate period of time. However, several inmates complained during interviews that they did not receive responses to some of their written health requests. The current procedures lack a systematic method of auditing receipt of and responses to all inmate requests for health services. It is recommended that Correctional Health Services modify the Health Request form as follows:

Recommendation: It is recommended that Correctional Health Services develop a triplicate NCR form for health requests. The inmate completes the triplicate form and retains one copy before forwarding the form to nursing staff. The nurse provides a written response on the form and returns it to the inmate while retaining a copy for the health record. This system would enable the Quality Management program to audit the processing of inmate health requests and ensure timely responses to all requests.

- Mental health referrals and inmate requests for mental health services frequently are forwarded to the psychiatric nurse for a mental health intake evaluation. The psychiatric nurse dictates a note briefly summarizing the inmate's symptoms and history and formulating an initial treatment plan that may include referral to the psychiatrist or the LMFT. Review of the records confirms that the psychiatric

nurse has access to the Monterey County Behavioral Health Services system and routinely obtains relevant information by telephone and fax.

Recommendation: It is recommended that Correctional Mental Health Services develop a mental health intake form with a checklist to summarize the inmate-patient's symptom and treatment history, community provider(s), prior diagnoses and medications, co-occurring disorders, substance use, and history of self-harm or suicidal ideation and attempts. The intake form would ensure that all relevant information is obtained at the time of the initial contact.

- The psychiatric nurse inquires of each new inmate-patient if he or she has any recent history of taking psychiatric medications and also asks where the inmate-patient obtained the medications. The nurse then contacts the pharmacy to verify the prescription and telephones Dr. Fithian to obtain a voice order to start the medications. Review of the records indicates that this procedure is effective and inmate-patients often are started on psychiatric medications within 72 hours and sometimes within 24 hours during the week. Continuity of mental health care would be improved by modifying the current system to have nursing staff initiate psychiatric medication verification when the nurse completes the first health evaluation. Once the medications are verified the psychiatric nurse can obtain a telephone order from Dr. Fithian during the week and the medical nurse would obtain the order on weekends.

Recommendation: modify the current practice to have nursing staff initiate psychiatric medication verification at the time that the nurse completes the first health evaluation. This would apply to any inmate-patient that offers information regarding the pharmacy that supplies the psychiatric medication. Once a current or recent prescription is verified the psychiatric nurse can obtain a telephone order from Dr. Fithian during the week and the medical nurse would obtain the order on weekends.

- Once the psychiatric medications are ordered by Dr. Fithian the inmate-patient can begin receiving the medication. There is an onsite stock supply of the frequently used psychiatric medications and most of them are on the formulary for the facility. Non-formulary medications also can be requested by Dr. Fithian. Review of the health records indicate that inmate-patients usually begin receiving the medication on the same day it is ordered or by the following day.

- Timeliness of continuing psychiatric medications should be routinely reviewed by the Quality Management program. Overall, the current system of screening arrestees for possible mental disorders and risk of self-harm is effective and meets minimal standards for the identification of arrestees with mental disorders. However, the above recommendations are needed to ensure that mental health evaluation and treatment begins within a short period following acceptance to the jail and that psychiatric medications are verified and initiated on weekends as quickly as during the week whenever possible.

2. Review of mental health treatment services:

- Mental health evaluation and treatment services are provided by a total of four mental health professionals including Taylor Fithian, M.D., Elaine Finnberg, Ph.D., Kim Spano, L.M.F.T. and Charlotte Gage, R.N. The number of mental health professionals is insufficient to meet the mental health needs of the inmates in the Monterey County Jails.

- Once an inmate has demonstrated a stable clinical status, he or she is eligible for housing in almost any of the various correctional pods or at the Rehabilitation Center. The LMFT and psychiatric nurse provide on-site outpatient therapeutic and supportive services. Dr. Fithian primarily provides psychiatric evaluation and medications and Dr. Finberg primarily provides psychological evaluations and crisis intervention.

- Inmates that display signs of an acute mental illness may be maintained in Intake until evaluated by a mental health clinician. As noted above, the mental health clinicians are not in the facility on weekends although either the psychiatrist or a psychologist is always on call. Inmates that require mental health services on weekends are evaluated by a medical nurse who then consults with the on-call psychiatrist or psychologist. The facility has the capability of transporting an inmate to Natividad Medical Center for acute psychiatric services on weekends. However, review of the records indicates that this rarely occurs and most inmate-patients remain in the jail until the mental health clinicians arrive on Monday. They may be placed in a safety cell on suicide precautions for observation until they can be evaluated by a mental health clinician. The safety cells are used excessively for this purpose and inmates may remain in the safety cell over the weekend until a clinician provides evaluation and release on Mondays. Weekend mental health coverage is insufficient to meet the multiple needs of mentally ill inmate-patients, which include timely assessments, continuation of psychiatric medications and early release from the safety cells. It is recommended that Correctional Health Services hire part-time licensed mental health clinicians to provide weekend services.

Recommendation: hire part-time licensed mental health clinicians to provide six to eight hours of mental health services on each Saturday, Sunday and holiday. These clinicians would provide mental health intake assessments, crisis intervention services, evaluations of inmates in the safety cells or the restraint chair and supportive counseling to seriously mentally ill inmate-patients housed in the administrative segregation pods. A total of 20 hours of additional clinician services would be sufficient to meet minimal standards for correctional mental health care. This would include 12 to 16 hours of weekend services and four to eight additional hours during the week as described below.

- Inmates identified as having impaired intellectual functioning (a developmental disability) also are screened initially by a nurse and then by a mental health

clinician. The classification deputy is notified of the inmate-patient's disability and provides appropriate housing to ensure safety. The regional developmental disability center is notified so that a case manager can plan to assist the inmate-patient upon return to the community.

- Inmates with psychotic symptoms that are secondary to the ingestion of a substance may be housed in a safety cell for observation and stabilization because they present an increased risk of self-harm or assault. Dr. Fithian evaluates these inmates and provides treatment with psychiatric medications as needed to stabilize their symptoms. Inmate-patients with substance-induced psychotic symptoms frequently stabilize within several days and then are housed by the classification deputy. Correctional Health Services also provides a withdrawal protocol for inmate-patients with acute alcohol or benzodiazepine withdrawal.

- The mental health clinicians collaborate with community providers of alcohol and other drug (AOD) services to ensure that inmate-patients are able to access chemical dependency treatment. Two of the AOD providers with Monterey County Behavioral Health Services are available for referrals of inmates including those with co-occurring disorders of mental illness and substance abuse. The jail also provides group AOD counseling services at the Rehabilitation Center. These services exemplify the commitment of Monterey County to provide integrated treatment for co-occurring disorders that include substance abuse and mental illness.

- Acutely mentally ill inmates are evaluated by Dr. Fithian and offered medication to stabilize their symptoms. The most commonly used psychiatric medications are available on the formulary and non-formulary medications can be ordered. Acute inmate-patients are evaluated frequently by the mental health clinicians.

- Mental health treatment is voluntary in the absence of a court order and inmate-patients that accept treatment frequently stabilize and may be housed in a general housing pod as determined by Classification. Inmate-patients that have not stabilized are usually housed in administrative segregation pods including the A and B pods for males and the R and S units for females. The psychiatric nurse provides socialization/support groups to the inmate-patients on these units when they are sufficiently stable to safely participate in a group. She provides groups in the A and B male pods during one week and to the women in the R and S units during the following week. Deputies that are familiar with the pods determine which inmate-patients are able to safely participate in the socialization groups. These groups are important to support and maintain stabilization of inmate-patients with serious mental illnesses and additional opportunities to participate would be beneficial. The Sheriff could facilitate participation by enhancing security procedures on the units. Other correctional facilities have accomplished this by welding links to the tables on the unit so that inmate-patients can be safely secured to the table with belly chains while they participate in the group. These

groups are voluntary and inmate-patients must be educated regarding the safety procedures before they begin participating in the groups.

Recommendation: it is recommended that the Sheriff collaborate with Dr. Fithian and the Correctional Health Services Manager to facilitate additional participation of inmate-patients in the socialization groups provided by the psychiatric nurse. Sheriff's administration can explore chaining the inmate-patients to a table on the unit and other methods of increasing security to facilitate additional participation. Any new construction at the jail may provide an opportunity to design a secure room for socialization groups. Some facilities have built group rooms with six individual locked cages that allow inmate-patients to safely participate in socialization groups.

- The socialization groups provide valuable opportunities for inmate-patients to receive support in addition to education about mental health treatment. The psychiatric nurse does not have sufficient time to provide weekly groups to both male and female inmate-patients in the facility. An additional total of 20 hours of licensed mental health clinician time is needed to provide sufficient services to seriously mentally ill inmate-patients as noted above. Most of these clinical hours are needed on Saturdays and Sundays when no mental health clinicians are available in the facility.

Recommendation: as described above, add part-time licensed mental health clinicians to provide a total of 20 additional hours of mental health services weekly, primarily on weekends. This would include six to eight hours of clinical services on each Saturday, Sunday and holiday. The additional staff would assume some of the current duties of the psychiatric nurse and allow her to provide weekly socialization/support groups for both male and female inmate-patients.

- Review of the records indicates that Dr. Fithian consistently sees inmate-patients within seven days of starting them on a psychiatric medication. The second face-to-face visit occurs within 30 days for stable inmate-patients and more frequently for those that have not stabilized. Subsequent face-to-face psychiatric evaluations occur at a minimum of every 90 days for stable inmate-patients and those who are not stable are seen more frequently. All inmate-patients are seen by a mental health clinician at least once every 30 days even if they refuse mental health treatment. Dr. Fithian's scheduling of face-to-face psychiatric evaluations meets nationally accepted minimal standards for the provision of psychiatric services to correctional inmate-patients.

- Inmates with acute mental illness may have difficulties as they attempt to communicate with an attorney during the process of developing a defense and they may be referred for evaluation of their competency to continue with legal procedures. Competency evaluations are requested by the Court and the Court often appoints Dr. Fithian and Dr. Finnberg to complete evaluations. There is a panel of psychiatrists and psychologists qualified to provide competency evaluations and the court has the option to select other examiners from the panel.

The Court frequently prefers the services of Dr. Fithian and Dr. Finnberg for these evaluations because they often are familiar with the defendants after providing them with mental health services in the jail. However, this practice fails to meet community standards for independent evaluations that avoid compromising the defendant's ability to make decisions about accepting mental health treatment in the jail. Defendants may believe that their decisions regarding accepting mental health treatment at the jail present a risk of significant consequences since a finding of incompetence by Dr. Fithian or Dr. Finnberg could result in a commitment to the state hospital. Although this practice may be favored by the Court in Monterey County it compromises the provision of impartial mental health services to inmate-patients.

Recommendation: it is recommended that Behavioral Health Services Manager Robert Jackson communicate to the Court that the practice of appointing Dr. Fithian and Dr. Finberg to complete competency evaluations pursuant to Penal Code 1368 is improper due to the conflict with their roles as treating mental health clinicians in the jail. Other members of the panel should be appointed to complete the competency evaluations.

- When inmates-patients are found not competent to stand trial on felony cases they are committed by the Court to a state hospital. Male inmate-patients often are committed to Atascadero State Hospital and females usually are committed to Patton State Hospital. The court commitments include orders for involuntary treatment with psychiatric medication and most inmate-patients return as competent to stand trial after they stabilize on the medications. Review of the records indicates that Dr. Fithian frequently continues the same psychiatric medications that are prescribed at the state hospital. Inmate-patients remain on a status of having court ordered treatment when they are discharged from the state hospital and they are involuntarily medicated by injection in the jail if they refuse the oral medications. The Mental Health Services program at the Monterey County Jails offers voluntary treatment to inmate-patients as they are processed through trial competency procedures and continues to provide treatment for those inmate-patients having a court order for involuntary treatment.

- Planning for continuity of care at the time of release from the jail into the community begins when the inmate is initially evaluated by the mental health clinicians. Inmates that are designated as having a Serious Mental Illness (SMI) in the community may already have a case manager at Behavioral Health Services. The psychiatric nurse contacts the case manager to advise that the client is incarcerated and to begin the process of planning for housing and continuing care at the time of the inmate-patient's release. Case managers may visit the inmate at the jail. The case manager is responsible for continuity of care at the time of release from the jail including transportation to housing and obtaining continuing psychiatric medications from the community providers. Inmates that have not stabilized at the jail may be placed on a W&I 5150 and transported to Natividad Medical Center for further evaluation and treatment. Behavioral Health Services

Manager Robert Jackson meets monthly with Dr. Fithian, Commander Bass and the jail mental health clinicians to review inmate-patients that have not stabilized and require additional efforts to ensure continuity of care into the community. Review of the records indicates that the current system meets minimal standards for continuity of care from the jail into the community.

- Individual supportive counseling and psychotherapy services are provided by Kim Spano, L.M.F.T., based primarily on the acuity of the inmate-patient. She uses a brief intervention model with a focus on supporting the inmate-patient's coping skills. She provides crisis intervention services in the jail as needed and she assists inmate-patients that are suffering from insomnia, anxiety, depression or stress. The inmate interviews and the record review indicated that inmate-patients consistently find her therapeutic services very helpful as they manage the multiple stresses of incarceration. It was noted that most of her therapeutic interventions are brief, which allows her to respond to a substantial number of inmates that are requesting mental health services.

- Although the inmate-patients housed in the administrative segregation units have insufficient socialization opportunities with other inmates the availability of contact with mental health clinicians meets the nationally accepted minimal standards of mental health care for inmates housed in administrative segregation units.

Recommendation: it is recommended that the Sheriff adopt a policy of having Classification review the status of mentally ill inmates housed in administrative segregation at least once monthly to determine if the inmate can be moved to less restrictive housing.

- The Monterey County Case Management Team meets monthly to review inmate-patients who require additional supportive services. The committee includes the Jail Commander, the Behavioral Health Services Manager (Robert Jackson), Dr. Fithian, two chemical dependency case managers and the jail mental health clinicians. The meetings focus on behavior management, treatment and continuity of care problems and the Team develops strategies to assist the inmate-patients with improving their impulse control and to encourage acceptance of mental health treatment. The Commander provides briefings regarding the behavior management plans to the lieutenants, sergeants and deputies responsible for supervising inmate-patients in the jail. The functioning of this committee evidences a collaborative relationship between the Sheriff's staff, Correctional Mental Health Services and the community Behavioral Health Services program.

- The Mental Health Services team provides medically necessary evaluation and treatment services to inmate-patients with acute mental illnesses. As inmate-patients stabilize with treatment they become eligible for housing in less restrictive environments where they continue to receive mental health services. The treatment system is effective, and the addition of 20 hours of mental health

clinician time primarily on weekends will ensure that it meets nationally accepted minimum standards of correctional mental health care. All of the mental health clinicians that were interviewed displayed substantial enthusiasm for providing high quality care to the inmate-patients. Review of the records and interviews with the inmate-patients indicate that they mostly feel respected by the mental health staff and usually are satisfied with the mental health services provided.

3. Review of the Suicide Prevention Program:

- CHS and the Sheriff's staff deserve commendation for many positive aspects of the current Suicide Prevention Plan. Any inmate that mentions suicidal ideation or displays overt signs of possible suicide risk is placed in a safe area until he or she is evaluated by a nurse or by mental health staff. Review of the records indicates a reasonably rapid response by nurses and mental health clinicians to any inmate requiring an assessment for risk of suicide. The nurses and the clinicians often recommend that the inmate be placed in a safety cell on suicide precautions and the Sheriff's deputies invariably comply with the recommendations.

- Review of the suicide prevention training materials and logs of deputy training indicates that the Sheriff maintains a commitment to ensuring that the officers receive appropriate training to help them identify and refer inmates that may present a risk of self-harm or suicide, in addition to training to help them understand and manage mentally disordered inmates. It was noted that suicide prevention training to deputies has been somewhat repetitive over the past few years and a novel training program would be beneficial by providing additional information and skills.

Recommendation: it is recommended that the Sheriff collaborate with Dr. Fithian and the other mental health clinicians to add the "On Your Watch" training package to the annual STC training for deputies. The package is available from the California Institute for Mental Health (CIMH) in Sacramento at a cost of less than $50. The contact person at CIMH is Gloria Hurd at 916-379-5326. The training package includes videos of suicidal inmates that can be used to promote discussion and role-playing regarding how to identify and talk to potentially suicidal inmates.

- Identification of inmates that may be at risk of self-harm begins at Intake when the booking deputy questions the arrestee and refers those with possible risk signs to the medical nurse. The screening questionnaire contains two questions designed to identify arrestees with thoughts of self-harm or a history of suicidal behavior. Three additional questions are recommended as noted above. Any arrestee with a positive response to the self-harm questions is evaluated by a medical nurse who subsequently makes a referral to the licensed mental health clinicians. The nurses also receive annual training to help them identify signs of potential self-harm and they consistently referred inmate-patients to the mental health clinicians for further evaluation. There is no formal plan for encouraging

inmates to report observations of other inmates in their housing area that may suggest potential self-harm or suicide risk.

Recommendation: it is recommended that the Sheriff collaborate with Dr. Fithian and the other mental health clinicians to develop a plan to encourage all inmates to report observations of other inmates that suggest a possible risk self-harm. The plan may include an information sheet that describes risk signs and suggests ways to report observations to the deputies.

- Any deputies or Correctional Health Services licensed staff can initiate placement of an inmate displaying signs of potential self-harm in a Safety Cell at the Main Jail. There are five Safety Cells in the Intake area. One additional Safety Cell located in the female section of the jail was not available for use at the time of the site visit. The Safety Cells are padded and contain only a hole in the floor to be used as a toilet. Flushing is controlled externally. The Safety Cells that were inspected at the time of the site visit were sufficiently clean to meet minimal acceptable standards. However, review of the records indicates recurrent complaints by inmates that they were placed in safety cells that were filthy and smelled of feces. Since Correctional Health Services assumes significant responsibility for placing, monitoring and evaluating inmate-patients in the Safety Cells, it is recommended that the Quality Management Team develop a plan for routine audits of safety cell hygiene and complaints, and collaborate with Sheriff's staff to ensure complete decontamination of the cells following each use.

Recommendation: it is recommended that the CHS Quality Management Team monitor problems with the Safety Cells and collaborate with Sheriff's administration to ensure that sufficient cleaning and decontamination occurs following each use.

- Inmates in the Safety Cells are provided Safety garments by policy. Inmate interviews and review of the records indicated that there were recurrent complaints that some inmates were naked in the safety cell for many hours prior to receiving the safety gown. One inmate complained that he was naked for 16 hours before receiving the safety garment. Even if the claim was exaggerated there is no justification for an inmate to be placed in a safety cell without a safety garment. Inmates in safety cells also require a safety blanket that can be folded to provide padding for sleep and a second safety blanket as needed for warmth. Failure to provide these basic necessities may increase the inmate's feelings of despondency and suicidal intent.

Recommendation: it is recommended that the Sheriff modify the Safety Cell Log to add a section for required documentation of the time at which a safety gown is provided to the inmate and also the times at which one or two safety blankets are provided as needed. Safety sleeping bags can be utilized in lieu of the safety blankets.

- Inmates in Safety Cells are checked every 15 minutes by deputies. The checks are documented on logs. Review of the Safety Cell logs indicated that many deputy checks were out of compliance with the required frequency of two every 30 minutes. Some logs document delays of an hour or more between checks. This presents an increased risk of inmate self-harm in addition to a potential liability for the Sheriff.

Recommendation: it is recommended that the Sheriffs Administration develop a corrective action plan to ensure that safety cell checks occur twice every 30 minutes as required by the Sheriff's policy.

- Inmates in Safety Cells also are evaluated by CHS staff and mental health clinicians and their observations are noted in the health record in addition to documentation of their checks on the Safety Cell Log. Review of the logs indicated that nursing and mental health evaluations occurred within the time frames required by policy. Continued suicide watch in the Safety Cell beyond 24 hours must be approved by Dr. Fithian or Dr. Finnberg. Review of the logs indicated that most inmates were removed from suicide watch and from the safety cell within 72 hours.

- The use of safety cells for suicide watch at the Monterey County Jail is excessive. In most other correctional facilities, safety cells are used only for inmates that are acutely suicidal. Review of the records indicates that many of the inmates placed on suicide watch in a safety cell reported suicidal ideation but were not acutely suicidal. It is recommended that Correctional Health Services and the Sheriff's Administration collaborate to develop a suicide prevention plan that minimizes use of the safety cells for suicide watch.

- Recommended modifications of the Suicide Prevention Plan: the current plan provides a comprehensive response to inmates that verbally express suicidal ideation or display self-harm behavior. However, the most lethal suicidal inmates usually say nothing about their suicidal thinking and are cautious to avoid any verbalizations that might suggest to others that they are planning to suicide. These inmates often can be assessed for risk of suicide by using a comprehensive suicide risk assessment form. An example is provided in Appendix A. The suicide risk assessment form ensures that relevant factors have been considered and allows the mental health clinician to determine that the inmate presents a minimal, moderate or high risk of suicide. High risk inmates can be placed in a safety cell if there are indications of acute suicide risk such as statements that the inmate plans to hang or cut himself. High risk inmates that are not determined to be acutely suicidal by the mental health clinicians can be placed in an administrative segregation cell that is stripped of any items that might be used for self-harm such as bedding, clothing, shaving or writing instruments. The inmate must be provided with a safety gown and two safety blankets to provide sufficient padding for sleep in addition to adequate warmth. Safety sleeping bags that are remarkably tear

resistant also are made specifically for this purpose and they provide sufficient warmth and padding in addition to being washable. Hourly checks of high risk inmates can be logged by the deputies and evaluations of the inmate by nursing and mental health clinicians can be documented at least once on their respective shifts. The mental health clinicians would reduce the inmate from high risk to moderate risk based on their evaluations and clinical judgment in addition to consultation with Dr. Fithian or Dr. Finnberg if indicated. The addition of weekend mental health clinicians as recommended above will allow assessment of inmate-patients on Saturdays and Sundays and a capability of reducing their risk level and enabling early release from the safety cell.

- CHS and the Sheriff's Administration can collaborate to develop additional protocols for housing and monitoring inmates that are determined by the mental health clinicians to present a low or moderate risk of suicide. Minimal risk inmates may require no more than monthly mental health checks and housing with other inmates, or housing where they can be monitored if they are not able to share a cell. Moderate risk inmates would require weekly mental health checks and housing that allows increased monitoring by deputies or at least increased communication with deputies on a regular basis.

Recommendation: it is recommended that the Sheriff and CHS collaborate to develop protocols for housing and monitoring inmates that present a minimal, moderate or high risk of suicide as described above. It is also recommended that the mental health clinicians complete a suicide risk assessment form for each inmate at the time of the initial evaluation and at subsequent evaluations if there are indications of any modification of risk factors. It is recommended that Correctional Health Services develop a program for training deputies and CHS staff on the use of the updated suicide prevention protocols.

- Inmates that have been on a moderate or high level of suicide precautions while incarcerated require an additional evaluation by a mental health clinician prior to being released to the community. Suicide risk levels are ideally identified in the Sheriff's computer, which facilitates appropriate housing of these inmates and also alerts the release officer that the inmate requires a mental health screening prior to being released. An alternative would be to identify the risk level with color-coded jackets that are used to contain hard copies of required custody documentation. The mental health clinicians can reassess the inmate for suicide risk at the time of release and make appropriate referrals to resources as indicated by the needs of the inmate. Any inmate that presents a high risk of suicide at the time of release may be placed on a W&I 5150 for further evaluation and treatment at Natividad Medical Center.

- Inmate-patients that display self-harm or assaultive behavior may be placed in the restraint chair, which requires approval by a facility Sergeant. The restraint chair is authorized for continued restraint up to two hours and additional approval is required to continue beyond two hours with documentation of the reason for

continued restraint. The Sheriff appropriately limits use of the restraint chair to a maximum of six hours and there was no indication in the records that the chair was used longer than six hours. The records also document infrequent use of the restraint chair and no indication of any other type of restraints other than routine cuffs and belly chains. The nurse and any on-site mental health clinicians are notified as soon as inmate is placed in the chair and nurses provide a medical check within a brief period of time. Mental health assessment is provided as needed. The deputies are required to monitor the inmate-patients while in restraints and document their observations twice every 30 minutes. Review of the records indicated that inmates frequently are removed from the restraint chair by the end of the initial two-hour time frame or prior to the end of the second two hours if the restraint approval is renewed.

4. Review of the Health Records:

- A total of 23 mental health records were reviewed. The records were selected for review based on the following categories: inmate-patients with a serious mental illness that refuse treatment, inmate-patients with a serious mental illness that accept treatment, inmate-patients that attempted or completed suicide within the past three years, inmate-patients that have been involuntarily medicated via court ordered treatment pursuant to P.C. 1370, inmate-patients that were involuntarily medicated due to emergency conditions, inmate-patients that were placed in Safety Cells and inmate-patients that were placed in the restraint chair. The health records were sufficiently thorough to meet minimal standards of documentation of correctional mental health services. Documentation of the reasons for continued retention in the safety cell was marginally adequate. There was sufficient CHS documentation of required nursing and mental health checks of inmate-patients placed in Safety Cells, and the restraint chair.

- The records contained signed consents for mental health treatment for inmates that were accepting voluntary treatment. The records contained sufficient problem lists to assist with the coordination of services for co-occurring medical, chemical dependency and mental health disorders. Progress notes consistently were signed and there were individualized treatment plans for inmate-patients receiving mental health services. There is evidence that the mental health clinicians obtain prior treatment records when appropriate and also coordinate continuity of care with community mental health providers. The health records meet nationally accepted minimal standards for documentation of mental health services.

- A strong quality improvement program is critical to the development of effective correctional mental health services. Correctional Health Services maintains a Quality Management (QM) program that includes evaluations of several aspects of mental health services. The QM program has completed audits of important indicators of successful functioning of the mental health program including the response time for inmate-patients to receive mental health evaluations and to start

their psychiatric medications following intake. There is evidence that action plans resulting from chart audits and system reviews are improving the quality of mental health services and it can be anticipated that additional QM activities will continue to advance the quality of care.

- The QM plan also includes a peer review component with an annual review of the psychiatrist services by an independent psychiatrist that is not associated with Monterey County services. The QM program meets nationally accepted minimal standards for quality improvement review of mental health services.

Summary

The Mental Health Services program at the Monterey County correctional facilities has mental health clinicians who demonstrate substantial expertise and a commitment to provide quality mental health care. As noted above, the mental health service suffers from understaffing and would benefit by the addition of part-time clinicians to provide an additional 20 hours of mental health services primarily on weekends. Inmate-patients in need of mental services are identified through multiple resources and most receive timely services from professional mental health clinicians that are providing high quality care. The administrative and line staff of Monterey County Sheriff Scott Miller deserve commendation for providing substantial support of the mental health services in addition to maintaining a professional level of communication that ensures effective problem solving. There is evidence of extensive collaboration between Correctional Health Services and Sheriff's deputies to provide sufficient services despite limited staffing as noted above. This report contains multiple recommendations for improving the quality of the mental health services and CHS will need to provide training for updated protocols in addition to monitoring the effectiveness of the modifications through the Quality Management program. It is my opinion that implementation of the recommendations in this report will ensure that the mental health services at the Monterey County correctional facilities meet all nationally accepted standards of care for correctional mental health programs.

Respectfully submitted,

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Appendix A

Suicide Prevention Assessment Form

Name_____ DOB_____

AKA_____ ID#_____

QUESTIONS	YES	NO
1. Do you have serious problems that worry you?		
Serious health or money problems?	1	0
Family or relationship problems (children, parents, significant other)?	1	0
Problems in the jail? Other serious problems (drugs/alcohol)	1	0
2. Have you experienced any of the following in the past year?		
Loss of relationship?	1	0
Loss of job or income?	1	0
Loss of housing?	1	0
Death in the family?	1	0
3. Have you ever seriously considered suicide?	1	0
Are you thinking of killing/harming yourself now?	1	0
What do you think you might do?		
Lethal plan or refuses to answer _____	2	0
4. Have you ever tried to kill yourself?	2	0
Were you hospitalized?	1	0
Has anyone in your family committed suicide?	1	0
5. Do you have communication with friends? Family?	0	1
Will anyone visit you in jail?	0	1
Will family/friends put money in your account?	0	1
6. What are your plans for the future? (Prison or no plans = 1)	0	1
Will you have employment, school or financial resources?	0	1
Do you have a place to live? Chemical dependency program?	0	1
7. Signs of depression:		
Withdrawn, sad, tearful, psychomotor retardation, other _____	1	0
Does not want to talk; halting or slowed speech	1	0
Feels hopeless	3	0
8. Signs of psychosis or impaired reality contact:		
Agitated, responds to internal stimuli or is pressured	1	0
Delusional or paranoid thoughts or bizarre thoughts/behavior	1	0
9. Charges are serious	1	0
Charges include murder, attempted murder, rape, kidnapping, mayhem, child molest, domestic violence or other serious offenses	2	0
Charges involve a child/minor or family member	1	0

QUESTIONS	YES	NO
10. What will (or has) happen to you if convicted?		
Expect sentence of at least 90 days?	1	0
Expect to be sent to prison?	1	0
Expect more than 3 years?	1	0
11. Arresting/transporting officer reports that:		
Arrestee may be at risk of self-harm/suicide	1	0
Arrestee made suicide threat	1	0
12. Inmate is under the influence of alcohol and/or drugs	2	0
13. Inmate anticipates problems with withdrawal	2	0
14. Inmate is dependent on alcohol and/or drugs	2	0
15. Inmate has a position of respect in the community	1	0
16. Inmate feels embarrassed, ashamed or humiliated	2	0
17. Inmate is anxious, afraid or angry	1	0
18. Inmate is impulsive or unable to cope with jail (e.g. first arrest)	1	0
19. Inmate has significant health problems	1	0
20. Prior records suggest suicide risk	1	0
21. Inmate has history of mental health treatment or counseling	2	0
22. Inmate has a serious mental disorder	2	0
23. Inmate is male = 2 female = 0	2	0
Total Points		

Suicide risk level is determined by clinical evaluation of the inmate. A higher number of points suggests a higher risk level. Protective factors such as supportive relationships and positive future plans may reduce the risk level. Assign a higher risk level if you are unable to obtain sufficient information to complete the assessment. The risk level can be reduced when you acquire additional information that indicates a lower risk.

No Precautions Minimal Risk Moderate Risk High risk Acute risk

Comments:

Clinician: _____ Date: _____